Mayo Alumni

Winter 2005

Mayo Clinic in Jacksonville

Expanding to serve patient needs
Features

2 Mayo Clinic in Jacksonville continues expansion aimed at serving the needs of patients
Planning and philanthropy have helped guide and expand the campus at Mayo Clinic in Jacksonville to serve the needs of patients and broaden its research programs.

8 Mayo Clinic Pulmonary Hypertension Clinic: Advancing research, while caring for patients with rare disease
The Mayo Clinic Pulmonary Hypertension Clinic is on the cutting edge and sometimes even beyond the cutting edge of therapy for this rare blood vessel disorder of the lung. Its research efforts continue advancements in treatment of this disease, which is currently without a known cure.

12 Mayo Alumni gather in Ireland for learning and renewal of Mayo-Ireland connection
The 2004 Mayo Clinic Alumni Association International CME Program and Tour brought 100 participants to Adare Manor in County Limerick, Ireland, last fall.

14 Mary O’Connor, M.D. — Believe and expect success
Dr. O’Connor’s dedication and hard work led to a successful rowing career that included a spot on the U.S. Olympic team in 1980. She’s succeeded in her surgical career at Mayo Clinic in Jacksonville because of her belief in her talents and her abilities, something that was instilled in her at an early age.

Mayo Update

20 News briefs
23 Alumni meetings
23 Postgraduate meetings
23 Alumni news
24 Staff news
25 Fellow, resident and student news
25 Obituaries
28 Mayo Clinic Resource Central
Letter from the President

Planning has been an integral component in all that Mayo does. This is evident in the carefully planned buildings at all three sites. Current needs are carefully integrated with what is likely to be needed in the future.

In this issue of Mayo Alumni you can read about the expansion and growth of Mayo Clinic in Jacksonville. You will see how planning and philanthropy have played key roles in helping Mayo Clinic maintain its primary focus on placing the needs of the patient first.

In our Fall issue you read how the growth of Mayo Clinic Scottsdale also is being guided by thoughtful planning and philanthropy.

A major goal of Mayo Clinic is the constant focus on how to provide the best patient care, research and education while continuing to define a path for the future that will ensure that this quality is maintained.

Mayo Clinic Jacksonville will host the Alumni meeting October 20th through 23rd, this year. The program is exceptional and will provide the opportunity to gather, learn, make new friends and renew old friendships. A full story on the meeting, speakers and activities at this 64th Meeting will appear in the Spring 2005 issue of the magazine. I look forward to seeing you in Jacksonville.

T. Paul O’Donovan, M.D.
Cardiovascular Disease ’67
President
Mayo Clinic Alumni Association
Mayo Clinic in Jacksonville continues

The hundreds of glass panels that line the exterior of the C.V. and Elsie R. Griffin Cancer Research Building at Mayo Clinic in Jacksonville stand as a powerful symbol of Mayo Clinic Cancer Center’s ambitions for the future. Together, they form a mirror, several hundred feet wide and four stories high, which reflects more than just the motions of daily life; it brings together sky and earth, demonstrating that, with the right perspective, nothing is beyond the reach of humankind.
expansion aimed at serving the needs of patients

The optimism of the building’s exterior is being matched by exciting progress within its lustrous walls. The first building at any Mayo campus dedicated exclusively to cancer research, the Griffin Building opened in 2003. It has a team of six researchers; each has funding from the National Cancer Institute. Their work covers many areas but it is encompassed by a central theme: studying the molecular mechanisms that lead to cancer and using that knowledge to develop interventions that will attack cancers at their most treatable stages.

“Without exception, every member of our group joined Mayo because it offers incredible opportunities to collaborate with physicians and to bring new treatments to patients,” says Alan Fields, Ph.D., chair of Cancer Basic Science Research, who leads the research program in Griffin. “During our first 18 months here, we’re already seeing this come to fruition.”

Some examples include:

- Al Copland, Ph.D., whose laboratory is studying kidney, prostate and thyroid cancers, is collaborating with Robert Smallridge, M.D., an endocrinologist, to develop treatments for anaplastic thyroid cancer. No effective treatment exists for this disease, but Drs. Copland and Smallridge have identified a drug that, in preclinical studies, dramatically shrinks tumors associated with it.

- Nicole Murray, Ph.D., whose laboratory studies colon cancer and lung cancer, is working with Michael Wallace, M.D., a gastroenterologist, on a tool to help physicians diagnose colon cancer earlier. They are studying biochemical changes that occur in precancerous lesions in the colon, with the aim of developing an imaging technique for these lesions.

- Dr. Fields has identified a gene that has a critical role in the development of lung cancer and colon cancer and drugs that target this gene.

These accomplishments are part of what Dr. Fields calls the “first phase” in the development of the research program in Griffin, which will play an increasingly important role in Mayo’s multisite Comprehensive Cancer Center. Phase two has already begun, and the immediate priorities are to attract philanthropic support for graduate fellowships and to recruit five to seven principal investigators in the next five years.

“Without exception, every member of our group joined Mayo because it offers incredible opportunities to collaborate with physicians and to bring new treatments to patients.”

— Alan Fields, Ph.D.
In 10 years, Dr. Fields hopes to fill Griffin’s 103,000 square feet to capacity, with 20 research laboratories and facilities for testing new cancer drugs and for creating animal models of cancer.

“It’s an aggressive plan, and philanthropic support is critical for us to succeed,” Dr. Fields says. “But the seriousness of the cancer problem around the world demands aggressive action. Our approach will allow us to quickly bring new treatments to patients at all three sites of Mayo Clinic Comprehensive Cancer Center. And we have a great starting point: a state-of-the-art building that easily can accommodate this growth.”

Location, location location: it is the golden rule of real estate, but it’s also an important reason why hundreds of Mayo Clinic staff have better working lives, thanks to the opening of the Vincent A. Stabile Building in March. Made possible by the generosity of Vincent A. Stabile and his sister, Antoinette “Toni” D. Stabile, the four-story building sits directly behind the Davis Building, the front door to the Mayo Clinic campus in Jacksonville. It houses staff from 17 different departments, many of which were previously spread across different locations in Jacksonville.
This consolidation benefits patient care in many ways, says Mary Hoffman, chair of the Department of Finance, whose staff was in three locations before the Stabile Building opened. It increases operational efficiency, communication within departments and makes it easier for administrative units to serve physicians and many other staff members who are directly involved in patient care.

“It’s been fantastic,” says Hoffman. “It’s made it much easier for me to meet face-to-face with my staff, and, even in today’s technology-driven world, that’s still the best way to collaborate. In addition, the building’s location has, for many of our administrative staff, increased their visibility and access to our core activity – patient care.”

The Human Resources Department is experiencing similar benefits, says Department Chair Michael Estes, whose staff was also in multiple locations before Stabile opened. Estes says the building’s success also serves as an important reminder of philanthropy’s significance to Mayo.

“It has given many of our staff a new appreciation for philanthropy,” says Estes. “It is a daily reminder of how philanthropy can improve pursuit of our mission. It also has special meaning for me and many other people who met Mr. Stabile before he passed away. He cared deeply about maintaining Mayo’s greatness, and it is very satisfying to see all these benefits from his building.”

