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Pioneering an era of improved care at the new Mayo Clinic Proteomics Research Center
Features

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The new center is one of only a dozen research centers worldwide capable of the advanced, systematic and comprehensive study of proteins in cells, tissues and biological fluids. It pairs the infrastructure with a talented team of investigators needed for critical translational research.

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Dr. Cortese began his term as president and chief executive officer of Mayo Clinic in February. In a question-and-answer with Mayo Alumni, he talks about his new role, Mayo’s priorities, and the rewards and challenges of medicine.

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A comprehensive list of presentations and medical specialty sessions are planned for the Mayo Clinic Alumni Association meeting Oct. 2-4. It also will be a time to renew friendships and tour facilities at Mayo Clinic in Scottsdale, the host.

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Jeffery Steers, M.D., chair of the Department of Transplantation at Mayo Clinic in Jacksonville, gained an interest in medicine from his hometown doctor. During his time at Mayo Clinic in Rochester, he developed his specialty in organ transplantation and now has developed Mayo Clinic in Jacksonville into an organ transplant leader.

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Letter from the Secretary-Treasurer

New endeavors are exciting. I have just completed my first four months as secretary-treasurer of the Mayo Clinic Alumni Association, during which time I have had the opportunity to meet many alumni and look forward to meeting many more.

I would like to thank David C. Herman, M.D. (Mayo Medical School ’83, Ophthalmology ’87), who recently completed his term as the Association’s secretary-treasurer. Dr. Herman served for three years, providing exemplary leadership in developing the Alumni Association’s strategic direction. We wish him well as he begins new endeavors.

Please take a moment to mark your calendar for the 63rd International Meeting of the Mayo Clinic Alumni Association on October 2-4, 2003. This is a wonderful time to renew friendships by reconnecting with your friends and colleagues while making new acquaintances. Mayo Clinic in Scottsdale will host the program, with the meeting headquarters at the Fairmont Scottsdale Princess. Over 30 medical specialties will provide educational opportunities. One of the featured speakers will be Geoffrey Kurland, M.D., a pediatric pulmonologist and author of “My Own Medicine: A Doctor’s Life as a Patient.” There will be opportunities to tour Mayo Clinic in Scottsdale, Mayo Clinic Hospital, and participate in an exceptional social program. This will be an outstanding program.

I look forward to serving as your secretary-treasurer and to meeting many of you in the months ahead.

Michael J. Ebersold, M.D. (Neurosurgery ’76)
Secretary-Treasurer
Mayo Clinic Alumni Association
Protein Power

At the end of the 20th century, genetic research became omnipotent.

The letter triads of the genetic code — codons such as ATG CTT — became a familiar truncated alphabet to many medical scientists, who quickly grew accustomed to reading computer screens full of these directions from DNA to messenger RNA to making amino acids.

This has led to the development of the equally exciting and critically important science of proteomics.

Thanks to this emerging subspecialty of molecular biology — the term “proteomics” was coined in 1994 by an Australian graduate student — scientists can now decipher and read a deeper alphabet of life. It is an alphabet in motion, the ever-changing sequences of the 20 amino acids that are assembled into proteins to form the fundamental building blocks of the human body’s structure, processes and functions. This extraordinarily powerful new field has its roots in the genetic revolution and the exploration of the human genome. Proteomics does not replace the study of genes; rather, it complements and enhances it.

Mayo Clinic scientists are at the forefront of this bold new inquiry into the human proteome. Its newly opened, 5,500-square-foot Mayo Clinic Proteomics Research Center is one of only a dozen research centers worldwide capable of the advanced, systematic and comprehensive study of proteins in cells, tissues and biological fluids. It is located on the third floor of Rochester’s Medical Sciences Building.

Says John Burnett, M.D., chair of the Mayo Clinic Research Committee in Rochester, which led the center’s development: “This outstanding team we’ve assembled uniquely positions us to push this field forward toward securing new knowledge of human disease, which I firmly believe will lead to novel diagnostics and innovative therapies.”

Adds Rajiv Kumar, M.D, the center’s chair: “The center provides the infrastructure for critical translational research that is so important for patient care.”
Why Mayo Clinic values proteomics research

Command of proteomics is crucial for advancing medical science because, while susceptibility to disease may be determined by genes, it is played out at the protein level. This means that proteins present to researchers a new window of opportunity for medical intervention. Understanding protein expression, structure, function and change over time brings more precision to the understanding of basic disease mechanisms, and of ways to design better treatments.

Dr. Kumar explains that the mission of the center is to enable scientists at all three Mayo Clinic sites to:

- Learn at a molecular level — in detail never before possible — how normal tissues differ from diseased tissues.
- Understand more about how diseases occur.
- Invent new strategies for developing methods of treatment and diagnosis of disease.
- Determine how cells function and communicate with each other.

The equipment behind protein power

In addition to the highly specialized scientists at the center, there also are highly specialized instruments that are critical to its success. Among the key technologies that help position it as a world-class facility are:

- The world’s only 12-Tesla Fourier Transform Ion Cyclotron Resonance Mass Spectrometer, for high-resolution study of proteins and DNA. This custom-made instrument has an ultrahigh magnetic field that ultimately allows researchers to comprehensively characterize proteins in extremely complex mixtures.
- Computer clusters provide the power and combined with new algorithms work to make sense of the tremendous amounts of data — as many as 5 billion bytes generated by each mass spectrometer every day.
- High-throughput instrumentation and automated methods to provide protein separation by two-dimensional polyacrylamide gel electrophoresis — 2 DE for short — with robotic sampling handling.

Combined, these sophisticated technologies are expected to produce the next great turning points in medical science. And the center is ideally and uniquely poised to help discover these new directions in both the basic scientific understanding of protein biology, and in its application to patient care.

“The center is one more example in Mayo Clinic history where the three fold mission symbolized by the three shields of the Mayo logo — research, education, clinical practice — come together to help us meet an incredibly important challenge with vision and excellence,” says Dr. Kumar.

— Anne Brataas

The people and the programs behind protein power

Protein analysis is an advanced, multidisciplinary science. In simplest terms, it involves breaking proteins into their component peptides and looking for patterns that are indicative of the abundance and type and how they serve — or disserve human health. Doing this requires a cooperative constellation of Ph.D.s and M.D.s who specialize in biological, chemical and crystallography research. It also requires sophisticated instrumentation integrated into clearly defined programs that help specialists originate detailed data and analyze it.

Detailed analysis is important because there are many more proteins than there are genes in the human body — and there are a lot of genes, an estimated 30,000. All these proteins — there may be 250,000 to 300,000 in an adult — are three-dimensional arrangements of amino acids folding, unfolding and changing function over time. The task is to unscramble these patterns of protein expression, and to use this understanding as a basis for designing medical interventions.
Key areas of the Mayo Clinic Proteomics Research Center

Four key programs of the center help researchers in this complex undertaking.

W. M. Keck FT-ICR Mass Spectrometry Laboratory
David Muddiman, Ph.D., director

To allow for the installation of the custom-made 12-Tesla magnet — the only one of its kind in the world — that is at the heart of the center’s high-resolution mass spectrometer, a hole was cut in the roof in January. Coupled with other instruments in Dr. Muddiman’s lab, this mass spectrometer will allow researchers to provide a more comprehensive picture of cellular function and dysfunction and eventually it is expected that researchers will be able to unravel the entire human proteome — an estimated 25,000 proteins expressed in a cell at any given time — in a single day.

Dr. Muddiman arrived in Rochester from Virginia Commonwealth University in the summer of 2002 with two smaller magnets from his lab in Virginia, and a dream: to exploit the potential of electrospray ionization, an invention which sent John Fenn, Ph.D., to Stockholm in 2002 for the Nobel Prize in Chemistry. Dr. Muddiman was a colleague of Dr. Fenn’s for five years at Virginia Commonwealth and states that he will always cherish that time as Dr. Fenn is one of the few with extraordinary vision, talent and enthusiasm. Says Dr. Muddiman: “Mass spectrometry-based proteomics is such a big thing these days that lots of places are rushing to get into it. Many institutions secure an instrument or two and call it a center. At Mayo, we have at least 15 Ph.D.s/M.D.s committed full time to this effort; now that’s a Proteomics Center. The potential here to make a profound impact is incredible. Unparalleled — and it’s just beginning.”

The laboratory was named after William Myron Keck, whose W. M. Keck Foundation awarded the center a $1.35 million gift to assist in construction and purchase of a first-of-its-kind mass spectrometer for the study of proteins and DNA.

The W. M. Keck Foundation is one of the nation’s largest philanthropic organizations. Its grantmaking is focused primarily on the areas of medical research, science and engineering. The foundation was established in 1954 by the late Mr. Keck, founder of The Superior Oil Company.

