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Letter from the Secretary-Treasurer

In each issue of Mayo Alumni we try to bring you a variety of information about your friends and colleagues as well as give you a more detailed look at some of the work going on at Mayo Clinic’s three campuses.

As you read this issue of Mayo Alumni, you’ll find an interesting story about the Rochester Epidemiology Project, a system for accessing medical records of virtually the entire population of Olmsted County. Mayo studies resulting from use of the system are considered among the best medical research in the world.

You’ll also read about our Washington, D.C., alumni group, which has met nearly every year since 1949. We plan to bring you more stories in our coming issues about other regional groups, which serve a very important role.

The importance of our alumni comes through in two other stories in this issue. I hope you find the information about the Mayo Clinic Alumni Association Meeting in Jacksonville (Oct. 20-22, 2005) helpful and it prompts you to attend this event. We also have a story about an initiative to improve the process for our alumni to refer patients to Mayo Clinic. Mayo Clinic has heard from alumni and has improved its system to refer your patients to Mayo Clinic.

Finally, the profile of Marv Seppala, M.D., will give you a look at someone who has a unique perspective in his work with the science of addiction and the care of patients with addiction problems. Marv has been a good friend of mine for years and his story is inspiring to all of us.

Thank you for your continued interest in Mayo Clinic. We value our relationships with alumni friends and colleagues and are always looking for ways to strengthen those ties.

Michael J. Ebersold, M.D.
Neurosurgery ’76
Secretary-Treasurer
Mayo Clinic Alumni Association
In the early 1990s, nationally published reports linking a connective tissue disorder to breast implants struck fear in countless women who had or were considering the procedure. Relief came from a Mayo Clinic physician who helped disprove the reports with her own research—work that couldn’t have been done without the voluminous medical records in the clinic’s holdings.

Similar stories abound when it comes to the records, called the Rochester Epidemiology Project (REP). More than 1,500 studies have drawn on the millions of files, which contain patient information dating back a century.

“The REP is internationally recognized and respected,” says John Heit, M.D., a cardiovascular and hematology researcher who has benefited from the use of the REP. “When I talk to national and international researchers, what’s most appreciated is our ability to design the study appropriately, identify all community residents affected with the disease, access information from the complete medical records in the community for each affected resident, and analyze the data correctly.”

How it unfolded

In the early 1900s, the Mayo brothers asked Henry S. Plummer, M.D., to organize files so physicians could consult one dossier for a patient’s complete medical history. The dossiers and patients were linked by a Mayo identification number to protect patient confidentiality, a method still used today.

In order to use the dossiers for medical research, Dr. Plummer and his assistant, Mabel Root, expanded the system in 1910 by recording patient information on 5-inch-by-8-inch cards that could contain hundreds of entries for a particular disease diagnosis or surgical procedure.

As the years passed, it became evident that the Plummer/Root system had to be upgraded to allow for the increasing complexity of medicine. In 1935, Joseph Berkson, M.D., introduced a more comprehensive indexing system of Mayo’s medical records that took advantage of punch-card technology so that specific conditions could be identified more easily for study.

But it was Leonard T. Kurland, M.D., a Mayo epidemiologist, who envisioned expanding the medical records system beyond Mayo Clinic to generate studies based on the population of Olmsted County. In 1966, Dr. Kurland obtained National Institutes of Health (NIH) funding to link records of all the county’s health care providers, and the REP was born. Records were then computerized in 1975.

People view studies published in Olmsted

Counties as definitive in terms of rates of disease and complications of disease because they provide a comprehensive picture of a population.

—Veronique Roger, M.D.

Why the REP stands out

The REP is a system for accessing medical records of virtually the entire population of Olmsted County since the records were kept. Included are the records of county residents who have been treated at Mayo Clinic, Olmsted Medical Center, the University of Minnesota and the Veterans Affairs Medical Center in Minneapolis. All patients have authorized the use of their records for research purposes. (Participation rates are at 97 percent, reflecting patient trust in Mayo Clinic and Olmsted Medical.)

Mayo Clinic stands alone in developing and accessing an identity-confidential medical records system based on an entire geographic population. Health care giants such as Kaiser Permanente and Group Health Inc. have extensive patient records, but they include only their clients, and national registries of diseases such as cancer include only people with the disease.

The REP is so wide-ranging in its inclusion of all county residents—encompassing all ages, races, income levels and degrees of illness—that Mayo studies resulting from the use of this system are considered among the best medical research in the world. Studies determining the incidence, long-term trends and outcomes of virtually every major disease have been published and extrapolated to portray the U.S. population at large.

“People in the world know that the quality of REP data is stellar,” says Veronique Roger, M.D., a cardiologist at Mayo Clinic in Rochester, who has used the database. “People view studies published in Olmsted County as definitive in terms of rates of disease and complications of disease because they provide a comprehensive picture of a population.”

Above: Mabel Root, Henry S. Plummer, M.D., Joseph Berkson, M.D., and Leonard T. Kurland, M.D.
The REP's files are comprehensive, including information on outpatient visits, surgical procedures, lab results, hospital stays, radiology records, death certificates and autopsy reports. The NIH has funded the REP continuously since 1966 and Mayo provides substantial funding for maintaining and improving the system. Consistent financial backing wouldn’t be forthcoming if the REP didn’t generate important studies that alter the course of medicine, says L. Joseph Melton III, M.D., the former principal investigator for the REP and now a co-investigator.

“The information that emerges is important not just to investigators, but to society and patients generally, and that’s why we’re doing the work,” Dr. Melton says. “The government has given us money to evaluate questions that matter.”

World-renowned studies

Sherine Gabriel, M.D., a Mayo Clinic rheumatologist, epidemiologist and chair of the Department of Health Sciences Research, led the breast implant study in the 1990s. She is one of hundreds of REP investigators who have garnered national and international attention.

Dr. Gabriel’s research disputing the connection between breast implants and connective tissue disorders was published in a 1994 issue of the *New England Journal of Medicine* and inspired six subsequent studies supporting Mayo’s findings.

Eventually, the Food and Drug Administration lifted its ban on implants.

“I knew that the evidence being used to make these allegations and to cause so much fear among women was weak,” Dr. Gabriel says of the research that spurred concern among women with breast implants. “I also knew that the resources of the REP were uniquely capable of providing sound scientific evidence that could either prove or disprove the allegations.”

