Mayo Clinic develops a rapid test for anthrax
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After one of the warmest winters in history, those of us in Rochester are looking forward to spring. The days are getting noticeably longer, and it is refreshing to get home some evenings with some daylight remaining.

Over the past few months I have had the pleasure of meeting with alumni across the country. Although the events of September 11 are still fresh in our minds, the attitudes shared by colleagues and friends are almost universally positive. Much has changed yet much positive remains to be thankful for. I have been heartened to see and hear colleagues and patients with a positive outlook to the future, with full realization of the challenges ahead. The “can-do” attitude of the alumni has not changed and the commitment to the best clinical care, research and education remains unsurpassed.

Please stay healthy and keep the positive attitude. We here at the Alumni Association look forward to meeting and hearing from you over the next year.

Sincerely,

David Herman, M.D.
Secretary-Treasurer
Mayo Medical Alumni Association
A race against time:

Mayo Clinic microbiology team sprints to finish with rapid anthrax test

From heartening tales of selflessness, compassion and heroism at ground zero to generous donations far from the site, the terrible events of September 11 united this diverse land in a hunger for a sense of community and a need to do something to help. At Mayo Clinic in Rochester, a team of microbiologists fulfilled that need by working around the clock to produce a one-hour diagnostic anthrax test.

Team members laid the groundwork for development of the test over a period of years, but completed the final stages in a matter of weeks. With limited resources and personnel, investigators chose carefully their focus of research to maximize clinical relevance.

Their story offers a behind-the-scenes glimpse at the way in which Mayo scientists apply the results of basic science research to clinical medicine to produce a new product or
procedure that improves patient care. Their story also illustrates how that process can be dramatically altered by events far beyond their laboratories — and far beyond their control.

**Turning weeks into minutes**

Since 1997 the microbiology team had been interested in developing ways to shorten the turnaround time for microbiology tests. Culture tests involve isolating the microorganisms, growing them on culture, and identifying them by the way their colonies grow on culture plates. Culture times vary and can be as long as three weeks.

“If you can identify that a person has tuberculosis today instead of three weeks from now you can begin the right treatment immediately,” explains Franklin Cockerill, M.D., chair of the Division of Microbiology and the microbiologist who led the development team. “And you can isolate the patient and stop the spread of disease.”

Such advantages piqued the team’s interest in applying and improving polymerase chain reaction (PCR) testing to decrease the turnaround time of many diagnostic tests.

PCR-based testing is a three-step process that was developed over the past two decades. First, DNA is extracted from the microorganisms in the sample.
“We spend a great deal of our time searching the genomes of microorganisms,” says Dr. Cockerill. “Humans evolved from these organisms and some of their DNA is the same as ours. So we need to find their fingerprints — unique segments of DNA that specifically identify them.”

The second step incorporates PCR technology — using an enzyme called Taq polymerase to copy the DNA. This chemical reaction is repeated 30 to 40 times by heating and cooling the sample. Because each DNA copy serves as a template for producing yet another copy of DNA with each heating and cooling cycle, the amount of DNA is increased exponentially, so eventually there is enough DNA available to run further tests on it. In the final step, the amplified DNA is probed for evidence of the organism’s presence.

Historically, each of these steps has required hours to complete.

**Speeding up PCR technology**

The key to producing a rapid PCR test was the development of a new technology, trademarked as the LightCycler, and its application to clinical microbiology diagnostic testing. It was a feat that evolved from international, multidisciplinary collaboration between its inventor, Carl Wittwer, Ph.D., a University of Utah chemist with an engineering background; researchers at Boehringer Mannheim, a Bavarian chemistry plant that later merged with the Swiss company Roche Applied Science; and the Mayo microbiology team.

Mayo Clinic was the first institution in the United States to use the LightCycler when, in February 1998, the microbiology team procured it for a 30-day trial. Roche Applied Science was marketing the tool to research laboratories, but Lester Wold, M.D., chair of the Department
of Laboratory Medicine and Pathology, credits the team with envisioning the LightCycler as a tool that could be used for clinical assays as well.

“That’s the beauty of the LightCycler,” says Dr. Wold. “We can use it today to identify the presence of anthrax in a research laboratory, but tomorrow it can be used to diagnose strep throat in a physician’s office.”

The LightCycler is a modest-looking instrument.

“It looks like a coffee maker and acts like a sophisticated hair dryer,” quips Dr. Cockerill. “It contains a heating element and a fan that blows air on the sample to heat and cool it much faster than the old heating blocks were capable of doing. It also incorporates a mechanism to detect if a probe attaches to the DNA, indicating that an infectious agent is present.”

Changing the microbiology landscape

The team began by prioritizing the list of disease-causing microorganisms they slated for developmental activities using the LightCycler. They focused on common diseases, such as streptococcal sore throat, whooping cough and chicken pox. The anthrax bacillus was well down the list because anthrax cases had not been seen in the United States for decades.

For each targeted microorganism, team members reduced the DNA extraction step to a few minutes or less. Then, using the LightCycler technology, they combined the second and third steps — amplification and probing — into a single, 30-minute analysis. The entire test eventually took less than one hour.

By September 11, the Mayo laboratory stopped using culture tests for several common infectious diseases. The rapid PCR tests were faster, cut costs in half and were more accurate.

“The rapid PCR test can diagnose 219 percent more cases of whooping cough than conventional culture,” says Dr. Cockerill. “With increasing emphasis on molecular diagnostic testing, patients can soon expect results from their infectious disease tests on the same day — just as they do now for a blood glucose test.”

September 11, the anthrax outbreaks and the final sprint

“September 11 revealed a fundamentally different level of terrorism that caused us to turn the focus of our development efforts toward biologic agents,” says Dr. Wold.

Dr. Cockerill was scheduled to teach at Mayo Medical School on the morning of September 11 but canceled classes when he saw the level of distress among the students.

“Instead, I met with Tom Smith and Jim Uhl,” he explains. “As soon as we saw the second plane hit the World Trade Center, we knew that anthrax attacks would be a possibility.”
Tom Smith, Ph.D., is Mayo’s director of Virology. Jim Uhl, M.Sc., is an associate member of the Division of Microbiology. Other clinical microbiologists who are members of the team include: Jon Rosenblatt, M.D.; Mark Espy and Lynne Sloan; and Maj. Constance Bell, Ph.D., a United States Army officer who completed a clinical microbiology fellowship at Mayo Clinic in June 2001.

Maj. Bell laid the groundwork for the anthrax test by developing reagents for it but finalized her fellowship and returned to active duty in the armed forces before the development of the test could be completed. Ironically, four days before the terrorist attacks, she requested additional time to complete the paperwork on the anthrax test. Presenting the project would be difficult, she thought, without an apparent, immediate need.

In a case of famous last words, Uhl replied, “Don’t worry. There’s no urgency on that one.”

After September 11, the team put other projects aside and worked around the clock to complete the test.

“We had already worked with Mayo Medical Ventures to establish successful collaboration with Roche Applied Science,” says Dr. Cockerill. “When the first anthrax case appeared in October, we stepped up our collaboration to produce laboratory test kits for the rapid anthrax test. In a matter of days, we were able to send the formula for the reagents to the Roche Applied Science plant in Penzberg, Germany. With air travel being limited, we were concerned about the logistics of transporting shipments, but we had tremendous cooperation from the federal government.”

To speed the preliminary diagnosis, the test kits needed to be available in other LightCycler-equipped laboratories around the country.

“Making this test available in a very short time frame is our contribution to the fight against bioterrorism. The work is a direct outcome of the excellent cooperation between Roche Applied Science and Mayo Clinic,” says Martin Madaus, president and chief executive officer of Roche Diagnostics Corporation. “Mayo researchers have several years of experience in developing these types of assays. By combining our efforts, we were able to make this test available to qualified laboratories only a few weeks after beginning this initiative.”

Since Nov. 9, Roche Applied Science made the test widely available to public health agencies, hospital laboratories and reference laboratories in the United States and other countries.
Testing in the Rochester field

By October, as anthrax outbreaks began to dominate the news, Roche Applied Science sent its commercially prepared reagents back to Mayo for testing.