Mayo Clinic Hospital and Beyond

Philanthropy’s importance to Mayo will become even more evident in the near future when Mayo Clinic Hospital opens in Jacksonville. A 214-bed facility will be built on the clinic campus. The hospital’s construction is being financed through an ambitious fund-raising campaign, which has raised more than $68 million to date, and through the sale of St. Luke’s Hospital. Construction is expected to begin in 2005 and finish in 2008.

The hospital’s addition to the clinic campus will unite Mayo’s patient care, education and research activities onto one campus in Jacksonville. The resulting advantages from this integration will serve as the first step toward a growth plan that charts Mayo’s next 100 years in Jacksonville, says George Bartley, M.D., chair of the Board of Governors in Jacksonville.

“The hospital’s addition to our clinic campus will mark the beginning of a new chapter in Mayo’s history in Florida,” Dr. Bartley says. “It will vastly improve our ability to collaborate and greatly enhance all of our mission-driven activities.”

That vision has been put on paper in a 100-year master plan that, depending on finances, would result in the creation of six zones on Mayo’s 440-acre campus in Jacksonville.
These zones include:

- **Patient Care Zone:** The major components of this zone will be in place when Mayo Clinic Hospital opens, but it can grow as the years require. The Davis Building, home to all of the medical specialties, can expand from its current eight floors to 16 floors. Mayo Clinic Hospital can add floors to its bed tower and house up to 900 beds.

- **Midrange Zone:** Administrative areas will reside in this zone. Its most prominent structure, the Stabile Administration Building, can accommodate four additional floors.

- **Research Complex:** The Griffin and Birdsall buildings can each grow from four stories to eight, but Mayo also has an efficient plan for adding buildings through the years. A hub-and-spoke configuration, the plan allows Mayo to provide air, water and electricity through a central facility that would serve all five spokes, as well as a sixth building inside the hub.

- **Destination Clinics Zone:** Primary care, pharmacies, child care and other centers that serve one specific purpose will be located in this zone, to ease traffic flow and improve services to patients in the Davis Building and hospital.

- **Residential Zone:** Housing for both staff and patients would be located in this zone. For patient care, it includes “houses of care” for transplant patients, hospice patients and other patients with conditions requiring extended stays on or near campus. Apartments and/or townhouses would be built for residents, fellows and other staff that often require short-term housing.

- **Technology and Support Zone:** The various services that are and will be required to support the efficient practice of medicine will have an expanded area in the western portion of the campus. Examples are: laundry facilities, a motor pool and a technology corridor with a larger computing center.
It is an ambitious plan but one that allows for flexibility, explains Robert Fontaine, director of Campus Planning and Projects. “It’s critical because it allows us to stay ahead of the practice and anticipate needs,” says Fontaine. “But it is difficult to predict those dynamics, so you have to have flexibility.”

Vertical planning and rectangular building shapes are two ways to provide that flexibility and best serve patients, says Fontaine. Together, they result in the economical use of space, which makes it easier for patients to traverse the campus, and they make it easier to grow incrementally, first by adding floors to existing buildings. The result is a change that is more “evolution than revolution,” says Fontaine.

“Is it the most striking design from an architectural point of view?” he asks. “No, but it is efficient, and good master planning can save the practice money. We are a health-care organization. We have to apply design in an appropriate manner, to make the environment as comfortable as possible for patients.”

– Matt Derechin
It was during a 1998 presentation by Medtronic that Michael McGoon, M.D., a Mayo Clinic cardiologist, first learned about the company’s new implantable device for monitoring heart pressure in patients with congestive heart failure.

The cardiologist was interested, but suggested afterward that the device also could be used to monitor heart parameters in pulmonary hypertension patients. Medtronic and Mayo have since partnered in developing the device, called the Chronicle, for just that purpose, and Dr. McGoon hopes it provides physicians with insight on how to improve care for pulmonary hypertension patients.

“For all our talk about how to follow patients with pulmonary hypertension, we’ve never assessed what actually happens to pulmonary hemodynamics on a daily basis,” Dr. McGoon says. “For patients who have this device implanted, we know what their pulmonary pressures are every day. It brings us to a whole new level for monitoring these patients.”

The pulmonary readings taken by the Chronicle could help physicians understand how a change in treatment or activity level affects patients, and how to alter their care to keep their heart parameters within normal range.

Mayo Clinic is one of three health care centers overseeing patients with the Chronicle and has the most patients – 10 – using the device. Dr. McGoon, director of Mayo Clinic’s Pulmonary Hypertension Clinic, says the partnership with Medtronic illustrates Mayo’s dedication to advancing research and treatment of pulmonary hypertension, a rare disease without a known cure.
“We’re on the cutting edge or even beyond the cutting edge of therapy for pulmonary hypertension,” Dr. McGoon says. “Everything we’re looking at investigationally may turn out to be one step better than anything out there.”

DISEASE SPECIFICS

Pulmonary hypertension is a rare blood vessel disorder of the lung in which the pressure in the pulmonary artery rises above normal levels and can become life threatening. Pulmonary hypertension is often associated with other disorders, such as emphysema, chronic pulmonary emboli, connective tissue disease, liver disease, HIV infection and congenital heart disease.

In its true, solo, form, known as idiopathic pulmonary arterial hypertension, the disease occurs in absence of a known cause and affects about 600 new patients each year in the United States. It is commonly misdiagnosed because its symptoms – shortness of breath, fatigue, chest pain, dizzy spells and fainting – are often linked to other health problems.

Misdiagnosis happens less because of increasing awareness, but pulmonary hypertension patients continue to seek treatment at the late stages of the disease due to inaccurate diagnosis early on. The disease has historically been chronic and incurable, though new treatments are bolstering survival rates.

“Misdiagnosis is an issue because the disease is relatively rare and isn’t the first thing on a doctor’s mind.
when he sees a patient with vague, nonspecific symptoms,” Dr. McGoon says. “It takes a physician skilled in this area to realize that pulmonary hypertension is high on the list of possibilities.”

**Mayo Clinic’s expertise**

Mayo’s Pulmonary Hypertension Clinic is staffed 24/7 with cardiologists, pulmonologists and nurses to assess new patients and care for existing patients. The clinic sees an annual average of 200 new patients with pulmonary hypertension.

Pulmonary Hypertension Clinic physicians use a multidisciplinary approach for treatment, calling on peers in other subspecialties, including hematology, hepatology and rheumatology. This is especially efficient for patients who have pulmonary hypertension linked to another health problem.

“The practice is very integrated,” says Michael Krowka, M.D., a pulmonologist with Mayo’s Pulmonary Hypertension Clinic. “We can coordinate other appointments very quickly and can easily arrange for a second or third consultation during a patient’s visit.”

The constant availability of nurses and physicians is a source of great reassurance to patients, says Dr. McGoon, and has saved lives. Pulmonary Hypertension Clinic nurses receive 50 phone calls a day and initiate others.

Cathy Anderson-Severson, RN, supervisor in the Pulmonary Hypertension Clinic, says research has shown that patients fare better with contact from their health care provider. Nurses call patients who have changed treatments or who weren’t doing well at their last check-up.

“These patients are a special breed,” Anderson-Severson says. “It’s a rare disease so there isn’t a wide knowledge base, and the clinic gives them the ease of knowing there’s someone on call 24 hours. It gives our patients a sense of reassurance that they’re not out there on their own.”