Unique to the REP is its depth – researchers are known to screen up to 30,000 medical records to determine eligibility in a given study – and its human resourcefulness, which helps investigators design studies, screen patient records for inclusion, carry out the data collection and analyze data.

Published studies using the REP have been met with far-reaching acclaim, cited as classic studies in their field and routinely named in medical literature.

Alexander Lucas, M.D., an emeritus consultant in Mayo’s Division of Child and Adolescent Psychiatry, is one of those acclaimed researchers. His studies on anorexia nervosa – one is a 55-year study of trends in the disease – have debunked myths regarding the disease’s prevalence and seriousness. Mayo investigators found that the disease had been prevalent for a long time, and that most patients recovered – findings that refuted existing reports.

“By using data from the REP, these studies are considered the most accurate and reliable on the incidence of anorexia nervosa within a community,” Dr. Lucas says.

Along with disease incidence, REP studies also determine how people develop a disorder and who may die from it. Investigators then can develop predictors of who is likely to get a disease and how best to treat the person.

“REP studies are invaluable to patient care,” says Dr. Heit. “We can determine the risk factors for a certain disease – which allows physicians to identify high-risk patients – intervene while patients are still healthy and prevent the disease.”

What the future holds

Those who are involved in the REP’s operations plan to improve the system in coming years. Some physicians regard the system as a simple database, but in fact it’s a labor-intensive archive of millions of records that must be pulled individually and examined for each medical study.

Steven Jacobsen, M.D., Ph.D., principal investigator for the REP, says enhancing the capabilities of the REP is the main goal for the future. Altering the system so investigators can be more independent in their research – relying less on REP staff to design studies and analyze data, for instance – will allow for more efficient use of the system, Dr. Jacobsen says.

He also says that ensuring patient confidentiality in REP studies is an important concern for the system’s operators, and there is an ongoing effort to update security measures further to ensure patient confidentiality isn’t put at risk.

Enhancing the REP for genomics-related research is another goal of REP operators. They plan to continue to input patient information from Mayo and its Olmsted County health care partners.

“The continued update is very important because a lot of the work is practice-related and the practice of medicine is changing so fast that we need to be able to put things into current context,” Dr. Jacobsen says.

— Renee Berg

— Steven Jacobsen, M.D., Ph.D.
Patient referral process improved
Mayo Clinic seeks to meet the needs of its alumni and their patients

Through feedback, surveys and one-on-one contacts, Mayo Clinic tries to stay attuned to the needs of its alumni and looks for ways to assist alumni with their professional needs. This commitment is reflected in recent improvements to the patient referral and appointment process.

Mayo Clinic alumni who refer patients to Mayo Clinic will encounter an improved system, one that the Mayo Clinic leadership hopes will provide a streamlined approach when Mayo alumni need assistance in finding the best care for their patients.

“We’ve been listening to our alumni, and we have heard that our referral system could be improved,” says Eric Edell, M.D., medical director, Office of Access Management. “We have improved the process and we plan to measure our efforts to make sure we are meeting alumni needs and identifying specific areas where we can refine and improve our systems.”

A survey of alumni, coordinated by the Mayo Clinic Alumni Association, identified the patient referral process as one that needed improvement. Mayo’s alumni identified multiple phone transfers and lengthy time to confirm appointments as a few areas where the process could be improved.

“We value our relationships with our alumni and the needs they have for their patients,” says David Herman, M.D., chair, Mayo Clinic Rochester Clinical Practice Committee. “An improved process and customer service will make the experience better for alumni and their patients.”

The survey results were reviewed by the Mayo Clinic Rochester Clinical Practice Committee and the Mayo Clinic Rochester Board of Governors, who concurred that the process should be improved. Mayo Clinic’s Jacksonville and Arizona Clinical Practice committees also supported the need for an improved process for alumni patient appointments.

“The early indicators are that the system is working much better. Departments and divisions at Mayo Clinic are responding,” says Dr. Edell. “A first-quarter alumni survey showed improved satisfaction in nearly every area measured. We will continue to work to further improve the process.”

In general, the changes reflect a commitment to a simplified process to accept Mayo alumni patient referrals and an appointment scheduled with minimal telephone transfer. A specific physician, department, division or timeframe will be granted whenever possible.

“The process is in place for Mayo Clinic’s campuses in Rochester, Jacksonville and Arizona,” says Herman. “When alumni call with a patient referral, they should identify themselves as an alumni or an alumna.”

The patient information that will be needed includes:

- Patient’s given name (if female, maiden name if available)
- Birth date
- Mailing address
- Insurance (workers’ compensation, medical legal, HMO, no insurance)
- Referring physician’s UPIN number
- Diagnostic information (symptoms, tests performed, duration of patient’s medical concern)

Mayo Clinic is seeking feedback from those physicians who have used the system and invite phone calls or e-mail to help identify what is working and where there are areas for additional attention. Mayo will also monitor alumni satisfaction on an ongoing basis as well.

To leave feedback, please call 507-284-2317 or e-mail at mayoalumni@mayo.edu.

“Everyone’s time is valuable and we want to hear from our alumni if this process is helping them effectively find a timely referral for their patients and help them meet the needs of their patients,” says Mark Parkulo, M.D., chair, Mayo Clinic Jacksonville Outpatient Operations.

“Everyone’s time is valuable and we want to hear from our alumni if this process is helping them effectively find a timely referral for their patients and help them meet the needs of their patients,” says Mark Parkulo, M.D., chair, Mayo Clinic Jacksonville Outpatient Operations.

To refer a patient
Mayo Clinic in Rochester
Please call: 800-533-1564 or 507-266-5770

Mayo Clinic in Arizona
Please call: 866-629-6362 or 480-301-6539

Mayo Clinic in Jacksonville
Please call: 800-634-1417 or 904-953-0321

Referral details:
For information about the process, please visit the referral portion of the Mayo Clinic Alumni Association’s Web site: www.mayo.edu/alumni/referrals.html

The patient information that will be needed includes:

- Patient’s given name (if female, maiden name if available)
- Birth date
- Mailing address
- Insurance (workers’ compensation, medical legal, HMO, no insurance)
- Referring physician’s UPIN number
- Diagnostic information (symptoms, tests performed, duration of patient’s medical concern)
The Mayo Clinic Alumni Association’s 64th Meeting in Ponte Vedra Beach, Fla., will blend a pleasant setting with stimulating and engaging scientific sessions.