“We didn’t want to announce the test until sufficient quantities of testing kits became available — the work called us out of hiding,” says Dr. Cockerill. The police brought Dr. Cockerill’s team several suspicious packages to examine for anthrax contamination. When identification came quickly, the research was revealed.

The substances were harmless powders. Their quick identification allowed Mayo Clinic to remain open and available to patients without public health risk.

Cooperating with the federal government

The team has worked with dignitaries from the United States Department of Defense as well as Tommy Thompson, Secretary of the United States Department of Health and Human Services. The cooperative effort has made the rapid anthrax test formula available to federal and state agencies nationwide. Roche Applied Science is working with the United States Food and Drug Administration (FDA) to determine requirements for expedited regulatory approval.

“On Dec. 21, 2001, the FDA approved the rapid anthrax test as an investigational test for testing human samples,” says Dr. Cockerill. “Validating the test for human specimens is difficult because there are restrictions on the limited number of human specimens that now exist and are needed to conduct proper clinical testing. However, in cooperation with the federal government, we’re in the process of testing human samples.”

The rapid success of the project was facilitated by collaboration and cooperation. In addition to the contributions by Mayo scientists and researchers from other institutions, Mayo Medical Ventures assisted with the process of developing relationships with companies in other countries.

The development of the same-day diagnostic anthrax test in a period of weeks, which under normal circumstances would have taken months or years, illustrates how rapidly and effectively Mayo can react in response to a societal need.

— Yvonne Hubmayr

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The 2002 Winter Olympics

Mayo Clinic staff and patients among the 11,500 who carried the torch to the Salt Lake City games

Sports Medicine physicians part of the care team in Athlete’s Village

The 2002 Winter Olympics started in December with the torch relay that eventually brought the flame to Salt Lake City, host city to the 19th winter games. Among the athletes from 78 countries who competed were Mayo Clinic staff who helped carry the torch and care for the athletes. Other Mayo alumni from across the country participated in the torch run or volunteered at the Games.

Mayo Clinic staff members who participated this year continued a long history of volunteering in the Olympics, caring for athletes and aiding teams like the gold-medal “Miracle on Ice” 1980 hockey team. Among past participants were Robert Fleming, former chair of Mayo’s Division of Administrative Services and chair of the United States Olympic Ice Hockey Committee. Ken Johannson, an administrative assistant at Mayo and general manager of the 1980 men’s hockey team; and physical therapist Ann Martin, trainer for the 1964 United States Summer Olympic team.

The 2002 Olympics are over, but participants take away many memories of involvement in the events surrounding the quadrennial international competition.

Proud moments

There is the moment when you spy the ornate, 33-inch Olympic flame drawing near, held by a relay runner. The runner lights the next runner’s torch and the moment is over. The next runner strides away to the cheers of the crowd.

An Olympic torch official turns a key to extinguish the last runner’s torch and later removes the fuel source. The torch will never be lit again.

The drama was real for three people from Mayo Clinic in Rochester. Physicians, Philip Greipp, M.D., and Nicholas LaRusso, M.D., and Judy Dokken, a billing requirements analyst, were honored as those who carried the Olympic flame. They still smile and enjoy recounting...
the moments they carried the Olympic flame on Jan. 5 in Wisconsin (the relay route did not pass through Minnesota).

“I wish you could bottle it, so you could re-live it again,” says Dr. Greipp. “It goes so fast that you barely have time to enjoy it. I know I enjoyed it. I had a huge smile on my face. I could feel it.” Dr. Greipp planned to pace himself on his early-evening leg in Milwaukee, but he said the adrenaline rush sparked by the event quickened his steps even though his route was uphill.

Dr. LaRusso, a marathon runner, managed to temper his strides on his daytime route through Kenosha, Wis., south of Milwaukee. “I went as slowly as possible, because I wanted it to last as long as it could,” says Dr. LaRusso. “Frankly, I didn’t appreciate how significant and meaningful it was going to be when I was notified that I was chosen.”

Dokken’s time with the torch in Kenosha was “one of the most exciting events in my life,” she said. “As I turned and started my two-tenths of a mile, there was an incredible feeling of support from family, friends, other torchbearers and spectators.”

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**Chosen from among many**

The Salt Lake Organizing Committee reported that it had received more than 210,000 nominations for individuals to carry the Olympic torch. About 3,500 of the 11,500 spots were reserved for special selections such as past Olympic athletes or celebrities, leaving about 8,000 slots open to those who were nominated by letter.

Dr. Greipp, a hematologist and chair of hematology research, was nominated by the International Myeloma Foundation, the Multiple Myeloma Foundation and the Goldman Foundation — organizations dedicated to furthering myeloma research treatment and survivorship. Norma Holmes, of Alexandria, Va., whose late husband was a patient of Dr. Greipp’s, led the effort to nominate him. “Dr. Greipp is a patient’s doctor — a ‘friend for life’ in every sense of the word,” she wrote. “He inspires the best in everyone who knows him. He inspires his patients to heal, to love life, to give their utmost to it and to live life fully and well.”
A bundled up Holmes stood at the Milwaukee street corner where Dr. Greipp passed the flame to the next runner on Jan. 5. She and others — some from the myeloma organizations and others who were his patients — cheered and held banners congratulating Dr. Greipp.

Dr. LaRusso’s own special cheering section watched along with countless people who lined the streets of Kenosha. A gastroenterologist and chair of Internal Medicine, Dr. LaRusso was nominated by Pam Tietz, a senior research technician at Mayo Clinic who has worked with him for nearly 15 years.

In her nomination she wrote, “Dr. LaRusso represents an embodiment of the Olympic spirit and flame. He serves as an inspiration to all he encounters while overcoming his own adversities. He is an elegantly balanced blend of physician, father, mentor, scholar, cancer survivor, marathon runner and friend. He is a success by virtue of hard work, not luck, which is coupled with sincerity, integrity and passion.”

Dokken was nominated by her daughter, Sara Anderson, who wrote that her mother motivates her to run. The duo run an annual race in Lewiston, Minn., held to raise money for cancer research.

“The knowledge that I was nominated by my daughter as someone who inspired her made it even more special,” says Dokken. “To be a participant in the Olympic Relay especially this year, is quite an honor as I represent the inspirational fires within each of us needed to bring a family, a community, a nation and a world together.”

**Sharing the experience**

Mayo Clinic participants have enjoyed passing the excitement to others. All three purchased their $335 torches to keep as mementos of the special run. People are eager to see the torch.

“The most significant thing for me was at the Pettit National Ice Center after the relay,” says Dr. Greipp. “There were 6,000 to 8,000 people there. Everywhere I went with my torch, people wanted to look at it. Traffic backed up at one point because people were stopping to see the guy with the torch.”

The experience was similar for Dokken when she returned to Kenosha. “A woman asked if she could touch the torch. When I handed it to her, she started to cry, so of course I started to cry. We hugged each other for a bit and
then went on, but I won’t forget the connection we made for a brief moment.”

Two Mayo Clinic patients, one from Jacksonville and one from Scottsdale, were also torch bearers as the relay made its way through those regions of the country. They were selected specifically for their battles against their diseases.

“Even though we weren’t chosen as representatives of Mayo Clinic for the run, I feel like we represented Mayo Clinic,” says Dr. LaRusso. “The theme of the Olympics is inspiration, and Mayo has an abundance of inspirational people.”

**At work in the Olympic Village**

Four members of the Mayo Clinic Sports Medicine Center attended the games in February to treat athletes. Michael Stuart, M.D., Edward Laskowski, M.D., Diane Dahm, M.D., and Jay Smith, M.D., served as members of a 20-physician volunteer group at the Olympic Polyclinic in the Athlete’s Village. It was the first Olympic experience for the four physicians, Drs. Laskowski and Stuart, are co-directors of the Mayo Clinic Sports Medicine Center.

Security at the Olympics was unprecedented. Each physician was given a flame red jacket and other winter gear to serve as a work uniform. Groups of volunteers were identified by the color of their outfits. Admission to the Polyclinic in the Athlete’s Village required passing through a stringent security process.