Expression Proteomics and Protein Chemistry Group
Daniel J. McCormick, Ph.D., director

Dr. McCormick has been studying proteins at Mayo Clinic in Rochester for the past 22 years. His interest in proteins began in 1981 with his postdoctoral research in...
immunology and a curiosity about what structures in protein antigens induce a protective immune response. Today, with his eight colleagues, Dr. McCormick’s research is aimed at the identification of proteins and their pattern(s) of expression in human cells or body fluids (e.g., blood, urine), in both normal and diseased states. In addition, Dr. McCormick’s group investigates subcellular proteomics, which he also calls “organelle proteomics.” Studies in organelle proteomics focus on the expression of proteins and their disease-related changes in specific sub-cellular structures, such as granules, mitochondria, nucleoli and lysosomes.

The identification of proteins, their expression patterns in cells and body fluids — and their association with health or disease — will likely lead to the discovery of “marker” proteins, which are responsible for causing a wide variety of specific diseases such as glaucoma, diabetes, leukemia and breast cancer. “Once the protein profile of a disease is determined, it will greatly speed progress in the development of new drugs, new treatments, and better diagnostic tests. This is what makes Mayo Clinic’s center unique — the direct application of its proteomics research to the improvement of patient care,” says Dr. McCormick.

**Structural Proteomics Group**
*Rajiv Kumar, M.D., director*

Dr. Kumar has been involved in nephrology, endocrine and metabolic research at Mayo Clinic for 24 years. His studies have included research into how calcium binds to various proteins and alters cellular activities.

Crystallographic examination of proteins is important because it allows scientists to visualize protein shape. Using this information, they can design drugs that change the function of the protein — augment it, or reduce it, for example. Crystallography’s insights have been a consistent source of important molecular data — the very structure of DNA was deduced by X-ray crystallography. Understanding DNA structure was a breakthrough that led to the first revolution in molecular biology. Now, with proteomics, another revolution has begun. Says Dr. Kumar: “Expertise in proteomics is really the key for understanding 21st century biomedicine.”

**General Clinical Research Center for Proteomics Research**
*K. Sreekumaran Nair, M.D., Ph.D., director*

Dr. Nair directs the Clinical Proteomics Program located in the NIH-funded General Clinical Research Center (GCRC) at Saint Marys Hospital, Rochester. GCRC is the largest biomedical grant of Mayo and it supports 76 other NIH grants dealing with various disease states. The main objective of this facility is to provide an infrastructure to Mayo investigators to translate high-quality basic research to improve our patient care. The Proteomic lab (part of Genomic-Proteomic-Metabolism Core Lab of GCRC) focuses on patient-based proteomics. “We are very excited because the Mayo Clinic Proteomics Research Center will complement our research with patients in which we are trying to determine if the changes in specific body functions are due to alterations in one or more proteins,” says Dr. Nair. “One speciality of this lab is our expertise to measure the rate at which individual proteins are synthesized in specific tissues such as muscle.”

Dr. Nair has been a member of the Mayo Clinic Division of Endocrinology, Metabolism, Nutrition and Internal Medicine in Rochester, as well as directed the Biomedical Mass Spectrometry Facility at the GCRC for nine years. His research has included the regulation of protein synthesis and degradation in health, diabetes and aging. He also studies how changes in proteins affect changes in body functions, particularly the muscle mitochondrial functions.
A conversation with Denis Cortese, M.D., president and CEO, Mayo Clinic

Denis Cortese, M.D., began his term as president and chief executive officer of Mayo Clinic in February. He returns to Rochester, Minn., from Jacksonville, Fla., where he served as chair for both the Board of Governors at Mayo Clinic in Jacksonville and the Board of Directors at St. Luke’s Hospital since 1999. Dr. Cortese has been a consultant in thoracic diseases at Mayo for 27 years and spoke recently with Mayo Alumni about his new role, Mayo’s priorities and future, and the rewards and challenges of medicine today.

Becoming the president and CEO of Mayo Clinic obviously means several transitions for you, professionally and personally. Tell us what it’s been like to assume your new role.

I was quite surprised by this new opportunity to be involved with the full spectrum of Mayo Clinic in all of its locations. Mayo Clinic is an outstanding organization and has so much to offer, not just in the three states where we are located, but nationally and globally as well.

I very much enjoyed Mayo Clinic in Jacksonville and the excitement of a relatively young and small practice of 300 physicians. I liken it to Mayo Clinic in Rochester when I joined the practice in 1969 — at that time we had about 400 physicians and it was easy to know all your colleagues and interact with them regularly.

My focus there was operational, to ensure that the organization worked well. Mayo Clinic in Jacksonville has growing programs in education, research and transplantation, among others, and as board chair, that was really invigorating.

Before moving to Jacksonville, we lived in Rochester for about 23 years. Returning to Rochester and resuming friendships has been a pleasure for us.

How do you view your new role?

I view my role now as one of supporting the chairs at each of the individual locations. In my new role, I have responsibility for practice, education, research, development, diversification and administration across each of our three sites in Rochester, Jacksonville and Scottsdale, and for Mayo Health System. I believe that the strength of Mayo comes from operating as a single organization with three geographic locations.

What does Mayo Clinic mean to you?

Mayo Clinic is a unique institution in today’s world. I think we are one of the few truly professional organizations in the world. The components of true medical professionalism from my viewpoint are practicing medicine excellently and continuing to enhance the quality of our care, teaching and mentoring, conducting vital basic and clinical research, and contributing to medicine’s body of knowledge.

Those components are inextricably linked. Everything we do is for the benefit of the patient. We have an unwavering commitment to protect those qualities that we hold precious.

What are some of your priorities?

Setting a bold and clear vision of the future for Mayo Clinic. With a vivid vision we can build an even
The components of true medical professionalism from my viewpoint are practicing medicine excellently and continuing to enhance the quality of our care, teaching and mentoring, conducting vital basic and clinical research, and contributing to medicine’s body of knowledge.

The best way to ensure Mayo’s premier position now and in the future is by sustaining the highest quality of patient care.

Expand our development effort. Gifts from benefactors who share Mayo’s vision and mission will be key to our future growth. Gifts from grateful patients, friends and foundations allow us to realize our potential. How gratifying it is to know that benefactors want to be a part of helping Mayo Clinic be successful, strong and enduring, and they want to contribute to our programs in education and research. Through our practice, we demonstrate our commitment to patient care, a noble purpose that attracts philanthropists.

Information technology also is a high priority. How do we use the technology that is available to enhance our ability to take care of patients, reduce our costs, and support our education and research programs? Our goal here is to ultimately have technology improve our effectiveness and efficiency.

How will you define short-term success?

One obvious demonstration of success is smooth and efficient operations. Another early success measure will be rapid decision-making. Yet another will be taking a proactive public stance on patient-centered medical issues of national importance. We also will gauge our success in developing stronger external relationships with the intent of reducing the burden of disease. Success in development depends on providing excellent clinical and compassionate care to every patient, making a difference in the lives of individuals.

“The components of true medical professionalism from my viewpoint are practicing medicine excellently and continuing to enhance the quality of our care, teaching and mentoring, conducting vital basic and clinical research, and contributing to medicine’s body of knowledge.”
“Medicine is a mix of art and science. We bring the science to bear in solving problems and applying technology to fix them. The art comes in when we hear patients’ concerns, help them cope, comfort them, give them hope.”

How do you see the Mayo Clinic of today in view of our history?

Our history is what will carry us forward. Many of the challenges taking place in medicine today have been faced before. In Mayo’s 135-year history, we, along with all of medicine, have faced shortages in allied health staff, fluctuations in the economy and financial markets, shrinking reimbursement, and spiraling malpractice insurance costs. Some aspects of the external environment are new and different — there’s closer scrutiny of everything that’s being done in medical care, the U.S. senior and elderly population is growing as never before, and employers are having difficulty affording health insurance.

What are your thoughts about Mayo’s Alumni Association?

Maintaining relationships between our graduates and our staff is so important and professionally and personally rewarding. The programs and opportunities provided through the Alumni Association only make the field of medicine stronger, better and more heartfelt — when we’re in groups together, we renew our passion for what we do. We’re here to help each other, whether it is seeing a referral patient or debating the implications of the latest research. I also find it gratifying to see the names of alumni on our lists of benefactors. It tells me the value that our training and mission has had in their lives.

What do you find rewarding about your work?

Medicine is a mix of art and science. We bring the science to bear in solving problems and applying technology to fix them. The art comes in when we hear patients’ concerns, help them cope, comfort them, give them hope. It’s hard to measure the effects of the art of medicine, but it’s such an important part of what we do. My intrinsic rewards come from being part of an institution that values both the science and the art of medicine.