Patient convenience is also a major consideration within the Pulmonary Hypertension Clinic, with most treatments provided on an outpatient basis. Right heart catheterization and implanting of central lines for administration of medications are done in the clinic, whereas patients at other health care facilities would be hospitalized for the same procedures.

**Research and treatment**

Mayo Clinic has secured its position as a premier treatment and research facility for pulmonary hypertension patients in no small part because of its role in drug studies. The Pulmonary Hypertension Clinic participated in clinical studies that led to approval of every medication used to treat pulmonary hypertension today.

Mayo also has participated in unique studies, such as the one involving Medtronic’s implantable device, to improve treatment of the disease.

Physicians and nurses within Mayo’s Pulmonary Hypertension Clinic are also well versed in treatment of the disease. Some patients are treated with oral medications, but others undergo far more complex treatments. Medications given intravenously 24 hours a day are common.
Treatment for pulmonary hypertension continues to evolve with the release of new medications and the combining of drug therapies, which is an emerging trend, says Dr. Krowka.

Dr. Krowka is starting a new clinical protocol with Mayo patients using an inhaled medication, Iloprost, that’s given in combination with Bosentan, an oral dual endothelin receptor antagonist. Iloprost is approved for use in Europe, but, in the United States, for clinical protocol only.

“We’re very actively participating in clinical trials with the new drugs,” says Dr. Krowka. “Our clinical research protocols are extremely important for patients and couldn’t be done without an excellent nursing staff.”

**Relationships outside Mayo Clinic**

Mayo physicians also strive to improve the well-being of pulmonary hypertension patients by strengthening partnerships outside the clinic. Mayo Clinic plays an active role within the Pulmonary Hypertension Association (PHA), a national association that provides patients with up-to-date information on treatment and funds research of the disease.

“Often, patients who seek treatment at Mayo do so after research on the Pulmonary Hypertension Association’s Web site. Mayo also directs its patients to the PHA, where they can interact with fellow pulmonary hypertension patients. Mayo Clinic contributes to setting the PHA’s policies by having staff participate in its leadership. Dr. McGoon is the immediate past chair of the PHA’s Scientific Leadership Council, which is made up of physicians who set treatment and research guidelines and Anderson-Severson has been involved with the PHA’s allied health governing body.

“Our relationship with the PHA reassures patients that we are in the very middle of what’s going on with pulmonary hypertension,” Dr. McGoon says. “We’ve got our finger on the pulse of what’s coming up, what’s the next best thing.”

— Renee Berg
The Mayo brothers began a tradition of combining medical education and study with travel, and the 2004 Mayo Clinic Alumni Association International CME Program and Tour continued that legacy in Ireland.

The 100 participants arrived on a sunny, warm day, Sept. 8 at Adare Manor in County Limerick, Ireland. Joining Denis Cortese, M.D., chief executive officer of Mayo Clinic, George Bartley, M.D., board chair, Mayo Clinic in Jacksonville, and Michael O’Sullivan, M.D., former board chair, Mayo Clinic in Scottsdale, were Mayo Clinic Alumni members and guests representing 14 states, Canada and Ireland who shared educational experiences at Mayo between the 1950s and the 1980s.

The strength of the “Mayo-Ireland” connection held special meaning for several attendees who, by attending this international program, were literally “going home.” Those returning to their native soil included Colum Gorman, M.D., Ph.D., Mayo Clinic Alumni Association Board President T. Paul O’Donovan, M.D., and CME course directors Thomas McDonald, M.D., S. Breannan Moore, M.D., and Dr. O’Sullivan.

A wide array of medical education topics were addressed during the three-day course sessions. Some of the topics included:

- Women’s health
- Recent U.S. federal initiatives
- Patient Safety and Error Management
- Cardiac and Neurosurgical updates
- Cancer Prevention and Treatment
- Cardiovascular Disease
- Medical Education
- The Art of Giving Effective Presentations

“I have no hesitation in saying that the course faculty was outstanding in their leadership, medical expertise, and current contributions to the world of medicine,” says Dr. McDonald.

The diverse topics were valuable to Alumni in all specialties. “Attending conferences in my own subspecialty would never provide the broad exposure by leading experts to such a wide range of topics and disciplines as do the Mayo Alumni CME programs,” says Dr. Bartley. “This was among the best CME programs I’ve ever attended.”

Making the close cultural and educational ties between Ireland and Mayo Clinic more evident were CME course presentations made by Mayo Clinic alumni in Ireland who, according to Dr. O’Sullivan, “are leading a true renaissance in Irish medicine and Irish health care. Our Irish alumni colleagues are leaders in planning and executing a grand design for health care improvement and expansion of medical education and research. For me, one of the major benefits of Mayo Clinic alumni international meetings and educational sessions is that Mayo can witness firsthand the impact our training programs are having across the world. Such meetings also foster collaborative links that continue to benefit our research and education programs at home.”

Resident Irish physicians presenting during the CME program were Ernest Egan, M.D., Timothy O’Brien, M.D., Peter McLean, M.D., and Eoin O’Brien, M.D.

“It was fun to listen to the stories and banter among the Irish alumni — those who returned to Ireland and those who stayed to lead Mayo Clinic,” said John Wilkinson, M.D., one the CME course directors.

Alternating with the educational sessions were social opportunities for alumni CME attendees and their guests.
Highlights included a reception in the Adare Manor drawing room, an afternoon tour to Limerick featuring St. John’s Castle and the Hunt Museum, and an afternoon and evening tour of the Dingle Peninsula.

On Sept. 11, Mayo Alumni attendees and guests were invited to a private, ecumenical service at the Cathedral of St. John in Limerick that was celebrated by the Bishop of Limerick, the Most Reverend Donal Murray. This rare opportunity was made possible by another serendipitous link between Mayo Clinic and Ireland. The Rev. Donal McNamara, a local priest in the Limerick area with ties to the Bishop and the Cathedral, is the nephew of Daniel Connolly, M.D., former president of the Mayo staff and medical chair in Cardiology, whose own parents were married in the same cathedral.

The final night’s program brought alumni attendees and guests to the 13th century tower-castle at Bunratty for a private banquet. The gala event featured courtyard fire-eaters, jousters, a piper, and a wonderful and entertaining dinner event featuring Irish tenors and Irish humor. As a memento of the 2004 International Alumni Association CME program, everyone received specially commissioned chalices with the Mayo Clinic Alumni Association logo within a Celtic knot design.

At the conclusion of the course, 40 alumni and guests continued on for another 10 days to more fully experience Ireland. The group followed the scenic Lakes of Killarney mountain passes to Kenmare, traveling the Ring of Kerry and ferrying across Bantry Bay to the fully-flowered Italian Gardens on Garnish Island and then on to Cork and beyond. They encountered the effects of the tail end of hurricane Ivan, which produced, as the Irish say, a few ‘soft days.’ (Soft days in Ireland are the heaviest rains anywhere else!)

John Creasman, M.D., Mayo Clinic in Scottsdale, said, “Suzanne and I had a wonderful time and I am so glad that we came along for the whole tour. Adare Manor and the CME programs were outstanding, but they were just the beginning for a really exceptional tour.”