Volunteers arrived at a designated parking lot to ride a bus into the Village. They were searched as they boarded the bus and the bus was searched as well. At Athlete’s Village, identification was checked again and volunteers were processed through metal detectors as their belongings were searched. Then, another credentialling step gave them a day pass for their work shift. The security process took an hour and a half to complete. As volunteers learned the routine, the process would shorten to 45 minutes, the physicians said.

“Overall, it ran quite smoothly. You expected the security, so that wasn’t really a problem,” says Dr. Laskowski. “We all understood why it was there and it made you feel safe. It was handled so well, you didn’t really give it a thought after you went through it the first day and understood how the routine worked.”
Caring for athletes

Drs. Dahm and Smith were the first of the foursome at the Games, arriving a week prior to the Feb. 8 opening ceremonies. A husband and wife team, they spent opposite shifts (7 a.m. to 3 p.m. and 3 p.m. to 11 p.m.) at the clinic, putting finishing touches on the clinic, watching the athletes arrive, and getting acclimated to the surroundings and competition venues. The Mayo medical team saw a range of training habits from the athletes.

“Many athletes and coaches were apprehensive about the drug testing,” says Dr. Smith. “They asked if certain things were okay for the athletes to take, checking to see if their paperwork was done correctly. Then we received a request from a team for therapeutic carbon dioxide. We couldn’t figure out what they wanted it for, and they couldn’t explain it. It might have been a language difference. In the end, we didn’t fill their request.”

The injuries the team saw weren’t uncommon, but the way athletes were injured was sometimes unique, says Dr. Laskowski, who worked during the first week of the Olympics.

“You might see a stress fracture in an aerial skier,” says Dr. Laskowski. “It’s like a stress fracture you’d see in a runner, but the skier got it from repeatedly landing jumps from 30 feet in the air.”

The physicians noted that they cared for many athletes who had been injured in their final training prior to competition.

“We had a couple members of the Russian women’s hockey team who were hurt while practicing against the men’s team,” says Dr. Dahm. “One had an ankle injury that was going to keep her out for three weeks. Another had a severe hematoma in a quad muscle that restricted her range of motion.”

Dr. Stuart, who worked the final week of the Olympics, recalled a freestyle skier who came in with an infection at a fractured clavicle, which had been fixed with a plate and screws just two weeks earlier. The earlier repair made it possible for the skier to compete.

“Most people do not subject themselves to that pain and risk,” says Dr. Stuart. “But that particular athlete had dedicated himself to this event. You see the frustration that comes when an athlete can’t compete to the fullest. A luge racer with a foot injury was very tearful because his event was the next day. You do your best, but you can’t treat an injury like that in time for the competition.”

Dr. Dahm said the experience taught them quite a bit about typical injuries in uncommon sports, such as luge, skeleton and bobsled. But Dr. Dahm also noted that her experience at Mayo Clinic was good preparation for working with Olympic athletes from many nations.
At Mayo we see patients from various countries and ethnic backgrounds, and we have some experience with professional athletes,” says Dr. Dahm. “So this environment was not entirely new to us.”

Indeed Dr. Laskowski says he was impressed not only with the clinic facilities at the Olympics, but also with how Mayo’s facilities and people stack up. “We’ve always viewed our Mayo Clinic Sports Medicine Center staff as the ‘A team,’ ” says Dr. Laskowski, “And that opinion still holds.”

Everything the physicians needed was available at the center on the University of Utah campus. Athletes had access to all types of care including optical and dental services.

In the end, the Mayo volunteers say their fondest memories will be of the spirit of the Games.

“You see people from different countries and different sports all coming together,” says Dr. Stuart. “The sense of cooperation and teamwork is incredible. The event transcends all geographic and cultural barriers.”

“The chance to work as an Olympic physician was a dream come true,” adds Dr. Laskowski.

— Michael Dougherty
Stephen Kopecky’s work as medical director of the Mayo Physician Alliance for Clinical Trials is more than just a professional endeavor. His work on clinical trials is personal.

A 1994 photo of Dr. Kopecky, with his wife at a Christmas party, hangs in his office. He is bald in the snap shot, the result of chemotherapy treatments to combat embryonal cell carcinoma that had metastasized in one of his lungs.

His is the same type of cancer that killed Brian Piccolo, a Chicago Bears running back, in 1970. Piccolo’s courageous story was highlighted in a book and movie, “Brian’s Song.” Embryonal cell carcinoma was once incurable; today, it has a cure rate of better than 50 percent.

“I’m here today, and I’m going to see my kids grow up because medicine advanced during those 25 years,” says Dr. Kopecky. “If this had happened to me 10 years earlier, I might not be here today. Research continues to build on what we know and make things better.”

The Mayo Physician Alliance for Clinical Trials began with informal sharing of best practices among staff and alumni. Today, the alliance manages multi-site clinical trials and recruits new sites for future studies.

“There are alumni practicing all over the world and the staff at Mayo informally share best practices with our alumni,” says Dr. Kopecky. “We thought it might be beneficial to go a step further and look at how we could work on research activities together with our alumni.”

Established in 1998, Mayo Physician Alliance for Clinical Trials manages and interprets multi-center clinical trials that pertain mainly to drug and medical device development. To do so, it works with organizations such as pharmaceutical companies that need multi-site research conducted, and medical practices that are interested in conducting these trials. Since its inception, it has grown to nearly 400 sites around the United States, each conducting research through the program.

Rooted in history

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More than 2,000 potential trial sites are in its database — those are sites that have registered with the alliance, but are not in a study at this time. While most of the sites focus on cardiovascular disease, plans call for the recruitment of up to an additional 2,000 sites in other specialties.

Alumni who are interested in participating with the alliance can benefit from the work at Mayo Clinic.

“I was in private practice for a couple of years before I came to this position,” says Dr. Kopecky. “And you’re just so busy, you often don’t have time to step back and ask the right questions. When you’re involved in research with a multi-site trial, such as the ones we run, you get to be part of ongoing research. You aren’t spending time setting things up.”

Dr. Kopecky cites William J. Mayo, M.D., whose quote summarizes the aim of Mayo Physician Alliance for Clinical Trials: “It is a great thing to make scientific discoveries of rare value, but it is even greater to be willing to share these discoveries and to encourage other workers in the same field of scientific research.”

Studies by the alliance have been completed in a variety of clinical areas including cardiovascular disease, neurogenetics, endocrinology, lipids, coagulation (hematology), immunology and rheumatology, gastroenterology, orthopedic surgery and nephrology.

In one study, researchers evaluated a “super aspirin” that blocks the body’s ability to clot.

There are 13 studies in progress. One is a 50-site trial examining the genetics of stroke patients and their siblings.

Mid-State Cardiology in Nashville, Tenn., is one of the sites that has worked with Mayo for about a year.

“It’s helpful to work with them, because they do the legwork to find the studies,” says Janice Sensing, research coordinator at Mid-State Cardiology, who works with Mini Das, M.D., a Mayo alumna. “We focus on our work here and don’t have to spend the time looking for quality clinical trials.”

How it works

Mayo Physician Alliance for Clinical Trials is based in the Stabile Research Building on the main campus at Mayo Clinic in Rochester. The growth of the alliance has been steady, but not without challenges, says Dr. Kopecky.

“A truly integrated multi-center clinical trials program does not appear overnight,” says Dr. Kopecky. “There were three major challenges: first, the general reputation of academic centers among sponsors is that they are inefficient and slow. We have to continue to overcome this misperception. Communicating and demonstrating to sponsors that we are fast and efficient has been a priority for us.

“Second, among medical researchers, it is not uncommon for payment from sponsors to be viewed as potentially compromising the integrity of research. We have had to work with our trial sites to assure them that this is not the case. The third challenge is that of building awareness among potential trial sponsors and potential trial sites.”

Fulfilling a mission

Mayo Physician Alliance for Clinical Trials started first as a site management organization, but Dr. Kopecky says “We felt we needed a more robust organization to really get our hands deep into multi-site trial research in order to fulfill Mayo’s commitment to medical research.”

Investigators enrolled with Mayo Physician Alliance for Clinical Trials not only benefit from being involved in medical science and education, but they can access the educational opportunities such as educational conferences and Web-based education.

