Collaboration at its best
Features

2 An abundance of collaborations, a focus on two: Minnesota Partnership for Biotechnology and Medical Genomics (U of M); Indian Health Service
Mayo partners with organizations that bring unique expertise to projects to create value in ways that cannot be created by the partners alone.

14 Mayo Clinic Alumni Association Board of Directors: Global representation
Two of the 33 members of the Alumni Association Board of Directors live outside the United States. Jaime Laventman, M.D., from Mexico, and Peter Layer, M.D., Ph.D., from Germany, provide their perspectives about Mayo’s status as a world leader in medicine and the role of international alumni.

18 Alumni around the world: Here, there and everywhere
See where Mayo alumni are located throughout the world.

20 Profile: Mayo Graduate School Dean Diane Jelinek, Ph.D., believes changes and growth go hand-in-hand
Driven by a strong desire to give back, the first female dean of the graduate school discusses the school’s growing reputation and higher acceptance rate — an indication of success in competing for top students.

24 Profile: Mayo School of Graduate Medical Education — Handing the baton to the next man

30 The Doctors Mayo Society: How have I benefited from Mayo? One physician counts the ways
Robert Spinner, M.D., and his wife, Alexandra Wolanskyj, M.D., cite reasons for their commitment to philanthropy.

32 Mayo Clinic Alumni Association 2006 International CME Program
Dubrovnik, Croatia, meeting and tour

33 Croatian native sees potential for Mayo Clinic in Central and Eastern Europe
Stanimir Vuk-Pavlovic, Ph.D., discusses outreach opportunities for Mayo

Mayo Update

34 News briefs
35 Professional meetings
36 Postgraduate meetings
37 Alumni news
37 Staff news
38 Obituaries
40 Mayo Clinic Resource Central
Letter from the President

Collaboration is a common word in the vocabulary of anyone connected with Mayo Clinic. Increasingly, however, we are seeing collaboration emerge in our activities outside this institution. In this issue, there are two stories about our growing partnerships with others. First is the Minnesota Partnership for Biotechnology and Medical genomics – a collaboration between the University of Minnesota and Mayo Clinic that is aimed at making Minnesota an important leader in the growing field of biotechnology and medical genetics.

Second is a story of Mayo’s relationship with the Indian Health Service (IHS). The discussions between Mayo and IHS began in 1993 and eventually led to a grant from the CDC to train and educate Indian Health Service staff and community health representatives. The aim was to reduce serious health care disparities found in Indian health services. Both of these stories are excellent examples of Mayo Clinic’s long-held belief that the needs of the patients come first, played out in our partnerships with others.

We also want to recognize the contributions of our international alumni, and have begun this recognition with a story about our international Alumni Board members. Included is a world map that illustrates where our alumni live today. Additionally, we have a feature about the International CME meeting held last October in Croatia.

Our previous issue focused on Mayo Clinic’s national health care symposium and our efforts to bring into better focus the discussion of health care reform in the United States. A second major symposium is planned for early 2008. As we receive information about Mayo’s role in this important discussion, we will share that with you.

Finally in this issue we have information about the 65th meeting of the Mayo Clinic Alumni Association, Oct. 18 to 20, 2007, which will be in Rochester. Hope you will make plans to join us for this event.

Best regards,

Scott Litin, M.D.
President
Mayo Clinic Alumni Association
This defines a multitude of relationships Mayo Clinic has with universities, community organizations, arts institutions, businesses and other medical centers. These alliances are based on the idea that partnering with organizations that bring unique expertise to a project creates value in a way that cannot be created by the partners alone. While it may seem intuitive — taking advantage of the different strengths of organizations — identifying, building and nurturing collaborations is a complex process. That is why it is so extraordinary that Mayo has so many collaborative efforts across its three campuses. This article, the first in a series about collaborations, highlights two established relationships. The first, the Minnesota Partnership for Biotechnology and Medical Genomics, is an academic, research and business collaboration forging new territory in the bioscience industry. The second, an agreement between the Indian Health Service and Mayo Clinic is an education, research and clinical care effort to improve the health and well-being of the American Indian and Alaska Native communities. Both are unique representations of Mayo’s unrelenting commitment to the advancement of medicine.

Today’s fast-moving world requires leading organizations to evolve and grow in real time. One way that Mayo Clinic accomplishes this is by partnering with others to share expertise and experience while gaining knowledge and understanding of industries, communities and processes. The Minnesota Partnership for Biotechnology and Medical Genomics and the Mayo Clinic agreement with the Indian Health Service are just two of many such collaborations, providing both parties with opportunities to grow and thrive.
Leaders at the two major research institutions in Minnesota — Mayo Clinic and the University of Minnesota — talk, work and share information and ideas. That's how leaders at both institutions knew of Minnesota's potential to emerge as a world leader in the rapidly expanding field of biotechnology and medical genomics. On a scale similar to the way in which information technology has changed our economy and the lives of most people, advances in biotechnology and medical genomics will rank among the most important breakthroughs in history. Consider the mapping of the human genome that is leading scientists to an entirely new approach to biological research. In the past, researchers studied one or a few genes at a time. With whole-genome sequences and new high-throughput technologies, they can approach questions systematically and on a grand scale.

Recognizing the potential of bioscience, the state of Minnesota, Mayo Clinic and the university formed the Minnesota Partnership for Biotechnology and Medical Genomics (the Minnesota Partnership). Since its inception in 2002, they have worked together to secure Minnesota's future in this important field (see page 4).

When the Minnesota Partnership was established, both Mayo and the university had already invested nearly half a billion dollars each in biotechnology and medical genomics, providing a well-established foundation for Minnesota to emerge as a global leader — a foundation of strong commitments that few other states can match. With Gov. Tim Pawlenty's commitment to establish Minnesota as a leader in the biosciences, the Minnesota Partnership is positioned to further the state's reputation in this cutting-edge scientific field. But there is urgency: more than 40 U.S. states and many other countries are moving quickly to secure their position in biotechnology and genomics through the creation of government-supported research funds and tax incentives. Those who get there first will be rewarded with patents and the resulting economic benefits of discovery.

Florida and California are good examples. Florida's state strategic plan calls for a multipart venture capital initiative that includes a $10 million pool for Small Business Innovation Research (SBIR) grants and $40 million to be invested in Florida-based venture capital firms investing in biosciences. California is the nation's leader in the biosciences, with more firms and employment in biosciences than any other state. California also leads the country in private and academic research and development, and the state funds many programs and policies that support biosciences, including economic programs and tax credits for research and development.

In 2003, the Minnesota Partnership requested $70 million over five years and has so far received $32 million of that funding request. The next installment of $15 million in research support was appropriated in the 2006 legislative session. Mayo Clinic and the university each invested $1 million in the Partnership.
Funding critical research

In 2004, the Partnership funded the first round of research projects. The goals of the projects are to improve lives through medical innovation, novel treatments, new insights into the origins of disease, and improved methods of prevention and diagnosis. Each research proposal has a principal investigator from each institution and must be a project that could not be completed by either organization on its own. Teams applying for funding had to demonstrate their ability to achieve scientific objectives in a cooperative and efficient manner. An overwhelming 34 preliminary proposals were submitted by Mayo Clinic-university teams. Nine were selected by a joint committee of Mayo Clinic and university scientists, and four were chosen by a committee of distinguished scientists from outside institutions. The selected projects were in heart disease, obesity, Alzheimer’s disease and prostate cancer (see page 6).

The 2006 state funding of $15 million allowed the Partnership to initiate the second round of research. A majority of this new funding — $9 million — went to an expanded round of research awards focused on health problems facing Minnesota’s citizens. The research teams are working on projects in muscle diseases, brain tumors, cancer drug development, tuberculosis, autoimmune disease, pancreatic cancer, transplant rejection, drug addiction, and heart and vascular diseases (see page 8). The remaining $6 million was awarded to team projects that enhance the Partnership with critical scientific infrastructure, such as recruitment and retention of top-level scientists, product development as a consequence of discovery and collaborations with start-up companies to invigorate Minnesota’s economy (see page 7). More than $70 million in funding requests were received for the $15 million available, exemplifying the level of research ideas that could be brought forward to help Minnesota’s health and economy.

Long-term benefits for Minnesotans: the economic impact study of the Partnership

The Partnership retained Tripp Umbach Healthcare Consulting to quantify the potential economic impact of the Minnesota Partnership. The goals of the study were to evaluate other state and multi-institutional partnerships, quantify the benefits of investing in biotechnology to Minnesota, and describe the healthcare benefits and cost savings for Minnesota related to investing in biotechnology and medical genomics. The study developed quantifiable economic impacts of the Partnership under two scenarios. A midrange scenario predicts a nearly $290 million annual economic impact and almost 4,000 new direct and indirect jobs for Minnesota by 2010. A high-range scenario predicts 10,000 new direct and indirect jobs and an annual net new economic impact of $734.5 million by 2010. The analysis looks at the economic impacts that may occur as a result of the research and development activities of the Partnership, such as the impact of businesses that spin
off from research activities, new businesses and growth in existing businesses, and sponsored research relationships.

**Affiliated collaborations**

The Partnership has led to more collaboration between Mayo Clinic and the university, and with other organizations. One such connection has formed between the Partnership, Mayo Clinic’s Office of Business Development and the University Office of Business Development (OBD) (see page 8). The goal is to capitalize on business opportunities with the Partnership and outside entities, further supporting the vast array of scientific efforts being pursued at Mayo Clinic and the university. The OBD makes it easier to leverage the business development expertise of both institutions by bringing together Mayo Clinic and university scientists engaged in related projects or with similar scientific interests. Building on this close working relationship, Mayo established an office in the university’s OBD. The OBD is an important step in building on the Partnership’s established potential to create jobs, advance technology and seed the future of genomic medicine.

Mayo Clinic and university OBD staff work on opportunities to support scientific discoveries, quickly bringing them to the public as new treatments for many diseases. For example, scientists at Mayo Clinic and the university are interested in new ways to deliver existing drugs. By coordinating efforts in the same clinical areas, drug research can be accelerated by introducing scientists who may not otherwise know about each other’s work.

A second association developed between the Partnership and the BioBusiness Alliance of Minnesota, a nonprofit organization of Minnesota leaders from industry, colleges and universities, state government and health care institutions interested in the long-term prosperity of biobusinesses in the state. The Partnership and the BioBusiness Alliance coordinate efforts to raise awareness throughout Minnesota for the bioscience industry and opportunities for Minnesota in biosciences. Their joint efforts provide information to opinion leaders and economic development officials, especially those in Greater Minnesota, about the potential to transform research discoveries into economic development. The Partnership and the BioBusiness Alliance will help demonstrate the importance of the bioscience industry to Minnesota as a whole, as well as enhance resources already in place.