We must apply what we have learned from our past experiences, and we draw on our collective wisdom to manage the new challenges, and we always, always will focus on the unwavering mission set by our founders, to heal the sick.
The note on the windshield

Dear readers:

On a Sunday afternoon in late June, I was picking up a rental car at the Minneapolis Airport. A neon sign over the car blinked my name, so it was easy to find. Under the windshield wiper lay a handwritten message, filling both sides of a legal-sized page. Curious, I started reading.

The note was from a woman who had seen my name displayed on the sign and took a chance that I was the same Dr. Cortese who treated her father years ago at Mayo Clinic in Rochester, Minn. He had early stage lung cancer, and I was on a team developing experimental treatments using lasers and light-activated, cancer-killing drugs. Her father had received three treatments, and she wanted to thank me for caring for him. That was 15 years ago. The daughter was at the airport that day because she had flown in from California to attend his funeral. He had died, suddenly, the night before from a heart problem.

I was touched, not only because she took the time in her grief to write the note, but also because it reminded me of what I find so compelling and rewarding about medicine – caring for patients.

The best physicians and health-care providers are part engineers and part artists. The engineer sees the problem and applies technology to fix it. Thanks to the engineers, patients benefit from CT scans and catheterizations, from minimally invasive surgeries and computer-guided, pinpoint radiation treatments. The engineering approach has helped patients immensely and has saved many lives. It’s measurable, visible and almost always reimbursable.

The artist knows when the patient needs a warm smile, reassuring words or a gentle hug. It’s the artists who make every patient feel welcome, comfortable, secure, hopeful. The artist sees the anxiety and reassures the new mother that her baby’s fever is nothing to worry about. The artist listens to the middle-aged patient unloading his frustration over failed attempts to quit smoking. The artist knows when there’s nothing more the engineer can do and helps the patient and family cope at the end of life. What the artist does can’t really be measured, quantified, penciled into a treatment plan or billed for. But it is the essence of what we do. It is why I became a physician, and why I enjoy so much working for an institution that prizes this aspect of medicine.

There’s a tremendous emphasis in our profession now to measure outcomes, to develop step-by-step care plans and to scrutinize our diagnosis and treatment decisions. These efforts are crucial to helping us manage the complexities of modern medicine. They help reduce errors, increase efficiency and improve quality. But these efforts are technology-oriented. They are tangible in the sense that we can define them, count them and check them off our to-do lists.

But we can’t measure the effects of the nurse’s compassion or the doctor’s attentive listening. We can’t quantify the fact that the surgeon’s reassuring words stemmed a patient’s fears and improved his recovery. Because we can’t do that, we tend to overlook those efforts, and in the process we risk losing the art of medicine. This intangible asset is not part of any treatment plan or outcomes measurement. You can’t charge for it, and you don’t get paid for it. Perhaps that’s because as a society, we don’t value this art enough.

But I know patients and their families value it. A note under the windshield told me so.

Sincerely,

Denis A. Cortese, M.D.
Lynne Cheney, wife of Vice President Richard Cheney, is scheduled to be the keynote speaker on Oct. 3 at the 63rd International Meeting of the Mayo Clinic Alumni Association in Scottsdale, Ariz.

Mrs. Cheney has spent much of her professional life writing and speaking about the importance of knowing history and teaching it well. She has served as chairman of the National Endowment for the Humanities and is a senior fellow with the American Enterprise Institute. Her writing works range from numerous articles and reports to six books, including her most recent, *America: A Patriotic Primer*, an alphabet book for children of all ages and their families.

Along with Mrs. Cheney’s remarks, alumni attending the meeting this fall will find a comprehensive list of presentations and medical specialty sessions.

The meeting Oct. 2-4 will be headquartered at The Fairmont Princess hotel with Mayo Clinic in Scottsdale hosting. There will be tours and receptions at the Mayo sites during the three days.

Two new Mayo Clinic Alumni awards will be presented during the meetings. The Mayo Clinic Alumni Association Professional Achievement Award and the Mayo Clinic Alumni Association Humanitarian Award will be presented Oct. 4 for the first time during the President’s Dinner. The dinner will also mark the passing of the president’s gavel from Christine Mroz, M.D., to incoming president T. Paul O’Donovan, M.D.
Other highlights of the meeting include:

Mayo Clinic leadership will be among the presenters on Oct. 3. Thomas Spelsberg, Ph.D., and Geoffrey Kurland, M.D., author of *My Own Medicine*, and son of the late Leonard Kurland, M.D., a Mayo Clinic epidemiologist, are two of the presenters at the meeting.

There also will be dinners or receptions during the meeting for The Doctors Mayo Society, The Plummer Society, The Priestley Society, and Mayo Medical School alumni.

The Raymond Pruitt Lecture will be given by Janet Bickel, M.A., associate vice president for medical school affairs and director of the Women in Medicine Program for the Association of American Medical Colleges in Washington, D.C.

Medical specialties that will be participating in the meetings are:

- Anesthesiology
- Dermatology
- Diagnostic Radiology
- Emergency Medicine
- Family Medicine
- Internal Medicine
- Allergic Diseases
- Area General Internal Medicine
- Cardiovascular Diseases
- Community Internal Medicine
- Endocrinology, Diabetes
- Metabolism, Nutrition
- Gastroenterology and Hepatology
- General Internal Medicine
- Hematology
- Hypertension
- Infectious Diseases
- Nephrology
- Regional and International Medicine
- Rheumatology
- Neurology
- Neurologic Surgery
- Obstetrics and Gynecology
- Medical Oncology
- Ophthalmology
- Otorhinolaryngology
- Physical Medicine and Rehabilitation
- Physiology and Biophysics
- Plastic Surgery
- Radiation Oncology
- Surgery (Priestley Society)
- Transplantation Surgery
- Urology

Breakout sessions

- Mexican Mayo Alumni Chapter
- Department of Development
- Foundation Technology
- Retirement and Estate Planning
Transplant surgeon’s dream begins as a young boy:  
a profile of Dr. Jeffery Steers

Mary Davidson paid $7 a month over two years to buy a set of *World Book* encyclopedias for her three school-aged children. “I always read to the kids. That was our sharing time,” she says. It was 1967. Mary, a single parent, was raising a family on $122 a month. The books weren’t so much a sacrifice as an investment. “I have always had a love of reading. I felt like outside of taking them to church, reading was one of the greatest things you could do with your child.”

Her youngest child, Jeffery Steers, devoured volumes A-Z, so each year Mary ordered the *Yearbook*, which fascinated her son because it always had the latest and greatest in whatever was new. “I remember reading the medical parts of it,” Dr. Steers says. “1967 was the first heart transplant, and I still remember reading about that in the *Yearbook Encyclopedia*.”

Though he dreamed of becoming a doctor, transplantation still seemed like science fiction. But truth is stranger than fiction, and Jeffery Steers, an inquisitive kid from Coffeyville, Kansas, went on to become the chair of the Department of Transplantation at Mayo Clinic in Jacksonville.

William Reed, M.D., the Steers’ family physician, treated Jeffery just the same as he treated the rich kids in town. Jeffery developed tremendous respect for him. “I think he had a great influence on Jeff wanting to become a doctor,” Mary says. “At the same time, Jeff couldn’t stand somebody hurting. If he saw blood, he was very upset. I think he wanted to be a doctor ever since he was about three years old.” Dr. Reed told Jeffery if he worked hard, studied hard and was a compassionate human being, that he could do it.

Could he? He was an honor student, but no one in his family had ever been to college, and he’d never been away from home. “I grew up one mile from Oklahoma and 55 miles from Missouri,” says Dr. Steers. “I had been to Oklahoma a handful of times and had never been to Missouri, so the thought of packing your car and moving and living in a different town away from your family on your own — I saw it as a challenge, not knowing what to expect.”

Dr. Steers embraced that challenge and those that would follow with single-minded determination.

Halfway through his surgical residency at the University of Kansas Medical Center, Dr. Steers was caring for some patients with end-stage liver disease. They were difficult to care for, and lacking a good surgical option, they were often referred to one of the country’s few transplant
centers for evaluation. Those who came back with a new liver amazed him. “I was astounded to see the impact of a surgical procedure in the lives of these patients,” he says. “They went away and got a new liver and came back looking like healthy patients — like nothing was wrong with them. I decided then that the surgery was challenging, but I was just overwhelmed at the impact on these patients’ lives.”

He became more involved in kidney transplant the last year of his residency and saw the same impact. “I think that’s really the most rewarding thing in medicine,” he says. “It really is in most cases a chance to cure. So many other diseases we treat; these patients for the most part are cured.”