In 2001, educational conference topics included: Clinical Trials Research: Forthcoming Issues, and Dilemmas in Acute Cardiac Care: A Case-Oriented Approach. Web-based education programs are designed for physician investigators and clinical study coordinators and address such topics as Informed Consent and Roles; Responsibilities of the Investigator, Clinical Research Coordinator and Sponsor; The Principles of Good Clinical Practice; Institutional Review Board Role and Responsibilities; and Privacy and Confidentiality. Future programs will be developed to contain at least 16 educational modules.
Practical application

Mayo Physician Alliance for Clinical Trials is successful in making certain its studies fit current clinical practice. “We bring forth knowledge on both the mechanism of the disease in question and a drug or device’s potential to alter the disease,” says Dr. Kopecky. “That knowledge can then be applied in conjunction with current medical treatment.”

The alliance offers a program that develops the idea, has the clinicians, the infrastructure to support clinical trials and the expertise in regulatory affairs. “Mayo has a tremendous number of strengths,” says Dr. Kopecky.

Recently, the alliance has begun to publish articles and advertise in journals and relevant clinical publications to share results and information. Dr. Kopecky says Mayo Physician Alliance for Clinical Trials wants to grow in the next 10 years in its ability to coordinate studies in multiple diseases and specialty areas — including disciplines such as psychiatry and pediatrics — while continuing core disease research.

“We are always looking for ways in which we can help the patient,” he says.

— Michael Dougherty
A profile of Dr. Michele Halyard:
The three passions of an enthusiastic physician

Not long after completing a fellowship in radiation oncology at Mayo Clinic in Rochester, Michele Halyard M.D., was asked to join the staff of the new Mayo Clinic in Scottsdale. The Foundation needed Dr. Halyard’s skills to help build the new practice, and take it to a level of geographic and professional prominence.

The invitation surprised the Buffalo, N.Y., native, new to Mayo Clinic. She was just getting used to life in Minnesota. And she liked the important support and encouragement her colleagues provided.

“Everyone was warm and accepting,” Dr. Halyard says, “and I received a great deal of mentoring. It was wonderful. That began to build my loyalty to Mayo. I wanted to be a part of this place and to give back for what I was given.”

When the invitation came to join the Mayo Clinic staff in Scottsdale, Dr. Halyard was excited, but a bit apprehensive.

“I remember thinking, where is Arizona?” she says. “Then I went for a visit and stayed in a hotel near Camelback Mountain.”

The natural beauty of the Arizona landscape captured the imagination of the enthusiastic physician.

“That first morning,” she says, “when I awoke, the sun was shining, it was 90 degrees, and I could see the mountain out my window. I thought, ‘This is where I want to be.’”
That brand of thoughtful certainty has been a hallmark of Dr. Halyard’s life. For example, her vocational choice was influenced by her perception of the importance of a balanced life. Dr. Halyard decided to become a doctor after undergoing treatment for a skin disease as a young girl. The daughter of a Buffalo business professor and funeral director, she thought medicine might be a good way to balance a rewarding career and personal life.

But the bright young woman from New York didn’t become a dermatologist. Instead, she chose to commit her intellect and compassion to radiation oncology. Today, she enjoys the generous reputation as one of the most thoughtful, forward thinking members of the Mayo Clinic Scottsdale community.

Driven to excellence

Dr. Halyard has three passions. The first is her dream of building a cancer research center in Scottsdale; another is her service commitment to help cultivate future leaders for the Mayo Clinic practices.

And her greatest passion is for her young, active family. Passion, however, must be balanced in order for excellence to prevail. Dr. Halyard’s life is a testimony to successful monitoring of priorities, and commitment to making a difference in a variety of places.

A career in balance with life

Dr. Halyard’s ambitious career began with characteristic energy and imagination when, in 1978, she entered an accelerated program at Howard University in Washington, D.C. In six years, she received her bachelor’s degree and medical degree. She chose a radiation oncology residency at Howard and was accepted as a fellow at Mayo Clinic in Rochester.

Her former colleagues remember Dr. Halyard with affection and respect. Joann Manning, M.D., has known Dr. Halyard since her academic career at Howard University where Dr. Manning was a resident at the time. Today, she is a radiation oncologist in Washington, D.C., and a friend who relies on Dr. Halyard for collegial support and friendship.

“You could see even then that she was going to do a lot in her life,” Dr. Manning says. “I noticed immediately that she was a caring person, very concerned about her patients. She was always doing more than she needed to do. And she was very aggressive about her education and her career.”

Starting the new practice in Scottsdale was not easy, but Dr. Halyard has never been one to back away from a challenge. “Of course there were some difficult days,” she says, “but we have a dedicated staff and our practice is growing. Basic and clinical research is established. Today, our new hospital is top-ranked in Phoenix.”

The growth of the oncology practice inspired Dr. Halyard and colleagues to investigate the possibility of starting a cancer center in Scottsdale. To that end, Dr. Halyard has been working since 1999 to develop new programs and secure funding for the new facilities. “I am excited about this project,” she says, “not just for what it will do for our patients in the southwest, but because I see this as a prototype for Mayo in the future.”

Dr. Halyard sees the development of Mayo’s cancer treatment community as an opportunity to expand an environment where intellect,
The treatment of cancers of the breast, neck and head is Dr. Halyard’s clinical focus.

“Twelve years ago I asked to be on the Mayo Clinic Diversity Committee,” she says. “At the time I thought there was a perception that Mayo didn’t embrace diversity. I wanted to spread the message that Mayo is a wonderful institution that treats people well.”

Two years later, Dr. Halyard became chair of the Diversity Committee where she assisted the Scottsdale Board of Governors as it wrestled with a variety of diversity issues.

“I had the opportunity to show my interest in helping the organization move forward. I am never afraid to speak up and say what I think,” she says.

Dr. Halyard sees Mayo Clinic’s commitment to diversity as a component of the Mayo Core Principle of Mutual Respect.

“Mayo is a place where we take care of patients from all different backgrounds,” she says. “We provide the best care regardless of patient background or perspective on life. At Mayo Clinic, we want to mirror that attitude in our workforce — to be respectful of differences in background, whether it is race, ethnicity, outlook or lifestyle. A diverse workforce helps to make us a better organization all around.”

Her comprehensive understanding of the core principles of Mayo Clinic practice and philosophy have served her well. In 1996, Dr. Halyard was appointed to the Mayo Clinic Scottsdale Board of Governors. That same year, she became chair of the Radiation Oncology Department in Scottsdale.

In 1997, she joined the Mayo Foundation Executive Committee and the Mayo Foundation Board of Trustees, which oversee activities across all Mayo entities.

Outside Mayo Clinic, Dr. Halyard has served as the chair of the Health Committee for the Phoenix Chapter of Links, Inc. Links is a national organization of professional African American women committed to community service.

Dr. Halyard is also a trusted and engaging friend to many throughout the Mayo community.

“She is very capable,” says Jane Campion, a former Mayo Office of Diversity administrator. “She seeks out opinions, ideas and thoughts from others. She has a directness, and she knows when to use it.”

Anita Mayer, M.D., is a community medicine physician in Scottsdale. She admires Dr. Halyard for her high-level people skills. “She synthesizes information and asks questions that get right to the heart of an issue,”

Dreaming for others; a commitment to diversity

The growth of her practice and the enhanced visibility of Mayo Clinic in Scottsdale inspired Dr. Halyard to seek out new opportunities to lead the organization.

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The treatment of cancers of the breast, neck and head is Dr. Halyard’s clinical focus.
Dr. Mayer says. “And she is honest. What you see is what you get.”

Opportunities to serve the Mayo community as a physician administrative leader have made Dr. Halyard grateful for the chance to explore her native executive abilities. She refers to her leadership at Mayo Clinic as a “wonderful learning experience.”

Opening the door for others

Dr. Halyard’s commitment to excellence and diligent leadership is also manifest in her determination to empower leadership throughout the organization.

Currently, Dr. Halyard chairs the Mayo Foundation Leadership Education and Development Committee, which trains and prepares Mayo’s leaders of the future.

“If we have people with a passion and an ability to be leaders, we need to ensure early on in their careers that they have the skills necessary to be the most outstanding leaders they can be,” she says. “Part of that is leadership education, but the other part is to ensure the appropriate experiences to round out their portfolios.”