Last summer, the Partnership and the BioBusiness Alliance hosted a series of conferences for business, civic and academic leaders aimed at elevating bioscience knowledge and capturing business opportunities. The results were overwhelmingly positive as described by leaders who attended:

> “Having the Partnership host the kick-off event here helped position St. Cloud in a leadership role as a rural Minnesota community that anticipates being part of a statewide bioscience effort. It drew a statewide focus to the efforts St. Cloud is putting into achieving success in a critical industry for the state.”
> — Teresa Bohnen, president, St. Cloud Chamber of Commerce/Science Initiative of Central Minnesota

> “The conference brought attention to the role biosciences can play in future development of our regional and statewide economy. It put a spotlight on the local bioscience companies and the work they’re doing to advance bioscience in our region, expanded networking opportunities and connected local organizations with statewide organizations. Attendees walked away with more relationships to build on for future opportunities.”
> — Larry Young, executive director, Joint Regional Economic Development Commission, Beltrami County

> “This type of event provides the opportunity to help different areas of the state connect. Through these conferences, metro area bioscience interests have been able to see what’s going on in the agriculture side of the bioscience in Worthington. It helped people in the agricultural and human health areas of bioscience learn about their respective businesses and capitalize on the economic development and job opportunities in Minnesota and here in the Worthington area.”
> — Glenn Thuringer, manager, Worthington Regional Economic Development Corporation
Understanding how blood vessels and cells interact in early heart disease

Hardening of the arteries (atherosclerosis) occurs when the cell lining of the arteries stops functioning properly, leading to heart attacks, strokes and death. Researchers know that there may be genomic characteristics making the cells lining the arteries more susceptible to dysfunction and plaque, and placing an individual at greater risk for developing atherosclerosis. Researchers hope to develop ways to measure heart disease risk earlier and more accurately, and to develop new drugs to fight coronary heart disease. This will result in a new, broad-ranging preventive therapy for cardiovascular disease and provide an opportunity for drug development in Minnesota, with biotech and pharmaceutical involvement.

Researching the brain’s resistance to weight gain

Recent studies indicate that more than half of Minnesotans are overweight and one in five are clinically obese, costing Minnesota an estimated $1.4 million in obesity-related health expenses. Investigators intend to explore how chemicals in the brain may make an individual naturally resistant to obesity. Eating habits, metabolism and exercise do not account for individual differences. One possible factor identified by Mayo Clinic researchers is the energy burned in daily activities (not the calories used while exercising) termed NEAT, or nonexercise physical activity thermogenesis. NEAT can account for as much as a 1,000 daily calorie difference between individuals. University researchers have identified brain mechanisms that are likely to regulate NEAT. The investigators will attempt to understand how the brain regulates NEAT, and develop novel approaches to prevent and treat obesity in Minnesota. Such an advance has the potential to improve the health of every Minnesotan and cut medical costs dramatically.

Developing a way to better diagnose Alzheimer’s before autopsy — test, treatment and therapy

Alzheimer’s disease affects 4.5 million Americans. By 2010, the cost to Minnesota is estimated to reach $1.5 billion. Precise diagnosis of Alzheimer’s disease can occur only at autopsy or with the use of cognitive testing that is influenced by many other issues in the patient’s life. This project proposes development of a molecular probe — a “smart molecule” that would find and connect with amyloid plaques, one type of brain inclusion associated with Alzheimer’s. The process would be tested in animal models. It could lead the way to an early stage diagnostic tool for Alzheimer’s disease, enabling better treatment and effective therapies.

Finding a blood or tissue test for prostate cancer to identify aggressive forms of disease

Current tests for prostate cancer can identify cancer but cannot indicate if an aggressive type of tumor is present. In this project, researchers will identify a new biomarker — a chemical or genetic tracer — that will lead to specialized prostate cancer tests to be performed on blood samples or biopsy tissues. The medical goal is an improved and more specific chemical or genetic test for prostate cancer that will identify the more aggressive forms of the cancer. Minnesota will benefit from medical cost savings because physicians will be able to target aggressive care for patients most likely to have problems — treating the disease earlier, before more complex and expensive procedures are needed. The state also will benefit from a marketable diagnostic test that will bring income to Minnesota.
2006 research infrastructure funding

MINGEN - MINnesota GENomics Infrastructure Initiative

In this project, the genomics core facilities of the University of Minnesota and Mayo Clinic are coordinated, allowing researchers to obtain and process samples consistently, facilitate more sharing of data and jointly acquire specialized instrumentation to obtain quickly complete genome sequences. Researchers will achieve economies of scale and, most importantly, foster stronger collaborations in this area of bioscience.

Solving novel macromolecular structures important to human health and disease

Biological molecules control and promote complex chemistries and communications and keep harmful diseases at bay. When these systems malfunction, the effects can be catastrophic. To understand such changes, scientists are studying how molecules work by imaging their interactions on the scale of these smaller compounds. X-ray crystallography produces highly detailed images of biological molecules at the level of the compounds to which they bind. Building on the strengths of the University of Minnesota and Mayo Clinic will enable X-ray crystallography to take full advantage of this powerful technique.

Development and manufacturing of biotherapeutic proteins

New laboratory-based discoveries to treat human disease require using good manufacturing practices (GMP), an expensive and rigorously structured process required by the Food and Drug Administration (FDA). Most academic institutions do not have the infrastructure required for GMP production, and few funding sources are available to create a GMP laboratory. The goal of this project is to develop the necessary infrastructure at the university’s Molecular and Cellular Therapeutics Center that will meet FDA requirements.

Advanced proteomics instrumentation and bioinformatics for biomarker discovery

The concentration levels of specific proteins can indicate disease, as in the prostate-specific antigen (PSA), whose concentration can be an indicator of prostate cancer progression. This project focuses on the ability to detect biomarkers of disease protein by identifying a pattern of altered proteins. The discovery of early protein changes can lead to earlier detection of virtually any condition from diabetes to cancer. This project builds on this infrastructure, enabling joint development of the next generation of clinical assays for early disease detection and new therapeutics.

Development and deployment of customized bioinformatics applications

This project aims to implement and deploy workflow technology that accelerates the development and use of customized bioinformatics applications, while limiting the resources that are typically associated with the design of tailored software solutions. Workflow technology platforms enable sharing of data analysis workflows among researchers and can be linked to powerful distributed computing resources, taking advantages of grid-based computer systems, which are well suited for the analysis of genomics and proteomics data.

Stable Building

In January 2007, a three-story addition to the Vincent A. Stabile Building on the Mayo Clinic Rochester campus opened, providing laboratory space with state-of-the-art equipment for Partnership teams. The building expansion is the result of $21.7 million in state bonding support. In 2005, the Partnership and Mayo Clinic joined efforts to create collaborative research laboratories. Mayo Clinic’s Division of Biomedical Informatics occupies the 11th floor; the 12th floor houses genomics and proteomics research; and the Advanced Genomics Technology Center is on the 13th floor.
Round II research awards

**Neuromuscular diseases**

Muscle strength is assessed by measuring electrical activity in muscles and is important in treating neuromuscular diseases. A more reliable measure of muscle force is intramuscular pressure (IMP). Researchers expect to develop needle-sized fluid pressure sensors to measure IMP and design a cover for the sensor that will allow accurate measurement of fluid pressure, leading to better treatments.

**Brain tumors**

Early detection and effective treatment of brain tumors is very difficult. Particularly troublesome are malignant glial cell tumors that occur in the brain. A better understanding of how these tumors develop will help predict patient prognosis. This project aims to develop a new method to find cancer genes, design treatments and develop new therapies, setting the stage for testing new drugs and new therapies for malignant glial cells.

**Cancer drug development**

This project will use genetic code, high-performance computing, modern chemical synthesis and cancer biology to develop chemicals that can selectively block the function of a the cancer-related protein JNK2. The goal is to yield new chemicals that can be used as research tools to further the study of the role of JNK2 in cancers and to develop anticancer drugs.

**Tuberculosis**

After 30 years of decline, the incidence of tuberculosis (TB) has increased due to many factors, including failure to maintain a public health infrastructure. This project aims to develop an affordable diagnostic test that measures tuberculosis, quickly recognizes a TB infection and rapidly determines if the patient has antibiotic resistance that requires a pharmacologic intervention not achieved by the standard antibiotics used to fight TB.

**Autoimmune diseases**

Autoimmune diseases result when the body’s immune system turns against its own tissues. New technologies allow scientists to look at the level of expression of thousands of the genes within a tissue on a single silicon chip, similar to computer chips. Using this technology, scientists have identified gene expression “signatures,” observed only in people with certain diseases and levels of dozens of proteins in blood. This project will apply blood cell chip technology to several diseases, resulting in better...
diagnosis and identification of new and improved therapies for these diseases.

Pancreatic cancer
Pancreatic cancer is the fourth-leading cause of cancer death in the United States and is virtually incurable. Rac proteins are critical for pancreatic cancer cell proliferation and survival, and studies have identified Rac proteins in other human malignancies, making Rac an attractive target for therapeutic intervention in multiple human cancers. This project will use highly sophisticated techniques to synthesize and identify novel compounds that can inhibit the activity of Rac proteins in hope of ultimately creating new treatments for pancreatic cancer.

Transplant rejection
Kidney transplantation is the best treatment available for kidney failure. Several issues compromise the long-term outcome of this therapy, including acute rejection and chronic allograft nephropathy — a progressive deterioration of kidney function. The goal of this project is to use advanced genetic and protein studies to improve the long-term outcome of kidney transplantation.

Drug addiction
Cocaine addiction is one of today’s most serious health problems. The risk of addiction after even a brief period of casual use is high, and recovery from addiction is extremely difficult. Researchers have already engineered “cocaine-eating” enzymes — new enzymes that destroy cocaine so quickly it cannot act on the brain or other targets. Gene transfer of these enzymes is possible. This project aims to make this technology safe for humans and significantly improve drug-cessation efforts.

Cardiovascular disease
The best indicator of self-repair to blood vessels and the heart associated with cardiovascular disease is the number and type of stem cells circulating in blood. By measuring stem cells, researchers hope to develop a simple blood test and other novel tools that allow them to diagnose and assess severity of cardiovascular disease, predict its progression and determine if various treatments work to minimize damage to the body. These biocellular markers will predict a person’s susceptibility to disease progression and capability to respond to treatments.
Success begets success

The work of the research teams and the attention the Minnesota Partnership has brought to the field of biotechnology and medical genomics have led to success in multiple areas, including funding, professional recognition and publications.

Addiction program

The Samuel C. Johnson family of Racine, Wis., pledged more than $12 million to establish a landmark research program in the genomics of addiction. The long-term goals of the program are to predict and prevent alcoholism and other chemical dependencies by using genetic information to identify people who are at increased risk for alcoholism; and to develop personalized therapy that could change their lives. The Johnson family took note of the Partnership as a factor in making this generous commitment. Hugh Smith, M.D., past chair, Board of Governors, Mayo Clinic Rochester, said, “The early success of our partnership with the University of Minnesota through the Minnesota Partnership for Biotechnology and Medical Genomics helped spark interest from and, ultimately, the generosity of the Samuel C. Johnson family in making this gift.”

Honors from professional societies

Researchers from the Partnership team studying Alzheimer’s disease received the Alzheimer’s Association “Alzheimer’s Disease Neuroimaging Award” for the best neuroimaging paper published between 2004 and 2006. The award includes $2,500 to continue ongoing research. In the award-winning paper, researchers described how plaques develop in different regions of the brain over time. Their method allows viewing amyloid plaques in vivo (in a living specimen), setting the stage for early diagnosis and early therapies before dementia occurs. Upon accepting the award, research team member Clifford Jack, M.D., professor of Radiology, Mayo Clinic Rochester, said, “Funding from the Minnesota Partnership has allowed our work to prosper and move us closer to a cure for Alzheimer’s disease.”

