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Thinking Outside the Box

If there’s one thing Mayo Clinic excels at, it’s solving complex medical cases. Our physicians hear time and again from people who come to Mayo Clinic because their hometown doctors couldn’t give them an answer. These patients are often surprised at how quickly our doctors not only diagnose their condition but also develop a treatment plan based on Mayo Clinic’s prior experience with the condition.

Any physician at Mayo Clinic will tell you that providing this hope, this relief that comes from finding an answer, is the most rewarding aspect of their work. It’s why they choose to practice at Mayo Clinic. Mayo Clinic physicians can provide these answers, not because they’re smarter than everyone else, but because Mayo’s environment encourages each physician and researcher to work in a team and to think outside the box.

That means physicians don’t just follow the current standard of care. They use the latest research and technology to establish a new standard of care.

You’ll see this innovative thinking in stories throughout this issue of Mayo Clinic Magazine. For instance, an ultrasound revealed that Caitlin Veitz’s baby had a deformity that at one time would have been universally fatal — her heart was on the outside of her chest. But Caitlin came to Mayo Clinic, where a team of doctors and caregivers used imaging and 3-D printing technology in ways they hadn’t before, building a full-scale 3-D model of the baby. The process revealed hidden problems and allowed doctors to develop a precise surgical plan before she was born.

The result was a healthy baby girl.

You’ll also see it in our benefactors, such as Brad Anderson’s unconventional path through seminary to becoming CEO of Best Buy, and Nick Laskaris’ unique experiences that revealed a new standard of care in treating a certain type of brain cancer.

All of our work is possible only because of committed and generous benefactors. Thinking differently and trying new approaches aren’t always covered by grants or health insurance. Benefactors provide the essential resources we need to provide the absolute best care every patient deserves.

Thank you.

Michael Camilleri, M.D.
Executive Dean for Development
Atherton and Winifred W. Bean Professor
Professor of Medicine, Pharmacology and Physiology, Mayo Clinic College of Medicine
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NEWS AND UPDATES

Mayo Clinic .............................................4
Is Growing

His Name and .........................................6
Spirit Will Live On

Dousing Burnout .....................................7

Baby Kieran’s ...........................................8
Special Heart

Mini Breaks, ...........................................9
Many Benefits

Why I Give..................................................44

Visit a Vet .................................................51

FEATURES

Typically Atypical ........................................10
Mayo Medical School Core Principles in Action

An Individual Approach ................................18
The Andersons Take an Unconventional Path

Getting it RIGHT ........................................22
10,000 People Help Answer a Basic
Individualized Medicine Question

Giving Them Their Voice ............................26
New Strategies Could Make Laryngectomies
a Thing of the Past

The Next Chapter of Hope .............................32
Bob and Monica Jacoby Help Write
the Future of Breast Care

Designing the Health Care Experience ........36
Jessie Brenholt: The Sweet Smell of Normal Life
Jackson Fisher: “How’d We Get So Lucky?”
Evie McLeish: A Powerful Tool

The Amazing Nick .....................................46
The King of Mt. Olympus Helps Find
a New Path for Cancer Treatment

Volume 30, Issue 1   2016
THE DESTINATION FOR HOPE AND HEALING
New Towers, New ORs, New Clinics — All to Get You the Help You Need, When You Need It

Mayo Clinic Is Growing

The cranes over Mayo Clinic Hospital, Saint Marys Campus are unmistakable. It’s yet another sign of continued growth across Mayo Clinic’s campuses and health system.

Mayo Clinic has always been a destination for complex care for people who need help because of cardiovascular issues, neurological problems, cancer and many, many more conditions. They come to Minnesota, Arizona, Florida and the Mayo Clinic Health System because the Mayo Clinic Model of Care ensures that each one of them receives unhurried exams. Doctors and staff listen to their concerns, then work together to provide care tailored specifically for each patient.

Mayo Clinic’s Department of Development launched YOU ARE … The Campaign for Mayo Clinic to ensure this model of care was available to you, your children, your grandchildren and generations to come. Now in its third public year, the campaign turns its focus on partnerships with generous benefactors to address much-needed capital projects to ensure Mayo Clinic continues to be a primary destination for all.

Many of these projects will launch in the next five years — all will impact care for decades to come.

Rochester
- Revamp the second floor of the Eisenberg Building along with newly built space as part of the Jacobson Building to deliver the very best in practice efficiencies for surgical care. These larger operating rooms will include “flexible” spaces that can “grow” during times of complex surgeries when many specialists are needed simultaneously. These areas will include state-of-the-art robotic surgical suites, allowing doctors to make the smallest incisions necessary to complete care.
- Expand care at Saint Marys campus with leading-edge operating room suites, and add floors to the Mary Brigh East Building.
- With benefactor support, construct a bed tower on top of the existing Jacobson Building for additional cancer care and other services.

Jacksonville
- Add more than 300,000 square feet of space, including a new four-story building for cancer, neurological and neurosurgical care. Construction will begin later this year and will also enhance access and the patient experience for people seeking transplant services, cardiovascular care and digestive disease care.
- Build a new primary care clinic in Julington Creek, one of Northeast Florida’s fastest-growing communities, to expand access to Mayo Clinic.

Phoenix
- Add three floors to the Mayo Clinic Building to support growing needs in cardiovascular diseases, neurosciences and transplant services.

La Crosse/Onalaska
- Build facilities for future patient care, including clinic space for surgical and medical specialists. This new space, which includes operating rooms and additional support areas, will be a model for bringing Mayo Clinic expertise into the community care setting.

Mankato
- Add new operating rooms to replace current suites and upgrade infrastructure to provide the very best experience to patients.

These patient-centered projects ensure that a hospital room is available when someone needs it, that surgeries are scheduled in a timely manner, and that Mayo Clinic continues its commitment to a patient experience that brings a high level of satisfaction and offers hope and healing.
His Name and Spirit Will Live On

Richard O. Jacobson, who helped Mayo Clinic develop one of its largest weapons to fight cancer, passed away April 1, 2016.

“We are greatly saddened at the news of Mr. Jacobson’s death and offer our sincere condolences to all who knew him. He had an extraordinary generosity of spirit, and we will always be inspired by his optimism for the future of patient care,” says John H. Noseworthy, M.D., president and CEO, Mayo Clinic.

In 2011, Mr. Jacobson gave $100 million, the largest single outright gift in Mayo Clinic history, as plans were underway to establish the Mayo Clinic Proton Beam Therapy Program and build new facilities in Rochester, Minnesota, and Phoenix, Arizona. In recognition of Mr. Jacobson’s transformative gift, Mayo Clinic named the Rochester facility in his honor.

“By supporting Mayo, you help people throughout the country and around the world,” Mr. Jacobson said at the time of the gift.


Dousing Burnout

“By supporting Mayo, you help people throughout the country and around the world.”
— Richard O. Jacobson

“Burnout is even more common among medical students than is depression,” says Mayo Clinic’s Liselotte N. Dyrbye, M.D. “In the U.S., about half of medical students show the classic burnout signs: emotional exhaustion, detachment and a feeling that one’s efforts don’t make a difference.”

These problems affect more than just physicians.

America faces a growing shortage of doctors. The Association of American Medical Colleges predicts that in less than 10 years the U.S. will have 90,000 fewer doctors than it needs. Burnout is a significant contributing factor — a recent Mayo Clinic study in partnership with the American Medical Association found that 54 percent of U.S. physicians are experiencing professional burnout. More worrisome, the rate increased 10 percent in just three years.

The mental health issues caused by burnout also affect the patient, as these stresses can reduce physician empathy and increase errors.

To help students deal with burnout before it becomes a problem, Mayo Medical School developed THRIVE, a program to reduce student distress, such as compassion fatigue, alcohol abuse and anxiety. THRIVE is a Training program composed of five parts — a Humanistic approach, Resilience, Individualized academic success, Innovation and Vocational Excellence.

The program’s creator, Alexandra P. Wołanskyj, M.D., senior associate dean for student affairs, says THRIVE’s goal is not just to train but sustain future physicians in medical school, residency and beyond.

“We aim to develop a new generation of physicians who will learn how to mitigate their own risk of burnout and help teach these principles to other members of the health care team and patients alike,” Dr. Wołanskyj says.

Second-year M.D./Ph.D. student Erin Triplet says THRIVE and tools such as the Medical Student Well-Being Index that was created by Dr. Dyrbye and a team of researchers to screen for stress indicators are just a few of many resources Mayo Clinic is using to help the next generation of physicians cope with the pressures of the profession.