Dr. Halyard believes that one of the key components for leadership development is preparing for administrative succession. To that end, she is committed to helping the organization find ways for staff to cultivate the necessary skills to fill leadership positions as they mature in their professions. She calls it “succession planning.”

“It can’t just happen on the back of an envelope,” she says. “We have to be more proactive about preparing the right people for the right job at the right time.”

The greatest passion: family

Dr. Halyard is married to John Camoriano, M.D., a Mayo hematologist/oncologist she met during her fellowship. They have three children: James, 9, Christina, 7, and Jordan, 5.

Two medical careers in one family create a busy, sometimes distracted professional life. Even so, Drs. Halyard and Camoriano strive for a healthy balance between work and family.

And both doctors like to get away with their children. Some of the easiest getaways are family camping trips in Arizona, a state whose terrain ranges from deserts to mountain forests.

To make camping a comfortable family experience, Dr. Camoriano bought the family a Sportsmobile. Until the purchase of the recreation vehicle, Dr. Halyard was not a great fan of camping.

“I tried sleeping on the ground in a tent once,” Dr. Halyard says. “That was enough for me. Consequently, my husband bought the Sportsmobile for me. Actually, he really wanted one for himself, even though he is an avid tent camper. I was the perfect excuse.”

The Sportsmobile is a camper with a microwave, refrigerator, sink, propane stove and seats that fold down into a bed. The roof pops up for a bed for the children. The 4-wheel drive vehicle travels any kind of terrain and allows the family to take trips to California, Utah, Wyoming and Idaho.

“It gives us quality time together,” Dr. Halyard says. “My kids love to run around in the woods, and we like to hike.”

Family time is a great source of leisure for Dr. Halyard. But every physician and mother needs time to herself. On Sunday mornings, Dr. Halyard is an equestrian. Two years ago she began taking lessons.

“I realized I was doing nothing for
Dr. Halyard takes riding lessons each Sunday morning at a riding stable in Scottsdale.

myself in the way of relaxation and fun,” Dr. Halyard says. “This is my therapy to get out there and just ride, without having to worry about anything else. It’s hard to think of anything else when you are concentrating on making a 1,200-pound animal listen to you.”

Dr. Camoriano says Dr. Halyard is as courageous an equestrian as she is a physician.

“She has a streak of fearlessness,” he said, “that sometimes surprises me. Like the time we were hang-gliding in Cabo San Lucas behind a power boat hundreds of yards above the sea and she said ‘This is nice but … I would like to go up there’ And she pointed to an ultralight sailing over our heads unconnected to anything on earth and consisting of nothing much more than a lawn mower engine and a lawn chair lashed together.”

But Dr. Halyard smiles at her husband’s praise. She knows courage is more than reckless adventure.

Her adventurism is grounded in the foundation she is helping secure for the future of cancer treatment, Mayo Clinic leadership and her family.

Franklyn Prendergast, M.D., serves on the Foundation Executive Committee and Trustees with Dr. Halyard. “Dr. Halyard is astute,” he says, “assiduous, articulate, well-organized, intelligently tenacious, focused, reliable, willing to take on necessary but unpleasant tasks, fair …”

Dr. Prendergast pauses and smiles ...

“These are,” he says with great understatement, “good attributes.”

“Dr. Halyard is one of those people who makes you think more of yourself,” her friend Dr. Mayer says, “because she considers you one of her friends.”

— Michael O’ Hara
Kristine Holmgren
Alumni Information and Giving

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Administrator
507-284-2317

E-mail: alumniaffairs@mayo.edu

Alumni Relations Coordinators:
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Mayo Clinic Rochester Department of Education Services
Marsha Hall, Chair
507-284-6158

Mayo Clinic Jacksonville Division of Education Services
Mary Anderson, Chair
904-953-0420

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480-302-8314

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Jacksonville, FL  32224
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13400 East Shea Boulevard
Scottsdale, AZ  85259
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For information about Mayo Clinic’s three practices, biomedical research and education programs, visit: www.mayoclinic.org
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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 Scottsdale for specific employment opportunities.

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Peter Carryer, M.D., Chair, Operations
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Mayo School of Health Sciences
Claire Bender, M.D., Dean

Mary Burritt, Ph.D.
Associate Dean

Arnie Bigbee Administrator
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Dr. Michael Wood announces final term as president, CEO of Mayo Foundation

Michael Wood, M.D., has announced his final term as president and chief executive officer of Mayo Foundation. Dr. Wood made the announcement on Feb. 15 at the Mayo Foundation Board of Trustees quarterly meeting in Scottsdale.

During its meeting, the Mayo Foundation Board of Trustees elected Dr. Wood to his fourth one-year term as chair of the Executive Committee and president and CEO of Mayo Foundation.

Bert Getz, chair of the Board of Trustees, said, “During Dr. Wood’s tenure, Mayo Foundation has enjoyed continued success in a very difficult health-care environment. We are grateful that Dr. Wood will remain on an additional year as a process is put in place to identify his successor.”

Dr. Wood will serve as president and CEO until his successor assumes the position in February 2003. He will work with his successor to ensure a smooth transition and will continue as a member of the Mayo Clinic staff following the transition. He also will assist with development and public policy activities for Mayo.

Dr. Wood has been a consultant at Mayo in orthopedics since 1979. He succeeded Robert Waller, M.D., in 1999.

Mayo Foundation Board of Trustees names new leaders

Bert Getz, chief executive officer and director of Globe Corporation, was named chair of the Mayo Foundation Board of Trustees at its quarterly meeting Feb. 15, in Scottsdale. He succeeds Frances Fergusson, Ph.D., president of Vassar College, as chair.

The Foundation also named Anne Tatlock, chair and CEO of Fiduciary Trust Company International, and Pat Mitchell, president and CEO of Public Broadcasting Service, to four-year terms on the Board of Trustees.

Getz has been an active member of the Mayo Foundation Board of Trustees since 1990. He is chair, CEO and director of Globe Corporation, a diversified real estate development and investment group based in Scottsdale. He is a member of several other boards including Dean Foods Company in Franklin Park, Ill., Ameritas Life Insurance Corp., in Lincoln, Neb., and the Indiana University Foundation.

Tatlock is chair and CEO of Fiduciary Trust Company International located at Rockefeller Center in New York. She is also vice chair and a member of the Board of Directors of Franklin Resources, Inc. Tatlock serves on a number of boards including Fortune Brands, Inc., Merck & Co., Inc., as well as several not-for-profit organizations.

Mitchell was named president and CEO of PBS in March 2000. She is the first woman and first producer to oversee the operations of the nation’s only noncommercial media enterprise. Mitchell serves on the Sundance Institute’s Board of Trustees and on the Board of Directors for Knight Ridder. She also serves on the Women’s Leadership Advisory Council of the Kennedy School of Government at Harvard University, and the National Board of Girls Inc. She lectures widely on women’s issues as well as the role of television and popular culture in shaping ideas and values.

Mayo Foundation honors professors

The Mayo Foundation Board of Trustees has honored two recipients of named professorships.

Laurence Miller, M.D., a Mayo Clinic gastroenterologist in Rochester, received the Karl F. and Marjory Hasselmann Professorship in Research. This professorship was established in 1994 by the Hasselmanns of Houston, long-time patients and friends of Mayo Clinic. Dr. Miller received his medical degree from Jefferson Medical College in Philadelphia, and completed residency and fellowship training at the Mayo Graduate School of Medicine. He then spent several years in a post-doctoral cell biology fellowship at Yale University and joined the Mayo Clinic faculty in 1982.

Leonard Gunderson, M.D., a Mayo Clinic radiation oncologist in Scottsdale, received the first Getz Family professorship. The Getz family, which originated in Chicago, established this professorship in 2001 to endow the associate director of the Mayo Clinic Scottsdale Cancer Center and chair of the Department of Radiation Oncology.
Dr. Gunderson received his medical degree from the University of Kentucky and his residency training in Salt Lake City. He was involved in gastrointestinal cancer research at the University of Minnesota and taught at the University of Utah and Harvard Medical School. He joined the staff of Mayo Clinic in Rochester in 1980 and moved to Scottsdale in 2001.