Publications

One of the first teams funded by the Partnership discovered that the brains of rats bred to be lean are more sensitive to a chemical produced in the brain, orexin A, which stimulates appetite and spontaneous physical activity, such as fidgeting and other unconscious movements. Compared to rats bred to be obese, the lean rats had a far greater expression of orexin receptors in the hypothalamus. “The greater expression of orexin receptors suggests the lean rats’ brains were more sensitive to the orexin the brain produces,” said Catherine M. Kotz, Ph.D., of the University of Minnesota and the study’s senior researcher. “The results point to a biological basis for being a couch potato.” The study appeared in the online edition of the American Journal of Physiology—Regulatory, Integrative and Comparative Physiology.

Mrs. Imogene Johnson  Clifford Jack, M.D.  Catherine Kotz, Ph.D.
In 1993, Mayo Clinic and the Indian Health Service (IHS) began discussions about how to improve the health of the American Indian/Native Alaska (AI/AN) population, specifically by improving screening for breast and cervical cancer. This initiative allows Mayo to apply its three principle health care commitments to reduce serious health disparities:

- Practice medicine that is focused on the needs of patients from our communities, regions, the nation and the world
- Educate physicians, scientists and allied health professionals and be a dependable source of health information for our patients and the public
- Conduct basic and clinical research programs to improve patient care and to benefit society

These initial discussions led to a grant from the Centers for Disease Control and Prevention (CDC) to train and educate Indian Health Service staff and community health representatives — medical personnel who provide health services to Indian tribes — in screening and diagnosis of these two deadly diseases. The benefits and enthusiasm for this program were great, and two more programs were created to further support the health and welfare of American Indians in Minnesota. The Native CIRCLE (Cancer Information Resources Center and Learning Exchange) Program allows individuals and clinics to obtain free comprehensive information about cancer. The Spirit of EAGLES (Survivors Education Advocacy Grants Leadership Elders Sponsorship) Program helps create opportunities for tribal communities to build expertise in medicine and research, especially in the field of oncology.

While these programs are very successful, leaders from Mayo Clinic and the IHS saw that the medical needs of the American Indian community go well beyond cancer care, and began discussions in 2003 to consider more comprehensive medical programs. Both parties recognized that Mayo Clinic and the IHS share a philosophy of collaboration, teamwork, cooperation, open communication, and commitment to respectfully serve patients and community needs. They also took note of their long history of students, physicians, nurses, researchers, community members, and IHS and tribal clinics working together. Mayo Clinic and the IHS respect tribal sovereignty and self-determination and adhere to Mayo Clinic’s philosophy that we serve best when we

The July 2006 public signing of the Memorandum of Understanding between Mayo Clinic and the Department of Health and Human Services, on behalf of the Indian Health Service, included American Indian ceremonial elements.

Mayo Clinic and the Indian Health Service
serve those who seek services and programs. For example, when treating American Indian patients, Mayo Clinic works to integrate traditional medicine practices and ceremonies into their care when this has been requested. Native American patients can request that traditional healers or healing practices be included in their care.

The result of these discussions came last July when Mayo Clinic and the Department of Health and Human Services, on behalf of the Indian Health Service (IHS), signed a Memorandum of Understanding pledging to collaborate to seek ways to reduce the burden of cancer and other diseases in American Indian and Alaska Native communities.

This agreement takes advantage of different resources, functions, roles and areas of expertise available within Mayo Clinic and the IHS, building on current efforts and laying the groundwork for many more initiatives throughout the country. Five areas were identified for collaboration:

- **Education and training.** Mayo Clinic and the IHS will encourage and promote training and education opportunities for AI/AN students seeking health care careers, and advanced training opportunities for practicing clinicians, nurses and researchers. For example, the Hampton Scholarships are awarded to students seeking medical careers. These scholarships are named for James Hampton, M.D., medical director and clinical professor of medicine at the Troy and Dollie Smith Cancer Center at the University of Oklahoma and one of only two Native American oncologists in the United States. Other opportunities include paid internships, workshops to help Native American students prepare for medical school admission tests and grants for undergraduate mentorship training fellowships.

- **Career opportunities for qualified professionals.** Working together, Mayo Clinic and the IHS will promote career and service opportunities for qualified AI/AN researchers, clinicians and allied health care workers for positions at Mayo Clinic and at IHS and tribal clinics. This is consistent with the Mayo principle to serve patients from local communities, regions, the nation and the world. Mayo Clinic also will help recruit professionals to serve in IHS and tribal facilities where medical and allied health shortages limit access to quality care.

- **Research to address AI/AN health issues.** In consultation with the tribes, specific areas of research will be identified and studies developed to address AI/AN health needs.

- **Federal and foundation grant contracts and funding.** The IHS and Mayo Clinic will collaborate to identify appropriate funding resources and to support research and service efforts to improve the health of the Indian population.

- **Cost-effective health care and preventive health services for AI/AN communities.** Mayo Clinic and the IHS will develop greater access to reliable, high-quality health care and preventive health services that best meet the needs of the American Indian communities.

The team leaders are defining the organizational structure, raising awareness of the partnership and identifying projects. They are exploring a physician and allied health exchange program, American Indian cultural training for Mayo Clinic staff and students, telemedicine for tribal clinics and videoconferencing for continuing education.

— Trisha Dillon

"At Mayo Clinic, we approach health care looking through the lens of what is best for the patient. We work to combine all three aspects — research, education and clinical care — to provide the best possible care for each patient. This collaboration will enable us to work with the Indian Health Service to address health care-related needs specific to Native Americans, ranging from developing research initiatives to focusing on unique problems, to finding ways to improve access to medical care."

— Denis Cortese, M.D., president and CEO, Mayo Clinic

Signing the Memorandum of Understanding were Franklyn Prendergast, M.D., Ph.D., Mayo Clinic Department of Pharmacology; Glenn Forbes, M.D., chair, Mayo Clinic Rochester Board of Governors; and Charles Grim, D.D.S., M.H.S.A., director, Indian Health Service.
Judith Kaur, M.D.
- Associate Professor of Oncology, Mayo Clinic Rochester
- Director, Native American Programs, Mayo Clinic Rochester
- One of only two Native American oncologists in the United States
- Represents Native American Programs on Memorandum of Understanding (MOU) Oversight Committee
- Principal Investigator on two Native-specific NCI-funded grants: Native CIRCLE and Spirit of EAGLES

Piet de Groen, M.D.
- Professor of Medicine in Gastroenterology and Hepatology, Mayo Clinic Rochester
- Instrumental in developing and integrating electronic patient record package software to work with IHS system, a critical component in the operations of the program

Mary Alice Trapp, R.N.
- Director of Training and Education for Native Women Enjoying the Benefit (WEB) Program at Mayo Clinic Rochester in which she trains and educates nurses and community health representatives at their local facilities
- Recipient, Mayo Clinic Cancer Center Education Network Award for Distinguished Service in Cancer Education, November 2006

Cynthia Claus, M.P.H.
- Director, Mayo Clinic Cancer Center Outreach Program, Mayo Clinic Scottsdale
- Prior role with Indian Health Service Works closely with tribes in Southwest

Gloria Petersen, Ph.D.
- Associate Director, Cancer Center Population Sciences
- Instrumental in developing Indian Health Service-Mayo Clinic relationship by defining and organizing MOU Oversight Committee and representing the MOU before the Mayo Executive Committee

Ann Nicometo and Lisa Baethke
- Mayo Clinic Rochester
- Coordinators, respectively, Native WEB and Native CIRCLE activities
- Liaisons to Indian Health Service during partnership discussions
- Facilitate relationships between Mayo Clinic and Indian Health Service
- Assist with research projects

Leo Nolan
- Senior Policy Analyst for External Relations, Indian Health Service
- Key player in negotiating MOU

Wes Petersen, Ph.D.
- Professional Associate in Research and Assistant Professor of Oncology, Mayo Clinic Rochester
- Directs Native WEB Program; responsible for research
- Involved in assessing Native WEB Program, evaluation and refinement of software developed for use by Native WEB nurses to facilitate recording of patient histories and patient tracking, and health disparities research
- Collaborator with Mayo and IHS colleagues on a focus group study of palliative care needs in American Indian/Alaska Native communities and interview studies with newly diagnosed breast cancer patients; co-investigator on a cancer education and research training grant with Diné College, the Navajo Nation tribal college; principal investigator on a pilot mammography study funded through the Great Lakes Inter Tribal Council’s Native American Research Centers for Health (NARCH) grant

Franklyn Prendergast, M.D., Ph.D., Mayo Clinic; Charles Grim, D.D.D., M.H.S.A, director, Indian Health Service; Judith Kaur, M.D., Mayo Clinic; and Glenn Forbes, M.D., Mayo Clinic.

“The Indian Health Service and Mayo Clinic share a philosophy of collaboration, open communication, and commitment to respectfully serve the American Indian patient and community needs. In treating American Indian and Alaska Native patients, Mayo Clinic and the IHS have worked to integrate traditional medicine practices into their care when this has been requested. Mayo Clinic’s Native American Programs have complemented the IHS’s mission, and we look forward to this joint effort.”

— Charles Grim, D.D.S., M.H.S.A., Indian Health Service director
Say ‘hola’ to a proud international Mayo ambassador

Jaime Laventman, M.D., lives more than 1,700 miles away from Rochester, Minn., but he considers himself a proud member of the Mayo family — the Mayo international family, in his case.

Dr. Laventman, head of Neurology at the Hospital Angeles de las Lomas and the Instituto Mexicano de Neurociencias, lives and practices in Huixquilucan, Mexico, a mountain town on the outskirts of Mexico City. He was a founder and the first president of the Mayo Clinic Alumni Association Mexico chapter, which now has more than 40 members.

“I think my work on the Mexico alumni chapter attracted the interest of the Alumni Association Board, and they invited me to join the board,” says Dr. Laventman.

“Mayo is no longer exclusively an American institution,” he says. “It is an international enterprise with its own philosophy shared by every physician and patient who has had a relationship with Mayo. We feel proud to belong to the Mayo family, and we want Mayo to feel proud of its international members — each one of us trying our best to carry on the Mayo tradition. With technology — the Internet and e-mail — we are all one family.”
Reaching out to physicians and students in Mexico

Dr. Laventman and his fellow Mayo alumni in Mexico are committed to teaching physicians and students at all levels of medicine about the Mayo Model of Care.

“I try to act as a link between Mayo and the Mexican medical societies,” he says. “Being a member of such a prestigious institution gives me the opportunity to share some of the ‘Mayo way’ with medical authorities in my country. I have arranged symposiums, congresses and meetings to bring Mayo-related education to Mexico.

“When I was exploring possible medical specialty fields, I learned that Mayo Clinic was among the best programs in my areas of interest, so I applied there,” he says. “My fellow Mexican alumni and I also strive to improve opportunities for medical students and physicians to participate similarly in programs available at Mayo.”

Spreading the word and ‘the Mayo way’ everywhere he goes

In addition to helping educate and create opportunities for physicians and students in Mexico, Dr. Laventman and his fellow alumni spread the word about Mayo as an incomparable place to seek medical care.

“A considerable number of Mayo Clinic patients come from outside the United States,” he says. “Mayo is now better known all over the world than ever before, in part, to the efforts of the international board members who help to expand the Mayo ideology to far-off places. One way we do that is by sharing Mayo knowledge and advances reported in publications such as Proceedings with physicians in our countries, who put the information in practice with their patients.

“The students and physicians who work with us are privileged to witness the ‘Mayo way’ of doing things that makes the difference in our practice,” says Dr. Laventman. “Physicians in Mexico refer to me and my fellow alumni as ‘the Mayo boys.’ Mayo gave us the knowledge to practice medicine and the way to do it. We spread that commitment to excellence in medicine to every physician, student and patient we interact with. Mayo is the standard for good medicine. Only if we let people know what that means — in clinical practice, in education and in research — does it become valuable.”