He did his transplant fellowship at Mayo Clinic and stayed on staff in Rochester five more years. He enjoyed working with his colleagues and playing basketball and tennis with them in organized leagues at the Rochester Athletic Club. He especially enjoyed practicing in the Mayo system. “I think the strength of the Mayo system — and the thing I saw immediately when I went to Rochester — is that by partnering with some of the tremendous physicians we have, we can do a much better job taking care of patients than you could ever do alone,” says Dr. Steers.

He never thought he’d leave Rochester, but an intriguing challenge presented itself.

“I think the strength of the Mayo Clinic system — and the thing I saw immediately when I went to Rochester — is that by partnering with some of the tremendous physicians we have, we can do a much better job taking care of patients than you could ever do alone.”

— Jeffery Steers, M.D.
The practices in Scottsdale and Jacksonville announced plans to start liver transplant programs. A number of surgeons in Rochester considered the move to Jacksonville, but they went on to do other things as years passed and the Certificate of Need (CON) process dragged on. Had the CON been approved quickly, Dr. Steers wouldn’t have come to Jacksonville. The ensuing years gave him the experience he felt he needed to help establish a new program.

“The groundwork had been laid out; the only piece of the puzzle that was missing was the surgeon,” Dr. Steers says. “I felt pretty strongly that it should be somebody from Rochester, or somebody who practiced in a manner consistent with our Mayo principles. At some transplant programs the transplant surgeons don’t practice that way,” he says.

He respected and admired his mentors and colleagues for the transplant programs they had built in Rochester. “Those programs had a tremendous reputation. They’re extremely well laid out. Patients get superb care, and the surgeon can be plugged in and plugged out really without the care missing a beat.” Had he stayed in Rochester though, Dr. Steers says he would have always questioned if he had what it took, if he was up to the challenge of starting a brand new program.

James Spivey, M.D., a hepatologist at Mayo Clinic in Rochester, now in practice in LaGrange, Ga., knew and worked with Dr. Steers. Dr. Spivey moved to Jacksonville in August 1994 anticipating a liver transplant program. He convinced Dr. Steers to consider Jacksonville. “I told him that I thought because of the favorable donor situation in Florida we could have a successful program, and we were in a good position to build one rapidly. So I basically convinced him to look our direction,” Dr. Spivey says.

Dr. Spivey says Dr. Steers was an excellent, hard-working surgeon whose patients did well. He was skilled at optimizing the use of organs and would use organs that other institutions would turn down and make them work. But equally important was the fact that Dr. Steers had done his homework. “He had given a lot of thought to what he would do if he were ever given the opportunity to head his own program,” Dr. Spivey says, “including advising our administrators about what would be necessary from a blood bank standpoint, what would be necessary from an OR staffing standpoint. I think that many of us involved in the program knew how to take care of patients; we didn’t really know how to take care of all aspects of the program. So he was the one who really had a comprehensive view of what it would take.”

A move to Jacksonville had to come at the right time for Cindy, Dr. Steers’ wife of 23 years, and their children: Adam, 19; Andrea, 17; Alex, 11; and Drew, 9. Adam and Andrea, who, at the time, would be entering middle school, wanted to come. Alex and Drew were too young to know what was going on. Adam resisted, but a move that summer meant he could start and finish high school in Florida. The family moved in August 1997. The Florida sunshine soon won Adam over.

Though Dr. Steers misses participating in organized sports, he plays golf, not an easy sport to master. He approaches it like surgery, as a technical exercise. He often takes the two youngest boys with him to the driving range. “It helps me clear my mind. I can do it even after I’ve been up all night. It doesn’t bother me. It’s hard to play basketball and tennis when you’re tired, but you can go work on your golf swing anytime.”

— Jeffery Steers, M.D.
tennis when you’re tired, but you can go work on your golf swing anytime.”

Dr. Steers welcomed in the new year of 2003 in the operating room. “He’s very dedicated to his patients, very caring and very compassionate,” Cindy says. “But there’s the unpredictability of it. You never know when an organ will be available. You have to be adaptable. I make plans that include him, and hopefully he can be with us, but if he can’t, you go on.” Cindy says it’s hard on her husband to miss some family things, but she says he compensates by making sure the kids have fun when he’s with them.

In five years, Jacksonville has built the third-largest liver transplant program in the United States and added kidney, kidney/pancreas, heart and lung transplant programs as well. Launching five successful Medicare-certified transplant programs in five years had never been done before. “I always felt that if we did a good job, we would be successful,” Dr. Steers says. “I think that because of the support of the institution and the kinds of people that we have here. When we established a successful liver program, it really made it difficult for the state to tell us that we couldn’t have kidney, pancreas, heart and lung.

“I looked on it as kind of a 10-year mission,” Dr. Steers continues. “I think we’ve very well fulfilled the clinical practice goal of the plan. My goal over the next five years is to help establish the research and education arms of our practice. We have hepatology fellows, and we now have our first transplant surgical fellow. So we are on our way to achieving our educational mission. And then I want to help set up a base for solid ongoing research efforts within the department.”

Research efforts are in fact under way. Dr. Steers and his colleagues have identified an important risk factor for recurrence of hepatitis C after liver transplantation. “We’ve always felt — and our data supports it — that a liver from an older donor works just as well as a liver from a younger donor in terms of its ability to synthesize and make proteins,” Dr. Steers explains. “But we’ve discovered that organs from older donors don’t resist hepatitis C as well as organs from younger donors. We wouldn’t have discovered that without having the data and going back to review it.”

Dr. Steers says his current challenge, one that will likely take him through the remainder of his career, is one that he’s not well prepared for. “The financial constraints that face medicine have hit transplantation as much as they hit anybody,” he says. “We have to find ways of providing these tremendously expensive procedures that utilize a tremendous amount of resources and do it in a way in which we can continue to do it for as many patients as we can. Transplant is like most things in medicine. Ten percent of patients require 80 or 90 percent of the resources. The patients who go through the procedure and have no complications are easy cases. We have to focus our effort on the patients who are having complications and find ways of preventing them. That’s the challenge that I have to work on every day.”

— Erik Kaldor

The Steers family visiting Dr. Jeffrey Steers’ mother, Mary, in Coffeyville, Kan., where he grew up. Standing, left to right: Andrea, Adam, Mary Davidson and Dr. Steers. Seated, left to right: Drew, Alex and Cindy.
News briefs

New Board of Trustees members named

The Mayo Clinic Board of Trustees named two new public members and three Mayo Clinic staff as new internal members, and re-elected one public and seven internal members at its quarterly meeting in February at Mayo Clinic in Jacksonville.

The board also elected new members of its executive committee and board officers at the meeting.

The new Mayo Clinic public trustees are Jerome Grossman, M.D., and Luis Nogales. Hugh Price was re-elected as a public member of the Board of Trustees.

Dr. Grossman is the director of the Harvard/Kennedy School Health Care Delivery Policy Program in Cambridge, Mass. He is chairman emeritus of New England Medical Center, where he served as professor of medicine at Tufts University School of Medicine. Currently, Dr. Grossman is an adjunct professor of medicine at Tufts and honorary physician at Massachusetts General Hospital, where he practiced full time for more than a decade.

Dr. Grossman was a member of the founding team of several health-care companies, including Meditech, a medical software company; Tufts Associated Health Plan; Chartwell Home Therapies; and Transition Systems Inc., a medical care information management company. Dr. Grossman also serves as director/trustee of a number of organizations, including Penn Medicine (University of Pennsylvania Medical School and Health System), the Stryker Corporation, Landacorp and the Committee for Economic Development. Dr. Grossman has been a member of the Institute of Medicine since 1988.

Luis Nogales is the managing partner of Nogales Investors, a private equity investment firm in Los Angeles. He also is a senior adviser to Deutsche Bank. Previously, Nogales has held the positions of president of Nogales Partners, president of Univision, chairman and CEO of United Press International, and executive vice president of Golden West Broadcasters. Earlier in his career, Nogales completed a White House fellowship as a special assistant to the Secretary of the Interior, and he also served as the assistant to the president of Stanford University. His current corporate directorates include Edison International, KB Home, Kaufman and Broad, Arbitron Inc., American Balanced Fund, and Income Fund of America. His present nonprofit directorates include the Ford Foundation, Inter-American Dialogue, Pacific Council on International Policy, the J. Paul Getty Trust, and the Council on Foreign Relations.

Three Mayo Clinic staff members were elected as new internal trustees and members of the Mayo Clinic Board of Trustees Executive Committee. They include Nina Schwenk, M.D., internal medicine specialist; Craig Smoldt, chair, Department of Facilities and Systems Support Services; and Lester Wold, M.D., anatomic pathologist.