“From my first day of medical school, the importance of taking care of myself was emphasized,” Triplet says. “It’s abundantly clear that this is a priority for the school’s administration, and they want us to make it a priority as well.”

Baby Kieran’s Special Heart

“Hey, boo,” a mother says softly to her baby and nuzzles her nose. She remembers back to before Kieran was born. “It was at her 20-week ultrasound,” Caitlin Veitz says. “Her heart wasn’t where it was normally; it had developed outside of the chest wall. We didn’t have any idea that anything like that could happen. It was scary. The odds were stacked against her.”

Mayo Clinic pediatric cardiovascular surgeon Joseph Dearani, M.D., the Sheikh Zayed cardiovascular surgeon, were involved. “We had the Maternal and Fetal Medicine team. We had ENT. We had the Neonatal Intensive Care team. We had the cardiac surgical team.”

The radiology team started by developing a detailed image of Kieran in utero, which they used to build a full-scale model through 3-D printing. The model may have saved Kieran’s life. “When you take a look at the child, you see the liver is out, the intestines are out, as well as the heart,” says pediatric surgeon Christopher Mort, M.D. “You want to fix both of those, but we found from the model that fixing both would put too much stress on the baby.”

Doctors scheduled a cesarean section for the 37th week of pregnancy. But several days early, Caitlin’s blood pressure rose suddenly and Kieran’s vital signs weakened. The C-section had to happen immediately. “They pulled everyone together, about 60 doctors and nurses from 12 different teams, in about an hour and a half,” says Caitlin. In spite of the urgency of the situation, Kieran’s heart operation could not be rushed. So the team used a C-section technique called an ex utero intrapartum treatment procedure. “[It] means that the baby is partially delivered but still connected to mom via the umbilical cord, so it takes the pressure off doing anything quickly to the baby,” Dr. Dearani says. This allowed Dr. Dearani time to stabilize the infant’s heart, which had been, until this time, suspended in amniotic fluid, attached only by its veins and arteries. It could not be permitted to twist as the team put Kieran’s heart back inside her body.

Kieran spent the next 4½ months in Pediatric Intensive Care to make certain she was able to thrive. By 6 months, Kieran was thriving and her growth was on par with other newborns her age.

Perfecting a skill requires equal parts natural talent, dedication and practice. A concert violinist plays a single piece of music over and over. A major league pitcher hurls strikes across home plate until the stadium lights go out. And a surgeon spends day after day leaning over an operating table while maintaining mental focus on the patient.

For all three, this kind of physical exertion and repetition stresses the body, leaving it vulnerable to work-related injuries that, over time, can cut careers short. In the surgeon’s case, cutting that career short is a devastating personal loss, but ultimately, the health care system and patients stand to lose the most.

Surgeons are some of the most highly trained members of a hospital team, with their employers and federal funding agencies footing a steep hill — approaching $1 million in some surgical specialties — for expertise that can take at least 10 years to develop. But as surgical procedures become more complex and workloads grow, some surgeons have bowed out of the profession prematurely, citing musculoskeletal pain, burnout and concern for patient safety.

“We need to stop thinking of the surgeon as a machine,” says Susan Hallbeck, Ph.D., the Robert D. and Patricia E. Kern Scientific Director for Health Care Systems Engineering Program in the Mayo Clinic Robert D. and Patricia E. Kern Center for the Science of Health Care Delivery. "In the operating room, it's good for the patient, and it's good for the surgeon," Dr. Bingener says.

Mini Breaks, Many Benefits

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FORGET FOR A MOMENT that Mayo Medical School is one of the most selective programs in the country with an acceptance rate of about 1 percent of all applicants. Instead, take a look at it from the eyes of students in the program.

Theresa Cheng saw intersections of law and health in unlikely places — impoverished sections of Peru, Haiti, India and China — when she decided that she’d need dual degrees to impact health care on a global scale. John Schupbach saw an opportunity to pursue a prestigious business degree and further a mission to help impoverished children in India. Kayla Nixon, M.D., found the chance to blend her voracious appreciation of art with a winding educational experience that even a hurricane couldn’t thwart.

Theresa, John and Dr. Nixon represent just three stories in a school full of students and alumni that represent leaders, thinkers and achievers. Together, they collectively reflect the ideals of the school’s core principles — to lead and transform the practice of medicine and to heal patients and a broken health care system.
“I want to connect with my patients but also help on national and international levels to provide care for marginalized populations. By combining my legal and medical degrees, I hope to help shape health care policy and transform medical care to deliver better health for all.”

— Theresa Cheng, J.D. [M.D. Candidate]
This, more than any other moment, solidified John’s commitment to help others through medicine. But the poor children of India inspired John to go beyond his original goals. He wanted to help kids who were extremely bright and excited to learn, yet who would never attend even a single day of school. So, John started a nonprofit organization called Squalor to Scholar.

Squalor to Scholar works with local leaders, physicians, school administrators, social workers and volunteers to give hundreds of children access to high-quality private educations and health care.

With the success of Squalor to Scholar and reaffirmation of the power of medicine, John decided to reapply to medical school. He spent more than two months rewriting and refining his medical school applications and was accepted to Mayo Medical School.

“I chose to attend Mayo Medical School because of its profound emphasis on individual patients, the commitment to innovation and the truly unparalleled experience of being at Mayo Clinic,” John says.

Realizing that medicine was just one tool he needed to transform the world, John applied and was accepted into the MBA program of Harvard Business School.

John will return to Mayo Medical School in 2017 to complete his third and fourth years. When he graduates from Mayo Medical School, John will have the tools and experiences he needs to be the change he says the world needs. John foresees the opportunity to help “empower hundreds of millions of individual patients who have never had access to quality medical care and teach them to understand, navigate and participate in their own care” as his mission.

“I chose to attend Mayo Medical School because of its profound emphasis on individual patients, the commitment to innovation and the truly unparalleled experience of being at Mayo Clinic.”

— John Schupbach (M.D. and M.B.A. Candidate)

John Schupbach always wanted to be a doctor. He designed his undergraduate degree in mechanical engineering so that it would apply to the field of medicine. However, the medical school community could see that John wasn’t quite ready when in 2010 he was not accepted after applying to several medical schools.

Undeterred, John traveled to the Faridabad slum just outside of New Delhi, India, to volunteer in the poverty-riddled hospital and neighborhoods. “I witnessed overwhelmed and under-resourced medical care,” John says. “So much so, I once observed only two surgeons perform 220 side-by-side, back-to-back laparoscopic tubal ligations in a single day.” But at the same time, John says he met people who radically changed his perspective on life, suffering, hope and humanity.

“One of the most memorable experiences I had was when a young girl and her father showed up in the slum near my homestay, having traveled 600 miles to find my colleagues and me simply on the hope of being able to access medical care for a tumor engulfing half of her face.”

“After witnessing crushing poverty in India, Mayo Medical School student John Schupbach started a nonprofit, Squalor to Scholar, to help students attend school and get essential health care.

COURTESY OF SQUALOR TO SCHOLAR.

TRANSFORM

“My work over the past four years in India has inspired my goal to help more than 1 billion people live longer, healthier lives.”

— John Schupbach (M.D. and M.B.A. Candidate)

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When Kayla Nixon was very young, she saw her brother suffering from lupus. He was in and out of hospitals for years. Her father, a physician, and mother finally found the right treatment for him at Mayo Clinic in Jacksonville, Florida.

“I’ve known I’ve wanted to be a physician ever since,” says Dr. Nixon. “I was given an insider’s view of medicine early on. I knew I wanted to help people so that they wouldn’t have to struggle like my brother.”

Dr. Nixon began her schooling at Xavier University of Louisiana in New Orleans. However, two weeks into her freshman year, Hurricane Katrina struck the Gulf Coast and flooded 80 percent of the city. When the waters didn’t recede and her campus and the city resembled a war zone under 6 feet of water, Dr. Nixon and her family members who lived locally returned to her hometown of Jacksonville, Florida.

“She enrolled in the University of North Florida for the remainder of the semester. After five months of intensive cleanup and reconstruction, Xavier University reopened, and Dr. Nixon and nearly 80 percent of her classmates returned.

“The aftermath of Katrina devastated people who already were disenfranchised and in need of basic services,” Dr. Nixon says. “The disparity I witnessed made me want to do more, to give more.”

She spent her free time volunteering at community services to help local residents.

After graduating from Xavier University, Dr. Nixon pursued her passion for the arts by completing a master’s degree in History of Art and Design at the Pratt Institute in New York City.