Jaime Laventman, M.D.

■ Member, Mayo Clinic Alumni Association Board of Directors, 2000 to present
■ Head of Neurology, Hospital Angeles de las Lomas, and Instituto Mexicano de Neurociencias; both in Huixquilucan, Mexico
■ Founder, former president, Mayo Clinic Alumni Association Mexico chapter
Residency: Internal Medicine and Neurology, Mayo School of Graduate Medical Education
Medical school: National University of Mexico, Mexico City
Undergraduate: Colegio Israelita de Mexico, Mexico City
Native of: Mexico City
Family: Wife, Fey Fraind de Laventman; grown children Jorge, Eduardo and Ruth; five grandchildren
Of special interest: Has written a book of short stories about Jewish themes; has written a novel about medical experiments in Auschwitz, to be published in 2007; writes a twice-monthly local newspaper column about aspects of culture.

Dr. Jaime Laventman (center) surrounded by his wife, children and grandchildren. Dr. Laventman practices near Mexico City and serves on the Mayo Clinic Alumni Association Board of Directors.
Infusion of Mayo ‘Lebenskraft’ is essential for alumni

After Peter Layer, M.D., Ph.D., had been to Mayo Clinic, he wrote a short article about the institution for a German medical journal, calling Mayo, “the Mecca of Medicine.”

“Before my arrival at Mayo Clinic, I had envisioned it — like several fellow physicians I had talked to — as a famous, high-quality institution; a huge hospital where no one knew anyone else and patients were numbers,” he says. “Then I went to Mayo Clinic for my research fellowship and learned it was indeed high quality — and friendly and polite and with an individualized approach to every patient. I tell patients that it’s not only a great place for medical care; it’s a great place to be cared for and looked after as a patient.”

We need to make sure the worldwide message to patients is this: when you don’t know where to go from here, there may be another possibility — Mayo Clinic.”

— Peter Layer, M.D., Ph.D.

A message of worldwide import

Dr. Layer would like that sentiment to be communicated around the world, and he hopes to use his position on the Alumni Association Board of Directors to further that message.

“We need to make sure the worldwide message to patients is this: when you don’t know where to go from here, there may be another possibility — Mayo Clinic,” says Dr. Layer. “I think we still have some work to do making sure that is well known, and international alumni are ideal messengers.”
A potential network of global messengers

Dr. Layer hopes to represent his fellow international Mayo alumni — articulating their expectations, challenges and wishes to strengthen and preserve their ties with Mayo; and removing the barriers from the United States to the rest of the world to facilitate increased connectedness among alumni. He believes this will benefit alumni and also Mayo’s image and worldwide reach.

“There’s a particular quality about being a Mayo alumnus that is not comparable to other important hospitals,” he says. “It’s peculiar that everyone who has been at Mayo tries to communicate with other former Mayo people. In the German-speaking medical community, we try to keep that quality alive in our daily lives. We meet among ourselves and invite speakers and contributors from Mayo. This infusion of the Mayo ‘Lebenskraft,’ or vitality, is essential for those who used to be there and still want to preserve ties with the institution but don’t know how to do it.”

When asked to identify the specific quality unique to Mayo and its alumni, Dr. Layer says, “Most in our profession believe that world-famous medical institutions fit into one of these categories: phenomenally scientifically, high-tech oriented but with anonymous hugeness; or individual patient-oriented, friendly and personal but not associated with excellent quality. Mayo alone combines both — highly scientific and individually personal.

“It’s the medical center that patients will always return to once they’ve been there — the role model for how to run a hospital,” he says. “Mayo imprints itself in your vision of how to run your own organization. You learn how to get rid of mediocrity, how to recognize your shortcomings and work on them quickly and efficiently. I want to use my influence on the board to give back to the organization by advancing that image around the world with the global network of Mayo alumni ambassadors.”

– Melissa Abrams

Peter Layer, M.D., Ph.D.

- Member, Mayo Clinic Alumni Association Board of Directors, 2006 to present
- Professor of Medicine, University of Hamburg, Germany
- Executive medical director, chair of Department of Internal Medicine, Israelitic Hospital, Hamburg, Germany
- Treasurer and member of the executive board, German Society for Gastroenterology
- Former Professor of Medicine, University of Essen, Nordrhein-Westfalen, Germany

Research fellowship: Gastroenterology Unit, Mayo Clinic

Residency: Internal Medicine, University of Essen

Medical school: Tübingen University, Baden-Württemberg, Germany; and Edinburgh University, Scotland, United Kingdom

Undergraduate: Tübingen University

Native of: Brombach (Baden), Germany

Family: Wife, Cordula Layer, M.D., obstetrician/gynecologist; grown children, Anne, 25, Philipp, 23, Johann, 21

Research focus: Pancreatic physiology and diseases; regulation of gastrointestinal motility and motor disorders

Extraprofessional interests: Literature, European and American history, music, sports
Alumni around the world

Here, there & everywhere

Did you ever wonder if you’re the only Mayo alumnus in Gabon or Ghana? Cyprus or Serbia? Ecuador or Estonia? Brunei or Bulgaria? Mayo has a single alumnus in each of these countries. On the other hand, if you’re in Canada or Japan, you are surrounded by the most alumni outside of the United States.

The map at right illustrates where Mayo alumni are throughout the world. Wherever you are, you carry Mayo expertise and the Mayo Clinic Model of Care to patients, residents and colleagues.

If you plan to travel to another area and want to contact an alumnus for conversation, fellowship or medical care, the Alumni office can provide you with information.

This map indicates the number of alumni across the globe. Specific countries home to alumni are:

Africa: 24
- Egypt
- Gabon
- Ghana
- Kenya
- South Africa
- Sudan
- Tunisia
- Zimbabwe

Asia and the Pacific Rim: 471
- Brunei
- China
- Hong Kong
- Japan
- Malaysia
- The Philippines
- Singapore
- South Korea
- Taiwan
- Thailand
- Viet Nam

Australia and New Zealand: 168
- Australia
- New Zealand

Central America and the Caribbean: 80
- The Bahamas
- Costa Rica
- Guatemala
- Honduras

Europe: 649
- Austria
- Belgium
- Bulgaria
- Croatia
- Cyprus
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
In just a few short years, there has been significant growth in the caliber of those applying to Mayo Graduate School and a marked increase in outstanding individuals who accept offers into the program. An unprecedented 70 percent of applicants accepted offers in 2006 — up from 50 percent in recent years.

“The higher acceptance rate in 2006 is a strong indicator that the graduate school is doing a better job competing for the top students who typically have applied to four to six of the best graduate programs across the country,” says Diane Jelinek, Ph.D., dean of the Mayo Graduate School.

Although it is impossible to track exactly why this extraordinary growth has occurred, a number of factors likely contribute to the change, including the growing reputation of the Mayo Graduate School program.

Leadership strength based on broad base of skills

Dr. Jelinek, a professor of Immunology at the Mayo Clinic College of Medicine, has led the Mayo Graduate School as dean for the past three-and-a-half years. She is an outspoken advocate for the program, and her belief and dedication are two of the primary reasons the school’s reputation continues to grow.

Dr. Jelinek came to Mayo Clinic as a scientist in 1991, recruited to the Immunology Department as an immunologist with an interest in B lymphocytes. According to Dr. Jelinek, the graduate school played an important role in her decision to relocate from the University of...
Texas Southwestern Medical Center in Dallas, where she was finishing a post-doctoral fellowship.

“I was interested in training graduate students, so I wanted to work at an institution that provides the opportunity,” she says.

“In my first year at Mayo as an independent scientist, I had the good fortune to have two pre-doctoral students choose to do their thesis work under my guidance,” says Dr. Jelinek. “Additional students followed in their footsteps, and my research program has benefited greatly from having these young scientists-in-training working in the laboratory alongside other research personnel. Because of this, I gained firsthand knowledge of the overall value of the school to all three shields at Mayo. When the opportunity arose to serve as dean, I felt a strong sense of wanting to give back to the institution and help the graduate school persevere.”

At the time she was interviewed for the position of dean, Dr. Jelinek was serving as the director of the Immunology Graduate Program and had successfully mentored Ph.D. students to completion of their degree programs. She also had a consistent track record in teaching and experience on various institutional committees. She had served on the Mayo Clinic Rochester Research Committee, Mayo Graduate School Education Committee, Mayo Graduate School Admissions Committee, M.D./Ph.D. Admissions Committee, and numerous Ph.D. student exam and thesis committees.

Tom Berquist, M.D., former director of Education, offered Dr. Jelinek the position of dean — the first female dean of the school.

Dr. Jelinek has a unique blend of skills and understandings. In addition to her outstanding achievements as a scientist and researcher and strengths in business and management, she has been honored as Teacher of the Year twice by Mayo graduate students. Dr. Jelinek knows how to bring her knowledge and skills to bear on her position as dean, using these talents in innovative ways to help advance the school and strengthen its programs. “It is a tremendous honor to be the primary advocate for this truly unique graduate school,” says Dr. Jelinek.

Self-assessment leads to better management of systems

In addition to the increase in applicants accepting offers, another positive change that has affected the school during her term has been improvements related to administrative processes.

Most notable is a change from the former eight-track system to a six-track system, the result of a thorough self-assessment of the program. According to Dr. Jelinek, this change does not mean reduced options for students but, rather, better management of programs currently in place. “Essentially, we still offer the same range of programs, but the administration is more consolidated,” she says.

There is now a single program in Biochemistry and Molecular Biology that is managed by one graduate program director. All related coursework is now coordinated through this program. However, specialized courses allow students to get specific training in biochemistry and structural biology, cancer biology, cell biology and genetics.

Recent grant benefits the program

Dr. Jelinek points to several factors related to funding and budgeting that have changed during her term. Although many of these changes have been positive, she admits budgeting issues are the ones she finds most challenging.

One recent positive change has come through the National Institutes of Health (NIH) in the form of grant funds. This award, the Clinical and Translational Science Award (CSTA), was given to only 12 U.S. academic health institutions.

According to the NIH, this group of 12 institutions comprises the beginning of a national consortium that will transform how clinical and translational research is conducted, ultimately enabling researchers to provide new treatments more efficiently and quickly.

At Mayo Graduate School, this grant will eventually lead to the creation of a new Ph.D. program in clinical and translational science.

Stipend system attracts students and faculty

A stipend system currently in place has served the program well, says Dr. Jelinek, and she emphasizes the importance of maintaining this excellent system attractive to students and faculty.
“Right now, the way we fund our grad students is unique, and I do not believe another program of this magnitude exists in this country,” says Dr. Jelinek. “For obvious reasons, the program appeals to students. It also appeals to faculty because they do not have to generate funding themselves. Students come to them ‘self-contained,’ which allows faculty to focus on the work at hand, not the funding.”

The Mayo Graduate School budget covers each student’s stipend and benefits for five years. According to Dr. Jelinek, the vast majority of programs across the country only provide student funding for the first few months to one year. After that, students must identify a thesis mentor who is not only willing to train them and cover all research expenses, but also to have sufficient funds to pay students’ stipends and benefits. Mayo’s system opens up more doors of opportunity for incoming students.

“Every student we graduate, whether they stay here as post-doctoral fellows and ultimately end up on staff or go somewhere else, is one more voice out there, promoting the research and education missions of Mayo Clinic as well as Mayo Graduate School and what we have to offer.”