General sessions, medical specialty sessions, tours and evening social events are scheduled Oct. 20-22 with Mayo Clinic in Jacksonville, Fla., hosting the gathering of Mayo colleagues and friends.

“The medical specialty sessions have a long tradition of excellence and we are confident that will be true again this year with nearly 30 medical specialty breakout sessions planned,” says Robert Safford, M.D., Ph.D., scientific program chair.

The Mayo Clinic Alumni Association officers and board and Mayo Clinic Jacksonville Board of Governors will host a welcome reception on Oct. 20 that will include tours of Mayo Clinic in Jacksonville.

The following day, alumni will hear updates from the board chairs at Mayo Clinic’s three campuses, as well as from Denis Cortese, M.D., president and chief executive officer of Mayo Clinic.

The Mayo Clinic Alumni Association Meeting is marked by its distinguished lectures.

U.S. Sen. Max Baucus, D-Mont., will deliver the Judd-Plummer Lecture on Oct. 21. Sen. Baucus is the highest-ranking Democrat on the Senate Finance Committee and is in his fifth term as a senator from Montana.

On Oct. 22, B. Lawrence Riggs Jr., M.D., consultant emeritus in Mayo Clinic Rochester’s Division of Endocrinology and Metabolism, will present The Doctors Mayo Society Lifetime Achievement Distinguished Lecture, “Update on Osteoporosis 2005.”

Later that day, Anthony Windebank, M.D., former dean of the Mayo Medical School, will deliver the Raymond Pruitt Lecture, “Medical Education and Research in the 21st Century: Where Engineering and Biology Meet.”

Both the Priestley Society and Plummer Society will hold meetings during the weekend.

“The time we spend at the Mayo Clinic Alumni Association Meeting is special because we are there to learn as well as to renew our friendships with colleagues,” says T. Paul O’Donovan, M.D., president of the Mayo Clinic Alumni Association.

The meeting includes the awarding of two Mayo Clinic Alumni Association awards. The Mayo Clinic Alumni Association Humanitarian Award and the Mayo Clinic Alumni Association Professional Achievement Award will be presented during the Oct. 22 President’s Gala – The Doctors Mayo Society evening program at the Ponte Vedra Inn & Club. Scott Litin, M.D., of Mayo Clinic in Rochester, will be installed as the new president of the Mayo Clinic Alumni Association during the evening program.

The Reception by the Beach on Oct. 21 includes music by The Grass Roots.

-- Michael Dougherty

**Breakout Sessions on Oct. 21-22:**

- Administration
- Allergic Diseases
- Cardiovascular Diseases
- Community Internal Medicine/Primary Care Internal Medicine
- Dermatology
- Development
- Emergency Medicine
- Endocrinology
- Family Medicine
- Gastroenterology
- General Internal Medicine
- Gynecologic Surgery
- Hematology and Oncology
- Infectious Diseases
- Nephrology and Hypertension
- Neurologic Surgery
- Neurology
- Orthopedic Surgery
- Otolaryngology Head and Neck
- Physical Medicine and Rehabilitation
- Psychiatry and Psychology
- Pulmonary and Critical Care Medicine
- Radiology Surgery – Priestley Society
- Urology
Regional alumni chapters
More than 50 years of gathering friends: the Mayo Clinic Alumni Washington, D.C., Chapter

Just before the first meeting of the Washington, D.C., chapter of the Mayo Clinic Alumni Association on March 8, 1949, Wallace Yater, M.D., the organizer, asked Herbert Giffin, M.D., to purchase a notebook. Dr. Giffin found a notebook and placed it at the doorway of the meeting room the group used at the Chevy Chase Country Club in Maryland, and for 53 meetings, the Mayo Clinic alumni and guests and have signed in for the gatherings of one of Mayo Clinic’s oldest regional alumni groups.

Each meeting attracts anywhere from 25 to 65 people. They come to renew friendships, catch up on news about Mayo Clinic and listen to thoughtful speakers presenting topics ranging from political observations to medical advances.

“It’s a nice way to gather Mayo alumni and see some of the people you don’t get to see often,” says Bruce Orkin, (General Surgery ’86, Gastroenterology ’88) M.D., Division of Colorectal Surgery at George Washington University in Washington, D.C.

Dr. Orkin helps organize the events and credits the Mayo Clinic Alumni Association for its assistance in helping the group remain strong in recent years.

The meetings have a distinctive Minnesota flavor, often inviting speakers from Mayo Clinic or sampling the thoughts and ideas of Minnesota natives who live and work in Washington, D.C.

U.S. Supreme Court Justice Harry Blackmun, the former Mayo Clinic counsel, presented on several occasions. The 48th Meeting of the Mayo Clinic Alumni Association in 1975 attracted one of its largest crowds when Justice Blackmun and Chief Justice Warren Burger, a St. Paul native, attended the reception at the U.S. Supreme Court Building. Justice Burger spoke to the group twice.

“When Justice Blackmun spoke in 1995, he gave a 30-minute talk about his time as a circuit court judge, his time in Rochester and some important decisions on the Supreme Court,” says Dr. Orkin. “We had about 48 people and many members brought children who were law students. It was a real treat.”

The sign-in book is made available at each meeting, and members record their attendance. A few years ago, Dr. Orkin meticulously combed through all the entries in order to record the history of the group, reflecting on who attended each session and who spoke to the members. The book purchased by Dr. Giffin long ago is down to its last pages.

“I’ll probably have to go out and buy a new one after the next meeting,” says Dr. Orkin.