The group tasted Ireland’s scenic beauty, gourmet foods, and quintessential beverages such as Guinness and Old Jameson’s (both at leisure and at the official production facilities). Kissing the Blarney Stone, lunches at 18th century wine vaults and converted mills and the glittering Waterford Crystal Factory filled the tour with variety every day.

The tour program ended spectacularly in Dublin where the last two evenings included a private visit with the founder of the Irish Georgian Society, the Honorable Desmond Guinness at his home, Leixlip Castle, and a final night dinner with music at Malahide Castle near the shores of Dublin Bay.

– Linda Freeman

Photos from left to right: The village of Sneem, called “Ireland’s most beautiful village.” A Powerscourt Estate, from left to right, Mary Ann Hitt, M.D., Linda Freeman and Lynn Bartley. Michael O’Sullivan, M.D., and Lynn Bartley, A cemetery in County Kerry. Lynn Bartley and George Bartley, M.D., above the Lakes of Killarney. A remnant from the 16th century on the grounds of Adare Manor, the CME program site.
Mary O’Connor, M.D.

Believe and expect success

For a moment, the applause and admiration of the crowd warmed each member of the U.S. Olympic rowing team as they marched through a Washington, D.C., restaurant 25 years ago. When Mary O’Connor, M.D., tells the story of the impromptu event, her voice is emotional as she recalls the standing ovation she and her teammates received.

It moved her teammates to tears. What made it so emotional was that 1980 was the year the United States boycotted the Summer Olympics in Moscow as a protest by President Jimmy Carter against the Soviet invasion of Afghanistan.

“We realized what we were going to be missing,” says Dr. O’Connor, now an orthopedic surgeon at Mayo Clinic in Jacksonville and an associate professor of orthopedics at the Mayo Clinic College of Medicine. “But there are plenty of worse things in life than missing the Olympics. I think about it every four years when I watch the Olympics and while it remains a disappointment, I focus on what an honor it was to be selected. There were plenty of good athletes who didn’t make the Olympic team. And, of course, one gains perspective with age. Now, all I have to do is come into work to understand priorities. I deal with kids who have cancer, parents facing a nightmare that I can’t even imagine. I also care for a lot of older patients with failed joint replacements who want to be out of pain and regain independence. These are people with real problems.”

Dr. O’Connor’s pursuit of excellence continues today. Now the surgical suites of Mayo Clinic in Jacksonville are where she has become known for her skill and compassion as an orthopedic surgeon.

“I recognized Mary’s ability and potential when she was a visiting medical student,” says Franklin Sim, M.D., an orthopedic surgeon at Mayo Clinic in Rochester and a mentor to Dr. O’Connor. “I remember that as a young junior resident she was literally ‘thrown into the lion’s den’ when she was selected to be my first assistant about two years earlier than planned because one of the senior residents became ill. I remember that she jumped into the fire with an enthusiasm that has characterized her entire career.”

Confidence is a word people offer when they describe Dr. O’Connor. It’s a word Dr. O’Connor offers when she describes some of the gifts her parents gave to her, growing up in western Pennsylvania as one of six children. Her mother, a nurse, and her father, a machinist, worked different shifts to make sure someone was home to...
watch the kids. Her father worked seven days a week, because he could get time-and-a-half-wages on Saturdays and double wages on Sunday.

“I know that my parents’ belief in me and my abilities to achieve whatever I set my mind to do created me,” says Dr. O’Connor. “When I was selected for the 1980 Olympic team, I called my family to tell them. My dad’s response was, ‘Of course you made it, honey.’ He never had any doubt I would succeed. I had doubt, but he never had doubt. I think the knowledge that your parents believe in your ability almost unconditionally is so important to success, especially for women in our society. The message I received was that I could be successful at anything I wanted to do. There was an emphasis on the value of work and doing the best job you could do. Work wasn’t a bad thing. Work was OK.”

A challenge didn’t hurt either.

Dr. O’Connor was accepted at Yale University at the end of her senior year in high school. A pamphlet from Yale that announced “Row at Yale” was in a pile of information she was culling through one evening, when
Dr. O’Connor’s aunt pointed at the pamphlet and remarked, “You don’t want to do that, that’s not very ladylike and you’ll get muscles.”

“That caused me to look at it a second time,” says Dr. O’Connor. And thus started her rowing career. “I’d never rowed until at Yale. It was an outstanding experience that gave me so many opportunities I would not have had otherwise.”

Her parents were not college graduates, but Dr. O’Connor says she was raised with the expectation that she and her siblings would be college graduates. “It was: ‘If God gave you this intelligence then it’s your obligation to use it and go to college,’ ” says Dr. O’Connor. “My parents always valued education and emphasized its importance. Despite the financial aid and student loans, there were always other expenses. I am not sure how many times they remortgaged the house to pay for our

Dr. O’Connor in one of the 1980 Summer Olympic U.S. team outfits.

Dr. O’Connor, front facing in white cap, with her Yale University teammates in a Women’s 8 competition in 1979.
educations. They never wanted their financial situation to limit our goals. Never once did my parents even suggest I look at a less expensive college.”

By the time Dr. O’Connor was finishing her undergraduate education in biochemistry at Yale, she had gained notice for her rowing skills. She spent the summer at Princeton University at the national team training camp and was selected for the 1979 United States team.

In the competition for the national team and the Olympic Eight Rowing team, Dr. O’Connor met Holly Hatton, now the women’s rowing coach at Boston University. The two became strong friends and Dr. O’Connor left a lasting impression on Hatton.

“She was the stroke and I was the coxswain, and in my position I have to be the leader, showing no weakness or vulnerability,” says Hatton. “As the coxswain, it’s not acceptable to be anything but strong all the time. But Mary and I had this routine where we’d come back to the room after practice and say what we felt and then it was done. I’ve never had that luxury with anyone else, but Mary would just say it like it was and tell you if she thought you were off base. It wasn’t disrespectful. She has a no-nonsense way of approaching things that was refreshing in a situation where there is always politics and back biting. We were all trying to be selected for the team and be noticed by a coach.”

Hatton said ups and downs of the rowing team were tough. They all had trained and dedicated that portion of their lives to achieving a dream. In 1979, they surprised a number of people by capturing the bronze medal at the World Championships, so their hopes were high as they prepared for the 1980 Summer Olympics in Moscow. The nine-member team — eight rowers and one coxswain — relied on each member to do her best, but Hatton says Dr. O’Connor brought strength and confidence that the team fed on.

“Mary exuded this confidence that wasn’t arrogance,” Hatton says. “She believed she would do these things and she did them.”

But the United States’ participation in the Olympics was nixed by President Carter who withdrew the U.S. contingent in protest of the Soviet Union’s invasion of Afghanistan.

“I’d never rowed until at Yale. It was an outstanding experience that gave me so many opportunities I would not have had otherwise.”

– Mary O’Connor, M.D.
“It was a crushing disappointment to us all,” says Dr. O’Connor. “I think the hardest thing was going to Europe that summer on the rowing circuit. We were going to do all the pre-Olympic races as was originally planned and then go home instead of to Moscow. We would see our friends on other teams, especially the Canadians and New Zealanders, and we’d know that they also were not going to compete. I felt that in some way these countries were not participating because of pressure from our president. It was one thing for me not to go as it was my president spearheading the boycott. But I felt far worse for my international friends, their dreams shattered. I felt a responsibility to them that my president had influenced their country’s decision.”