“I’m an artist, and the opportunity to utilize the arts to humanize the health care experience has always appealed to me,” Dr. Nixon says. “Art can remind people they are more than patients; it can uplift the whole person, provide comfort, relaxation and joy — even in the most difficult times.”

Dr. Nixon was drawn to Mayo Medical School because of her familiarity with the Jacksonville campus and the alignment of Mayo’s core values with her own beliefs. “I wanted to go to the best place there is, to make me the best physician I can be. The curriculum stood out from all other schools I considered, especially the student-directed learning experiences between blocks,” explains Dr. Nixon, who graduated from medical school in 2015 and is in her first-year residency in obstetrics/gynecology at Mayo Clinic.

At Mayo, where humanities in medicine is a priority, Dr. Nixon has been able to strike a balance among the demands of residency training by integrating the research aspects of the arts into her practice and life as opposed to trying to keep all three separate. She says her love of art has taught her to see a situation through the eyes of another, whether that involves empathizing with the suffering or rejoicing in others’ happy occasions. This perspective gives her a deep appreciation of her work as a physician. 

“I want to heal my patients, but I believe healing is more than just not being sick or lacking a physical ailment. It’s about being whole, addressing the psychological, mental, social and physical aspects of what makes us ‘us.’”

“Heal

“Like colors that span across a canvas, compassionate care for the whole person intertwined with superior skill and persistent scholarship is what I see as the true art of medicine.”

— Kayla Nixon, M.D.

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When Janet Geuther met Brad Anderson at a church retreat in 1970 in Denver, she never envisioned him as a future business success. How could she? He was the son of a Lutheran pastor and pursuing a degree in sociology. In fact, a year after they were married, Brad dragged her out of the Rocky Mountains and into Minneapolis so that he could attend seminary. It looked like she’d spend the rest of her life as a minister’s wife.
kind of brought me kicking and screaming because I loved Colorado,” Janet says while smiling at Brad.

He pipes in with a laugh, “I don’t know what you liked about it — besides the mountains, the skiing, the scenery — nothing to like there.” Janet laughs, too, and reminds Brad that she didn’t know anything about Minneapolis, but he had grown up there. So for him it was like coming home. But soon after relocating, as Janet began settling into her new job in the Minneapolis Public Schools, Brad began to realize he’d made a mistake — he didn’t have a calling for the ministry. He did this for his father. Within two years, he dropped out of seminary and took a job at Sound of Music, a small electronics chain that sold audio equipment.

It didn’t start out so well — it took him two weeks to make his first sale.

**Individualizing His Approach**

“I was a terrible salesperson,” he laughs now. “The way I was doing it wasn’t working. Then, I had a customer come in looking for some speakers. It was the president of Red Wing Shoes. I delivered speakers from the West St. Paul store and installed them in his home in Red Wing. I think I got $12 in commission and spent $30 in gas and time.

“But I was delivering more value than anybody else would. That clicked. All of a sudden I could sell. From that point on it got a lot easier. It’s a very simple, very basic business foundation — you deliver more value than somebody else can in the eyes of the person you’re delivering the value to. That was my business school.”

Brad began individualizing his approach with each customer. He loved music and brought in his own sizable stack of records and would ask customers what kind of music they liked. Then he would play it on an advanced system.

“Good audio was very rare back then,” he says. “In a sense, it was like evangelism for audio. I can remember selling stereos with a particular song.”

Soon he was doing pretty well and was made assistant manager. Then he was promoted to manager. One day, Richard Schulze, the company founder, stopped by Brad’s store. Sound of Music had been losing money for several years and was in deep financial trouble. Brad figured he was there to fire him, but Schulze asked his advice instead. Schulze was considering people for new leadership positions to turn the company around.

Of all of them had trained under Brad, and Schulze wanted to know whom to go with.

“I said, completely out of character, ‘Me, because each of those people worked for me,’” Brad recalls with a big laugh. “I never had really aspired to a business career, or thought of it.” Schulze looked stunned but returned a few days later and offered Brad a leadership position in the corporate office.

**Always Unconventional**

Brad helped implement major changes that focused on the needs of the customer and employee — selling what was in the newspaper instead of baiting and switching; converting the commission-based sales floor into a warehouse where customers could pick the merchandise without being upsold by a high-pressure salesperson; implementing open work schedules for employees.

The changes made a difference. In 1980, Sound of Music had $4 million in annual sales. Three years later, when the company changed its name to Best Buy, sales had more than doubled. Over the next three decades, Brad served as executive vice president, president and chief operating officer, vice chairman and CEO. When he retired from the CEO position in 2009, sales exceeded $44 billion.

“My lens is always, from a leadership standpoint, unconventional because the things that have worked in my business career were the things that wouldn’t make any sense to most people,” he says. “In fact, they were very unconventional in the context of the industry. But I really can’t think of anything that didn’t work when we started with the interest of the customer and how we would operationalize that.”

Brad and Janet see the same values in Mayo Clinic.

**It Becomes Personal**

More than 10 years ago, Janet’s younger sister was diagnosed with breast cancer. Janet had already lost a sister to ovarian cancer, and she wasn’t sure how to help.

“I didn’t know what to do because she had had a hystectomy and was that enough?” Janet remembers thinking. “We thought she should seek a second opinion.”

Right before the diagnosis, Janet and Brad had met Mayo Clinic’s Ruth Johnson, M.D., through a mutual friend. So they called her to ask her advice.

Dr. Johnson recommended Mayo Clinic specialists to evaluate the cancer. The doctors prescribed a more aggressive treatment that included mastectomy.

Janet gets emotional when she recalls it.

“She’s been cancer-free for more than 10 years now and she’s doing just great. Doing wonderfully. I think it’s a God thing and Mayo thing all wrapped together. Why did we meet Ruth Johnson just prior to my sister being diagnosed? I just think there’s something spiritual there.”

Mayo Clinic’s Deborah Rhodes, M.D., suggested genetic testing for Janet’s sister. When they discovered that her sister was positive for the BRCA gene, Janet knew she needed to be tested too. She was older than her sisters were when they had cancer and had no symptoms. But she knew the risks and had the test. She also tested positive for the BRCA gene.

Janet had her ovaries and fallopian tubes removed as soon as possible and now has regular consultations with Mayo Clinic specialists, annual mammograms and annual breast MRIs.

The experience helped lead Brad and Janet toward supporting Mayo Clinic’s Center for Individualized Medicine, whose mission is to provide exactly the right treatment at the right time for each patient.

**Individualized Philanthropy**

Brad and Janet say just about everything they have done has been about individualizing a person’s experience. Best Buy’s strength was recognizing that value lies in the uniqueness of the individual.

Janet’s work in the Minneapolis school system was about individualizing her approach for each student.

It has carried over into their philanthropy. Janet is helping establish a church congregation in Florida that conducts bilingual worship services in Spanish and English simultaneously to cater to the diverse congregation. Brad is the chairman of the American Public Media board and is helping find avenues to deliver content in ways, such as podcasts and online streaming, that fit with consumer habits and needs.

“It’s not surprising and it’s exciting to see we’re getting deeper in our understanding of the individual and that the process of treating people is more individualized.”

—— Brad Anderson
In recent years, individualized medicine, sometimes called precision medicine, has made headlines by predicting the possibility an individual may develop a specific disease — think BRCA1 and BRCA2 genetic mutations linked to breast and ovarian cancers.

But that is just the tip of the genomic iceberg, says Richard Weinshilboum, M.D., director of the Mayo Clinic Center for Individualized Medicine’s Pharmacogenomics Program and the Mary Lou and John H. Duburg Professor of Cancer Genomics. “When you look at the clinical application of genomics, everyone thinks of cancer — and this is appropriate, because cancer is a genomic disease,” Dr. Weinshilboum says. “However, the aspect of clinical genomics that will affect everyone everywhere is pharmacogenomics,” or how an individual’s genetic makeup influences the body’s response to medications.

How common are these drug-related genomic variations? A Mayo Clinic study found that 99 percent of participants have a “clinically actionable” genetic variant related to just five genes that affect drug response. This means virtually every participant, depending on future health needs, may be prescribed a medication or typical dosage that, at best, acts as a placebo and, at worst, may cause serious side effects.

Which Drug for Which Patient?

Known as the RIGHT Protocol (short for the Right Drug, Right Dose, Right Time: Using Genomic Data to Individualize Treatment), the study pre-emptively embeds a patient’s genetic information in the electronic health record for future use to see if doing so improves long-term outcomes for both the patient and the health care delivery system at large.