Seven internal members of the board of trustees were re-elected: James Anderson, chair, Administration, Mayo Clinic in Scottsdale; Michele Halyard, M.D., radiation oncologist; Franklyn Prendergast, M.D., Ph.D., director, Mayo Clinic Cancer Center; Patricia Simmons, M.D., pediatric specialist; Hugh Smith, M.D., chair, Board of Governors, Mayo Clinic in Rochester; Robert Smoldt, Mayo Clinic chief administrative officer; and Victor Trastek, M.D., chair, Board of Governors, Mayo Clinic in Scottsdale.

James Anderson and Dr. Simmons are the two internal trustees who will not serve as members of the board’s executive committee.

Officers of the Mayo Clinic Board of Trustees also were elected at the meeting. The officers include Denis Cortese, M.D., Mayo Clinic president/CEO, as president; Dr. Hugh Smith and Robert Smoldt as vice presidents; Jeffrey Bolton, chief financial officer, as treasurer; and Jon Oviatt, J.D., Mayo Clinic general counsel, as secretary.

Decorah Clinic names new president

The medical staff of Decorah Clinic — part of Mayo Health System — has elected David Heine, M.D., as its new president.

He succeeds Kevin Sand, M.D., who served as president of Decorah Clinic since 1998. Dr. Heine began his two-year term Jan. 1, 2003. Dr. Heine has been with Decorah Clinic since 1998. He has served as vice president of practice development since November 2001, and has recruited many new specialists to Decorah.
Mayo Clinic in Jacksonville dedicates new cancer research building

Mayo Clinic dedicated the new $22 million C.V. and Elsie R. Griffin Cancer Research Building on Feb. 21, marking the first building in the history of Mayo Clinic to be devoted exclusively to cancer research.

The four-story, 103,000 square-foot building is capable of accommodating space for about 400 cancer researchers working in as many as 20 laboratories. The building is named for C.V. and Elsie Griffin, longtime Mayo patients and benefactors. The Griffin’s support, as well as gifts from a host of other benefactors, provided funds for construction of the building and its facilities.

Last July, the National Cancer Institute (NCI) extended its highest designation — Comprehensive Cancer Center — held by Mayo Clinic Rochester to include Mayo’s locations in Jacksonville and Scottsdale. Mayo Clinic is the first multicenter clinic in the United States to achieve this NCI designation for its entire cancer program. Scientists working in the Griffin Building will unite their skills with colleagues in Rochester and Scottsdale in a comprehensive approach to maximize resources and draw together diverse skills in three locations for the single goal of helping patients.

Mayo Clinic recruited Alan Fields, Ph.D., cancer cell biologist, pharmacologist and director of the Sealy Center of Cancer Cell Biology at the University of Texas Medical Branch in Galveston, to become the director of Cancer Basic Research at Mayo Clinic Cancer Center in Jacksonville. Dr. Fields will be responsible for developing the research programs housed in the Griffin Building.

Dr. Fields said a major focus of research in Jacksonville will be to identify how environmental and genetic risk factors interact to influence overall cancer risk. “I believe that this area of research holds great promise of making a major impact on cancer prevention and treatment,” Dr. Fields said.

Internal and external trustees of Mayo Clinic, benefactors and research staff attended the dedication ceremony and luncheon to honor those whose generosity made the occasion possible. U.S. Sen. Bill Nelson of Florida, a member of the C.V. Griffin Foundation and cousin of the late C.V. Griffin, paid special tribute to Mr. Griffin.

Mayo Clinic researchers receive patent for method to reach brain cells with drugs

Mayo Clinic researchers have received a U.S. patent for their invention of a new way to use a synthetic molecule that specifically targets the genetic material of a cell. The technology will likely hasten development of novel gene therapy approaches for treating cancers, aging and behavioral diseases, infections and autoimmune diseases.

The Mayo Clinic team’s discovery in 1997 of this technology both challenged existing protocols and opened new strategies in the field of gene therapy. Using polyamide nucleic acid oligomers (PNAs), they became the first group to inject the molecules into live animals — rats — and to get the desired biological results. As a bonus, the researchers also found that these molecules were able to slip past the blood-brain barrier, thus allowing them to reach brain cells and fight diseases on a molecular level.

The molecules reached their targets, worked as the researchers intended and consequently altered...
animal function. Adds team member Daniel McCormick, Ph.D., co-director of the Mayo Clinic Proteomics Research Center in Rochester, “We are very pleased with the biological activity of these new reagents, and with their ability to alter the expression of specific proteins in the brain. PNAs make it possible to modify the function of genes in virtually any tissue, and may serve as a ‘targeted genetic bullet’ in the treatment of many human diseases.” Once inside cells, PNAs lock onto targeted structures to blunt or enhance a given biological response. The result: PNAs have a high potential to help researchers design drugs that specifically target important proteins involved in causing an array of diseases.

The therapeutic potential for PNA technology is enormous and Mayo Clinic is seeking partners to help develop it. Once PNA technology is refined, researchers hope that any gene could be targeted by a PNA, and drugs specific to that disease gene could be delivered right to it to alter the production of the protein coded for it by its gene sequence. Says Elliott Richelson, M.D., a neuropharmacologist at Mayo Clinic in Jacksonville and the director of the Mayo team, “In theory, if we know the sequence of the gene that is producing the protein in an aberrant way, we could design the PNA to target the gene and correct it. These are truly ‘designer drugs.’ What makes PNAs potentially so useful is their great stability, compared with the older generation molecules of this class. Unlike some older generation compounds, they are stable enough to be designed into a drug that can be taken by mouth.”

While many researchers at other laboratories raced to refine PNA technology, their work largely excluded the use of live animals. Instead, they used isolated cells from animals. By looking for a biological effect of PNAs in live animals, Dr. Richelson and colleagues discovered that PNAs can do several things not previously known in this technology. Their PNAs can:
• be injected at a site other than the brain or spinal cord and still reach the brain
• pass both the blood-brain barrier and the cell membrane
• reach targeted genetic material in the brain
• alter the production of the protein
• obtain the desired behavioral response from a cell as a result of changing the production of this protein.

Mayo Clinic researchers find antiviral therapy prevents blindness, other serious effects for patients with eye shingles

Mayo Clinic has found that for patients with eye shingles, oral antiviral drugs are critical to prevent long-term consequences in the eye. Untreated, 10 percent of eye shingles patients experience a serious long-term outcome, such as severe visual loss, eyelid scarring or chronic in-turning of the eyelashes; if treated, 2 percent of patients experience these effects. The Mayo Clinic study refutes the findings of a previous British study of oral antivirals in patients with eye shingles.

“This is the first time it’s been documented that within the eye, the chance of something really bad happening is greatly reduced by administering oral antivirals,” says Keith Baratz, M.D., Mayo Clinic ophthalmologist and author of the article that was published in the March issue of Archives of Ophthalmology. This study, based on data from the Rochester Epidemiology Project, is the first long-term follow-up study and the second largest study of this medication with patients diagnosed with herpes zoster ophthalmicus. The largest study completed of oral antivirals for this disease to date, by Moorfield’s Eye Hospital in London, found that oral antivirals did not significantly affect long-term outcome; the study was not well controlled, however, according to the Mayo Clinic researchers. Oral antiviral treatment has been controversial due to the Moorfield’s study as well as the cost of the medicine, which can cost several hundred dollars for a course of treatment, or approximately $13 to $22 per day.

This study compared 323 cases of eye shingles treated in Olmsted County, Minn., between 1976 and 1998. Of these cases, two-thirds, or 202 patients, were treated with oral antiviral medication, such as acyclovir, famciclovir or valacyclovir; and one-third, or 121, were not treated. In untreated patients, 8.9 percent experienced adverse outcomes five to 10 years following the onset of the
illness; 2.1 percent of treated patients experienced such outcomes. Also, the group given oral antivirals was less likely to experience the complication neurotrophic keratitis, or loss of feeling in and inflammation of the cornea. Those treated, however, did experience more frequent conjunctivitis, or inflammation of the eyelid-lining membrane and sclera surface, for reasons unknown to the investigators.

Timing of treatment also affected the long-term outcome. Those who experienced long-term negative outcomes such as glaucoma, scleritis, uveitis, corneal edema or stromal keratitis had waited an average of 4.8 days before receiving treatment; those who did not experience these outcomes waited an average of 3.8 days prior to treatment.

“A delay in treatment with the drug negatively affected the course of the disease,” says Dr. Baratz. “Getting into your doctor quickly is an issue.”

According to Dr. Baratz, receiving timely treatment for eye shingles is complicated, however, by nonspecific symptoms at the start of the disease. The origin of these early symptoms also is difficult to pinpoint.