The U.S. Olympians and their families were invited by the U.S. Olympic Committee to Washington, D.C., to get their Olympic gear even though they would not compete. They also were invited to the White House for a reception.

Dr. O’Connor and her teammates didn’t plan to go quietly. The women’s rowing team members had name tags printed up: “I’m here to make sure this never happens again” around the area where the name goes on the tag.

At the reception, there was a receiving line to shake hands with the President and First Lady. Most of the rowers didn’t shake hands, including Dr. O’Connor. “My father was not very happy with me,” she says. “I can look back and say he was right, but at the time we were all still upset about not competing. There was no way I was going to go up and shake the president’s hand. My Dad told me that I was being disrespectful to the office and I should go shake his hand. He was right and I was wrong.”

Despite the disappointment, Dr. O’Connor carries the lessons she learned from rowing with her today. “Rowing was a fabulous experience for me and we were very successful,” says Dr. O’Connor. “I would like to see every child in an organized team sport. It’s a positive way to develop skills, self-discipline and the critical ability to work as a team.”

She moved on to medical school at the Medical College of Pennsylvania and began honing her focus on a specialty. “It became clear to me that I was a more action-oriented person,” says Dr. O’Connor. “I liked being involved in procedures and using those skills. Orthopedics won me over. You treat men and women, young and old.”

As part of her final year in medical school, Dr. O’Connor chose to do a one-month rotation at Mayo to learn more about the area where she wanted to specialize.

“I knew Mayo had one of best orthopedics departments in the country,” says Dr. O’Connor. “I had residents at my medical school tell me not to waste a rotation by going to Mayo, that I didn’t have a chance of getting in. There were few women in surgery then, particularly orthopedics. It was a ‘man’s specialty.’ You wouldn’t believe the consistency with which people would ask me if I had enough strength to do

Dr. O’Connor is chair of Orthopedic Surgery at Mayo Clinic in Jacksonville.
orthopedics. And when interviewing for residency, program directors would look at me and say, ‘Well, you know we had a woman in the program once, but she didn’t ‘work out.’ I would look at them straight in the eye and tell them that I was going to ‘work out.’ I wasn’t treated that way at Mayo, and I ranked Mayo first. I was incredibly happy when I matched.”

Dr. Sim says Dr. O’Connor’s skills as a surgeon were apparent, but she also distinguished herself as a leader.

“Mary’s rise to the top of the orthopaedic world has been influenced not only by her surgical ability but also her leadership qualities,” says Dr. Sim. “Her friends know that she is not shy and ‘calls a spade a spade.’ ”

Her surgical skills developed during her training at Mayo Clinic. Dr. O’Connor says she was learning constantly and thrived in the challenges each case presented. She became a consultant at Mayo Clinic in Jacksonville in the Department of Orthopedic Surgery in 1991. In the past 13 years she has achieved recognition for her accomplishments in clinical research and has extensive publications as well as presenting her research world-wide. She is best known for her work in managing big pelvic tumors. Dr. O’Connor was elected president of the American Musculoskeletal Tumor Society for 2004-2005. She became chair of Orthopedic Surgery at Mayo Clinic in Jacksonville this year.

“Her surgical abilities are highlighted by her attitude; she thrives on tackling the big cases,” says Dr. Sim. “The tougher the case the better she likes it.”

Dr. O’Connor says she has become more spiritual in her approach to patients and to her work. “I try and do the best I can but I don’t view these outcomes as only my doing. I believe that all healing originates with God and that we can facilitate it,” says Dr. O’Connor. “When a patient thanks me for ‘doing such a good job,’ I say ‘Thank you. I’m grateful that God was smiling on us.’ Every day I pray and ask God to help me do my best for every patient I see that day.”

And she tries to do her best at home with her family.

Dr. O’Connor’s husband, Thomas McCormick, stays at home with the family’s children: Moira McCormick, 16, is a high school junior in the International Baccalaurette program at Stanton College Preparatory School. Moira started rowing in 2004. Roarke McCormick, 14, is an eighth grader, who plays guitar and enjoys computer games. And Riona McCormick, 6, is a first grader. “She is my constant companion when I get home,” Dr. O’Connor says.

Dr. O’Connor’s family stays as busy as she does, but they find the time to enjoy time together. They especially enjoy traveling. Her husband and the kids all surf. “Moira and Roarke are pretty good and Riona is working on standing on her boogie board,” says Dr. O’Connor. “We enjoy the beach and ocean and enjoy being outside.”

Dr. Sim says Dr. O’Connor is a role model. “What is truly remarkable is that while Mary has been recognized as a leader in the field, she has accomplished this while maintaining a balanced life and taking time to nurture her children and spoil her husband,” says Dr. Sim. “What a fantastic role model for men and women residents alike.”

– Michael Dougherty
Keith Lindor, M.D., appointed new dean of Mayo Medical School

Dr. Lindor succeeds Anthony Windebank, M.D., professor of neurology, Mayo Clinic College of Medicine, who has served as dean of Mayo Medical School since 1998.

“Mayo Medical School is a premier graduate medical education institution in the United States,” says Dr. Lindor. “As dean I am eager to apply Mayo’s extraordinary resources and culture to prepare outstanding physicians of diverse interests and backgrounds, who will help to lead medicine to a challenging and promising future.”

Dr. Lindor earned his M.D. degree in 1979 at Mayo Medical School, and completed his residency training in 1982 at Bowman Gray School of Medicine at the Wake Forest University Baptist Medical Center in North Carolina. He completed a gastroenterology fellowship at Mayo School of Graduate Medical Education in 1986. Dr. Lindor joined Mayo Clinic in 1986 as a consultant in the Division of Gastroenterology and Hepatology, in the Department of Internal Medicine. Active in gastroenterology and hepatology research, Dr. Lindor has served on numerous national organizations, editorial committees and professional groups as an advisor, leader, reviewer and author.

Dr. Lindor has served as Professor of Medicine, Mayo Clinic College of Medicine, since 1996. In 2000, Dr. Lindor was honored as a MacMillan Management Scholar. He is currently Chair of the Division of Gastroenterology and Hepatology in Rochester.

Giancarlo Rastelli, M.D., considered for canonization by Roman Catholic Church

Giancarlo Rastelli, M.D., a Mayo Clinic physician who developed a cardiac procedure for congenital heart disease among children, is being considered for beatification, the first step toward sainthood.

The late Dr. Rastelli died of cancer in 1970 at age 36. He was educated in Italy and came to Mayo Clinic in the 1960s. He was appointed head of cardiovascular surgical research at Mayo Clinic in Rochester, at age 34. He conducted his research in cardiovascular surgery at Mayo during the 1960s and developed Rastelli 1 and Rastelli 2, procedures credited with saving numerous lives of children with heart disease. He was awarded two gold medals by the American Medical Association and did a great deal of his research while suffering from Hodgkin’s disease.