The operative word is “pre-emptively.” For example, providers today may prescribe any one of four major drugs to treat high blood pressure: diuretics, angiotensin-converting enzyme inhibitors, beta blockers or calcium channel blockers. “But which drug for which patient?” Dr. Weinshilboum asks. “What we find in high blood pressure is that there’s this constant churning in the system before a patient finds the right drug and dose. If we knew at the very beginning who is

Nearly 1 out of every 3 American adults has high blood pressure. About 70 percent of them take medication for their condition, but only half have it under control. Why? The answer gets to the heart of individualized medicine: Because each person has a unique genetic makeup, everyone responds differently to drugs.
The RIGHT Protocol studies the impact of getting patients the right drug at the right dose at the right time based on their genetic information.

big picture, bigger sample size

Having developed and tested its systems with the initial 3,000 study participants, researchers are expanding the RIGHT Protocol to 10,000 Mayo Clinic Biobank participants. A sample size of this magnitude will help researchers answer the ultimate, big picture question: “Does any of this make a difference?”

The Mayo Clinic Robert D. and Patricia E. Kern Center for the Science of Health Care Delivery is partnering with the Center for Individualized Medicine to help answer that question. The science of health care delivery is a field that combines quantitative and qualitative research methodologies with sophisticated data analysis to define best practices that yield the highest value.

This is a new enough area that no one really knows if you implement pharmacogenomics widely across the United States, will it be cost-effective?” says Jennifer St. Sauer, Ph.D. She is the epidemiologist guiding this aspect of the RIGHT Protocol and works in the center’s Population Health Sciences Program. “Is it worth genotyping all of these patients? Is it possible to integrate into the clinical practice and train clinicians? All of this requires a pretty significant upfront investment in infrastructure.”

But in certain cases, it could pay dividends in better long-term outcomes, she says. For patients with high blood pressure, what if getting the right drug and dose the first time lowered the national incidence of stroke, heart attack, kidney failure and other costly conditions? Prevented emergency room visits and hospitalizations? Reduced missed days of work related to health complications?

“There is a tremendous opportunity here,” says Dr. Weinsilboum. “The benefits of broadly implementing pharmacogenomics for patients and the health care system need to be tested systematically — and that’s what we plan to do.”

For the RIGHT Protocol to even be possible, literally hundreds of people have been working behind the scenes based on a vision for improving patient care.”

— Chris Schad

A No Brainer’

As a participant in the RIGHT Protocol, Chris Schad has a unique perspective on the study, being “on the inside looking in,” he says. By day, Chris is an operations manager for the Pharmacogenomics Program in the Center for Individualized Medicine, the same program that leads the RIGHT Protocol. A self-proclaimed biology geek, Chris has been a participant in the Mayo Clinic Biobank since its inception. The Biobank houses millions of biologic samples and health information from more than 56,000 Mayo Clinic patient volunteers. Researchers can carefully cultivate exactly the study sample they need through the Biobank to cost-effectively address research questions.

Chris happened to fit the study criteria for the RIGHT Protocol and was contacted to participate. “Saying yes was a no-brainer for me because I knew my genetic results could be important — not just to me, but to my children as well,” Chris says. But by night (and weekends), Chris taps into another outlet for his scientific curiosity: beekeeping. He finds there’s more overlap between these two worlds than meets the eye.

In beekeeping, Chris says, a typical colony of 50,000 bees will visit flowers more than 2 million times to produce just 1 pound of honey — and this represents just a fraction of their total effort and contribution to the ecosystem.

For the RIGHT Protocol to even be possible, literally hundreds of people have been working behind the scenes based on a vision for improving patient care.”

— Chris Schad

going to respond to which drug, that would have major financial and health care implications.”

In the RIGHT Protocol’s initial phase, researchers from the Center for Individualized Medicine sequenced DNA from more than 1,000 Mayo Clinic Biobank participants who also receive primary care at Mayo Clinic. They screened for variants in 84 genes known to influence drug response and embedded information for five genes known to have clinical utility in each patient’s electronic health record.

Clinicians treating patients in the study can act on this information with the help of a pharmacogenomic “drug-gene pair” alert system developed by the Mayo Clinic Pharmacogenomics Task Force in partnership with Mayo’s Office of Information Knowledge Management. If the clinician prescribes one of 17 drugs — including some blood thinners, antidepressants, cancer therapies and pain medications, among others — the system automatically searches the electronic health record for the patient’s genetic information. If it finds an actionable variant, the system displays an alert recommending the clinician consider changing the dosage or drug due to the likelihood of toxicity or lack of drug effect.

“We are really pioneers here,” says Suzette J. Bielinski, Ph.D., a genetic epidemiologist and principal investigator of the RIGHT Protocol. “Until now, pharmacogenomics has been isolated to specialty clinics — HIV, oncology and transplant to name a few. Specialists in these areas deal with therapies on a daily basis that have severe, sometimes deadly side effects, so patients almost always undergo genetic testing before taking the drug. We call this genotyping by indication.

“But in the RIGHT Protocol, what we want to know is how does pre-emptively genotyping patients regardless of their health status impact routine care and what hurdles exist that affect implementation.”
New Strategies Could Make Laryngectomies a Thing of the Past
Today, about 60,000 Americans have had their larynx removed due to disease or trauma. These people are missing out on many of life’s little pleasures because the procedure’s resultant hole left them without a voice and created an opening directly into their lungs. A simple shower is dangerous as even the slightest amount of water in the lungs can be deadly. Bad weather can be lethal. Things that used to be a mere annoyance — such as a housefly — are now life-threatening. It’s not overstating it to say that danger lurks everywhere after a laryngectomy. And just at the time you need extra support, your ability to communicate is greatly impaired. A simple interaction with a store clerk is frustrating and can deliver looks of horror and pity.

As an ear, nose and throat specialist at Mayo Clinic, David Lott, M.D., has seen laryngectomies impair too many lives.

“I’m tired of seeing patients over and over and knowing there’s nothing to do,” he says. Some patients become so hopeless in the face of a laryngectomy that they forgo the procedure, opting for certain death over such deeply impaired living. Dr. Lott wants to restore hope for these people.

And with the latest breakthroughs in transplant and regenerative medicine, he knows how.

### The First Strategy

Dr. Lott and his team at Mayo Clinic are a step ahead of the rest of the nation in giving people without a larynx new options.

Their first strategy is larynx transplant. The procedure has only been performed three times in countries with advanced medicine. Dr. Lott has established an exclusive set of protocols that helped create a new Head and Neck Transplantation Program at Mayo Clinic in Arizona. The United Network for Organ Sharing — the transplantation regulating organization — gave the protocols the green light so Dr. Lott and his team can perform two transplantations per year for the next five years. If all goes as the team expects, larynx transplant will become as routine as any other transplant such as heart, liver or kidney.

“Laryngeal transplantation will allow people to smell, taste, swallow and communicate in a voice uniquely one’s own,” Dr. Lott says. “It many cases, it can be lifesaving.”

Larynx transplant could benefit about 60,000 people in the United States alone, but the procedure isn’t without drawbacks. The first is organ availability. Like almost all transplantable organs, there just aren’t enough to go around. The second is that not all laryngectomy patients would qualify for a larynx transplant. The third is that those who do have the procedure must immediately begin a regimen of immunosuppression drugs so their body doesn’t attack the new organ. The drugs have to be taken every day for the rest of their lives, yet there still remains a chance of organ rejection.

Dr. Lott’s second strategy of building a whole new organ, on demand, would overcome all of these drawbacks.

### The Second Strategy

In the past few years, regenerative medicine has begun to deliver on the long promise of growing new organs from stem cells harvested from an eye disease can use center resources to extract cells, treat the cells with relevant growth factors, grow them into the necessary numbers for treatment and deliver them back to the patient.

It’s just one of more than 40 clinical trials Mayo Clinic’s Center for Regenerative Medicine is conducting. The center is driving regenerative techniques throughout Mayo Clinic’s research and practice by building an infrastructure that practitioners can use to apply to their own work. For instance, a researcher interested in applying stem cells to an eye disease can use center resources to extract cells, treat the cells with relevant growth factors, grow them into the necessary numbers for treatment and deliver them back to the patient.

“Laryngeal transplantation will allow people to smell, taste, swallow and communicate in a voice uniquely one’s own.” — David Lott, M.D.
It reduces the learning curve from years to months. As a result, researchers can easily explore how regenerative medicine can help their patients. Dr. Lott says there’s little question that regenerative medicine will help his patients. In fact, he has already developed an implantable organ and is working with the Food and Drug Administration to launch a clinical trial by end of the year.