– Michael Dougherty

For more information:
Regional alumni groups exist in many areas and offer alumni opportunities to gather socially and to be updated on developments at Mayo campuses in Rochester, Jacksonville, Fla., and Scottsdale, Ariz. Alumni are notified of meeting dates and are encouraged to participate. Groups that meet regularly are:

- Arizona
- Florida
- Europe
- Mexico
- New York/Massachusetts/Pennsylvania
- Tennessee
- Northern California
- Utah
- Washington, D.C.
- Germany, Switzerland and Austria (German Speaking)
Marv Seppala:  
Training and experience helps patients caught in addiction

When Marv Seppala, M.D., was dominated by his addiction to drugs and alcohol, he thought little of the future. The combination of a recovery program, a solid job, colleagues who cared and his own determination helped him climb out of the dark hole of addiction and eventually find a job that perfectly blends his expertise and experience.
Today, Dr. Seppala is chief medical director of the Hazelden Foundation, a Minnesota-based alcohol and drug addiction program. He lives in Oregon, but commutes regularly to his Hazelden office in Minnesota, an indicator of his passion about educating and treating people for addiction. From this position, he’s able to discuss the science and medical advancements in understanding and treating addiction while applying his own experience as a teenager who was caught in a downward spiral of drugs and alcohol.

“I think Marv really brings a unique perspective to the whole field of addiction and substance abuse,” says Ellen Breyer, president and chief executive officer of Hazelden Foundation. “The thing that is unique is that his excellent medical training, and very deep interest in the science around addiction and substance abuse treatment is all mixed in with his own personal story. It’s remarkable, because it allows him to communicate the message on a professional and very personal level.”

A START AT MAYO CLINIC

Dr. Seppala’s first experience with Mayo Clinic came long before he graduated from Mayo Medical School in 1984. He worked as a laboratory technician at age 18, as he was beginning his recovery and discovering a career path. His decision later to apply to Mayo Medical School was not only because of the school’s excellence and rigor, but also because he knew it was an environment that could help him maintain his course of recovery.

“I wanted to go to Mayo because they’d given me my whole life, not just a career in medicine,” Dr. Seppala says. “It helped me stay clean and sober, and knowing that medical school would be a stressful time, I thought it would be good to be around the people who had helped me.”

The circuitous path that brought Dr. Seppala to Hazelden as its chief medical director began in Stewartville, Minn., a small town 10 miles south of Rochester. His days there were filled with fun and adventure. “There was little in way of limits of what a guy could do,” says Dr. Seppala. “You’d just disappear after breakfast and come back around suppertime.”

“I started with alcohol, because the guys I looked up to were doing that, and I went downhill fast,” says Dr. Seppala. “I was pretty much using drugs or alcohol every day by the time I was 15 and dropped out of school at 17 as a senior in high school.”

He was soon living out of his car, spending many days getting high or drunk. It was after one of those nights that Dr. Seppala’s parents took him to Hazelden for treatment. At that time there was no adolescent treatment program. He later found out he was the first adolescent treated there. “I argued that I didn’t belong there, but ultimately realized I have this disease,” he says.

After treatment, his parents got him back into high school, but he didn’t continue his follow-up care. So at the time of high school graduation, he went through the ceremony with his classmates, but received a blank diploma.

FINDING THE RIGHT JOB

Dr. Seppala spent his summer struggling through a string of jobs, often losing one because he didn’t show up regularly and then moving on to a new job. He was living out of his car when he applied for a janitorial position at Mayo Clinic. He lied on his application, saying he had graduated from high school. A couple of weeks later, Mayo called his parents, trying to track him down for an interview.

Instead of a janitorial job, Mayo was interviewing for a technician’s job in the cardiovascular laboratory of John T. Shepherd, M.D.

Dr. Shepherd was away at the time, so David Donald, Ph.D., interviewed Dr. Seppala, who had no idea of the pioneering work in cardiovascular physiology that Drs. Shepherd and Donald had done together. Dr. Donald wasn’t aware of Dr. Seppala’s struggles.

“Dr. Donald asked me how long I’d stay at Mayo,” says Dr. Seppala. “I’d never thought long term in my life. I’d applied to the Army, but was turned down because of hearing loss. That was for a two-year enlistment, so I figured I could do something for that long, I told Dr. Donald two years.”

Things began to change immediately for Dr. Seppala. He started to regularly attend a recovery program and obtained his high school diploma. “Up until then, I thought I wouldn’t live long enough to have a need for a diploma anyway,” he says. Dr. Seppala was a laboratory technician. According to the hierarchy of a lab, that’s toward the bottom of the chart. But there was a strong spirit of mutual respect in the laboratory and that meant he was included in many activities, including the Monday morning lab meetings where people would present their information and presentations for meetings.

“They included me in that meeting and asked me for my input,” he says. “I saw myself as just a drug addict and was remarkably ashamed of myself. And here they were asking me for my input. Dr. Donald would sometimes finish his presentation and ask me first if I had any questions.”

Work in the laboratory focused in understanding and treating addiction, which he is incredibly disciplined, and it’s given him his life,” she says. “Marvin almost have taken his life and then it’s a blessing in disguise, if it can be; to be tough during a period of his life.”

Returning to Mayo Clinic

When he first arrived at Mayo Medical School, Dr. Seppala found it hard to believe.

“He took me aside to get beyond interested in medicine. In time, that became true. “I was still in the lab and hadn’t even been to medical school when a big intraclinic envelope came addressed to ‘Dr. Marv Seppala,’” he says. “I still have it. I had stayed clean and sober, and it was around that time I decided to go to college to become a doctor. I saw that envelope and said, ‘I am going to be a doctor.’”

Dr. Seppala started his undergraduate education at St. Olaf College in Northfield, Minn., before transferring to Drake University in Des Moines, Iowa. In the summers, he’d return to the Mayo lab. He was focused on becoming a physician. While an undergraduate student, he married his wife Linda. The two had known each other since eighth grade in Stewartville. Even though Linda’s family moved away from Stewartville, the two teenagers exchanged addresses and continued to write letters during high school. Linda still has the letters. She visited him while he was in treatment at Hazelden and says she has always had faith in him. She credits Dr. Ellen Breyer with saving her high school graduation.

“For Marvin, his addiction was a blessing in disguise, if it can be; to almost have taken his life and then given him his life,” she says. “Marvin is incredibly disciplined, and it’s him. They began dating after her high school graduation.

“...”

Spring 2005 Mayo Alumni
“IT TOOK ME AWHILE TO GET BEYOND MY DISBELIEF THAT I WAS ACTUALLY HERE, STUDYING TO BECOME A DOCTOR.”

— MARV SEPPALA, M.D.