In an article appearing in the official diocese newspaper, Diocese of Winona Bishop Bernard Harrington wrote that Dr. Rastelli’s efforts allowed “thousands of children to live who would probably not have survived.” Bishop Silvio Bonicelli of Parma, Italy, is leading the effort to have Dr. Rastelli canonized. A proven miracle must be recognized for beatification. To be a saint, a second proven miracle must be presented and verified.

The process could take years. Bishop Bonicelli submits documents to the cardinals and bishops at the Vatican for consideration. And “you wait for an actual miracle to take place” after someone prays to Dr. Rastelli, Harrington said in a story in the Star Tribune newspaper of Minneapolis.

Monsignor Gerald Mahon of St. John the Evangelist Catholic Church in Rochester, where Dr. Rastelli was a parishioner, said he sees the possibility of Dr. Rastelli being beatified as a sign of hope.

“This person worshipped and walked these streets where I walk. It means something becomes more possible, more real, for me,” he told the Post-Bulletin newspaper in Rochester.
Mayo Clinic researchers report in the Jan. 27, 2005, issue of the journal Science that NEAT – non-exercise activity thermogenesis, more powerful than formal exercise – determines who is lean, and who is obese.

Obese persons sit, on average, 150 minutes more each day than their naturally lean counterparts. This means obese people burn 350 fewer calories a day than do lean people.
James Levine, M.D., the Mayo Clinic endocrinologist who led the study, said his research team explored the specific links between inactivity, low energy expenditure and obesity in an effort to devise new treatments for obesity.

“Our patients have told us for years that they have low metabolism, and as caregivers, we have never quite understood what that means – until today,” says Dr. Levine. “The answer is they have low NEAT, which means they have a biological need to sit more. A person can expend calories either by going to the gym, or through everyday activities. Our study shows that the calories that people burn in their everyday activities – their NEAT – are far, far more important in obesity than we previously imagined.”

He adds that the NEAT defect in obese patients doesn’t reflect a lack of motivation. “It most likely reflects a brain chemical difference because our study shows that even when obese people lose weight they remain seated the same number of minutes per day,” says Dr. Levine. “They don’t stand or walk more. And conversely, when lean people artificially gain weight, they don’t sit more. So the NEAT appears to be fixed. But as physicians, we can use this data to help our obese patients overcome low NEAT by guiding the treatment of obesity toward a focus on energy as well as food. We can encourage NEAT-seeking behaviors.”

The most detailed and data-rich study of obesity ever undertaken was performed at Mayo Clinic with more than 150 people involved in the planning, design, invention, food preparation and data analysis required over the course of about 10 years to produce this comprehensive study of the comparative energetics of lean and obese adults. To detect even the smallest tap of the toe, Mayo Clinic researchers invented a movement monitoring system that incorporates technology used in fighter-jet control panels. They embedded sensors in customized, data-logging undergarments that the researchers designed for both men and women. This allowed monitoring of body postures and movements of 10 obese people and 10 lean people every half second continuously, 24 hours a day for 10 days. The test subjects were healthy recruits who lived and worked in Rochester, and went about their normal routines during the study period. Only two things were forbidden: swimming and eating food the research center did not prepare.

The Mayo Clinic researchers believe the discovery of the effects of NEAT on obesity is so strong that it should be used to prompt a “NEAT revolution” to reverse the epidemic trends of obesity. “This is entirely doable, because the kind of activity we are talking about does not require special or large spaces, unusual training regimens or gear. Unlike running a marathon, NEAT is within the reach of everyone,” Dr. Levine says.

The study was supported by grants from the National Institutes of Health; Mr. and Mrs. T.S. Ward; the Minnesota Obesity Center and Mayo Foundation.

Says Dr. Levine: “This was a massive team effort. It should be said that this collection of teams at this level of expertise doesn’t appear anywhere else in the world.”
patient base was also necessary to support the clues given by ZASP. “The fact that we could pull together all different types of data and that it all pointed to the ZASP protein was key to the success of this effort,” says Duygu Selcen, M.D., the Mayo Clinic neurologist who led the study.

The discovery of zaspopathy is so important because it supports the “candidate gene” approach for finding mutations that can cause human disease. “In this approach, we select specific genes to examine based on a detailed knowledge of how a disease affects a particular part of the body,” says Andrew Engel, M.D., a Mayo Clinic neurologist who worked on the project. Dr. Engel explains that the results with zaspopathy show the usefulness of the candidate gene in speeding up and simplifying the search for therapies and cures.

Short-term effects of spit tobacco suggest long-term health risks

Use of smokeless tobacco raises short-term adrenaline levels in the bloodstream by more than 50 percent and also causes the heart rate and blood pressure to surge, according to findings of a Mayo Clinic study published March 14 in the Journal of the American College of Cardiology. The results suggest that snuff tobacco has a powerful stimulant effect but that it also dampens the body’s normal protective responses to blood pressure elevation.

The study of 16 young men who were habitual spit tobacco users measured their responses 30 minutes after dipping snuff. These readings were compared with measurements from another session involving the same participants after they had used a placebo product that was similar in taste, color and texture but did not contain tobacco or nicotine. The study was randomized and double-blinded.

After snuff use, heart rate increased by about 15 beats per minute (25 percent), systolic blood pressure went up by 12 mmHg (10 percent), and measurements of adrenalin in the bloodstream increased by more than 50 percent.

“These results suggest a very significant excitatory effect of substances contained in spit tobacco on the part of the nervous system regulating the heart and blood vessels,” says Virend Somers, M.D., Ph.D., the Mayo Clinic cardiologist who led the study. “Although we did anticipate some increase in blood pressure, we were surprised at the magnitude of the increase, as well as the very striking increases in heart rate and plasma epinephrine. We anticipated that since these individuals were young and healthy and were accustomed to using spit tobacco, that any responses that we measured would be blunted. This makes the degree of increases even more noteworthy.”

Robert Wolk, M.D., Ph.D., lead author of the study, noted that the results have implications both for long-term users and for individuals with established heart disease.

“The degree of speeding up of heart rate and increase in blood pressure, as well as the increase in adrenaline (epinephrine) levels, suggest that if similar changes occur in people with established heart disease, who use spit tobacco, there may be reason to expect adverse consequences,” Dr. Wolk says.

More than five million adults – and more than 750,000 adolescents – use smokeless tobacco in the United States. Snuff use is increasing, especially in young males who participate in athletics. Its cardiovascular effects are not as clear or well understood as those of cigarettes, partly because fewer studies have been done, and partly because many spit tobacco users are relatively young and the bad effects may not be apparent unless use continues for prolonged periods.

Mayo Clinic develops first genomic-based test to predict stroke from ruptured brain aneurysm

Mayo Clinic researchers have discovered a genetic marker that may pave the way for a fast, inexpensive blood test to predict one type of deadly stroke that strikes 30,000 people in the United States annually.

The article and an editorial appear in the March edition of the Journal of Neurosurgery. The Mayo Clinic researchers reported that people with key variations in a gene that affects the ability of blood vessels to relax are 10 times more likely to suffer a stroke from a ruptured brain aneurysm than people who have aneurysms but lack these key genetic variations.