The process begins with highly accurate imaging of a person’s larynx. Dr. Lott’s team then uses 3-D printing to reconstruct the damaged portion of the organ. They use this as a mold to create a scaffold that will guide the stem cells as they grow. To get the stem cells, researchers take a sample of a person’s fat tissue and transfer it to a specific medium in a culture dish. The fat cells float to the top and the stem cells sink to the bottom, making them easy to harvest. Researchers apply specific growth factors to begin transforming them into larynx cells and expand their numbers.

Once the scaffold and stem cells are ready, researchers place both in a bioreactor that rotates the scaffold through the culture media, much like a self-basting rotisserie. After two weeks, the tissue is ready for transplant.

The whole process is three to four weeks. “Regenerative medicine enables us to reconstruct defects and restore function to tissue without the need for immunosuppression in ways that were previously unthinkable,” Dr. Lott says. “This ability means that patients have fewer treatment risks, recover sooner, function better and have a better quality of life. In many cases, it preserves life itself.”

Harnessing the Power to Heal

Until recently, regenerative medicine has been relegated to the laboratory and clinical trials. Not anymore. Mayo Clinic in Florida is building two suites dedicated to delivering technologies that just a decade ago were unimaginable.

The comprehensive suites are among the first in the world designed exclusively for regenerative medicine, and they’ll accommodate multiple specialties at once. For instance, prior to the new suites, regenerative medicine therapies would take place at any number of locations within the hospital — if a patient had a need for stem cell therapy for osteoarthritis in the knee, their care would be delivered within an orthopedic setting. “Now, all regenerative medicine therapies would take place at any number of locations within the hospital — if a patient had a need for stem cell therapy for osteoarthritis in the knee, their care would be delivered within an orthopedic setting. If someone needed a regenerative skin procedure, it happened in dermatology.”

“Now, all regenerative medicine therapy is consolidated, providing our multidisciplinary team of experts the valuable space they want, for the procedures that their patients need,” says Thomas A. Gonwa, M.D., the Jorge and Leslie Bacardi associate director, Center for Regenerative Medicine in Florida and deputy director of translation for Mayo Clinic’s Center for Regenerative Medicine. He adds that as we cross into this new frontier, the initial emphasis of the regenerative medicine suites will be on orthopedics and sports medicine, plastics and dermatology. Shane A. Shapiro, M.D., assistant professor of orthopedics, will be one of the early users of the suites. His pioneering work applies regenerative medicine technologies, such as platelet-rich plasma and stem cells, to heal bone and tendon injuries, ligament sprains and arthritis. He especially likes that the suites take a holistic, whole-body approach to care — even the lighting has been specially designed for comfort.

“These therapies mobilize the body’s ability to heal and repair tissue where previously it had failed to do so,” says Dr. Shapiro. “Our strategies form the foundation upon which the future of cell-based therapies for orthopedic disease will be built.”

Dr. Shapiro is quick to point out that these regenerative therapies are not orthopedic surgery. Rather, the new hybrid suites will form a boutique of sorts that will provide the latest therapies to patients who elect not to have, or are not candidates for, more traditional invasive procedures.

“These are therapeutic interventions that do not require the complex resources of an operating room.”

— Shane A. Shapiro, M.D.

“Amazing things are happening here, with vast implications in neurodegenerative diseases, musculoskeletal conditions, heart, vascular and kidney disease,” says Gianrico Farrugia, M.D., CEO of Mayo Clinic in Florida. “Regenerative medicine might also be a signature component to treating or curing individuals with spinal cord injuries, type 1 diabetes, Parkinson’s disease and Alzheimer’s disease.”

“Now, all regenerative medicine therapies would take place at any number of locations within the hospital — if a patient had a need for stem cell therapy for osteoarthritis in the knee, their care would be delivered within an orthopedic setting.”

— Shane A. Shapiro, M.D.
A visitor to Bob Jacoby’s home office will notice the 1952 Royal typewriter. A plaque on the machine reads “Honor Thy Father.”

The metal cube with small black and white keys was a brand icon of its time — it’s what Ian Fleming chose when bringing James Bond to life. But to the former army sergeant and New York ad exec, it’s a reminder of his past.

Bob’s dad was a salesman for the Royal Typewriter Company. Since childhood, Bob’s home has never been without one. As Bob talks about his dad, one can practically hear the echoes of a typewriter being reset for the next line. That hallmark *ding* at the end of a line, a *zip* as the roller floats back, and a forward stepping *click*.

“My father commuted into New York City every day, either by bus or train,” Bob says. “It’s a horrible ride after a while if you do that for a lifetime.” But his father pressed on, working hard selling as many typewriters as he could to provide for the family.

Growing up, Bob admired his father’s grit and perseverance, striving to emulate him through high school, the Army, Princeton University and a job at Shell Oil Company.

At Shell, he quickly established himself as talented and hardworking, but more importantly, it is where he met his future wife, fresh out of secretarial school.

“He was the cutest thing I had ever seen, sitting behind his desk with these great big horned-rimmed glasses,” Monica Jacoby says as she sits next to the man she’s been married to for over 60 years. She looks at him and smiles, “I fell in love with him just like that.”

Ding. Zip. Click.

**Story of a Lifetime**

With Monica by his side, Bob climbed to the top of his profession in advertising, introducing some of the most successful and widely recognized product campaigns in the industry. But today the couple happily shares the quiet morning routines of a retired couple — coffee, fresh fruit and a daily paper. Monica grins, “And with 16 grandchildren, including one great-grandchild, there’s always a birthday card to write.”

Today, the Jacobys enjoy their retirement outside of Jacksonville, Florida, in a town they moved to...
Robert and Monica Jacoby

Jacksonville Symphony plays in the hall that is 25 years ago. In fact, the Jacksonville area reminds often convey a hometown charm. She recalls when In Jacksonville, for a moment, it seemed like a losing season. The front page was covered in nothing else mattered but that victory. Ding. Zip. Click.

"Jacksonville is like a small town, so warm and friendly," she says. The Jacobys try to give back to their community however they can — to area youth programs, like the Boy Scouts and Girl Scouts of America (one troop honors the Jacobys by donning a patch that bears their name); supporting local arts (the Jacksonville Jaguars had a rare win during their latest philanthropic endeavor will help Jacksonville is segmented and, sometimes, wrenching anxiety of the unknown. "You can make a difference here," Monica says. Again you can nearly hear the typewriter reset to the next line — ding, zip, click — as she thinks about the future and softly says, “And we’re not done yet.”

25 years ago. In fact, the Jacksonville area reminds them of their childhoods, and Monica is fond of the headlines in their local newspaper, which often convey a hometown charm. She recalls when the Jacksonville Jaguars had a rare win during a losing season. The front page was covered in photographs of fans with their hands in the air. In Jacksonville, for a moment, it seemed like nothing else mattered but that victory. "Jacksonville is like a small town, so warm and friendly," she says.

The Jacobys have given a leadership-level gift to establish the Mayo Clinic Robert and Monica Jacoby Center for Breast Health, which is part of the national Mayo Clinic Cancer Center.

The Jacobys, too, are grateful for the opportunity to help so many in their new hometown and beyond. They have four daughters and understand how this gift could one day help them and many of their friends and neighbors. It’s one of the reasons they focused their gift on Jacksonville.

"This center and its technology allow each of us to provide the very best care, for each patient and each family member," Dr. McLaughlin says. "We worked hard to open this center for a reason — our patients."

"Both of us grew up relatively poor," Monica says. "The other day, I thought to myself about it. I just want to do as many good things as I can at this time of my life. So now, we enjoy helping our community, helping people."

"A lot of people have had difficult young lives," Bob says. "There are a lot of breast cancer patients with fear in their minds. They might be able to conquer that fear, really, if they had some hope. You always have to figure God’s watching over us. I’m not religious, but deep down I feel that there’s another power that watches over us and provides you a reason to hope."

"Jacksonville is like a small town, so warm and friendly," she says. The Jacobys try to give back to their community however they can — to area youth programs, like the Boy Scouts and Girl Scouts of America (one troop honors the Jacobys by donning a patch that bears their name); supporting local arts (the Jacksonville Symphony plays in the hall that is named in honor of their generosity); and serving as long-standing members of the Mayo Clinic Leadership Council in Florida as ambassadors and advocates of philanthropy.

"I just want to do as many good things as I can at this time of my life. So now, we enjoy helping our community, helping people." — Monica Jacoby

"What are precancerous? Is it something I should worry about? Should I be tested more often? Should I be tested for the HER2 gene that I’ve heard about? A lot of people have had difficult young lives," Bob says. "There are a lot of breast cancer patients with fear in their minds. They might be able to conquer that fear, really, if they had some hope. You always have to figure God’s watching over us. I’m not religious, but deep down I feel that there’s another power that watches over us and provides you a reason to hope."