I couldn’t believe it. I had been studying to become a doctor, but now I was actually here. It seemed surreal. I was always a bit skeptical about my abilities, but now I was actually here, doing what I had dreamed of for so long.

My disbelief that I was actually here, studying to become a doctor, says Dr. Seppala. “There were so many people who helped me along the way. I was never able to tell Dr. Donald and Dr. Shepherd what role they played in my life. There were so many fellows who have no idea the support they provided me. What’s interesting is that no one had to treat me that way. It’s just the culture of Mayo and how it treats people, not just patients or doctors.”

While many people in the laboratory were unaware of his addiction, Dr. Seppala was more open with his classmates in medical school. In his first year of medical school, he was at a party when Keith Berge, M.D., a fellow classmate learned of Dr. Seppala’s addiction.

“I remember saying, ‘Let me get you a beer,’ and Marv said, ‘No thanks, I’ll stick with orange juice,’ and I persisted,” says Dr. Berge. “Finally, he said, ‘I can’t have a beer, I’m an alcoholic.’ I don’t even remember my response, but it was something like ‘no you’re not’ or ‘you can’t be.’ Until that point, my impression of an alcoholic was a skid row bum, not a fellow medical student.”

Today, Dr. Berge and Dr. Seppala are good friends. They’re part of a group of friends who enjoy skiing and try to find time each year to gather on the ski slopes in the western United States. Bend, Ore., is perhaps one of their favorite locales. “There, a perfect day is skiing in the morning and fly-fishing in the afternoon,” says Dr. Berge. Dr. Seppala learned to love fly-fishing on the trout streams of southeastern Minnesota, because he said he needed to find an activity to keep him occupied early in his recovery. It developed into a lifelong love. He taught Dr. Berge how to fly-fish.

“Dr. Seppala’s initial interest in medical school was to pursue a specialty in cardiac surgery, but along the way he became frustrated with how addiction was treated and realized addiction wasn’t understood well by many physicians.”

“In my second year with clinical rotations, I began to see how few physicians knew anything about addiction and how few did anything about it,” says Dr. Seppala. “I was complaining to a couple of doctors who were in recovery and they took me aside and told me my complaining wasn’t helping, that I needed to do something about it. I did a psychiatry rotation and looked at options to work in addiction. It was hard for me to give up on surgery. I really loved that, but this path seemed so right. And the great thing about Mayo is that there was support for either path.”

After medical school, he pursued his psychiatric residency training at the University of Minnesota and continued with a fellowship in chemical dependency. As he embarked on his career, he worked in various clinics and saw a wide array of patients because he wanted to focus on addiction. He worked at several clinics, including one that serves Native Americans and another clinic that serves Southeast Asians, specializing in treatment for addiction to opium. He often treated patients who had multiple issues, such as bipolar disorder and cocaine addiction.

“The training and background I had at Mayo played a tremendous role in my ability to do a thorough job and understand and look beyond the most common possibility,” says Dr. Seppala. “But what hit me a few years ago was reading the study by the Texas A&M University professor (Leonard Berry) who studied Mayo and said one of Mayo’s strengths is its culture of teamwork. Throughout my career I’ve worked so well on teams and never knew why. It was like being a fish in the water.”

Breyer says Dr. Seppala’s ability to use these principles. “I’ve watched Marv operate in the halls of Congress, speaking about the insurance coverage needs of addiction, and then later relate very personally to a young person who’s in trouble,” says Breyer. Dr. Seppala notes with irony his expertise: “I’ve been knowledgeable about this field since age 17.”

He works hard to reach many audiences with his message about addiction. In 2001, he authored the book’s book, *Clinician’s Guide to the Twelve Step Principles*, which was lauded for its presentation in helping clinicians, as well as nonmedical people, better understand recovery programs that use these principles.

The personal skills of Dr. Seppala are equally important in his success, friends and colleagues say. He’ll stop someone if they call him “Dr. Seppala,” and offer “please, just call me Marv.” But he’ll quickly let the conversation resume, so he can listen. His friends laud his listening skills.

“Marv is very present for conversations, even on the phone when it might be easy to be distracted,” says Dr. Berge.

He’s also very present as a father to his children, Alexandra, who is in college, and Adam, a high school student. He lives in Wilsonville, Ore., with his family, so his job requires travel. Even so, he finds special time for each, Linda says. With Alexandra, it might be a nice dinner out, or with Adam, it might be a University of Oregon football game.

“Probably one of the proudest days of my life was watching my daughter get her high school diploma,” he says. Dr. Seppala sees the bright reflections in life now, knowing he’s seen the dark parts.

“Marv laughs all the time,” says Dr. Berge. “He tends to see the bright part of life and the good situations.”

“He also illustrates there is the potential of a bright side in everyone’s life,” Breyer says.

“Marv gives us the example of himself, that people do recover and there is hope,” she says. “People can go on and do very important things in their lives.”

— Michael Dougherty
Mayo Clinic posts strong financial results in 2004

Mayo Clinic’s annual report highlights an excellent 2004 financial performance by Mayo Clinic Rochester. The report notes a number of factors that contributed to Mayo Clinic’s strong results, including:

- Total revenues grew 11 percent to $5.4 billion, outpacing expense growth of 9 percent.
- Mayo Clinic’s overall bottom line, including greater-than-normal investment gains, was $457 million.
- Mayo contributed $290 million to its employee pension plans to keep them fully funded.
- Total research expenditures increased by 6 percent to $372 million.
- Research grants and contracts increased by nearly 21 percent over 2003, and gifts from benefactors exceeded $200 million, up from $136 million in 2003.
- The financial markets made significant gains, with Mayo's portfolio returning 18 percent.
- Mayo Clinic’s net operating income is reinvested to advance medicine and teach the next generation of health care professionals, says Dr. Robert Smoldt. "In 2004, Mayo spent $226 million doing just that. But we can’t rely on excess funds from operations to completely fund these critical parts of our mission."