— Diane Jelinek, Ph.D.

“Achieving growth depends on facing challenges

“We still face many challenges, including financial issues,” says Dr. Jelinek. “We want to maintain our current unique model, plus achieve growth. That means we continuously need to seek new funding resources.”

As a way to address some of these challenges, Dr. Jelinek hopes to work more closely with deans across all five schools that exist under the larger Mayo education banner to make the most of available funds and to work together to locate new resources.

“We are all in this together, and the budget impacts us all,” says Dr. Jelinek. “By talking and working together, we can maximize efficiencies.”

The deans from all five schools meet monthly with Terrence Cascino, M.D., Mayo Clinic director of Education. In 2007, Dr. Cascino will form work groups to address finances and administration across all five schools.
**People are the most important resource**

Dr. Jelinek is supported by a team of graduate program directors, administrators including Debbie Eagle and Kim Wolfram Salz, and associate deans Jim Maher, Ph.D. and Bruce Horazdovsky, Ph.D.

“I work with an outstanding team whose support I value and rely on every day,” says Dr. Jelinek.

According to Wolfram Salz, administrator for Academic Affairs, Dr. Jelinek knows both how to support and challenge staff.

“She is an incredibly fair person, looking at all aspects of the situation, and incredibly responsive,” says Wolfram Salz. “She challenges people — and that’s a good thing. I think it is the scientist in her, always asking more questions to fully understand every aspect of something. She is willing to ask the hard questions.”

Dr. Jelinek firmly believes that by far the best resource the school has is its people, not only dedicated staff and faculty but students. She acknowledges the strength and influence graduated students possess.

“Every student we graduate, whether they stay here as post-doctoral fellows and ultimately end up on staff or go somewhere else, is one more voice out there, promoting the research and education missions of Mayo Clinic as well as Mayo Graduate School and what we have to offer,” says Dr. Jelinek. “The key to growth is to continuously strive to attract great students by offering the best programs, then let our graduates go out and share their positive experiences with others.”

In doing her part to spread the word about Mayo, Dr. Jelinek has traveled to the ends of the earth. “I spent a month working in Tromso, Norway — 250 miles north of the Arctic Circle,” she says. “My project was to study a certain cell type in sea urchins that is believed to be the functional equivalent of a cell type in human immune systems — monocytes. I left Tromso on the coastal steamer, a working ship that goes up and down the coast of Norway.

“Early in 2007, I’m going in the other direction,” she says. “I am the co-organizer of a Mayo CME course on hematologic malignancies in Wellington, New Zealand. After the course, I have a side trip to the south island planned with my sister and 13-year-old niece, who have never traveled outside the United States. I remember my first trip abroad, and I hope this trip includes special memories for all of us.”

– Maren Dale

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**Diane Jelinek, Ph.D.**
- Dean of Mayo Graduate School
- Professor of Immunology, Mayo Clinic College of Medicine
- **Graduate:** University of Texas Southwestern Medical Center, Dallas, Ph.D. in Immunology
- **Undergraduate:** Michigan State University
- **Native of:** South Bend, Ind.

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**Mayo Graduate School at a glance**
- Provides advanced scientific training toward Ph.D. degrees in biomedical research.
- Includes campuses in Jacksonville, Fla.; Rochester, Minn.; and Scottsdale, Ariz.
- Is comprised of 150 Ph.D. and M.D.-Ph.D. candidates.
- Provides student access to more than 900 research and clinical faculty.
- Offers master’s degrees to Mayo staff and an M.D.-Ph.D. program in conjunction with Mayo Medical School.
- Offers a Ph.D. degree in biomedical sciences with an emphasis in one of eight areas of specialization:
  - Biochemistry & Structural Biology
  - Cell Biology & Genetics
  - Biomedical Engineering
  - Immunology
  - Molecular Neuroscience
  - Molecular Pharmacology & Experimental Therapeutics
  - Tumor Biology
  - Virology & Gene Therapy
Handing the baton to the next man

Roger Nelson, M.D.
His term strengthened Mayo Clinic Jacksonville and Mayo Clinic Arizona residency programs

Mark Warner, M.D.
He looks ahead to innovative, student-focused learning solutions

As Roger Nelson, M.D., professor of Medicine and consultant in the Division of Endocrinology, transitioned out of his role as dean of the Mayo School of Graduate Medical Education, one thing stood out in his mind.

"Without question, the most rewarding aspect was the growth of quality residency and fellowship programs in Jacksonville and Arizona," says Dr. Nelson.

Since 1993, Mayo Clinic Jacksonville and Arizona have added 31 new accredited programs, 24 unaccredited fellowships and 260 new residents.

"I’ve been involved in coordinating growth at these locations since the late 1980s," he says, “and it has been very satisfying to witness this evolution.”

Sheila Collins, chair, Division of Education Services at Mayo Clinic Arizona, credits Dr. Nelson’s visionary leadership with guiding the growth of training programs at all three Mayo campuses.

"Dr. Nelson exemplified a three-site leader — one whose keen insights and warm personality made a huge impact on our Mayo residencies and fellowships here in the desert,” she says. “His presence on our campus for several months each year, both as a clinician and as dean, provided him with on-the-ground knowledge of the strengths and challenges of our educational programs.”

Highest marks received

Another change that occurred during the eight years of Dr. Nelson’s term, which ended in August 2006, was a much greater focus on accountability and measurable outcomes.

“We needed to measure outcomes in several areas, including the competency of residents,” says Dr. Nelson. “This was required by the Accreditation Council for Graduate Medical Education (ACGME).”

ACGME is a nonprofit organization that is responsible for accreditation of postgraduate medical training programs within the United States. The School of Graduate Medical Education recently completed a rigorous accreditation review process conducted by ACGME. According to Dr. Warner, the results were outstanding, easing his transition into the role of dean.

“Dr. Nelson left things in excellent shape,” says Dr. Warner, professor of Anesthesiology and consultant in the Department of Anesthesiology. “The school was awarded the longest allowable accreditation review cycle (five years) this past summer. The council looks at the overall quality of all training programs and the institutional support committed to the educational process.”

According to Susan Ahlquist, an administrator in the Mayo School of Graduate Medical Education who worked closely with Dr. Nelson during the yearlong preparation for the accreditation process, he was a dedicated leader and his influence has been far-reaching.

“Dr. Nelson values and honors the history of the institution and, through his innovations, contributed to the future as well,” says Ahlquist. “He leaves an important legacy. For me — and I know I speak for all of us in Education — it was a privilege and great pleasure to work with Dr. Nelson.”

Charles Beatty, M.D., worked with Dr. Nelson from 1994 to 2003 as associate dean for Surgery and Surgical Specialties in the Mayo School of Graduate Medical Education. Dr. Beatty notes that not only Dr. Nelson’s immediate colleagues recognize his gifts, but also those outside the institution.

“The president of ACGME once described Roger Nelson as the embodiment of the ideal dean of graduate medical education,” says Dr. Beatty. “That is high praise from someone who has seen the full spectrum of personalities and competence in this role. Mayo has been indeed
fortunate to have someone so dedicated, hardworking and, yet, humble at the helm of graduate medical education.”

New standards challenging

Dr. Nelson says he faced challenges as dean — in particular, a national policy change implemented in 2003 that restricted residents’ allowable work hours.

“Historically, residents have played a major role in the service component of care, especially in the hospital,” he says. “But during my time as dean, residents were restricted to working 80-hour weeks. That meant adding more nonphysician staff to compensate, which took some shifting in responsibility.”

According to Dr. Nelson, this change had a measurable impact on staff.

“Implementing this standard was difficult, but it was easier at Mayo than at many places,” says Dr. Nelson. “We were closer to complying with duty-hour changes than most other training programs before the changes became required, and we had full support of the institution.”

Dr. Beatty credits Dr. Nelson’s flexibility and persistence with his ability to expertly handle such challenges.

“Without question, the most rewarding aspect was the growth of quality residency and fellowship programs in Jacksonville and Arizona.”

— Roger Nelson, M.D.
“Roger has that rare combination of good-natured leadership, honesty, attention to detail and perseverance that are critical in managing Mayo’s large graduate medical enterprise,” says Dr. Beatty. “One can only imagine the challenges and personalities that come with so many programs, physicians, administrators and trainees. Roger’s strengths were his abilities to remain unflappable during times of conflict or controversy, listen to all related issues or involved parties and, ultimately, help craft a decision or policy that was fair and within the boundaries of ACGME and Residency Review Committee guidelines.”

**Role as chief witness rewarding**

Another event Dr. Nelson considers rewarding was his participation as a chief witness in a lawsuit brought by Mayo Clinic against the Internal Revenue Service.

“The issue was whether residents are considered students or employees,” says Dr. Nelson. “We were able to prove that they are students, and should not be subject to FICA (Social Security) withholding tax.”

Because taxes had been withheld for an extended period, former students and some current residents and fellows were able to receive money back, with interest.

“It was very satisfying to be able to return money to our residents and fellows who had large educational debts,” he says.

**Plans for the future**

Today, Dr. Nelson has returned to seeing patients full time. He plans to retire in the next few years to spend more time with family and friends at home and at the family cabin in Cable, Wis., and winter home in Fountain Hills, Ariz.

Family includes wife Beverly and two grown children — Geoff, of Seattle, who owns an Internet-based children’s production company; and Aimee, who recently married and is an obstetrician at the University of Washington in Seattle.
Mark Warner, M.D.
A leader inside and outside Mayo

Dr. Warner, an alumnus of the Mayo School of Graduate Medical Education, looks forward to his new role. According to Terrence Cascino, M.D., director of Education for Mayo Clinic, Dr. Warner is the perfect fit.

“He is a leader inside and outside Mayo Clinic and a leader within and outside education,” says Dr. Cascino. “He serves on numerous boards and committees, is very familiar with ACGME and will do an excellent job integrating the three shields of Mayo Clinic — Mayo’s commitment to patient care, scientific research and medical education.”

Dr. Warner served as chair of the Department of Anesthesiology from 1999 to 2005. He serves on the Rochester Executive Board as chair of its Administrative Committee, and is a member of Mayo Clinic Rochester’s Management Oversight Group and Operations Coordinating Group. He chairs the Anesthesiology Residency Review Committee for ACGME and serves on professional organization committees and boards for Anesthesiology and graduate medical education.

As Dr. Warner steps into his new role, he reiterates that Dr. Nelson’s outstanding track record makes his job much easier.

“I’m very fortunate in that I am assuming a role at an already terrific school,” he says. “Dr. Nelson left me a remarkable administrative leadership team, a smooth-running operation and good relationships with the residents.”

Dr. Warner plans to implement new educational models that will maintain the program’s high caliber while adapting to significant changes.

“The way we train physicians will change dramatically in the next decade,” says Dr. Warner. “For example, new physicians have typically spent set amounts of time in training after medical school graduation. Is that still the best model? Not necessarily. Today’s postgraduate medical education programs have introduced competency training and evaluation. As competency-based education evolves, completion of training may no longer be bound by rigid time requirements.”

Advances in technology also will drive the way residents and fellows are taught. Those coming into the program will expect, and demand, the latest and best in technology to be integrated into their learning.