The Jacobys have given a leadership-level gift to establish the Mayo Clinic Robert and Monica Jacoby Center for Breast Health, which is part of the national Mayo Clinic Cancer Center. Sarah A. McLaughlin, M.D., who leads the Mayo Clinic Jacoby Center, says it is designed to promote the highest level of collaboration among all providers, researchers and educators in all disciplines related to breast health — for both men and women. "It allows for true integration and efficacy of care, as patients can now access breast health experts from virtually every related medical discipline, all in one location," she says. "In one place you can get genetic testing, breast imaging and diagnosis, oncology care, surgery, plastic surgery and after-care support."

Dr. McLaughlin says it’s the most comprehensive, multidisciplinary breast health facility in the Southeast region. It boasts more than 50 team members, 11 exam rooms, seven mammography rooms and a dedicated radiology consultation suite.

"People often have many more questions — Is it..."
DESIGNING
THE HEALTH CARE EXPERIENCE

A woman with cancer walks out of the desert and into the lobby bathed in natural light pouring in through a giant, two-story glass wall that curves behind her. The high ceiling echoes the curve as a wave of dark wood arcs across it and dives beneath lighter-colored wood — like the two elements are dancing, playing.

The woman proceeds through another doorway framed in glass. The elements repeat again and again as she walks through the new Mayo Clinic Building, Phoenix campus — in the waiting room framed in cream-colored wood with a matching reception desk that curves into corners; in the hallway with backlit glass walls painted with green leaves that appear to glow; in the exam room with curved wood cabinets and a dark wood desk that sweeps out of the wall in a half circle.

The experience is an affirmation of life and the power of healing design just at a time when she needs it. She’s here for another round of intravenous chemotherapy and could use all the positive, soothing energy she can get. When she arrives in the treatment area, a glass wall overlooks the greens and browns of the alluring Arizona desert outside.

“We’ve tried to make the finishes in all of our spaces friendlier and less clinical-looking,” says Allison Matthews, a service designer for Mayo Clinic’s Center for Innovation. “I think we’ve done a good job of that by making things look more airy and inviting. In Phoenix, for example, we’ve tried to use the colors of the desert so that everything ties in with the outside environment and doesn’t seem so sterile.”

The Mayo Clinic Building on the Phoenix campus is the latest example of Mayo’s focused design to enhance the patient experience and encourage relationships. For instance, the building has larger rooms for doctor-patient consultations so that families and loved ones can attend. Designers placed check-in kiosks so that patients don’t have to stand in line, a boutique to give people something to do between visits, and friends and family lounges to relax in.

“Human-centered design starts with the people you’re designing for and ends with new solutions tailored to their needs,” says service designer Matthew Moore.

Research indicates human-centered design accomplishes a host of goals integral to good care — it reduces long-term costs, reduces staff stress and fatigue, improves patient safety, and improves overall health care quality and patient satisfaction. But perhaps most important of all, it improves patient outcomes.
CONCOURSE LEVEL
Radiation Treatment
- Intensity-modulated radiation therapy — IMRT
  is an advanced type of radiation therapy using photon or proton beams to conform to the target and precisely irradiate a tumor.
- Brachytherapy — Brachytherapy is an internal radiation treatment that places the radioactive material right into or close to the tumor.
- 3-D radiation therapy — This type of conformal radiation therapy uses a special computer to help shape the beams of radiation to match the shape of the tumor.
  - Proton beam therapy — In this external radiation treatment, the power of protons is released in higher doses than traditional radiation. This is possible because protons emit their maximum energy at their targeted stopping point — the tumor. For children, proton beam therapy offers curative treatment while sparing children’s still growing bones and tissues.

Integrative Medicine
Integrative medicine offers treatments that promote wellness and complement conventional medical care. Thanks to our benefactors, Mayo Clinic is expanding its integrative medicine practice to become a transformational leader. In the Milt Ward Integrative Medicine Suite, patients experience the healing benefits of massage, acupuncture, patient education and more.

FIRST FLOOR
Laboratory Medicine and Pathology — This specialty lab supports the services that reside in this building and the adjacent Mayo Clinic Specialty Building, including pediatric and adult oncology, surgery, cardiology, neurology, transplant, orthopedics, gynecology, ENT, breast clinic and endoscopy.

Patient Education and Research Center — Patients and families can learn more about medical conditions, healthy living, current medical research and clinical trials at the education center.

Pharmacy — This outpatient pharmacy is equipped with the latest technology and designed to maximize the patient experience through a private consultation room and future growth for patient-tailored programs.

Transplant — The clinical support offices for the largest transplant center in the Southwest are located here.

Breast Center — Collaborative staff from many medical disciplines provide health care and timely, comprehensive evaluations of breast-related concerns.

SECOND FLOOR
Endoscopy and Bronchoscopy Procedural Suite — The Division of Gastroenterology and Hepatology, along with the Division of Pulmonary Medicine, performs outpatient and inpatient procedures in six leading-edge rooms.

Outpatient Surgery Operating Rooms — Three state-of-the-art operating rooms for surgical specialties, a laser room for ophthalmology, and 30 preoperative and postoperative rooms accommodate the latest in surgical equipment. This area also includes shelled space to accommodate future growth.

Pain Clinic — The expert pain team sees and manages chronic pain patients using proven techniques and procedures to alleviate pain.

Pain Rehab — This is a three-week outpatient program for those whose chronic pain has caused a significant decline in their functional abilities and quality of life.

Rehabilitation Services — Integrated treatment for patients with orthopedic, neurological or other complex conditions is provided in this team-based common rehabilitation space.

THIRD FLOOR
Home of the Mayo Clinic Cancer Center
As the only National Cancer Institute Comprehensive Cancer Center with a national footprint, the center harnesses the efforts of over 240 Cancer Center Faculty. The new facility integrates the Division of Hematology and Medical Oncology with cancer services from prevention to survivorship.

The amenities include:
- A patient education classroom.
- A business center to help guests keep pace with a busy world from the hospital campus.
- Boutique stores.
- A friends and family caregiver lounge.
- A 50-bay chemotherapy infusion unit designed to allow for tranquil natural lighting.

Chemotherapy units overlook the Arizona desert.
Jessie Brenholt is a certified pastry chef who dreams of opening a bakery. “If the ingredients were free, I’d give out cakes to everyone,” she says. But for months, Jessie was sick, lost weight and suffered fatigue, nausea, vomiting and vision problems. A local neurosurgeon diagnosed her with a benign (noncancerous) pituitary tumor, which was wrapped around the optic nerve and close to the artery that supplies blood to the head and neck. Traditional treatments for the walnut-sized tumor could have affected her sense of smell and vision, which threatened her dream.

The neurosurgeon referred Jessie to Mayo Clinic. “A pastry chef needs to be able to smell and see,” Jessie says. “My doctors at Mayo Clinic understood my concerns and have been great about preserving my quality of life with surgery and proton beam therapy.”

Mayo Clinic surgeons performed three operations over six months to remove as much of Jessie’s tumor as possible. Traditionally, doctors would use radiation therapy to destroy the rest, but as radiation therapy destroys tumors, it can damage surrounding healthy tissue. By contrast, proton beam therapy treats the tumor while sparing nearby normal tissues.

Jessie completed six weeks of proton beam therapy at Mayo Clinic and will be monitored every few months to determine its effect on her tumor. “I’d like to be normal. I want people to ask me how my baking is going instead of how my radiation is going,” she says. “I want to start the life of a 23-year-old.”

EXPERIENCE

PROTON BEAM THERAPY POWER

Every patient’s tumor is unique. Some can be treated with conventional radiation and chemotherapies. Others are too close to vital organs, which makes radiation risky as it could damage healthy tissue. With the opening of the Mayo Clinic Building, Phoenix campus, patients will have access to a powerful treatment that deposits radiation therapy where it’s needed without risking surrounding tissue.

In radiation therapy, intense amounts of energy are directed at cancer cells to destroy the genetic material that controls cell growth. Both healthy and cancerous cells are affected by radiation, so the goal is to radiate only the targeted cancer cells. X-rays are the type of energy used in conventional radiation therapy, which can damage healthy tissue. Doctors often reduce X-ray doses from the optimal cancer-fighting level to protect surrounding healthy tissue from harm. In proton therapy, energy is carried by protons — the positively charged particles in an atom.