In 2004, Mayo Clinic continued to partner with foundations, benefactors, the government and industry to accomplish common objectives, says Dr. Cortese. Several important projects are under way because of these relationships:

- The U.S. government, foundations, industry, and other external sources provided $302 million to support Mayo Clinic education and research programs.
- Four University of Minnesota-Mayo Clinic Rochester research teams began work on important research involving prostate cancer, Alzheimer’s disease, obesity and heart disease. The teams have submitted five papers for publication in prestigious medical journals and have received two grants. One patient application has been filed.
- Patients have donated more than $200 million to Mayo Clinic programs, including a generous gift for research into the genomes of addiction from the S.C. Johnson Foundation.
- Mayo Clinic and IBM furthered their relationship, forming a second strategic alliance. This project combines the genomics, clinical and research skills of Mayo staff, the wealth of information in Mayo’s electronic medical record, and the significant bioinformatics and computing power of IBM’s fastest computers in the world.
- Mayo Clinic in Arizona broke ground for the Mayo Clinic Collaborative Research Building, a biomedical research facility that includes space for a new Translational Genomics Institute (TGen) initiative called the Center for Translational Drug Development (TD2). TD2 will collaborate with Mayo Clinic researchers and others in the biotechnology/pharmaceutical sector to design relevant preclinical and Phase I clinical studies.
- The National Institute on Aging renewed Mayo Clinic’s designation as one of the country’s 29 Alzheimer’s Disease Research Centers for an additional five years. The renewal comes with a $7.5 million grant to support research at Mayo Clinic in Jacksonville and Rochester. Since 1991, Jacksonville investigator s have been at the forefront of Alzheimer’s research in African-Americans.
- Mayo Clinic in Jacksonville and Community Health Care of Northeast Florida created a physician fellowship in palliative medicine. The 12-month program is designed to prepare physicians to become experts in end-of-life or chronic, non-curable disease care.
- Arizona State University and Mayo Clinic in Arizona joined forces on several new collaborations in medical research and education. The new collaborations include the potential development of joint education programs involving law, business and nursing; setting up a joint seed fund program to pursue cutting-edge research and technology; collaborative research in bioinformatics and bioengineering; and shared office space on each campus.

Mayo Clinic leaders emphasize that all of these initiatives—made possible through partnership and collaboration—help Mayo Clinic fulfill its mission of providing the best care to every patient every day through integrated clinical practice, education and research.

"You’ll see Mayo Clinic getting involved in more of these endeavors in the future," says Hugh Smith, M.D., vice president of Mayo Clinic and chair of the Board of Governors at Mayo Clinic in Rochester. "For example, the multiyear research partnership, with requested state support to supplement contributions made by Mayo and the University of Minnesota, will fuel new medical discoveries and ensure that cutting-edge medicine is available in the state. The initiative will also support the development of new businesses and jobs in Minnesota. We’re convinced that these kinds of projects will advance the field of medicine while benefiting the states and communities in which we operate."

Hugh Smith, M.D., to retire from Mayo Clinic Rochester Board of Governors

Hugh Smith, M.D., chair of the Mayo Clinic Rochester Board of Governors has announced he will retire from his position at the end of this year.

At the time of his retirement, Dr. Smith will have served in the leadership post for six years. He’s been a member of the Board since 1993. Dr. Smith, a cardiologist, said he will continue to practice at Mayo Clinic.

“The opportunity to serve Mayo as a board member for the past 13 years has been an enriching experience,” says Dr. Smith. “It’s given me an even deeper appreciation for Mayo and the people who serve this organization. I’m stepping down as board chair, but I intend to continue to practice and serve Mayo in other ways. The health and success of this organization and the welfare of the people who work here mean so much to me.”

Hugh Smith came to Mayo Clinic in 1970 as a cardiology research fellow in the laboratory of Earl Wood, M.D., Ph.D. He became a consultant in 1973 and later served at Mayo Clinic as director of the Cardiac Laboratory, chair of the Division of Cardiovascular Diseases and Internal Medicine, and medical director of Mayo Health Plans. Dr. Smith is vice president of Mayo Clinic, professor of Internal Medicine in the Mayo Clinic College of Medicine and a member of the Board of Trustees.

The Board of Governors has formed a search committee to identify Dr. Smith’s successor. The committee will make its recommendation to the Mayo Clinic Executive Committee and the Board of Governors in June. Dr. Smith and his successor will work together from midsummer through the end of the year to ensure a smooth leadership transition.

2004 financial highlights

Mayo Clinic leaders recently released a summary of the 2004 financial performance for Mayo Clinic in Minnesota, Wisconsin, Iowa, Arizona and Florida. The figures include all entities unless otherwise noted. Some of the key highlights are:

- Demand for Mayo Clinic services remained strong, with more severely ill patients seeking care.
- Income from Patient Activities (ICA), the best measure of Mayo’s financial performance, was $305 million, a margin of 5.7 percent. All Mayo entities and activities contributed positively to this financial success.
- Income from patient care increased from $216 million in 2003 to $214 million.
- Diversification activities contributed $4.2 million net income, up from $28 million in 2003. These funds provide support for education and research.
- Gifts from benefactors exceeded $200 million, up from $136 million in 2003.
- The financial markets made significant gains, with Mayo’s portfolio returning nearly 15 percent.
- Research grants and contracts increased by nearly 21 percent over 2003, and total research expenditures increased by 6 percent to $727 million.
- Education expenditures increased to more than $155 million, nearly $38 million of which is funded by external sources.
- Mayo contributed $290 million to its employee pension plans to keep them strong and secure for the future.
- Mayo Clinic’s overall bottom line, including greater-than-normal investment gains, was $457 million.
- Total revenues grew 11 percent to $5.4 billion, outpacing expense growth of 9 percent.

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Bruce Horazdovsky, Ph.D.

Bruce Horazdovsky, a senior associate consultant in the Mayo Clinic Cancer Center and an associate professor in the Department of Biochemistry and Molecular Biology. Dr. Horazdovsky received his undergraduate degree at St. Olaf College in Northfield, Minn. He continued his studies at Case Western Reserve University and received a Ph.D. degree in Microbiology and Molecular Biology. After graduation, he pursued postdoctoral research at the California Institute of Technology in Pasadena. Dr. Horazdovsky continued his postdoctoral training as a research fellow at the Howard Hughes Medical Institute at the University of California, San Diego. He was then appointed assistant professor of Biochemistry at the University of Texas Southwestern Medical Center in Dallas. In November 2002, he moved his research group to Mayo Clinic.