“Young physicians are very savvy about computers and nontraditional learning,” says Dr. Warner. “Predictably, they will have less patience for traditional teaching methods, such as prolonged didactic sessions. For example, recent data shows that the learning curve drops dramatically after approximately 20 minutes of lecture. To meet our residents’ and fellows’ expectations, we’ll need to be flexible and employ more electronic-based teaching, expanded simulation activities, extensive one-on-one interactions and better Socratic-type methods of instruction.”

To meet our residents’ and fellows’ expectations, we’ll need to be flexible and employ more electronic-based teaching, expanded simulation activities, extensive one-on-one interactions and better Socratic-type methods of instruction.”

— Mark Warner, M.D.
Dr. Warner. “Therefore, we need to attract, train, and retain very good physician teachers so they have the background, knowledge and zest for innovation that will be necessary to transition traditional medical learning. These traditional teaching methods have been solidly in place for the past 100 years, so we need to develop instructors who know technology and are able to implement it effectively. Importantly, we must embrace change while retaining the best of traditional medical education.”

Anesthesiologists ‘run in the family’

Dr. Warner notes that anesthesiologists run in his family. In addition to an aunt and an uncle who were anesthesiologists, Dr. Warner is one of several Warners in the Department of Anesthesiology at Mayo Clinic Rochester.

“My cousin, David, is an institutional leader in research, and my wife, Mary Ellen, is one of the best clinicians in our department,” he says.

A highly skilled and committed physician and educator, Dr. Warner approaches his new position with a spirit of enthusiasm and determination but thinks, on a personal level, it is important not to take himself too seriously.

“I am honored to hold the position of dean but without question, I am by far the least important Warner in my department,” he says.

The Warners live on a farm southwest of Rochester. Having raised their sons — ages 19, 22, 24 and 26 — to adulthood, the couple now concentrates on raising cattle, mowing more grass than they should — according to Dr. Warner — and traveling to see their sons.

— Maren Dale

Cultivating financial and human resources

Although the commitment to new methods and innovative technology will require ongoing expenses related to physician time and the purchase of products, software and equipment, the investment will strengthen the program now and for the longterm.

“These changes will help attract the very best in the country,” says Dr. Warner. “We have to adapt our educational processes to the learning needs of our residents and fellows. If we don’t look at new and innovative teaching models and how young people learn, then we will not attract the best.”

That means resources — financial and human — will need to be cultivated.

“There is a finite amount of money for education and a limited number of well-trained personnel to lead these innovative changes,” says Dr. Warner. “Therefore, we need to attract, train, and retain very good physician teachers so they have the background, knowledge and zest for innovation that will be necessary to transition traditional medical learning. These traditional teaching methods have been solidly in place for the past 100 years, so we need to develop instructors who know technology and are able to implement it effectively. Importantly, we must embrace change while retaining the best of traditional medical education.”
Roger Nelson, M.D.
■ Consultant, Division of Endocrinology, Mayo Clinic
■ Professor of Medicine, Mayo School College of Medicine
■ Dean, Mayo School of Graduate Medical Education, 1998-2006
■ Past Vice Chair for Education, Mayo Clinic Rochester Department of Medicine
■ Past Director, Mayo Clinic Rochester Internal Medicine Residency Program
■ Joined Mayo Clinic staff in 1977

Residency: Internal Medicine: Mayo School of Graduate Medical Education
Medical school: University of Minnesota, Minneapolis
Undergraduate: Macalester College, St. Paul, Minn.
Native of: Rochester, Minn.
Family: Wife, Beverly; grown children Geoff and Aimee

Mark Warner, M.D.
■ Dean, Mayo School of Graduate Medical Education
■ Consultant, Department of Anesthesiology, Mayo Clinic
■ Professor of Anesthesiology, Mayo School of Graduate Medical Education
■ Member, Mayo Clinic Rochester Executive Board and Chair of Administrative Committee
■ Past Chair, Department of Anesthesiology; Pediatric Council; Hospital Leadership Team, Mayo Clinic
■ Past Vice Chair, Clinical Practice Committee, Mayo Clinic
■ Director, American Board of Anesthesiology Chair, Accreditation Council for Graduate Medical Education’s Anesthesiology Residency Review Committee
■ Joined Mayo Clinic staff in 1983

Residency: Anesthesiology: Mayo School of Graduate Medical Education
Medical school: Medical College of Ohio, Toledo
Undergraduate: Miami University, Oxford, Ohio
Native of: Greenville, Ohio
Family: Wife, Mary Ellen Warner, M.D.; four grown sons, Paul, Mark, Matt and Dan

Mayo School of Graduate Medical Education at a glance
■ One of five schools comprising Mayo Clinic College of Medicine
■ Residency and fellowship training programs in Jacksonville, Fla.; Rochester, Minn.; and Phoenix/Scottsdale, Ariz.
■ More than 1,300 residents and fellows in Mayo Clinic graduate medical education programs each year (not including visiting residents)
■ More than 19,270 alumni of Mayo’s residencies and fellowships throughout the United States and the world
■ Renamed Mayo School of Graduate Medical Education from Mayo Graduate School of Medicine in 2004; maintained full accreditation for all eligible programs
■ Second-largest graduate medical education program in the United States
■ Residency and fellowship programs in:
  ■ Anesthesiology
  ■ Clinical Pharmacology
  ■ Clinical Research
  ■ Dental Specialties
  ■ Dermatology
  ■ Emergency Medicine
  ■ Family Medicine
  ■ Genetics
  ■ Internal Medicine & Subspecialties
  ■ Neurologic Surgery
  ■ Neurology
  ■ Obstetrics & Gynecology
  ■ Ophthalmology
  ■ Orthopedic Surgery
  ■ Otolaryngology
  ■ Pathology & Laboratory Medicine
  ■ Pediatric & Adolescent Medicine
  ■ Physical Medicine & Rehabilitation
  ■ Preventive Medicine
  ■ Psychiatry
  ■ Psychology, Post Ph.D.
  ■ Radiation Oncology
  ■ Radiology
  ■ Speech Pathology, Post Ph.D.
  ■ Sports Medicine
  ■ Surgery
  ■ Urology
often, when alumni contemplate donating money to Mayo Clinic, they typically ask themselves the above questions. When Robert Spinner, M.D., a consultant in the Department of Neurologic Surgery, thinks about donating to Mayo Clinic, he answers this way:

- I attended medical school and completed my residency at Mayo.
- My father, a retired surgeon, received extraordinary care at Mayo Clinic during the last year of his life.
- I met my wife, a fellow Mayo graduate, while I was treating her mother at Mayo Clinic.

During one discussion, Dr. Spinner informed his father what he planned to do after retirement — raise money for Mayo Clinic. “My father looked at me and said, ‘That’s beautiful,’” says Dr. Spinner.

Dr. Spinner started living that dream early. He joined The Doctors Mayo Society during his first year of residency in neurologic surgery. Recently, to celebrate some good news, he upgraded his status to the Founders Circle and established the Morton Spinner, M.D. Visiting Interdisciplinary Professorship in Peripheral Nerve Surgery in his father’s memory.

“My philanthropic commitment is in appreciation for Mayo always believing in me,” says Dr. Spinner.

Dr. Spinner’s wife, Alexandra Wolanskyj, M.D., a consultant in the Division of Hematology, wholeheartedly shares her husband’s commitment. “There is no place in the world like Mayo Clinic,” she says. “Supporting Mayo is our way to express our gratitude to a facility that has given us so much.”

After she completed a residency in Internal Medicine and fellowship in Hematology/Oncology at Mayo Clinic, Dr. Wolanskyj moved to Ohio to practice. When her mother needed medical attention, “there was no doubt in my mind that she would come to Mayo,” she says. During Dr. Wolanskyj’s mother’s stay at Saint Marys Hospital, Dr. Spinner was covering for a colleague for a few hours and stopped in to check on the patient. He saw Dr. Wolanskyj lovingly combing her mother’s hair. An hour after they met, Dr. Spinner called his mother in New York to tell her he had just met his future wife. The couple was engaged shortly thereafter and married in six months.

Both physicians have practiced in other parts of the country, but Rochester always felt like home.

“When I lived elsewhere, I missed Mayo so much that I found reasons to come back and do research,” says Dr. Spinner. “I felt a sense of relief when I got off the airplane in
Rochester. On our honeymoon, my wife pointed out that I would never be happy anywhere else — my heart is at Mayo.” They both joined the Mayo Clinic staff shortly thereafter.

Dr. Spinner’s father lived with the couple the last year of his life while he received medical care at Mayo Clinic. He noticed that the staff and physicians treated him with dignity and respect. Then he observed that all the patients around him were treated the same way.

“My father became a proud supporter of Mayo,” says Dr. Spinner. The couple named their first son, Max, in his memory. They recently welcomed another son, Noah Daniel, named for Dr. Wolanskyj’s late father.

The couple says their philanthropy honors the world-class care their parents received at Mayo Clinic, the faculty and mentors at Mayo they aspired to be like during their training, and the opportunities they have had while on staff.

“These gifts represent the first small steps in our lifelong priority of giving to Mayo,” says Dr. Spinner. “When you believe in something, it’s easy to see the big picture.”

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**Did you know —**

**The Doctors Mayo Society:**

- 11.5 percent of Mayo Clinic alumni are members
- Members number approximately 1,800 from all 50 U.S. states and 14 countries
- 109 new members joined in 2005
- Was established as a recognition society for philanthropic leaders among Mayo alumni
- Donors can direct their gifts; the majority are unrestricted
- Is open to members of the Mayo Clinic Alumni Association, members of the Administrative Voting Staff and public members of the Mayo Foundation Board of Trustees; spouses receive full membership
- Members are recognized with a certificate, are listed in an annual publication and in the electronic kiosk at the Hall of Benefactors, and are invited to a biennial meeting at Mayo Clinic Rochester that features scientific and nonscientific sessions

**How to join at your stage of life and career**

You can join The Doctors Mayo Society with a:

- $50,000 gift/pledge or $100,000 estate commitment (Founders Circle)
- $25,000 gift/pledge or $50,000 estate commitment (Leaders Circle)
- $10,000 gift/pledge or $25,000 estate commitment (Members Circle)
- $500 per year in a 20-year pledge if you are under age 40
- Mayo Alumni Laureates — a special recognition category for a $100,000 gift or pledge

**The big picture — why giving matters**

- In 2005, Mayo research and education program budgets totaled $567 million.
- $313 million came from National Institutes of Health and other grant funds.
- The remaining $254 million came from other sources — largely, philanthropy — to ensure training for the next generation of physicians and scientists and to ensure that discovery moves from the laboratory to clinical practice.
- Without philanthropy, some of Mayo’s important programs in education and research could not exist.
- Patients are interested and often motivated to give when they learn that physicians who trained and work at Mayo give back to the institution.

**For information about The Doctors Mayo Society**

Call 800-297-1185, e-mail TDMS@mayo.edu or visit www.mayoclinic.org/development (click on “Benefactor Organizations”).

**The Doctors Mayo Society objectives:**

- To pledge ourselves and our resources in support of Mayo’s educational and scientific programs in a way worthy of emulation by all alumni.
- To engender widespread understanding of Mayo’s purposes, accomplishments and needs.
- To develop the society as a symbol of sustained leadership, fellowship and support for Mayo today and in the future.
A recap of the program and subsequent tour follows:

**Location:**
Hotel Excelsior on the shores of the Adriatic Sea

**Course directors:**
- Thomas J. McDonald, M.D., Emeritus Staff member; former consultant, Department of Otorhinolaryngology
- Thomas M. Habermann, M.D., Staff consultant, Division of Hematology
- Luis H. Haro, M.D., Staff consultant, Department of Emergency Medicine
- James A. Garrity, M.D., Staff consultant, Department of Ophthalmology

**Presentation topics:**
Surgical advances, women’s health, cancer management advances, cardiovascular medicine, patient safety and error management, infectious disease and genomics.