Unlike the photons in X-rays, proton beams stop after releasing their energy within their target. A proton beam can be much more finely controlled, so higher doses of radiation can be more safely delivered to tumors with less risk to healthy tissue.

Proton therapy has been shown to be beneficial in the treatment of many kinds of tumors, but children with cancer stand to benefit the most from proton beam therapy as they can have the greatest long-term harm from conventional radiation therapy since their organs are still developing.

The Mayo Clinic’s Proton Beam Therapy Program, which is a new addition to the Mayo Clinic Cancer Center, exclusively features intensity-modulated proton beam therapy using pencil beam scanning, which is smaller and more accurate than other proton beams used in the U.S. The pencil beam conforms more closely to the tumor, “painting” its depths and contours. Compared to most other proton therapy systems, pencil beam gives greater control of radiation doses, produces shorter treatment times and has reduced side effects.

Conventional radiation passes through the body, damaging healthy tissues as well as cancer cells, causing many side effects. Proton beam therapy using pencil beam scanning has better tumor control and few side effects.
EVIE MCLEISH

A POWERFUL TOOL

The night before 8-year-old Evie McLeish’s brain surgery, her Mayo Clinic neurosurgeon, David J. Daniels, M.D., Ph.D., told her parents, “I don’t want you to think of this as the end. This is just the beginning of a marathon.”

Evie had a tumor growing out of her cerebellum, the part of the brain at the back of the skull. The tumor’s location caused Evie to come out of surgery with temporary, but expected, deficits, including problems with her right eye and inability to walk and swallow properly.

Getting Evie back to normal requires intense physical, occupational and speech therapy — two weeks inpatient and long-term outpatient, 55 weeks of chemotherapy and six weeks of radiation.

Giving a child traditional radiation therapy can be risky in terms of side effects that may not appear until adulthood. Radiation risks intensely when applied to the brain and include impaired cognitive function, growth and fertility. Evie’s Mayo Clinic team recommended proton beam therapy.

After completing the treatment, Evie returned home, just in time to start third grade. Her Mayo Clinic doctors communicate with her doctors at home to make sure she continues to get the therapy and chemotherapy she needs. She’ll return to Mayo Clinic every few months for follow-up care.

Evie’s mother, Ali, says Evie just wants to be able to walk again, ride her bike, grow her hair back and do what other kids do. “I tell her she will get there — it will just take time,” she says. “It’s a marathon, and we’re not done yet.”

JACKSON FISHER

‘HOW’D WE GET SO LUCKY?’

Michelle and Patrick Fisher remember their words as they handed their 14-year-old son, Jackson, over to Mayo Clinic experts — “Whatever you need to do, do it. He’s your child now.”

Over the previous two weeks Jackson had worsening headaches, double vision and nausea and was losing weight. After Jackson came home from lacrosse practice exhausted, his parents took him to a local emergency room. A CT scan showed a large mass in his brain.

He was immediately helicoptered from Des Moines, Iowa, where his family lives, to Mayo Clinic in Rochester, Minnesota. The next day, surgeons relieved pressure in his brain and biopsied the tumor. It was a mixed germ cell tumor that had malignant and benign cells.

Jackson had 18 weeks of chemotherapy — first at Mayo Clinic and then at the Fishers’ hometown hospital. It was effective, but Jackson’s Mayo Clinic doctors wanted to further reduce the tumor. Ideally, they would have operated on it, but the tumor location made surgery too risky. The precise targeting of proton beam therapy was the answer.

Jackson completed seven weeks of proton beam therapy of his spine and brain, a treatment that became available at Mayo Clinic in June 2015. “How’d we get so lucky?” asks Michelle Fisher. “Proton beam therapy was available at Mayo just in time for my child.”
GIVING BACK

Annual Giving
Some benefactors choose to support Mayo Clinic’s work with yearly gifts, and Mayo Clinic recognizes them in electronic displays at Mayo Clinic’s campuses in Minnesota, Florida and Arizona. Six levels honor benefactors for annual philanthropy of $1,000 to $99,999.

RECOGNITION LEVELS
• Mayo Leadership Circle $50,000 to $99,999
• Mayo Ambassadors $25,000 to $49,999
• Mayo Sponsors $10,000 to $24,999
• Mayo Stewards $5,000 to $9,999
• Mayo Patrons $2,500 to $4,999
• Mayo Friends $1,000 to $2,499

For more information about philanthropy at Mayo Clinic, please call 1-800-297-1185 (toll-free) or visit mayoclinic.org/development.

BE HAPPY AND THANKFUL

“All of Mayo Clinic’s personnel, including but not limited to the janitors, secretaries, nurses and doctors, have been the most professional medical people that I have ever dealt with.

With Mayo Clinic’s people in my corner, I’m sure that I will reach my goal to become a centenarian. My 100th birthday card (yes, I have the card) reads, ‘Life really can’t be measured just in terms of years alone, but by many thoughtful ways and kindness done.’ I want to live healthy past the age of 100. With the wonderful research that Mayo Clinic does on an ongoing basis, I am sure I will make the century mark and more.

Give and have kindness to others (people and animals). We should give time and assets in an artful way of warmth, living fully and staying young at heart, and be happy and thankful for all the blessings we have in this life. As we wake in the morning, thank God, Jesus (the son) and the Holy Spirit for this life. Love and expect love.

The Mayo Clinic’s research in stem cells is very exciting. I support Mayo Clinic in honor of my daughters, Donna C. Culbertson and Melissa M. Culbertson O’Dell.

God bless.”

Donald A. Culbertson
Giving to Mayo Clinic through a Living Trust
Florida, 2016

THANK YOU
Gifts of all sizes strengthen health care for people everywhere. Mayo Clinic is deeply grateful for each gift and finds inspiration in your support.

MAKING AN IMPACT

Cumulative Philanthropy
Mayo Clinic recognizes each benefactor for philanthropic giving of $100,000 to $10 million or more in the Hall of Benefactors at Mayo Clinic in Rochester, Minnesota. We also recognize those who support our work in Florida and Arizona in the Hall of Benefactors on the respective campuses.

RECOGNITION LEVELS
• Philanthropic Partners $10 million or more
• Principal Benefactors $1 million to $9,999,999
• Major Benefactors $100,000 to $999,999

LEAVING THE WORLD A BETTER PLACE

Planned Giving
Committed benefactors who want to make a difference and provide a legacy of philanthropy can do so through planned gifts. Benefactors who support Mayo Clinic through a bequest in their will or another type of planned gift become members of The Mayo Legacy. Mayo Clinic recognizes these members in electronic recognition kiosks in the Hall of Benefactors at all Mayo Clinic campuses.

RECOGNITION LEVELS
• Mayo Alumni Laureates $100,000 or more
• Doctors Mayo Society $10,000 or more; bequest of $25,000 or more
• Edith Graham Mayo Society $1,000 (Mayo School of Health Sciences)

Alumni Philanthropy
Having seen and felt the direct impact of philanthropy, Mayo Clinic alumni know the difference it makes better than anyone. Many become benefactors of Mayo to help maintain the highest quality of patient care, research and education. Mayo Clinic recognizes their generosity in electronic recognition kiosks in the Hall of Benefactors at all Mayo Clinic campuses.

GIVING BACK

Annual Giving
Some benefactors choose to support Mayo Clinic’s work with yearly gifts, and Mayo Clinic recognizes them in electronic displays at Mayo Clinic’s campuses in Minnesota, Florida and Arizona. Six levels honor benefactors for annual philanthropy of $1,000 to $99,999.
The King of Mt. Olympus Helps Find a New Path for Cancer Treatment

“Watch this,” chuckles Nick Laskaris, his voice teeming with giddy excitement. He watches eagerly as a 9-foot wall of water crashes down on a mass of screaming, giggling tourists. He’s probably seen that gag a thousand times, and it still cracks him up. Poseidon’s Rage — one of the planet’s largest wave pools — gears up and launches another wave at laughing vacationers.

Located in a Wisconsin town of about 2,700 people, this man-made attraction is a mecca for Midwesterners escaping the searing heat of summer. But to Nick, his gargantuan wave pool is just another proud entry on a long list of life events, which include building a massive water and amusement park in the heart of Americana and surviving a deadly brain cancer — twice.

From Hot Dogs to Waterslides
When Nick was a kid, his father, Demetrios “Jim” Laskaris, a Greek immigrant, took a shot at the American dream and moved the family from Chicago to Wisconsin Dells to open a hot dog stand. On the first day, it made five bucks. The second day, profits dropped by a dollar. It didn’t get better from there, and soon the struggling family was packing up its things to move back to Chicago.