Mayo Clinic researchers among first in the world to discover possible early gene involved in the development of cancer

Mayo Clinic is one of three research laboratories around the world to independently discover that a gene named MDC1 appears to play a pivotal role in the development of cancers – including breast cancer.

The Mayo Clinic finding is significant because the MDC1 gene appears to be closer than most others investigated to the earliest events that go wrong in a healthy body and cause cells to turn cancerous. Specifically, MDC1 is a “checkpoint protein” that appears to guard against abnormal cells reproducing themselves, a process that leads to cancers.

The Mayo Clinic results – along with those from the other laboratories in Cambridge, England, and Baylor College of Medicine, Houston, Texas – are published in the March issue of the journal Nature. All three experiments are at the basic science stage, involving investigation of cell lines in the laboratory. As such, the findings are a long way from application in human medicine.

“This finding is exciting because we all want to know the molecular events that lead to cancers,” says Zhenkun Lou, Ph.D., a researcher with the Mayo Clinic Cancer Center and a member of the team that found the MDC1 gene. “If we can figure out where genes get messed up, we can screen people for that gene. And if we have gene therapy, we may be able to actually repair the gene and hopefully stop the cancer or prevent a person from getting cancer.”

The three research groups decided to announce their findings together when they met at a scientific meeting and realized they were on the same discovery path.

The point researchers are after is the starting point of cancer: the actual first step and ultimate beginning of the chain of events. They want to know what goes wrong first and how the series of events progresses to cancer. MDC1 is important because it appears to be closer to the beginning than most previously described genes. An error here profoundly affects what happens later.

Mayo Clinic Cancer Center researchers believe MDC1 and another checkpoint protein, Chk2, are upstream of P53, a gene that is mutated in more than 50 percent of cancers of all types. Errors in MDC1 can affect whether P53 gets activated. In a separate report in Journal of Biological Chemistry, they reported MDC1 is upstream of previously described vulnerable genes such as BRCA1, which is known to be mutated in more than 50 percent of familial breast cancers.

The next step in the research is to determine if the findings hold up in animals. Dr. Lou says Mayo Clinic Cancer Center researchers are developing an animal model in which the MDC1 gene is disrupted to see if the animal does, in fact, develop cancer.

Green tea is not an effective anticancer treatment for patients with advanced prostate cancer

Although the benefits of green tea are widely touted, a study conducted by Mayo Clinic Cancer Center and North Central Cancer Treatment Group shows green tea is not an effective treatment for advanced prostate cancer.

“Previous laboratory studies suggested that green tea might be an effective anticancer treatment,” says Aminah Jatoi, M.D., a Mayo Clinic medical oncologist and lead researcher on the study. “However, in our study...
of 42 patients with advanced androgen-independent prostate cancer, only one patient showed a short-term drop in his prostate-specific antigen (PSA) levels.

“Our conclusion is that for the treatment of advanced prostate cancer, green tea does not provide therapeutic benefit,” Dr. Jatoi says.

The phase II study is the first to test the effects of green tea in patients with advanced prostate cancer. The results of the study were published in the March 15 issue of the journal *Cancer*.

“Since men with androgen-independent prostate cancer have few treatment options, we chose this group of patients for our green tea trial to learn whether green tea might help them,” Dr. Jatoi says. “It was an effort to try to find other ways to treat these patients even if those ways might be considered by some to be unconventional.”

Laboratory studies have indicated that prostate cancer cells die when exposed to compounds called polyphenols found in green tea. In mice with prostate cancer, green tea has been shown to decrease tumor size and cancer spread. Epidemiological studies suggest that tea decreases the risk of prostate cancer. Such studies suggested that green tea might be an effective treatment for patients with prostate cancer.

The study required each patient to take six grams a day of a highly concentrated, presweetened tea. The patients could drink the green tea as they wished – hot, iced, in juice or with additional sweetener.

At the start of the study, all patients reported drinking the specified amounts of green tea daily. After about one month, researchers found patients were dropping out of the study because their prostate cancer was not regressing and because of side effects attributed to the high-dose green tea.

“No patient experienced a sustained decline in PSA levels,” Dr. Jatoi says. “One patient had a one-month decline but rebounded by the second month with increasing PSA levels.”

In addition, 69 percent of patients reported mild side effects of diarrhea, nausea, vomiting and abdominal pain. Seventeen percent of the patients had moderate to severe side effects, including insomnia, diarrhea and confusion.

The San Francisco Mayo Clinic Alumni group met in Santa Rosa, Calif., on March 29 at Chalk Hill Estate & Winery for a dinner meeting as the guests of proprietors Fred and Peggy Furth.

Left, the group toured the Jordan Vineyard & Winery. Chef Udo Nechutnys provided insight into food and wine combinations. Pictured are: Ansley Smith, Ph.D., Lisbeth Holmefjord (Jordan Vineyard & Winery), Udo Nechutnys (Jordan Vineyard & Winery Chef), Suzanne and John Creasman, M.D., Hugh Smith, M.D., Karen Skiba, Claire Bender, M.D., Thomas Kenefick, M.D., Edwin Whitman, M.D., and Ellen Whitman, Justine Petrie, M.D., and Clarence Petrie, M.D., Sanford Anzel, M.D., and Darlene Anzel, D. Brendan O'Donnell, M.D., and Joanne O'Donnell.

Peggy and Fred Furth
Alumni meetings

Receptions

Digestive Disease Week, May 18-21, 2003, Orlando, Fla.
American Society of Clinical Oncology, May 31-June 3, Chicago, Ill.

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.

24th Annual Practice of Internal Medicine, May 5-9, 2003
10th International Surgical Pathology Symposium, May 6-9, 2003, Dublin, Ireland
International Symposium on Reconstructive Surgery of the Pelvis, May 8-10, 2003
5th Annual Advanced Elbow Surgical Skills Course, May 16-17, 2003
Mayo Clinic OB/GYN in Clinical Practice, June 4-7, 2003, Lake Tahoe, Nev.
Mayo Clinic Neurology and Clinical Practice, July 28-Aug. 1, 2003
Whistler, British Columbia, Canada Annual Update in Nephrology and Kidney/Pancreas Transplantation, July 31-Aug. 3, 2003, Brainerd, Minn.
Psychiatric Genomics — Applications for Clinical Practice, Aug. 4-8, 2003
Mayo Clinic High Risk Emergency Medicine: Conundrums in the ED, Aug. 6-9, 2003, Whistler, British Columbia, Canada
8th Annual Mountain Course SUCCESS WITH FAILURE: New Strategies for the evaluation and treatment of Congestive Heart Failure, Aug. 10-12, 2003, Whistler, British Columbia, Canada
Mayo Clinic Gastroenterology and Hepatology Board Review, Sept. 10-14, 2003
Practical Surgical Pathology, Sept. 11-13, 2003
Advances in Clinical, Laboratory and Surgical Dermatology — The 24th Paul A. O’Leary Meeting, Sept. 19, 2003
Mayo Clinic Advances in Diagnostic Radiology, Sept. 21-24, 2003, Santa Barbara, Calif.
Advanced Radiology Life Support (ARLS), Sept. 25, 2003, Santa Barbara, Calif.
Nutrition in Health and Disease, Sept. 26-27, 2003, TBA
Pediatric Days, Oct. 2-3, 2003
The Impact of Genomics on Medical Practice, Oct. 6-7, 2003
Rhinofest, Oct. 9-12, 2003
Geriatric Update for the Primary Care Physician, Oct. 9, 2003
Mayo Medical School Education Symposium, Oct. 16-18, 2003
Update in Cardiovascular Diseases: A Case-Oriented, Interactive Approach, Oct. 25-26, 2003
Cardiovascular Review for Nurse Practitioners and Physician Assistants, Nov. 1, 2003
Current Concepts in Primary Eye Care, Nov. 6, 2003
Sports Medicine Symposium, Nov. 7-8, 2003
Clinical Reviews, Mayo Clinic Rochester, Nov. 10-12, 2003
Alumni news

1950s
Robert F. Ryan (General Surgery '56) has published a book Recycled Wine Boxes and Memories, which is being sold as a fund-raiser for the Pensacola Art Museum.

1960s
John Butsch (General Surgery '65) was promoted to Clinical Professor of Surgery at State University of New York at Buffalo.
J. Gordon Millichap (Neurology '62) was appointed neurology section editor for another three-year term for the American Academy of Pediatrics’ Grand Rounds.
Edwin Whitman (General Surgery '61) was elected president of the Northern California Chapter of the American College of Surgeons.

1970s
Angela McNamara (Physical Medicine and Rehabilitation '73) was elected president of the European Board of Physical and Rehabilitation Medicine.
Hunter Heath III (Biochemistry '76) is Senior Medical Director for Endocrinology in the U.S. Medical Division of Lilly Research Laboratories in Indianapolis.
Michael Schmerler (Neurology '78) and Robert L. Reed (Neurology '73) have opened an MS Clinic in Cincinnati.