**Presentations:**
- *Medical Education in Croatia*, Nada Cikes, M.D., Ph.D., dean, School of Medicine, University of Zagreb
- *Advances in Minimally Invasive Skull Base Surgery*, Mislav Gjuric, M.D., Ph.D., Department of Otorhinolaryngology, Head and Neck Surgery, University of Zagreb
- *Mass Graves Forensics DNA*, Dragan Primorac, M.D., Ph.D., Minister of Science and Education, Republic of Croatia
- *Perioperative Anesthesia Management for Patients Undergoing Kidney Transplantation*, Juraj Sprung M.D., Ph.D.
- *Update on Cellular Immunotherapy of Cancer*, Stanimir Vuk-Pavlovic, Ph.D.

**Special recognition:**
Thomas J. McDonald, M.D., was commended for his two-year service to the Mayo Clinic Alumni Association, 40-year surgical career and contributions to Mayo Clinic. Dr. McDonald retired in January 2007.

**Tours and events:**
Tours included ancient and modern culture, including medieval Dubrovnik, classical art and architecture, traditional music and dance, local foods and wine. Some attendees established family genealogy from the area.

A black-tie gala dinner at Fort Revelin, a 14th century stronghold built within the fortifications of the ancient city wall, included a ceremonial procession through the Old Town led by torchbearers and a traditional Klappa men’s choir.

After the official program ended, 32 participants spent 10 days touring Croatia — to Split, Hvar, Zadar, Opatija, the Istrian peninsula, the island of Brijuni, Plitvice National Park, Zagreb, and the studio of Ivan Mestrovic, whose sculpture “Man and Freedom” is in the large atrium lobby of the Gonda building at Mayo Clinic Rochester.
Croatian native sees potential for Mayo Clinic in Central and Eastern Europe

Stanimir Vuk-Pavlovic, Ph.D., was delighted with the opportunity for his fellow Mayo Clinic alumni to see his home country — “one of Europe’s great destinations,” he says. He hopes visiting Croatia for the recent Alumni Association meeting dispelled any negative preconceptions.

“I believe the Cold War gave the impression to many Americans that Croatia would be behind the Iron Curtain — drab and destitute,” says Dr. Vuk-Pavlovic. “In truth, visitors are taken aback by the richness of its history and culture and the beauty of its surroundings. Dubrovnik is a high-end tourist destination, which seemed to be a pleasant surprise to everyone who attended. And the social programs at the meeting were excellent.”

While Zagreb, Croatia, is his hometown, Dr. Vuk-Pavlovic is quick to note that Rochester, Minn., is home. “For a couple of years, I was a research associate in Dr. Prendergast’s (Franklyn Prendergast, M.D., Ph.D.) lab. Twenty-three years later, I’m still here and a professor of Biochemistry and Molecular Biology at the Mayo Clinic College of Medicine,” he says.

An advocate for international outreach

Dr. Vuk-Pavlovic thinks it may be in Mayo’s best interests to reach out more to alumni and other medical and research professionals around the world and, particularly, in Central Europe.

“There’s tremendous intellectual depth in Central Europe,” he says. “Mayo can use its educational prowess to reach out at little financial cost to the organization. Central Europe is growing economically, and we can contribute to medical and research education there.”

Two years ago, Mayo Clinic and the University of Zagreb signed a Memorandum of Understanding that enumerates the possibilities for collaboration in biomedical education and research. While Croatia is the intended hub for this activity, the goal is to reach into Central Europe.

Behind his objective of educating medical and research professionals is Dr. Vuk-Pavlovic’s hope to increase Mayo’s international referral base.

“Mayo can ultimately increase service to international patients by adding to the education of foreign physicians,” he says. “Mayo is a well-recognized name in Central Europe. The opportunities exist if there is institutional interest in developing and supporting collaborative programs around the world.”

– Melissa Abrams
Mayo Clinic Alumni Association 65th Meeting
Oct. 18-20, 2007, Rochester

Theme:
Mayo Clinic: Past, Present and Future

General meeting chair:
Glenn S. Forbes, M.D.

Scientific program chair:
Patricia S. Simmons, M.D.

Gonda 12, upper-floor shelled space, will be the activities hub for:
- Registration
- Continental breakfast and refreshments
- Cyber café
- Small theater area with continual loop of play about Henry Plummer, The Best Day’s Work
- Departmental and Mayo activity displays
- Scalpel to Sketch, Mayo Clinic medical illustration exhibit

Thursday, Oct. 18
Registration begins

Optional activities:
- Tour, Plummer House/Mayowood/Foundation House
- Tour, Mayo Multidisciplinary Simulation Center
- Tour, new Dan Abraham Healthy Living Center
- Education Technology Center update
- Tour, Rochester Carillon
- Tour, History of Medicine Library
- Tour, Saint Marys Hospital helipad
- Mayo Clinic Art Tour
- Mayo Clinic Heritage Hall
- Self-guided walking tour, Saint Marys Hospital

Evening social event:
Welcome reception, Rochester Golf & Country Club
Hors d’oeuvres buffet

Friday, Oct. 19
- Welcome: Scott C. Litin, M.D., Mayo Clinic Alumni Association president
- Updates: Drs. Denis Cortese, Glenn Forbes, George Bartley and Victor Trastek
- Mayo Clinic Alumni Association business meeting
- Named lecture, Raymond Pruitt Lecturer: Jordan Cohen, M.D., president emeritus, American Association of Medical Colleges
- Luncheon speaker: Michael J. Ackerman, M.D., Ph.D.
- Breakout session: Surgery / The Priestley Society
- 15 medical specialty breakout sessions
- Administrative session: Trends in the Business of Medicine

Evening social event:
Reception, Assisi Heights
Hors d’oeuvres buffet
Musical entertainment
Rochester’s Franciscan Sisters will join us to provide historical background about the complex, their home since 1956

Saturday, Oct. 20
- Named lecture, Judd-Plummer Lecturer: Ira Flatow, host of NPR’s Talk of the Nation: Science Friday

Evening social event:
Closing gala, Mayo Civic Center Arena
Gala theme: Mayo and the Mississippi
Black tie optional
Presentation of Humanitarian and Professional Achievement Awards
Installation of new Alumni Association President

Activities held in conjunction with 65th Meeting:

Thursday, Oct. 18
Centennial Celebration of the Plummer Patient Record at Mayo Clinic 1907-2007

Friday, Oct. 19
Mayo Medical School 35th Anniversary Reunion Dinner and Dance
Researchers: few heart disease trials reporting sex-specific results

Heart disease differences in men and women continue to be poorly understood because women are included in clinical trials far less often than men. Even when women are included, study results are not reported by sex, according to a study in the current issue of *Mayo Clinic Proceedings*. The study shows that three-fourths of clinical cardiovascular trials published in leading general medical and cardiology journals during the last six months of 2004 did not provide sex-based analysis.

In a review of 645 cardiovascular clinical trials published from July 1 through Dec. 31, 2004, only 153 provided sex-specific reporting — defined as reporting results for women and men in a format that allows data to be specifically extracted for each sex. In addition, the authors found that 7 percent of the studies did not report the participants’ sex, and 3 percent included no women, despite studying conditions that affect both sexes.

“Heart disease is the number one threat to a woman’s health, and we need to be able to tell women whether the diagnostic tests we order are accurate and how treatments will affect them. But, today, we don’t have enough data specific to women,” says Sharonne Hayes, M.D., an author of the collaborative study and director of Mayo Clinic’s Women Heart Clinic. “We hope this analysis will drive the behavior of researchers. If more women are included in trials and the results are reported by sex, it will help physicians provide the best care possible to both men and women.”

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— Sharonne Hayes, M.D.

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Professional meetings

**Mayo Clinic Alumni Association Receptions**

American Academy of Neurology, April 28–May 5, 2007, Boston
American Association of Clinical Endocrinologists, April 11–15, 2007, Seattle
American Association of Neurological Surgeons, April 14–19, 2007, Washington, D.C.
American College of Physicians, April 19–21, 2007, San Diego
Pediatric Academic Societies (formerly American Academy of Pediatrics), May 5–8, 2007, Toronto
American College of Obstetricians and Gynecologists, May 5–9, 2007, San Diego
Association for Research in Vision and Ophthalmology (ARVO), May 6–10, 2007, Fort Lauderdale, Fla.
Heart Rhythm Society, May 9–12, 2007, Denver
American Association of Orthodontics, May 18–22, 2007, Seattle
Digestive Disease Week, May 19–24, 2007, Washington, D.C.
American Society for Microbiology, May 21–25, 2007, Toronto
American Society for Colon and Rectal Surgeons, June 3–7, 2007, Seattle
American Association for Clinical Chemistry, July 15–19, 2007, San Diego

Postgraduate meetings

For information, log on to the Mayo Clinic CME Web site at www.mayo.edu/cme. Or call 507-284-2509 or 800-323-2688 (toll free).

Academic Career Development Workshops – Mentoring and Advising, March 20, 2007, Rochester
Clinical Reviews 2007 – A Primary Care and Internal Medicine Update, March 21–24, 2007, Scottsdale
An Overview of Perioperative Medicine, March 22–24, 2007, Rochester
16th Annual Urogynecology and Disorders of the Female Pelvic Floor, March 29–31, 2007, Scottsdale
Multidisciplinary Update in Pulmonary and Critical Care, April 12–15, 2007, Scottsdale

Indications for Blood and Marrow Transplantation in the Era of Targeted Therapies, April 14, 2007, Minneapolis
Academic Career Development Workshops – The Hidden Curriculum, April 17, 2007, Rochester
28th Annual Practice of Internal Medicine, April 30–May 4, 2007, Rochester
Upper Mississippi Valley Retina Cases Conference, May 12, 2007, Minneapolis
Oral Cancer: Clinical and Scientific Advances 2007, June 1, 2007, Rochester
Complementary and Alternative Medicine in the United States and at Mayo Clinic, June 8–9, 2007, Rochester
Advanced Techniques in Shoulder Arthroscopy, June 9, 2007, Rochester

Academic Career Development Workshops – Designing Learner Centered Clinical Experiences, June 19, 2007, Rochester
16th Annual Internal Medicine Board Review – Certification & Maintenance of Certification, July 15–21, 2007, Rochester
Advances and Changing Trends in Medicine, Aug. 6–8, 2007, Miami Beach, Fla.
Advances in Diagnostic Radiology, Aug. 19–26, 2007, Hubbard Glacier Cruise, Alaska

Mark your calendar!
Join us in Buenos Aires, Argentina, in April 2008 for the International Mayo Clinic Alumni Education Program. Put this event on your calendar! Details will be mailed early summer 2007.
**1950s**

Paul E. Spray was honored with a Volunteer Extraordinaire Hall of Fame exhibit at the Museum of Appalachia, Norris, Tenn.

Kenneth R. Woolling had several medical history articles published in the Indianapolis Medical Society Bulletin.

**1960s**

John H. Beaumier was the featured speaker at Northern Michigan University’s commencement ceremony and received an honorary doctor of science degree.

Richard D. Smith was named Award-Winning Finalist in Health: Medical Reference Category of Best Books, 2006 Books Awards, for Trust in a Medical Setting, Nova Science Publishers, Hauppauge, N.Y.