Mayo Clinic files legal challenge to Surface Transportation Board’s decision

Mayo Clinic filed a legal challenge in federal district court in Washington, D.C., challenging the adequacy of the Surface Transportation Board’s (STB) administrative process and decision to allow the Dakota, Minnesota & Eastern (DM&E) Railroad to upgrade and expand rail lines to haul coal from Wyoming. The court determined that the matter should be heard in the Eighth District in St. Louis.

The DM&E’s plan could allow up to 34 mile-long coal trains to run through downtown Rochester each day, within a few hundred feet of Mayo’s facilities. Hugh Smith, M.D., chair of the Mayo Clinic Board of Governors in Rochester, said Mayo is especially disappointed with the process by which the STB made its decision.

“Specifically, we’re disappointed that the STB chose to dismiss concerns about the negative effect of the proposal on community safety, quality of life and economic and business performance, along with any discussion of alternate routes,” he says.

In an announcement, Dr. Smith presented the following:

Community safety — The STB chose to dismiss the threat posed to the people of Rochester and those who visit here. The threat posed to our community’s safety and the safety of Mayo Clinic’s patients and visitors is real. We remain concerned about the safety of Rochester residents living near the tracks and of our hospitalized patients because of the transport of hazardous chemicals and coal.

On Jan. 18, a train derailment one mile outside Minot, N.D., illustrated the nature of this threat to public safety. The derailment killed one man and sent 300 people to the hospital. A cloud of dangerous anhydrous ammonia drifted into parts of the city forcing Minot’s primary public hospital to shut down its air handling system. Had the derailment occurred closer to the hospital, patients would not have been able to be evacuated. Extra hospital staff would not have been able to come to the hospital because of the threat presented by the toxic cloud of anhydrous ammonia.

If an incident similar to the one in Minot occurred in Rochester, the repercussions could be disastrous for our patients and the community.

Almost 1,500 hospitalized patients receive life-saving care in close proximity to the DM&E line. Many are treated in intensive care units. It would be impossible to safely evacuate patients in these units. Yet, such a disaster would necessitate evacuation of Rochester hospitals at the very moment when prompt, critical, life-saving care was needed to treat mass casualties occurring in the community. Beyond the STB’s assessment of the proposal’s impact on safety, we have concerns in the following areas:

• Alternate routes — The STB’s decision states that alternate routes are not feasible because of southeastern Minnesota’s karst geology. Interstate 90 and miles of other highway and railroad tracks throughout southeastern Minnesota are constructed on similar karst geology. Rail lines and highways have overcome this geologic challenge in many other parts of the country.

• Quality of life — Up to 34 coal trains each day will have a significant negative impact on overall quality of life, causing life-threatening delays in emergency response and increased noise levels of up to 70 decibels along the line from one end of the city to the other.

• Our economy and business community — Many of our patients tell us that they choose to come to Mayo Clinic because they feel Rochester is a safe, quiet and clean city. If just one percent of
Mayo Update

New technology detects lying, paves way for increased security

A Mayo Clinic-led study has found that a new high-definition technology that involves measurement of the heat patterns created by the face accurately detected lying in more than 80 percent of cases studied.


The new high-definition technology measures heat patterns that change dramatically with lying.

A research team led by James Levine, M.D., a Mayo Clinic endocrinologist, and supported by Ioannis Pavlidis, Ph.D., Honeywell Laboratories, based their work on the concept that people about to perform deceptive acts give off physiological signals, such as excessive blood flow to certain areas of the face. When these signals are detected, via high definition thermal imaging equipment, they can significantly assist authorities in detecting deception.

The advanced thermal imaging technology was developed as part of a collaborative effort between Mayo Clinic and Honeywell Laboratories, the global research and development organization for Honeywell International.

“The technology represents a new and potentially accurate method of lie detection,” says Dr. Levine. “The development holds promise for practical application in high-level security operations, such as airport security and border checkpoints.

Clinical trials of the technology were conducted using a mock crime scenario. The thermal imaging system correctly categorized 83 percent of these subjects as guilty or innocent.

Once refined for practical high-volume use, this technology would enable lying to be rapidly detected and analyzed without physical contact, in the absence of trained staff and in a variety of physical settings. “If the technology proves this accurate in the airport, it could revolutionize airport screening. However, further testing and development are needed,” says Dr. Levine.

Mayo School of Health Sciences announces new dean

Claire Bender, M.D., has been appointed Dean of the Mayo School of Health Sciences.

Dr. Bender assumed her new role Jan. 1, 2002. She replaces Michael Murray, M.D., Ph.D.

Dr. Bender is an alumnus of both the Mayo Graduate School of Medicine and the Mayo School of Health Sciences. She will continue to work as a consultant in the Department of Radiology at Mayo Clinic in Rochester.

“I am honored to be recognized for this important role at Mayo Clinic,” says Dr. Bender. “Education is so critical to our success in so many different ways. I will do my best to lead by example.”

Dr. Bender came to Rochester as a physical therapy student in 1969 after graduating from Nebraska Wesleyan University with a degree in biology. After completing the Physical
Mayo Clinic publishes book on Mayo Brothers’ heritage

The Mayo Brothers’ Heritage: Quotes and Pictures, a book highlighting the teachings and wisdom of Dr. William J. Mayo and Dr. Charles H. Mayo, was recently published.

Through photography and quotes, the new book, published by Mayo Clinic, captures the vision and values of the Mayo brothers. Excerpts from the book focus on developing the integrated practice model and the importance of education.

“In preparing this publication, we reviewed the collected papers and other excerpts of Dr. William J. Mayo and Dr. Charles H. Mayo,” says Thomas Habermann, M.D., a Mayo Clinic hematologist and lead author of the book. “In this review, we discovered that many familiar quotations reveal even greater insight within the fuller context of statements. Also, many previously unpublished photographs reveal the depth and subtleties of the Mayo brothers.”

Where possible, the book includes citations and dates to familiarize readers with the context of the quotes and pictures. The quotations are unaltered from their original wording.

“There is not necessarily chronological congruence between each photograph and its associated excerpt,” says Renee Ziemer, a Mayo Clinic historian and co-author of the book. “Instead, our pairing of photographs and excerpts reflects our interpretation of the spirit in the words and images.”

The collection of photographs and quotes was originally presented to the Mayo Clinic Department of Medicine Grand Rounds as a program for Mayo Clinic Heritage Days in October 2000.

The book cover illustration is based on the mural entitled, “My Brother and I.” The mural, located in the Gonda Building in Rochester, depicts the life and work of the Mayo brothers. The book is a 113-page, 10-inch-by-10-inch, hard cover. Retail price is $24.95. Revenue from the book will be used to support Mayo programs such as medical research and education. Copies of the book may be purchased in Mayo Clinic gift shops, Barnes & Noble in downtown Rochester or online at Amazon.com.

Gene discovery shows heart failure cause, suggests treatments

United States and German scientists have discovered how a genetic defect causes dilated cardiomyopathy (DCM), a form of heart failure that claims 10,000 American lives each year.

The findings, published in the Jan. 29, 2002, edition of Circulation: Journal of the American Heart Association, suggest how existing medications could help patients with DCM, a condition in which the heart becomes greatly enlarged and loses its ability to pump blood efficiently.

“We predict that drugs that lower blood pressure and the heart’s overall workload will not only improve symptoms but lessen heart muscle damage in DCM patients with this genetic abnormality,” says Timothy Olson, M.D., a Mayo Clinic cardiovascular disease specialist and one of the study’s two lead authors. “By establishing how the disease develops in these patients, this study provides direction both for improving treatment and long-term research.

The study of 350 unrelated patients with DCM, conducted in collaboration with the Technical University of Braunschweig and the University of Utah, identified three patients who had distinct defects in the same gene. The work builds upon research first reported by Mayo Clinic in the early 1990s that showed at least 20 to 30 percent of DCM cases spring from an abnormal gene. While eight other genes associated with DCM have been identified, two of them through research involving Mayo Clinic investigators, the current study is the first to shed light on the mechanism by which a defective gene causes the disease.
Dr. Olson’s research team found that the defective genes led to errors in the production of a protein called metavinculin that is important in heart muscle cells. The German colleagues used the genes to produce abnormal metavinculin and studied its interaction with other heart-specific proteins. They learned that the abnormal metavinculin disrupted the stability of protein complexes that bind heart muscle cells together. These cells may be more vulnerable to damage under the normal stress of each heartbeat.