Nick, who was only 4 years old at the time, still has clear memories of the movers — burly men hauling the family’s things onto an old moving truck, uprooting the Laskarises once again. Then as the movers lifted an antique desk, a small white bundle rolled out.
“I remember that white sock dropping so clearly,” says Nick. The sock held $700 cash that Nick’s mother forgot she squirreled away, giving the Laskaris family a second shot. They invested it in Goofy Karts go-kart track, the seed of Mt. Olympus Water and Theme Park.

Mt. Olympus covers more than 300 acres of indoor and outdoor attractions — 44 waterslides, three lazy rivers, two wave pools, a geyser that blasts water over 160 feet into the sky, three water play areas for young children, eight go-kart tracks, five roller coasters, kiddie rides, batting cages, arcades, restaurants, retail shops and the Lost City of Atlantis — a six-story water fortress with a monster dump bucket.

A far cry from a failed hot dog stand.

“And that’s why I love Mayo Clinic! They try different things and do what they need to do to make you healthy.”

— Nick Laskaris

A 9-Year-Old Greaseball
At 9 years old, Nick was the chief mechanic at Goofy Karts and worked every day. “I was a little greaseball,” he says with a grin.

Nick loved working with his father — the two designed and built the first elevated go-kart track — but they also battled. Jim, after failing at the hot dog stand, was very cautious and hated taking on debt. Nick was more visionary and a risk taker. “I always wanted to get bigger,” Nick says. “But convincing my father to do something new was nearly impossible.”

In fact, the only time the business made significant growth was when Nick’s parents left for Florida after the tourist season ended. “Every Labor Day, as soon as I saw their taillights turn the corner, I started building.”

Inside the Head of Nick Laskaris
Nick’s brain was constantly calculating new ways to grow the business — add a ride here, a game there, include this prize, try that promotion. But besides a mind full of visionary ideas, unbeknownst to him, Nick’s brain was also harboring something much darker. Its only symptom was a twitching bottom lip right before he passed out and hit the ground amidst a seizure.

It was 1991, and Nick was 24 years old. An MRI at a local hospital showed a 5-centimeter growth that doctors wanted to remove with surgery. Nick’s father insisted on a second opinion, “only from the best,” and took his son to Mayo Clinic.

At Mayo, Jan C. Buckner, M.D., the Betty J. Foust, M.D., and Parents’ Professor, and Brian Patrick O’Neill, M.D., led a care team that soon determined the tumor had infiltrated other parts of his brain, making surgery impossible. They opted to treat Nick’s cancer with intensive radiation and chemotherapy drugs not normally used to treat a brain tumor.

“And that’s why I love Mayo Clinic!” exclaims Nick. “They try different things and do what they need to do to make you healthy.”

And it worked. Soon, Nick was back to expanding the business, but he quickly realized he wanted something more.

‘She’s Greek. She’s Beautiful.’
Nick Laskaris is not above a little chicanery when it comes to love. For instance, when he met Eva Vlachakis at a church function, he knew she was something special. So he maneuvered to sit next to her during dinner, intent on stealing her from her date.

“She’s Greek. She’s beautiful and someone I could talk to,” Nick says. “I wanted someone who would be my partner.”

It only took Eva one date to figure out what she was getting into with Nick. She expected he’d try to impress her by taking her to an expensive restaurant, so she dressed to the hilt — he took her to Waffle House.

“Oh, he made me laugh!” Eva remembers with a wide smile. “He still does. There’s never a dull moment with Nick. There’s just no one like him.”

Eva was more than up for the challenge of being a business partner and wife of Nick Laskaris. Matching his work ethic stride for stride, Eva brought her retail merchandising to the business to create a successful retail revenue stream.

The two worked together, growing Mt. Olympus, adding new hotels and rides to the park, and creating a family of their own with two daughters, Fotini and Maria. Then, on July 4, 2001, 10 years after Nick’s initial cancer diagnosis, he had another seizure. That day he suffered 32 seizures. After a local hospital stabilized him, he was flown to Mayo Clinic.

The Pathfinder
His brain cancer had returned. At Mayo Clinic, Dr. Buckner discovered that Nick had a very rare form of disease that had no established therapy.

“Based on experience we had with similar types of tumors that occur mostly in children, we knew if we gave Nick the standard course of treatment, his chances were basically zero,” Dr. Buckner says.

Dr. Buckner worked with colleagues to develop a new treatment regimen specifically for Nick and his cancer.

Dr. Buckner said to me, ‘Nick, we can give you two to four years with surgery, or we can go for a cure,’” Nick says. “I went for the cure — which almost killed me.”

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With no guarantee it would work, Nick and his team of specialists at Mayo Clinic waged war on his cancer by opting for back-to-back stem cell transplants. The procedure uses very high doses of chemotherapy to destroy the cancer. But in doing so, it also kills stem cells in the bone marrow, which produce red and white blood cells as well as platelets.

Doctors first harvested healthy stem cells from Nick’s blood. Then after heavy chemotherapy, doctors re-infused him with his own stem cells, which made their way into his marrow to produce new blood cells. On top of struggling with side effects of intensive chemotherapy, Nick now had a compromised immune system and low blood counts. The procedure caused terrible mouth sores, and Nick experienced days on end of diarrhea and vomiting, terrible fevers, then chills. He could only eat via feeding tubes. Then six weeks later, because his treatment required two stem cell transplants, he had to go through the procedure all over again.

All told, Nick and Eva spent 11 months at Mayo Clinic, but Nick’s bravery saved more than his own life.

“Because of his willingness to be the first to try this treatment, we’ve basically established that the only long-term survivors of this rare cancer are those who receive high-dose chemo and stem cell transplant,” Dr. Buckner says.

‘I’m a Mechanic’

Today, 25 years after his initial cancer diagnosis, Nick works alongside Eva and their daughters to continually expand and improve Mt. Olympus. He credits his health to his wife, his internal strength and the care he received at Mayo Clinic, whose cancer research the family supports as Principal Benefactors, giving more than $1 million.

“I’m a mechanic,” says Nick. “I understand that it doesn’t matter how good a mechanic is if he doesn’t have the proper parts, tools or facilities. Without these, you are nothing. Mayo gets that.

“At this point in my life, all I can hope to do is inspire others and teach them to look for solutions. Just last night I stumbled on something that made our reservation numbers go through the roof. It doesn’t matter if the solution is to increase business or find a cure for cancer. The answer is right in front of our faces. We just have to see it.”

Visit a Vet

Debbie Daugherty was driving home from work shortly before Christmas a couple of years back when she noticed a U.S. Marine Corps Reserve Toys for Tots Program truck. The soldiers collecting donations made her think of her father, a decorated veteran who served 30 years in the Marines, including tours in World War II, Korea and Vietnam. He’d been having health issues and had moved in with Debbie. She decided to ask the soldiers for a favor.

“I did a U-turn, drove back to them and asked if they’d follow me home, give me two minutes of their time and say hello to my dad,” says Debbie, director of Administrative Services at Mayo Clinic in Jacksonville, Florida.

“I thought they’d think I was crazy.” Instead, “They said, ‘Yes, ma’am,’ and followed me home.”

That two-minute request stretched into a two-hour visit, during which Debbie saw “a whole change in my dad’s countenance. He just beamed.” As did a lightbulb in her head. “I thought, ‘Wouldn’t it be nice if we could bring that to our patients?’”

That experience served as the genesis for the Visit a Veteran program at Mayo Clinic’s Florida campus. Debbie helped launch the program in 2014, and since then, volunteers have made 776 visits to hospitalized veterans. The visits are a big hit with patients, who “are so thankful to know that someone cares about their service,” Debbie says. Many of the volunteers are veterans themselves, and the experience gives them a sense of camaraderie and a chance to give back to other vets. The visits make a difference to patients’ families as well. “Usually they beam,” Debbie says, “but sometimes they cry.”

Debbie says she’s proud to be part of an institution that recognizes people who have volunteered to serve the country. And she’s looking for more people willing to help get that message across.

“I’d love to see the number of visits double,” she says. “It’s pure joy to see how patients light up when they realize that Mayo cares. How can you not walk away feeling good after that?”

“Visit a Vet”

Members of the U.S. Navy’s Blue Angels flight team visit a veteran as part of Mayo Clinic’s Visit a Veteran program in Florida.

“At this point in my life, all I can hope to do is inspire others and teach them to look for solutions. … It doesn’t matter if the solution is to increase business or find a cure for cancer. The answer is right in front of our faces. We just have to see it.” — Nick Laskaris
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