“There are an incredible number of people walking around with brain aneurysms, but only a small percentage of these aneurysms will rupture,” says G. Vini Khurana, M.D., Ph.D., the Mayo Clinic neurosurgical researcher who led the study. “There has been a search for a marker that would identify patients with rupture-prone aneurysms for a very long time because this disease can strike like lightning. Rupture typically happens suddenly and completely unexpectedly – and when it does at
least half of patients die or suffer long-term disability. That’s why our results suggesting that we may have found such a marker are so exciting; there is an urgent public health need for it.”

The Mayo Clinic researchers conclude that they have found the first genetic marker to help doctors identify which cases of a condition known as sporadic brain aneurysm are at highest risk for death and disability due to rupturing and subsequent bleeding into the brain. Sporadic brain aneurysm is a different medical condition from familial aneurysm, for which genetic markers are already known. However, approximately 90 percent of all cases of aneurysm fall into the “sporadic” category. While development of sporadic brain aneurysm is relatively common (as autopsies have shown) many people have them and have no symptoms or warning signs that they could be at risk of catastrophic rupture that is imminently life endangering.

The Mayo researchers are the first to identify specific genetic variations or “polymorphisms” associated with an approximately 10-fold increased risk of a ruptured aneurysm. If further studies validate these findings, screening for these polymorphisms could be done with a fast, inexpensive blood test to predict which patients with aneurysms are at risk. The experimental blood test researchers developed detects specific variations in the gene that encodes an important blood vessel-relaxation protein.

Dr. Khurana notes that the Mayo Clinic group’s effort is just the beginning of their research. Their hope is that a large, multicenter and international clinical trial will test their results. “But our initial results are really very powerful,” he adds. “Our findings have very strong implications for brain aneurysm research. I think from a public health point of view, if you consider the millions and millions of dollars that go to sorting out this lightning-like, catastrophic disease, every year in the United States alone there are potentially 30,000 people who could be affected by this.”

Exercise tolerance is good screening test for chest pain patients

Mayo Clinic researchers studying patients in the emergency department with acute chest pain report in the March issue of Mayo Clinic Proceedings that exercise treadmill testing was often sufficient for evaluation.

Not all patients can be evaluated this way. However, patients who met the physician’s criteria were able to be evaluated by the less costly method of exercise treadmill testing. Those who weren’t candidates for this testing could be admitted to the hospital and didn’t benefit very much from more costly stress imaging testing in the emergency department.

The evaluation of patients who come to the emergency department with chest pain is a major challenge. A system that evaluates symptoms and estimates the risk of each patient is useful in determining treatment protocols and the need for additional tests.

“Our strategy with exercise treadmill testing in selected patients helped us choose patients for hospital admission in a cost-effective and safe way,” said Raymond Gibbons, M.D., Mayo Clinic cardiologist and one of the primary authors of the study.

The Mayo Clinic study looked at 212 intermediate-risk patients with unstable angina who were evaluated with chest pain units (CPU), a triage strategy to determine the severity of a patient’s condition. Those patients were compared with 212 who were routinely admitted to Saint Marys Hospital in Rochester.

The researchers found that those who were eligible for the treadmill testing frequently had normal results and could be safely discharged from the emergency room without any significant events in the following six months. Those who were not eligible for the treadmill testing, such as those not capable of exercising, were frequently abnormal by stress imaging and usually admitted to the hospital.

In an editorial in the March issue of Mayo Clinic Proceedings, Ezra Amsterdam, M.D., and William Lewis, M.D., of the UC Davis School of Medicine and UC Davis Medical Center in Sacramento, Calif., note the challenge of providing optimal care while enhancing cost effectiveness and resource utilization for patients who are experiencing chest pain.

The editorial writers support as “more practical and focused” the study’s conclusion that the “results suggest that a community hospital that is planning to set up a CPU may benefit more by developing expertise in exercise treadmill testing rather than in allocating resources to stress imaging.”

Drs. Amsterdam and Lewis conclude that the optimal strategy for assessing patients with chest pain has not yet been realized, but investigators will continue toward that goal with studies such as the Mayo study.
Alumni meetings

Receptions

American College of Physicians,
April 15, 2005, San Francisco
American Association of Neurological Surgeons,
April 18, 2005, New Orleans
American Society for Colon and Rectal Surgeons, May 1, 2005, Philadelphia
Association for Research in Vision and Ophthalmology (ARVO),
May 1-5, 2005, Fort Lauderdale, Fla.
American College of Obstetricians and Gynecologists,
May 7-11, 2005, San Francisco
American Society of Clinical Oncology, May 13-17, 2005, Orlando, Fla.
American Academy of Pediatrics

Postgraduate meetings

Practice of Internal Medicine 2005,
May 2-6, 2005
Mayo Clinic Dental Reviews,
May 13-14, 2005
Controversies in Cardiovascular Disease, May 13-14, 2005
Fundamentals in Disaster Management, May 27, 2005
Internal Medicine Review – Certification and Recertification,
July 6-12, 2005
Psychiatric Genomics: Applications in Clinical Practice, Aug. 1-5, 2005
10th Annual Mountain Course Success with Failure: New Strategies for the Evaluation and Treatment of Congestive Heart Failure, Aug. 7-9, 2005, Whistler, British Columbia
Selected Topics in Rheumatology, Aug. 11-14, 2005, Victoria, British Columbia
Pediatric Days 2005, Sept. 8-9, 2005, Chicago
Nutrition in Health and Disease, Sept. 8-9, 2005, Chicago
Mayo Clinic Update in Hepatology and Liver Transplantation, Sept. 16-17, 2005, Minneapolis
Mayo Clinic Gastroenterology and Hepatology Board Review, Sept. 18-22, 2005
Mayo Clinic Cardiovascular Board Reviews, Sept. 24-29, 2005

Alumni news

1940s

Robison Harley (’42 Ophthalmology) is publishing the fifth edition of Harley’s Pediatric Ophthalmology.

1950s

Victoria Beckett (’55 Internal Medicine) has published a memoir titled Living Medicine: Memoir Snapshots.

1960s

John Beaumier (’66 Orthopedics) received the Community Service Award from Marquette University for his humanitarian work during his career that included a number of trips to Bangladesh where he provided medical care, medical supplies and training.

1970s

Stephen Stone (’74 Dermatology) was elected president of the American Academy of Dermatology. He begins serving his one-year term in March 2006.

1980s

Bruce Boman (’80 Internal Medicine, ’82 Oncology) completed his term as president of the Collaborative Group of the Americas on Inherited Colorectal Cancer.

For more information, please complete and return the tear-out card in this issue. Or you may call 507-284-2509 or 800-323-2688. Unless otherwise noted, meetings are held in Rochester.
Michael Ackerman was the 2004 ACCF/Pfizer Visiting Professor in Cardiovascular Medicine at the Sibley Heart Center in Atlanta; the Alex J. Weinstein Visiting Professor at the Helen B. Taussig Children’s Heart Center, Johns Hopkins University in Baltimore; and the 23rd Annual Jesse E. Edwards Distinguished Lecturer at the John Nasseff Heart Hospital in St. Paul.

Oliver Beahrs received the first Lifetime Achievement Award of the National Cancer Fighter Awards Trust during the annual meeting of the American College of Surgeons. Daniel Berry has been appointed to serve on the Board of Directors of the American Board of Orthopaedic Surgery.

Keith Bible has been appointed to the Developmental Therapeutics Study Section, Center for Scientific Review, National Institutes of Health.