Dr. Olson says a patient example from the study provided important confirmation of the laboratory findings and also opened a window to how this discovery could prevent or slow the advancement of the disease.

“One patient received a transplant, and so we were able to examine the structure of the diseased heart. We found irregularities and fragmentation at the interface between muscle cells that is consistent with the disease mechanism identified in the laboratory.

“Relatives of this patient also were screened for the disease. Although none of them had heart failure symptoms, echocardiograms revealed that an aunt had DCM and a daughter had a slightly enlarged main pumping chamber. With clinical testing of patients’ relatives, we could identify people at risk and start medication earlier, when it theoretically would do the most good.

“Further study is needed to determine whether this strategy would forestall development of the disease, but based on these findings, clinical screening of relatives and preventive medication seems a prudent approach,” says Dr. Olson.

Alumni meetings

Receptions

American Association of Neurological Surgeons, April 6-11, 2002, Chicago, Ill.
American Society of Clinical Oncology, May 19, 2002, Orlando, Fla.
American Society for Colon and Rectal Surgeons, June 6, 2002, Chicago, Ill.

Mayo alumni regional meetings


Postgraduate meetings

For more information, please complete and return the tear-out card in this issue. Or you may call 507-284-2509 or 800-323-2688. Unless otherwise noted, meetings are held in Rochester.

A Multidisciplinary Update in Pulmonary and Critical Care Medicine, April 4-7, 2002, Phoenix, Ariz.
Assessing Clinical Significance for Quality of Life Measures in Oncology Research: State-of-the-Science, April 5-6, 2002
Dental Reviews 2002, April 5-6, 2002
Advanced Management Program for Health Care Executives, April 14-19, 2002
11th Annual Urogynecology and Disorders of the Female Pelvic Floor, April 18-20, 2002, Scottsdale, Ariz.
9th International Surgical Pathology Symposium, April 30-May 3, 2002, Rome, Italy
ENT for the Primary Care Physician, May 3, 2002
Mayo Clinic 23rd Annual Practice for Internal Medicine, May 6-10, 2002
Perspectives in Women’s Health, May 16, 2002
Mayo Clinic Nicotine Dependence Seminar: Counselor Training and Program Development, May 19-22, 2002
Practical Diagnostic Hematopathology: Malignant Lymphoma and Reactive Lymphadenopathies, June 27-29, 2002
Annual Update in Nephrology and Kidney/Pancreas Transplantation, July 11-13, 2002, Brainerd, Minn.
Mayo Clinic Exam Preparation Course for ABIM Certification and Re-certification, July 14-20, 2002
Mayo Clinic Bleeding and Thrombosing Diseases: The Basics and Beyond, July, 26-27, 2002
Psychiatric Genomics — Applications for Clinical Practice, July 29-Aug. 2, 2002
High Risk Emergency Medicine, Aug. 21-24, 2002, Whistler, British Columbia, Canada
International Conference on Giant Cell Arteritis and Polymyalgia Rheumatica, Aug. 22-25, 2002
Perspectives in Women’s Health, Aug. 29, 2002

In 2001, the Mayo Foundation Visual Identity Task Force approved a modified three-shield logo that includes the full Mayo Clinic name.

The updated logo is part of a revised visual-identity system for Mayo Foundation. The Mayo Foundation Executive Committee asked the Office of Brand Management to oversee development of the updated logo and visual-identity system.

The revised logo with the interlocking shields is intended to more clearly communicate the interrelationship of the three missions of Mayo in medical practice, education and research, and to highlight the Mayo Clinic name.

The current logo now includes the full Mayo Clinic name and will be used as materials are created or used during the normal course of operations.

The revised logo is but one of the many that have been used by Mayo over the years. These have included the following used in 1914, 1927, 1964, 1973, 1982 and 1986:


1940s
George Montgomery (Internal Medicine ’49) and his wife, Arline, were chronicled in a biography titled “A Doctor and His Wife,” which is published by McMillen Publishing Company in Ames, Iowa.

Dr. Montgomery’s time at Mayo, in World War II and his practice in Iowa are detailed in the book. Arline was a graduate of the Kahler School of Nursing in 1940 and was a nurse anesthetist for many Mayo surgeons for two years. She then joined the United States Army nurse corps and joined the Mayo general hospital group in the Southwest Pacific for the duration of World War II.
Mayo Update

1960s

David Cram (Dermatology ’66) recently published his fourth book, titled “Answers to Frequently Asked Questions in Parkinson’s Disease: A Resource Book for Patients and Families.” A special dinner was held in his honor in November 2001 to establish The David L. Cram, M.D., Fund for Parkinson’s Disease Research at the University of California Medical School, San Francisco, Department of Neurology.

Francis Farrell (Pediatric and Adolescent Medicine ’66) received the American Medical Association Physician Recognition Award. He recently completed all the requirements of the American Board of Allergy and Immunology Recertification.

Peter Dumich (Otorhinolaryngology ’84) is a physician at Christie Clinic in Champaign, Ill., and an assistant clinical professor for the University of Illinois College of Medicine. Dr. Dumich was chosen as a torch bearer for the 2002 Winter Olympics torch relay for his successful battle against non-Hodgkin’s lymphoma, which was treated with a stem-cell transplant.

Guillermo Ruiz-Arguelles (Hematology ’83) was elected fellow qua physician of the Royal College of Physicians and Surgeons of Glasgow. He was also awarded the Premio Puebla 2002, presented to the outstanding scientist in the State of Puebla, Mexico.

Eric Sigmond (Adult Reconstruction ’84) is chair of the Department of Orthopedics at Northwest Community Hospital in Arlington Heights, Ill.

1970s

Culley Carson (Urology ’78) was awarded the Rhodes Distinguished Professor of Urology at the University of North Carolina School of Medicine.

Louis McBurney (Psychiatry ’72) and his wife, Melissa, were named recipients of the Caregivers of the Year award by the American Association of Christian Counselors. The McBurneys founded Marble Retreat, a crisis center for clergy, in 1974 in Marble, Colo.

1980s

Lael-Anson Best (Cardiovascular Surgery ’88) was awarded first place and received an All Israel Prize of Outstanding Worker among all sectors of public and private workers. He received the prize from Moshe Katsav, president of the State of Israel. Dr. Best is head of the Department of Thoracic Surgery at the Rambam Medical Center in Haifa, Israel.

1990s

Brian Brzowski (Plastic Surgery ’99) was recently conferred fellowship in the American College of Surgeons and served as plastic surgery physician representative for Snowbasin Ski Resort during the 2002 Winter Olympics.

Mark Chapman (Anesthesiology ’99) was appointed chief of anesthesia at Flagstaff Medical Center in Flagstaff, Ariz.

Richard Jamison (Mayo Medical School ’93, General Surgery ’98) was named director of surgery resident education at Legacy Emanuel Hospital in Portland, Ore.

Joel Klein (Allergy and Immunology ’95) was elected president of the Illinois Society of Allergy, Asthma and Immunology.

Kay Mitchell, (Internal Medicine, Geriatrics ’92) was named Internist of the Year by the Florida Chapter of the American College of Physicians-American Society of Internal Medicine. Dr. Mitchell was also elected to the American Medical Association’s Council on Medical Education and appointed to the Accreditation Council for Continuing Medical Education.

Nalini Rajamannan (Internal Medicine ’92, Cardiovascular Diseases ’96) was awarded the 2002 American College of Cardiology’s Career Development Award in March at the ACC’s meeting in Atlanta.

Staff news

Jan Buckner received the annual Society for Neuro-Oncology award for Excellence in Clinical Research.

Mark Christopherson, Carl Chan, Jeffrey Strommen and Ronald Reeves all passed the Spinal Cord Injury Subspecialty Board Exam.

William Cooney received the Shriners Hospital “Golden Foot Award.”

Lorraine Fitzpatrick received the 2001 Annual Dr. Boy Frame Award at the American Society of Bone and Mineral Research annual meeting.