1980s
Kishan Agarwal (Pediatric Cardiology '81) was promoted to Clinical Professor of Pediatrics, University of Medicine and Dentistry of New Jersey, Robert Wood Johnson Medical School.
Steven Hechler (Orthodontics '87) completed his term as president of the Kansas Association of Orthodontists.
Patrick J. Kelly (Neurosurgery) has been named a national trustee of Boys & Girls Clubs of America. He is the Joseph Ransohoff Professor of Neurosurgery and chairman of the Department of Neurosurgery of New York University School of Medicine.
David Olson (Family Medicine '89) is president of the Wisconsin Academy of Family Physicians.

1990s
Mark Wilkowske (Internal Medicine '91, Hematology/Oncology '94) is chief of oncology services at Park Nicollet Clinic in St. Louis Park, Minn.

2000s
Vikram Durairaj (Oculoplastic and Orbital Surgery '01) is residency program director and medical director in the Department of Ophthalmology at the University of Colorado.

Staff news

Peter Berger was appointed to the American College of Cardiology’s Committee on Cardiac Catheterization and Interventional Cardiology, and to the Society of Coronary Angiography and Intervention Committee on Interventional Cardiology.
Suzanne Connolly was named Distinguished Mayo Clinician.
Bradford Currier was elected vice president of the Cervical Spine Research Society.
Peter Elkin was elected co-chair of the Health Level 7 standards development organization’s Clinical Genomics group.
Robert Frye received the 2002 James B. Herrick Award.
Gail Gamble was appointed to the National Advisory Board of the National Center for Medical Rehabilitation Research.
Peter Gloviczki delivered the sixth annual Carl W. Hughes Distinguished Military Vascular Surgical Lecture. He was also named Honorary President of the French Society of Angiology.
C. Christopher Hook was appointed to the Advisory Committee on Genetics, Health and Society.
Judith Kaur received the American Indian Science and Engineering Society’s Ely S. Parker Award.
Robert Kyle will receive the Lifetime Achievement Award from the International Myeloma Foundation at a ceremony Aug. 2, 2003, in Rochester. The Robert A. Kyle Lifetime Achievement Award will then be presented in successive years to other deserving doctors.
Charles Loprinzi was honored with the Brinker International Award for Breast Cancer Research.
Kay Mitchell was elected governor-elect of the Florida chapter of the American College of Physicians.
William Nichols was re-elected president of the North American Specialized Coagulation Laboratory Association.
Richard A. Robb received the Satava Award at the annual Medicine Meets Virtual Reality conference in California.

Roy Rogers III was awarded a gold medal from the Second Medical School of Charles University of Prague and honorary membership in the Czech Dermatology Association.

Franklin Sim was appointed to the Board of Associate Editors of The Journal of Bone and Joint Surgery.

Patricia Simmons was appointed to the University of Minnesota Board of Regents to represent Minnesota’s First Congressional District.

Glenn Smith joined an advisory panel to address caregiving challenges of Alzheimer’s disease for the Rosalynn Carter Institute for Human Development.

Richard Vetter was appointed to the Science Advisory Board of the U.S. Environmental Protection Agency.

Michael Yaszemski was appointed chair of the Orthopedic and Rehabilitation Devices Panel, Center for Devices and Radiological Health, Food and Drug Administration.

Laura Greenlund (Endocrinology) received the first annual Pfizer Scholars in Endocrinology Grant Program.

Simon Kung (Community Psychiatry) received the 2003 Laughlin Fellow of The American College of Psychiatrists.

Natascha Lautenschlaeger (Family Medicine) won the Hays Essay Award competition from the Florida Academy of Family Physicians.

Edgar Martorell (Internal Medicine) has been selected as one of 20 residents nationwide to participate in the 2003 National Hispanic Medical Association Resident Leadership Program.

Benjamin Peake (Mayo Medical School) was awarded a Hugh J. Anderson Scholarship from National Medical Fellowships.

Leonardo Petrucelli (Neuroscience) has been awarded a research grant from the Michael J. Fox Foundation for Parkinson’s Research.

Christopher Sola (Community Psychiatry) and Simon Kung (Community Psychiatry) under the mentorship of J. Joel Solano were awarded a Hugh J. Anderson Scholarship from National Medical Fellowships.

Daniah Thompson (Mayo Medical School) was awarded a Hugh J. Anderson Scholarship from National Medical Fellowships.

Brenda Zenk (Family Medicine) received the Outstanding Poster Award in recognition of excellence in patient education at the 24th Annual Conference on Patient Education.

Fellow, resident and student news

Kale Bodily (Mayo Medical School) was awarded the Best Resident Award at the American Society for Peripheral Nerve annual meeting.

Ariel Carls (Mayo Medical School) was awarded a 2002 Pisacano Scholarship from the Pisacano Leadership Foundation.

Obituaries

1930s

Robert Parker, 93, died Jan. 28, 2003. Dr. Parker received his medical degree in 1932 from Northwestern University. He later completed a fellowship in internal medicine at Mayo Clinic in 1937 and joined the staff in 1938. Dr. Parker was named an associate professor in 1949 and served as head of section of medicine from 1956 to 1963. Dr. Parker was president of the Minnesota Society of Internal Medicine and the Minnesota Heart Association. He retired in 1975.

1940s

George Hummer, 90, died Jan. 1, 2003. Dr. Hummer received his medical degree in 1936 from the University of Chicago Rush Medical College. After his residency, he completed fellowships at Mayo Clinic in general surgery and anatomic and clinical pathology in 1942. He was a founding member of the medical staff of St. John’s Hospital in Santa Monica, Calif., and served over 50 years as head of pathology and director of laboratories. He was also among the first physicians appointed to the staff of the UCLA Medical School. He was affiliated with a number of medical societies and served as president of the Mayo Clinic Alumni Association’s southwest chapter.
Edward Foss, 96, died Feb. 6, 2003. He received his dentistry degree in 1928 and followed it with a medical degree in 1934 from the University of Wisconsin. He later completed a fellowship in plastic surgery at Mayo Clinic in 1943. Dr. Foss specialized in maxillofacial surgery at Mayo Clinic and served as an assistant professor in plastic surgery until his retirement in 1965. He moved to Montana and in 1994 he published A Swan Valley Journal, a collection of essays on his observations of life in the Swan Valley.

Leonard Lovshin, 88, died Sept. 4, 2002. Dr. Lovshin received his medical degree in 1939 from the University of Wisconsin. He interrupted his internal medicine fellowship at Mayo Clinic to serve in the U.S. Army in World War II. After his service, he returned to Mayo Clinic and completed his fellowship in 1948. Dr. Lovshin joined the Cleveland Clinic, where he spent his career. During his career he was president of the Rochester Health Board and The Doctors Mayo Society. After retiring in 1974, Dr. Peters moved to Arizona where he served as director of clinical investigation at Boswell Hospital in Sun City. He also served as a consultant in allergy and immunology at the Veteran’s Hospital in Phoenix. Dr. Peters retired from practice in 1984. He served as president of the Sun City Retired Physicians Club in 1993 and 1994.

Spencer Phillips, 87, died Sept. 13, 2002. Dr. Phillips received his medical degree in 1940 from Northwestern University. He came to Mayo Clinic in 1941 for a fellowship in general surgery. A short time later, he enlisted in the U.S. Navy and served during World War II as a lieutenant commander in the Second Marine Division in the South Pacific. He received the Presidential Unit Citation and was decorated with the Legion of Merit for his service. Upon his discharge, he returned to Mayo Clinic, where he completed his fellowship in 1948. Dr. Phillips opened a private surgical practice in 1948 in Freeport, Ill., where he worked until retirement in 1985. During his career, he also was director of surgery at Freeport Memorial Hospital.

Gustavus Peters, 92, died Feb. 16, 2003. Dr. Peters received his medical degree in 1938 from Indiana University. After serving as an anatomy instructor at Indiana University, Dr. Peters came to Mayo Clinic and completed a fellowship in internal medicine in 1944. He entered the U.S. Army, reaching the rank of major. Upon discharge, Dr. Peters joined Mayo Clinic, where he continued for 27 years as an associate professor of clinical medicine, specializing in vascular research. During his career he was president of the Rochester Health Board and The Doctors Mayo Society. After retiring in 1974, Dr. Peters moved to Arizona where he served as director of clinical investigation at Boswell Hospital in Sun City. He also served as a consultant in allergy and immunology at the Veteran’s Hospital in Phoenix. Dr. Peters retired from practice in 1984. He served as president of the Sun City Retired Physicians Club in 1993 and 1994.