Dr. Horazdovsky’s research programs have been funded by the National Institutes of Health, American Heart Association, the March of Dimes Society, American Cancer Society and the Huberet Research Fund. He has served on the grant review board of the American Heart Association and is a current member of the Cell Biology and Development Fellowship Study Section of the National Institutes of Health. Dr. Horazdovsky’s current research focuses on the regulation of growth factor receptor trafficking in cancer and neurodegenerative disease.

Cardiac deaths peak in sleep hours for patients with sleep apnea

The 20 million Americans who have obstructive sleep apnea (OSA) are more likely to die suddenly of cardiac causes between 10 p.m. and 6 a.m. than during the other 16 hours of the day combined, according to findings of a Mayo Clinic study published in March in the New England Journal of Medicine.

According to the National Residency Matching Program, more than 25,300 medical students participated in this year’s match and 93.7 percent successfully matched to residency training positions. The Association of American Medical Colleges established the NMRP in 1952 to provide a fair and orderly process to match residency applicants’ preferences with residency program choices of applicants. The program provides a common time for announcement of appointments, as well as an agreement for programs and applicants to honor the commitment of match results.
New findings from Mayo Clinic indicate that cT3 prostate cancer, a disease in which the cancer has spread locally from inside the prostate to immediately outside it, is operable and has 15-year cancer survival rates of almost 40 percent. “These patients have a better chance if they undergo surgery and are living longer than if they undergo radiation therapy,” says Horst Zincke, M.D., Ph.D., Mayo Clinic urologist and senior study investigator. Treatment of this type of prostate cancer has been controversial, as it is a stage 3 cancer in which the malignancy has spread. Due to its advanced stage, some physicians have considered it inoperable via radical prostatectomy, according to Dr. Zincke. He explains that many patients come to him with a second opinion after being told their cT3 prostate cancers could not be surgically removed, so they should have radiation therapy.

The problem with radiation therapy as the first line of treatment for cT3 prostate cancer, according to the Mayo Clinic researchers, is the high risk of recurrence. The survival rate, which is 79 percent at only five years. In contrast, with radical prostatectomy, 79 percent of the patients lived at least 15 years. Dr. Zincke also explains that when malignant prostate tumors are high grade—more aggressive—they are not expected to respond to radiation therapy alone.

He believes the current trend away from surgery is a disservice to patients. “Patients are being denied surgical treatment when indeed they could have had surgery,” Dr. Zincke says. The cancer survival rates for cT3 prostate cancer with radical prostatectomy not only approach those of cT2 prostate cancer (cancer confined to the prostate), which is 90 percent at 15 years, but they are even more impressive due to the ages of the patients, says Dr. Zincke. “It's significant because the average patient is only 62 years old,” he says. “A 15-year survival is a long time.”

In addition, the favorable survival rate for the cT3 prostate cancer patients studied, the Mayo Clinic researchers also found urinary incontinence rates and complications were akin to those for cT2 prostate cancer. This study was conducted as a single-institution, retrospective study of 5,652 men who had radical prostatectomy at Mayo Clinic for confirmed prostate cancer.

Cryoablation treatment helps diminish pain of bone cancer

Pain from cancer that has spread to the bone can be effectively diminished with a new treatment that freezes the cancerous areas, Mayo Clinic researchers reported April 1, 2005, at the 30th Annual Scientific Meeting of the Society of Interventional Radiology in New Orleans. The treatment can provide a higher quality of life to patients whose activities are greatly limited because of the debilitating pain, says Matthew Callstrom, M.D., Ph.D., a radiologist at Mayo Clinic in Rochester and the chief author of the study.

The new minimally invasive technique, cryoablation, uses extreme cold to freeze the tumor. For the many patients who have metastatic disease, radiation therapy and other therapies may fail over time or do not work at all,” says Dr. Callstrom. “You can reduce the pain for patients with narcotics, but that often means they're sleeping through much of the day and get through the day from narcotic dose to narcotic dose. This has a significant impact on their quality of life.”

Dr. Callstrom said the treatment doesn’t cure the disease, but gives patients a higher quality of life. “In the time that they have, they can back and join the family,” he says. Cryoablation has been used for many years in the operating room, but now with smaller, insulated probes interventional radiologists can provide the therapy through a small nick in the skin, with the help of ultrasound or stitches. The physician uses computed tomography (CT) and ultrasound imaging to guide up to eight probes through the skin into the tumor of the patient, who is under anesthesia. The “ice ball” area that is created around the probe is visible with CT imaging, grows in size and destroys the tumor.

This is the first prospective trial to evaluate the safety and efficacy of cryoablation through the skin to reduce painful metastatic lesions involving bone. These interim results in 13 patients show that pain relief is significant, and the treatment can be performed with a percutaneous needle. Of the 13 patients who have been treated, 85 percent reported at least a three-point drop (on a scale of one to 10) in their worst pain. The study is ongoing and a total 30 adult patients are planned for enrollment.

Dr. Callstrom says cryoablation offers an alternative to pre-existing bio-frequency ablation, which uses heat. “You can't see precisely where the heat is being delivered in the tissue, so if you try to ablate a difficult area, you have to worry when you're near critical structures like the spinal cord, blood vessels or organs,” says Dr. Callstrom. “With cryoablation, we can see the sharp line of the ice and take it right up to the critical structure and not harm it.”

Mayo Clinic offers alternative to hysterectomy for uterine fibroids

Mayo Clinic is one of few institutions offering a new non-invasive treatment for women who suffer from uterine fibroids. The procedure is called focal - in patients whose activities are greatly limited because of the debilitating pain, says Matthew Callstrom, M.D., Ph.D., a radiologist at Mayo Clinic in Rochester and the chief author of the study.