Gerald Gilchrist received the Abraham Jacobi Memorial Award for 2001. Dr. Gilchrist is the second Mayo recipient in the 39-year history of the award.

Joseph Hung will serve another term as advisor on Pharmaceutical Science by the Bureau of Pharmaceutical Affairs, Department of Health, Taiwan, Republic of China.
Zvonimir Katusic was appointed chair of the National American Heart Association study section on Stroke and Cerebral Circulation.

Scott Litin was awarded the Laureate Award at the American College of Physicians-American Society of Internal Medicine Minnesota Chapter Scientific Meeting.

Molly McMahon was elected to the Nominations Committee for the American Society for Clinical Nutrition.

Laurence Miller was awarded MERIT status for one of his RO1 grants from the National Diabetes and Digestive and Kidney Diseases Advisory Council of the National Institutes of Health. He also was elected president-elect of the American Pancreatic Association.

Bernard Morrey gave the presidential address at the Korean Orthopaedic Association Symposium.

Kevin Nelson was elected to a three-year term on the board of directors of the Health Physics Society.

Henry Randle was elected to serve a four-year term on the board of directors of the International Society for Dermatologic Surgery.

Jon van Heerden delivered the Commission on Cancer Lecture at the American College of Surgeons meeting. He also gave the British Journal of Surgery Lecture at the annual meeting of the British Association of Surgical Oncology.

Douglas Wood was appointed by the American Medical Association to lead a work group on evaluation and management services.

Wade Alleman (Mayo Medical School) was named as one of 25 medical school student winners of the American Medical Association Foundation Leadership Award. He attended the AMA Foundation Leadership Conference in March in Los Angeles.

Patricia Best (Cardiovascular Diseases) received an award for “best manuscript” in a competition of the Society of Coronary Angiography and Intervention. The manuscript was titled “Has the Surgical Era Ended for Multivessel Coronary Artery Disease?”

Lori Blauwet (Mayo Medical School) received an Outstanding Young Leader Award from the Zumbro Valley Medical Society.

Dawn Ferguson (Internal Medicine) won the poster competition for the Florida American College of Physicians-American Society of Internal Medicine for “Pulmonary Embolism and Troponin elevation association with CT findings.”

Narasimhan Nagan (Clinical Chemistry) was awarded first prize in the 2001 student research contest at the annual meeting of the American Association for Clinical Chemistry for his poster titled “Single Nucleotide Polymorphism Analysis of the Human Serum Paraoxynase (PON 1) Gene on Electronically Active Customized Microarrays.”

Brian Palmer (Mayo Medical School) received a grant from the American Foundation for Suicide Prevention for a research trimester project.

### Fellow, resident and student news

Mayo Medical Alumni Association 2002
International CME program scheduled in Rome

Rome, Italy, is the location for the 2002 International Mayo Medical Alumni Meeting from Sept. 25-27, 2002. (Flight departure date is Sept. 23; return date can be Sept. 28 or 29.) Educational content is designed to focus on genomics, pediatrics, genetics, endocrinology, women’s health, hypertension, osteoporosis, cardiac disease and ophthalmology. Speakers will include distinguished Mayo and Italian physicians.

Optional tours are available in Rome during non-educational program times for CME participants.

Mayo Foundation is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Mayo Foundation has designated this educational activity for a maximum of 15.75 hours in category 1 credit toward the AMA Physician’s Recognition Award. (Each physician should claim only those hours of credit spent in the actual educational activity.)

A full tour package is available (through Oct. 8) for alumni and guests interested not only in touring Rome but also Florence, Parma and Venice.

For more information on the CME program or the full tour, contact Concierge Travel Services in Rochester at 507-280-9066 (toll-free 877-280-9066); e-mail FreemanL@rconnect.com
Obituaries

1940s

Gerald Ahern, 87, died Dec. 11, 2001. Dr. Ahern received his medical degree in 1939 from the University of Minnesota. After a residency in Bismarck, N.D., Dr. Ahern completed a fellowship in orthopedic surgery in 1948 at Mayo Clinic. He served as a commissioned officer in the United States Army Medical Corps Reserves and was called to active duty in 1942, serving in Adak, Alaska, in the Aleutian Islands, until 1945. Dr. Ahern served in medical practices in Albuquerque, N.M., and Fargo, N.D., before joining a private practice in Corpus Christi, Texas, in 1964. He served as chief of orthopedics and chief of staff at Memorial Medical Center. Dr. Ahern began to focus his practice on surgery of the hand during this time. In 1977, he moved to Kerrville, Texas, where he became chief of orthopedics at Veterans Hospital. He was appointed clinical associate professor of orthopedic surgery at the University of Texas Health Science Center in San Antonio. He retired in 1988.

Juan Nesi, 92, died Aug. 5, 2001. Dr. Nesi received his medical degree in 1932 from the Universidad Nacional de Buenos Aires in Argentina and later completed a fellowship in anesthesiology at Mayo Clinic in 1941. He worked as an anesthesiologist in Buenos Aires and as a professor of anesthesiology at Universidad Nacional de Buenos Aires until 1957 when he became a professor of anesthesiology at the Hospital Universitario de Caracas, Venezuela. He later served for 25 years as professor on the faculty of the Universidad Central de Venezuela. He retired in 1985.

1950s

Raymond Courtin, 89, died Dec. 30, 2001. Dr. Courtin received his medical degree from St. Thomas Medical College in London in 1935. He entered the Royal Air Force upon graduation and served as a medical officer through the end of World War II. He received the Member of British Empire award from King George VI at the end of his military service. Dr. Courtin completed a fellowship in anesthesiology in 1950 at Mayo Clinic and joined the staff. He later became an American citizen. He left Mayo Clinic in 1954 to become chief of anesthesiology at Baylor Medical Center in Dallas. In 1977, Dr. Courtin and his wife, Jean, organized and directed a pain clinic in Dallas, until he retired in 1988.

Henry Dodge, 83, died Sept. 9, 2001. Dr. Dodge received his medical degree in 1943 from the College of Physicians and Surgeons, Columbia University. He served in the Medical Corps of the United States Army during World War II and was the head of the United States Army’s team that reviewed atomic bomb casualties in Hiroshima and Nagasaki, Japan. Dr. Dodge completed a fellowship in neurosurgery at Mayo Clinic in 1951 and joined the Mayo staff. He left Mayo Clinic in 1958 and had a private practice in Los Angeles. Dr. Dodge also was on staff at St. John’s and St. Vincent’s in Los Angeles and taught anatomy at the University of Southern California. He retired in 1995.

Virginia Hartridge, 82, died Nov. 22, 2001. After receiving a master’s degree in public health from the University of Michigan in 1942, she became an officer and director of a laboratory of immunology in the Army’s Women’s Medical Specialist Corps from 1943 to 1946. After World War II, she received her medical degree in 1950 from the Woman’s Medical College of Philadelphia. Dr. Hartridge completed her residency in anesthesiology at Mayo Clinic in 1956 and joined the Mayo staff that year and was the first woman consultant in the Department of Anesthesiology. Dr. Hartridge also served as director of the Mayo Clinic School of Nurse Anesthesia. In 1980, she was named an associate professor of anesthesiology at the Mayo Graduate School of Medicine and Mayo Medical School. She retired in 1982.

1960s

Charles Salamone, 69, died Oct. 30, 2001. Dr. Salamone received his medical degree in 1958 from Marquette University Medical School and completed his fellowship in neurology at Mayo Clinic in 1963. He joined a private practice in Rochester, N.Y., in 1963. He lived and worked in Rochester, N.Y., until his death.

1970s

Edward Harder, 58, died Feb. 3, 2002. Dr. Harder received his medical degree in 1968 from the University of Alberta in Edmonton, Alberta, Canada. He completed fellowships at Mayo Clinic in internal medicine in 1971 and infectious diseases in 1973. He then practiced in Wyoming, Canada and Saudi Arabia before moving to Lexington, Ky., where he became an associate professor of medicine at the University of Kentucky, and was active in the university’s bone marrow transplant services. Dr. Harder later joined Lexington Infectious Disease Consultants, where he worked until his death.
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