Charles Shelden, 95, died Jan. 12, 2003. Dr. Shelden received his medical degree in 1932 from the University of Pennsylvania. After completing a fellowship in neurologic surgery in 1940, he spent a short period in practice in California. Dr. Shelden served four years as head of the neurosurgical service at the U.S. Naval Medical Center in Bethesda, Md. Dr. Shelden was a pioneer in the field of automobile safety. His article in the Journal of the American Medical Association in 1955 created widespread interest in developing safety features in automobiles. He continued in surgical practice until retiring in the late 1970s. He then embarked on a full-time career of biomedical engineering. He and Robert Pudenz, M.D., established the Neurovascular Foundation in the 1950s, which developed into the multidepartmental Huntington Institute for Applied Medical Research. Dr. Shelden was a clinical professor of Neurological Surgery at the University of Southern California School of Medicine, and research associate in the Division of Engineering at the California Institute of Technology. He also served as presiding officer of the American Board of Neurological Surgery; president of the Southern California Neurosurgical Association; president of the Western Neurosurgical Society; and president of the American Academy of Neurological Surgery. In 1980, he was named Neurosurgeon of the Year by the American Academy of Neurological Surgery, and was the recipient of the NASA Scientific Award.
Frederick Smith, 91, died Nov. 18, 2002. Dr. Smith received his medical degree in 1937 from the University of Minnesota. He completed his fellowship in anesthesia at Mayo Clinic in 1941 and was called to active duty in World War II. Dr. Smith served as a lieutenant colonel in the U.S. Army, first as chief of anesthesiology at Walter Reed General Hospital in Washington, D.C., and then at Lovell General Hospital in Fort Devens, Mass. In 1945, he joined the staff of the Carle Hospital Clinic in Urbana, Ill. In 1950, Dr. Smith joined the Veteran’s Administration and served as head of the anesthesia department at VA hospitals in Cleveland and Dayton, Ohio, until he retired from his field in 1968. He practiced general medicine at Bath Veteran’s Administration Hospital in Bath, N.Y., until retiring in 1974. After retirement, he volunteered as the school physician at Avoca, Cohocton and Prattsburg Central Schools in New York, before moving to Bradford, Ontario, in 1983.

Robert Jamplis, 82, died Feb. 3, 2003. Dr. Jamplis received his medical degree from the University of Chicago School of Medicine, before coming to Mayo Clinic to complete fellowships in general surgery (1951) and thoracic surgery (1952). He joined the Palo Alto Medical Clinic in 1954 and eventually became its executive director in 1965. The Palo Alto Medical Foundation was formed in 1981 and Dr. Jamplis became its president and chief executive officer, serving until his retirement in 1999. He served two tours as a lieutenant in the U.S. Navy from 1944 to 1946 and 1952 to 1954. During his career he served as president of the American Group Practice Association and was president of the Mayo Clinic Alumni Association from 1979 to 1981.

Rogelio Arosemena, 76, died Jan. 8, 2003. Dr. Arosemena received his medical degree in 1949 from Georgetown University. After his residency, he completed a fellowship in general surgery at Mayo Clinic in 1956. He returned to his native Panama to practice at Gorgas Hospital. After several years there, the Panamanian government asked him to help start the hospital to become Panama’s center of public health care, La Caja De Seguro Sosial hospital. He moved to Barstow, Calif., in 1970, where he worked as a surgeon at Barstow Community Hospital until retirement in 1995. He returned to Panama and worked on projects to improve public health care in Panama City.

Raymond Sanford, 85, died Nov. 18, 2002. Dr. Sanford received his medical degree in 1943 from the University of Minnesota Medical School. He served as a medical officer in the U.S. Army from 1944 to 1946, reaching the rank of captain. After his internship, he completed a fellowship in anatomical and clinical pathology at Mayo Clinic in 1950. After entering his field, he spent most of his career as a pathologist at Immanuel St. Joseph’s Hospital in Mankato, Minn. Dr. Sanford also served as Blue Earth County coroner from 1971 to 1987 when he retired.

1950s

John Barber, 78, died June 19, 2002. Dr. Barber received his medical degree in 1947 from the University of Western Ontario Medical School. He later completed an orthopedics fellowship at Mayo Clinic in 1953. He began a career in orthopedic surgery in Windsor, Ontario. Dr. Barber served as chief of orthopedic section at Hotel Dieu & Metropolitan General Hospital. He also served as chief of staff and chairman of the medical advisory at Hotel Dieu Hospital. Dr. Barber served as honorary president of the Ontario Medical Association and president of the Ontario Medical Association, the Windsor Medical Services Inc., and College of Physicians and Surgeons of Ontario. He retired in 1987.

Richard Fardal, 68, died Nov. 27, 2001. Dr. Fardal received his medical degree in 1958 from the University of Minnesota Medical School. After an internship in Hawaii, he came to Mayo Clinic and completed a fellowship in dermatology in 1964. Dr. Fardal joined the Q&R Clinic in Bismarck, N.D. He returned to Hawaii in 1967, joining Kaiser Permanente in Honolulu, where he worked until he retired in 1996. During his career, he served as chief of dermatology and chief of medicine.

Gerhard Friesen, 78, died April 14, 2002. Dr. Friesen received his medical degree in 1950 from the University of Manitoba. After practicing general medicine for six years in southern Manitoba, he came to Mayo Clinic for a fellowship in general surgery, which he completed in 1961. Dr. Friesen started a surgical practice in Trail, British Columbia, and moved to Victoria, British Columbia, where he practiced surgery until he retired in 1990.
Donnell Johns, 68, died Sept. 12, 2002. Dr. Johns received his Ph.D., in speech pathology and audiology from Florida State University. He completed a fellowship in speech pathology at Mayo Clinic in 1968. Prior to his studies, he served in the U.S. Army in the Korean War, receiving two Purple Hearts. He was on the faculties of Florida State University and the University of Texas at Dallas before joining the University of Texas Southwestern Medical Center in Dallas. During his career, he served in a number of positions. Dr. Johns was professor of surgery, clinical professor of otolaryngology and director of clinical research of the Department of Plastic Surgery at the University of Texas Southwestern Medical Center in Dallas. In 2002, he was selected for the Frank R. Kleffner Clinical Career Award of the American Speech Language-Hearing Foundation.

1970s
Vijay Gholkar, 56, died Dec. 27, 2002. Dr. Gholkar received his medical degree in 1969 from T.N. Medical College, University of Bombay, India. After his residency, he completed a fellowship in anesthesiology at Mayo Clinic in 1974. Dr. Gholkar joined the staff at St. Luke’s Hospital in Kansas City, Mo., in 1974 and served as assistant professor at the University of Missouri Medical School. In 1994, Dr. Gholkar joined the staff of St. Joseph Health Center in Kansas City, Mo., where he worked until the time of his death.

1980s
Kim Culp, 52, died Jan. 14, 2003. Dr. Culp received his medical degree in 1976 from the University of Minnesota Medical School and completed a fellowship in gastroenterology in 1982 at Mayo Clinic. Dr. Culp worked in Temple, Texas, with Scott and White Hospital with the division of gastroenterology and informatics until the time of his death.
The Mayo Clinic Alumni Association Nominating Committee is requesting nominations for the Alumni Board of Directors. The Board of Directors is a 32-member board with representation from various medical specialties and geographic locations. The Board of Directors is responsible for the direction and activities of the Mayo Clinic Alumni Association.

The following criteria will be considered in appointing the Board of Directors:

- Medical and surgical specialty representation
- Geographic location
- Leadership roles in the field of medicine
- Commitment to represent alumni interests
- Interest in serving alumni
- Interest in promoting Mayo Clinic and Mayo Clinic Alumni
- Active membership in the Alumni Association

Each member of the Mayo Clinic Alumni Association Board of Directors serves a six-year term with a commitment of an annual meeting. The Board meets during the biennial international meeting of the Alumni Association and generally in October of the non-biennial meeting year.

Nominations will be accepted by members of the Mayo Clinic Alumni Association until June 1, 2003. Members are selected by the nominations committee and approved at the international meeting in Scottsdale, Oct. 3, 2003. The Board is seeking to fill six seats of members whose terms have expired.

Please send a bibliography and curriculum vitae to:
Mayo Clinic Alumni Center
Siebens 5
200 First Street SW
Rochester, MN  55905
or
Fax 507-284-0999 to attn: Karen D. Skiba

Name__________________________________________________
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Questions can be directed to Karen D. Skiba, Administrator, Mayo Clinic Alumni Center by e-mail at kskiba@mayo.edu or phone 507-538-0162.
Resources to help you stay connected with Mayo Clinic and Mayo Clinic Alumni Association

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