**1970s**

Suzanne M. Connolly received the Women’s Dermatologic Society President’s Award in March and serves as president of the Pacific Dermatology Association.

**1980s**

Ralph J. Duda Jr. was board certified by the American Board of Clinical Lipidology.

Hiroaki Shimokawa was appointed professor and chairman of the Department of Cardiovascular Medicine, Tohoku University, Sendai, Japan.

Harold H. Shlevin was appointed president and CEO of Tikvah Therapeutics in Atlanta.

**1990s**

Lisa P. Howard was appointed president of the Maine Dental Association and chair of the American Dental Association’s National Fluoride Advisory Committee.

**2000s**

Pablo R. Castillo was appointed assistant professor of Internal Medicine and Neurology at the University of Minnesota, Minneapolis.

Vikram Durairaj was appointed associate professor of Ophthalmology at the University of Colorado and was awarded the 2006 American Society of Ophthalmic Plastic and Reconstructive Surgery Research Award.

Kevin W. Olden was named the Jerome S. Levy Professor of Medicine and director, Division of Gastroenterology, University of Arkansas for Medical Sciences in Little Rock.

Barbara Supanich was appointed medical director for Palliative Medicine and Senior Services at Holy Cross Hospital in Silver Spring, Md.

Sumeet S. Teotia was appointed clinical assistant professor of Plastic Surgery at the University of North Carolina, Chapel Hill. He is a charter member surgeon of the Alliance for Smiles, San Francisco, and the organization’s medical director at Jiujiang University Hospitals, Jiujiang City, Jiangxi Province, China.

Staff news

Michael Ackerman was named president of the Sudden Arrhythmia Death Syndromes Foundation.

Charles Adler was awarded the Distinguished Mayo Investigator Award.

Michael Cevette was awarded the Distinguished Mayo Educator Award.

Suzanne Connolly accepted the American Academy of Dermatology Gold Triangle Award on behalf of the Families Play Safe in the Sun communications campaign, which she chairs.

Clayton Cowl was selected to serve on an expert panel to review clinical screening programs for victims involved in the World Trade Center disaster of Sept. 11, 2001.
**Peter Elkin** was elected chair of the International Medical Informatics Association working group on Human Factors Engineering. He also was appointed to the editorial board of the International Journal of Medical Informatics and elected a fellow of the American College of Medical Informatics.

**Joseph (Chris) Farmer** has been selected to serve as the incoming associate dean for Internal Medicine and Medical Subspecialties in Rochester and associate chair for the Rochester Department of Internal Medicine, effective Jan. 1, 2007.

**Gail Gamble** received the Distinguished Member Award at the annual meeting of the Academy of Physical Medicine and Rehabilitation.

**Richard Gray** received the Kenneth J. Shouldice Achievement Award from Lake Superior State University.

**Joseph Hung** received the Academy of Pharmacy Practice and Management William H. Briner Distinguished Award in Nuclear Pharmacy Practice.

**Grazia Isaya** will serve as a member of the U.S. Department of Health and Human Services Cellular Mechanisms in Aging and Development Study Section, Center for Scientific Review. She also was named director of Mayo Clinic’s Medical Scientist Training Program.

**Kenton Kaufman** was elected president of the American Society of Biomechanics.

**Robert Kyle** received the Joseph Michaeli Award for his contributions to the treatment of multiple myeloma from the Center for Lymphoma and Myeloma at Weill Medical College of Cornell University, New York Presbyterian Hospitals.

**Andrew Limper** received the Distinguished Alumnus Award from the University of Illinois College of Medicine in Peoria.

**S. Breannidan Moore** was awarded the Emily Cooley Memorial Award at the American Association of Blood Banks annual meeting. He also was presented the 2006 Herbert F. Poleksy Award by Memorial Blood Centers of Minnesota.

**David Mulligan** was awarded the Distinguished Mayo Clinician Award.

**Joseph Parisi** received the Award for Meritorious Contributions to Neuropathology from the American Association of Neuropathologists.

**Edith Perez** was recognized at the Jacksonville Business Journal third annual “Healthcare Heroes” awards program.

**Michael Rock** was named the 2007 chair-elect of the American Hospital Association Governing Council for Health Care Systems.

**Roy S. Rogers III** was made an Honorary Member of the American Academy of Dermatology.

**Christina M. Sorenson** was recently elected to the Board of Directors of the National Board of Examiners in Optometry.

**Kathryn Stolp** was recently elected president of the American Association of Neuromuscular and Electrodiagnostic Medicine.

**Michael Stuart** was elected to the American Orthopaedic Society for Sports Medicine Board of Directors.

**Zbigniew Wszolek** was recognized at the Jacksonville Business Journal third annual “Healthcare Heroes” awards program.

**Obituaries**

**1940s**

Jane E. Hodgson, 91, died Oct. 23, 2006, at Charter House in Rochester, Minn. Dr. Hodgson received her medical degree from the University of Minnesota Medical School and completed a Mayo Clinic residency in Obstetrics & Gynecology in 1944. She practiced for many years in St. Paul.

**1950s**

Richard J. Reitemeier, 83, died Dec. 18, 2006, at Charter House in Rochester, Minn. Dr. Reitemeier received his medical degree from the University of Colorado and completed a Mayo Clinic residency in Internal Medicine in 1954. He was a consultant in the Department of Internal Medicine for 33 years and was the department’s first chair. He served in the U.S. Army, where he achieved the rank of captain and was chief of Medical Service at the 98th General Hospital in Munich, Germany, and the 110th Station Hospital in Vienna, Austria. He was a member of the Mayo Board of Governors, Mayo Foundation Board of Trustees, and Board of Trustees of Saint Marys Hospital. Dr. Reitemeier served as treasurer of the National Board of Medical Examiners, chair of the Accreditation Council for Graduate Medical Education, chair of the American Board of Internal Medicine, and regent and president of the American College of Physicians. He
was a member of the National Institute of Medicine, a branch of the National Academy of Sciences, where he served as director of the Board of Health Care Services. Dr. Reitemeier received the University of Colorado Alumni Award, Mastership and Alfred Stengel Award from the American College of Physicians, Distinguished Service Award from the National Board of Medical Examiners, Phi Rho Sigma Medical Society Irving S. Cutter Gold Medal, Woodruff Award from Rochester Lourdes High School Board of Development, and Mayo Alumni Distinguished Achievement Award. He was a member of the Institute of Medicine, National Board of Medical Examiners and National Library of Medicine. He served as chair of the Scientific Committee of the Ludwig Institute for Cancer Research in Zurich, Switzerland; served on the Board of Directors, Sisters of Mercy, St. Louis Healthcare System; and served as medical director of Phoenix Alliance, St. Paul, Minn. He was chair of the Medical Advisory Group of the International Center for Medical Information and a volunteer member of Elder Network in Rochester.

1960s

Paul H. Andreini, 73, died Nov. 18, 2006, in Beaumont, Texas. Dr. Andreini received his medical degree from McGill University and completed a Mayo Clinic residency in Rheumatology in 1966. He was a consultant in the Department of Rheumatology until 1973. Dr. Andreini received his law degree at Georgetown University while teaching at

Georgetown’s School of Medicine. He was company physician at Grove Manufacturing in Virginia and Mobile Oil in Beaumont. He had a rheumatology practice in Port Arthur, Texas. Dr. Andreini was a volunteer at the International Grenfell Association in St. Anthony, Newfoundland, and at Minnesota Citizens Concerned for Life. He was a physician at Camp Friendship. He served as president of the board of directors of the Jefferson County Council on Alcohol and Drug Abuse.

James W. Bard, 72, died Nov. 22, 2006, in Lexington, Ky. Dr. Bard received his medical degree from Marquette University and completed a Mayo Clinic residency in Dermatology in 1965. Dr. Bard was chief of the Department of Dermatology at Lexington Clinic for 22 years, where he served on and was past president of the board of directors. He retired from practice in 1994. Dr. Bard was appointed professor of medicine at the University of Kentucky in 2000. He served in the U.S. Army Medical Corps. Dr. Bard had been president of the Kentucky Dermatological Society and Cincinnati Dermatological Society and was a member of the American Academy of Dermatology.

1980s

Michael P. Waligore, 53, died June 22, 2006, in West Des Moines, Iowa. Dr. Waligore received his medical degree from the University of Michigan Medical School and completed a Mayo Clinic residency in Radiology in 1983. Dr. Waligore had been a staff member at: Radiology Affiliates of Central New Jersey in Trenton; CNY Diagnostic Imaging in Syracuse, N.Y.; The Berglerian Center in Naples, Fla.; Veterans Administration Hospital in Des Moines, Iowa; St. John’s Hospital in Springfield, Mo.; Community Imaging Consultants in West Bend, Wis.; and Iowa Radiology in Clive, Iowa. He retired in 2004. Dr. Waligore was a member of the American Board of Radiology.

1990s

Guillermo (Willy) A. Suárez, 46, died Dec. 16, 2006, in Rochester, Minn. Dr. Suárez received his medical degree from the University of Cuyo, Mendoza, Argentina, and completed a Mayo Clinic residency in Peripheral Nerve Disease in 1993. Dr. Suárez was a consultant in the Department of Neurology at his death. He served in leadership roles at Mayo Clinic and for professional societies.
Resources to help you stay connected with Mayo Clinic and Mayo Clinic Alumni Association

Mayo Clinic Rochester
200 First Street SW
Rochester, MN 55905
507-284-2511

Mayo Clinic Jacksonville
4500 San Pablo Road
Jacksonville, FL 32224
904-953-2944

Mayo Clinic Arizona
13400 East Shea Boulevard
Scottsdale, AZ 85259
480-301-8000

For Mayo Clinic and health information on the Web:
www.mayo.edu
www.mayoclinic.org
www.mayoclinic.com

Alumni Center Information

Mayo Clinic Alumni Center
507-284-2317
Karen Skiba
Administrator
507-538-0162

E-mail: mayoalumni@mayo.edu

Alumni Relations Coordinators:
Betsey Smith
507-538-1164

Debbie Oscarson
507-538-1663
www.mayo.edu/alumni

The Doctors Mayo Society
Robert Giere
800-297-1185

Physician Referral Information
Rochester 507-284-2288
Jacksonville 904-953-2944
Arizona 480-301-8088
www.mayoclinic.org/medicalprofs

Executive Health Program
Rochester 507-284-2288
Jacksonville 904-953-2944
Arizona 480-301-8088
www.mayoclinic.org/executive-health

Physician Referral Information
Rochester 800-533-1564
Jacksonville 800-634-1417
Arizona 800-446-2279
www.mayoclinic.org/medicalprofs

Regional Visiting Faculty Program
Rochester 507-284-2242
Jacksonville 904-953-2944
Arizona 480-301-7348

Visiting Clinician Program
Rochester 507-284-3432
Jacksonville 904-953-2944
Arizona 480-301-4338

Continuing Medical Education
Rochester 800-323-2688
Jacksonville 800-462-9633
Arizona 480-301-4580
www.mayo.edu/cme/

Employment Opportunities

Mayo Clinic Human Resources
For information about employment opportunities at Mayo Clinic visit:
www.mayo.edu or e-mail: careers@mayo.edu

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

Mayo Health System
John Shonyo
507-284-9114
www.mhs.mayo.edu

Medical Journal

Mayo Clinic Proceedings
800-707-7040
www.mayo.edu/proceedings