Michael Brooks won first place in poster competitions at both the American Academy of Maxillofacial Prosthetics and the American College of Prosthodontics Annual Sessions.

Stephen Carmichael was the keynote speaker for the 4th International Conference of China on Anatomical Sciences in Wuhan, China.

Christopher Chute was the keynote speaker opening the Japanese Medical Informatics Association annual meeting in Nagoya. Dr. Chute was also Distinguished Lecturer for the Faculty of Medicine at the University of Tokyo.

Robert Cofield was elected a Member of Honor by the Societe de Francaise de Chirurgie Orthopedique et Traumatologique.

Chella David received the 2003 annual research award from the Ranbaxy Science Foundation for his research in elucidating the immunogenetic mechanisms of autoimmune disease. Abdul Kalam, president of India, presented the award at a ceremony in New Delhi.

Joseph Giblisico received the Public Service Award at the annual dinner meeting of the Zumbro Valley Medical Society.

Gene Hunder was given the Distinguished Rheumatologist Award at the annual meeting of the American College of Rheumatology. He is editor of the American College of Rheumatology journal, *Arthritis Care and Research.*

Deepak Kademani was awarded the Faculty Education Development Award at the national meeting of the American Association of Oral and Maxillofacial Surgeons.

Sundeep Khosla has been appointed chair of the National Institutes of Health Skeletal Biology, Development, and Disease study section for a two-year term.

Robert Kyle received a Lifetime Achievement Award at the Third International Workshop on Waldenström’s Macroglobulinemia. He also serves as chairman of the Scientific Advisory Committee and as a trustee on the Board of the International Waldenström’s Macroglobulinemia Foundation.

James Li was appointed director of the American Board of Internal Medicine.

Bernard Morrey was elected a Member of Honor by the Societe de Francaise de Chirurgie Orthopedique et Traumatologique.

H. Bryan Neel III was elected for another term as Second Secretary of the Collegium Oto-Rhino-Laryngologicum Amicitiae Sacrum in Salvador, Brazil. In addition, the first three scholarships in his name were awarded to health sciences students of the University of Minnesota in Rochester.

Roy Rogers III was a visiting professor and presented Dermatology Grand Rounds at the University of California Davis Medical Center in Sacramento and served as Visiting Professor for the 45th Scientific and Clinical Meeting on The Mouth sponsored by the Division of Dermatology, University of Ottawa.

Alexander Shin was awarded the 2004–2005 Sterling Bunnell Traveling Fellow in Hand Surgery sponsored by the American Society for Surgery of the Hand.

Guy Whitehead was presented the Harold Swanberg Distinguished Service Award by the American Medical Writers Association. The award recognizes distinguished contributions to medical communication or distinguished service to the medical profession.

Patrick Fitzgerald (Cardiology) was a Young Investigator Award finalist and Travel Award recipient (clinical sciences) in the section of Cardiology and Cardiovascular Surgery at the 2004 American Academy of Pediatrics National Conference.

Wayne Nelson (MMS) received the 2005 AMA Foundation Leadership Award, presented in association with the Pfizer Medical Humanities Initiative. The 2005 American Medical Association Foundation Leadership Award finances the attendance to special Leadership Award programming and the AMA National Advocacy Conference in Washington, D.C., in March.

Rainer Poley (MMS) was a Young Investigator Award finalist (basic
Paul Lipscomb, 90, died Sept. 3, 2004. Dr. Lipscomb received his medical degree from the Medical College of the State of South Carolina in 1938. He completed his residency in orthopedic surgery at Mayo Clinic in 1942. He joined the Mayo Clinic staff in 1943 and helped establish a section in surgery of the hand, his specialty. He also served as professor of orthopedic surgery at Mayo Clinic. In 1969, he helped found the UC Davis School of Medicine and served as professor and founding chairman of orthopedic surgery. After retiring in 1981, he joined the Woodland Clinic, where he limited his practice to surgery of the hand and upper extremity, and consultations in orthopedics. After retiring at Woodland, he served as a consultant for the Disability Evaluation Group in Sacramento. Dr. Lipscomb was president of the American Orthopedic Association and the American Board of Orthopaedic Surgery.

Robert Feldt, 70, died Nov. 25, 2004. Dr. Feldt received his medical degree from Marquette University and joined Mayo Clinic in 1956 as a cardiologist. He received the Pediatric Travel Award from Mayo Foundation and was named pediatric Teacher of the Year. He also was actively involved in the Ronald McDonald House.

William Helme, 90, died Oct. 14, 2004. Dr. Helme received his medical degree from Loyola University in Chicago and completed residency training in neurosurgery at Mayo Clinic in 1956. Medicine was not his first career. Dr. Helme first served as a special agent in the FBI and later became a lieutenant commander in the U.S. Navy during World War II. After the war he worked in the airline industry and for the Intelligence Agency (predecessor of the CIA). He opened a neurosurgery practice in Wisconsin after his residency training, but moved to Phoenix in 1957. He served on the Board of Directors of the Maricopa County (Ariz.) Medical Society and received the organization’s distinguished service award. He also received the Dr. Clarence Salsbury Medal for his participation in forming the Maricopa Foundation for Medical Care (now the Arizona Foundation for Medical Care). He served that organization as its first president. He retired in 1998.

Penn Skillern, 84, died Oct. 31, 2004. Dr. Skillern received his medical degree from the Indiana University Medical School and began his residency training at Mayo Clinic. He took a two-year leave to serve in the U.S. Army and then Dr. Skillern returned to complete residency training in internal medicine in 1946. He later joined the Cleveland Clinic and served as the chairman of the Department of Endocrinology. Dr. Skillern also was director of patient education at Cleveland Clinic. He retired in 1986, but then returned to the Cleveland Clinic to help develop the clinic’s Access Center, where patients were examined and referred to the appropriate departments.

Robert Yoss, 79, died Nov. 16, 2004. Dr. Yoss received his medical degree from the University of Tennessee College of Medicine in 1948. After his internship, he entered the University of Michigan and received a Ph.D., in neurology. He was an assistant professor at the University of Michigan from 1952 to 1953 and then served in the U.S. Army Medical Corps through 1955. He joined the Mayo Clinic staff in 1955 and became a professor of neurology at Mayo Medical School in 1957. He retired from Mayo Clinic in 1982, but opened a private practice. He retired from private practice in 1995.

Conrad Wilkowske, 69, died Dec. 12, 2004. Dr. Wilkowske received his medical degree from the University of Minnesota Medical School in 1960. He served in the U.S. Air Force, attaining the rank of captain. After his internship, he completed his residency training in internal medicine at Mayo Clinic in 1967. He joined the St. Louis Park (Minn.) Clinic for his first practice, but then returned to Mayo Clinic for a fellowship in infectious diseases in 1969. He joined the Mayo Clinic staff that year and was a founding member of Mayo Clinic’s Division of Area Medicine, and chaired the division for 10 years during his 32-year career at Mayo.
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480-301-8000

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www.mayoclinic.org
www.mayoclinic.com

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E-mail: mayoalumni@mayo.edu

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You will be asked to specify Rochester, Jacksonville or Scottsdale for employment opportunities.

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Mayo Clinic is committed to creating and sustaining an environment that respects and supports diversity in staff and patient populations.