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Psychiatric Genomics: Applications in Clinical Practice, Aug. 1-5, 2005
Selected Topics in Rheumatology, Aug. 11-14, 2005, Victoria, British Columbia, Canada.
Pediatic Days 2005, Sept. 8-9, 2005, Chicago
Nutrition in Health and Disease, Sept. 8-9, 2005, Chicago
Internal Medicine Review for Nurse Practitioners and Physician Assistants, Sept. 15-16, 2005
Mayo Clinic Update in Hepatology and Liver Transplantation, Sept. 16-17, 2005, Minneapolis
Mayo Clinic Update in Gastroenterology and Hepatology Board Review, Sept. 8-11, 2005, Chicago
Mayo Clinic Cardiovascular Board Reviews, Sept. 24-29, 2005
Parkinson’s Disease and Other Movement Disorders, Oct. 21-22, 2005, Phoenix

Alumni news

1970s
Suzanne Ildstad (MMS ‘74) is a member of the Institute of Medicine’s Cord Blood Banking Committee and its Spinal Cord Repair Committee. She was recently appointed to the Governor of California’s Review Committee on Stem Cell Regenerative Medicine and allocation of funds.

1980s
Kenneth Lloyd (Radiation Oncology ‘85) was awarded the degree of fellow at the most recent meeting of the American College of Radiology.
Candace Warner (Internal Medicine ‘88, Infectious Diseases ‘91) was awarded the degree of fellow by the American Academy of Medical Acupuncture.
Jeanne Yeta (Psychiatry ‘86) is the director of Horse Power Plus, a practice in equine-facilitated psychotherapy and learning in Roanoke, Va.

Staff news

Keith Bible was appointed to the Developmental Therapeutics Study Section, Center for Scientific Review, National Institutes of Health.
Allen Bishop received the 2004 Alumni Achievement Award from St. Olaf College in Northfield.
James Bolling and Nan Sawyer were re-elected to the Mayo Clinic Jacksonville Board of Governors.
Gregory Broderick was named President of the Sexual Medicine Society of North America.

John Cangemi received the Distinguished Career Award.
John Cangemi and Jack Leventhal received the Recognition of Institutional Service Award.
Stephen Carmichael was the keynote speaker for the 4th International Conference of China on Anatomical Sciences in Wuhan, China.
Ramón Castello was elected President of the Intersocietal Commission for the Accreditation of Echocardiography Laboratories.
Christopher Chute was the keynote speaker at the Japanese Medical Informatics Association annual meeting in Nagoya.
Fernando Cosio received the Mayo Clinic Individual Award for Excellence.
H. Gordon Deen was an invited lecturer at the Massachusetts Institute of Technology.
Richard Hurt received the Mayo Clinic Individual Award for Excellence.
John Huston III received the Mayo Clinic Individual Award for Excellence.
Michael Jensen received the 2005 Robert H. Herman Award in Clinical Nutrition from the American Society for Clinical Nutrition.
Nicholas LaRusso was named the first Distinguished Mentor of the American Gastroenterological Association.
Charles Loprinzi was awarded the Susan G. Komen Breast Cancer Foundation Professor of Survivorship.
Reza Malek was elected chair of the American Society for Laser Medicine and Surgery’s Section of Urology, as well as a member of the Government Liaison Committee of the society. He also was named course director for Laser Prostatectomy (PVP) by the American Urological Association.

Ashtosh Mangalam received the International Society of Neuro-Immunology Travel Award to attend the Experimental Biology-2005 meeting. Dr. Mangalam also was selected for the Travel Award to attend the FOCIS Centers of Excellence Trainee Satellite Symposium.
Kiernan Minehan received the Mayo Clinic Individual Award for Excellence.
Richard Morin received the American Board of Radiology Distinguished Service Award.
Bernard Morrey and Robert Cofield were elected Members of Honor by the Societe de Chirurgie Orthopedique et Traumatologie.
Eric Nottmeier received the International Society for the Study of the Lumbar Spine SSLS Prize.
Mary O’Connor received the Distinguished Clinician Award.
Peter Paierlo delivered the president’s address to members at the recent annual meeting of the Society of Thoracic Surgeons.
Patricia Pellekka was named to the External Advisory Council for the National Space Biomedical Research Institute (NSBRI).
Ronald Petersen was honored at the Meltz Foundation Awards for Medical Research in Alzheimer’s disease.
Steven Petrou was selected to be a member of the Southern Society of Urological Surgeons.
Ronald Reeves received the Mayo Clinic Service Award.
Roy Rogers III was selected by the Named Lectureship Task Force of the American Academy of Dermatology as the Everett C. Fox, M.D. Lecturer for 2005.
Robert Smallridge was elected to the Mayo Clinic Jacksonville Board of Governors.
Obituaries

1930s

Arnoldus Goudsmit, 96, died Feb. 11, 2005. Dr. Goudsmit received his medical degree from the University of Leyden in Amsterdam in 1933. He came to the United States and received his Ph.D. in biochemistry from Cornell University in 1936 and did his residency training in internal medicine at Mayo Clinic, completing it in 1939. During World War II, Dr. Goudsmit served as a medical officer with the U.S. Army Air Corps in Iwo Jima. He was in private practice in Youngstown, Ohio, taught at the University of Pittsburgh Medical School and served as the first president of the Ohio Chapter of the American Society of Internal Medicine. He helped found the American Society of Clinical Oncology in 1964. He achieved the rank of lieutenant colonel. He practiced as a general surgeon for more than 40 years and was a member of the surgical staff of the Allentown Sacred Heart and Quakertown hospitals in Pennsylvania. He served in the U.S. Army Medical Corps from 1942 to 1946, attaining the rank of lieutenant colonel. He returned to Allentown, after his service and served as chief of surgical services at Sacred Heart and Quakertown hospitals. He retired in 1981.

1940s

Albert Hagedorn, 90, died Feb. 8, 2005. Dr. Hagedorn received his medical degree from Stanford University in 1943. He came to Mayo Clinic for his residency training in internal medicine. After completing his training in 1946, he joined the Mayo Clinic staff. He was appointed an instructor in medicine in Mayo Graduate School and eventually became a professor. From 1953 to 1955 he served in the U.S. Army Medical Corps, achieving the rank of major and served as chief of medicine at the General Hospital in Stuttgart, Germany, and as a consultant in hematology to the Army medical services in Europe. From 1955 to 1961 he served as chief of the section in hematology from 1960 to 1976. He retired in 1985.

1950s

Robert Anderson, 85, died Nov. 18, 2003. Dr. Anderson received his medical degree from the Northwestern University Medical School in 1943. After an internship, he joined the U.S. Army and served in the European Theater during World War II, receiving the Bronze Star and Combat Medical Badge. After his service, Dr. Anderson served in Europe where he did his residency training in neurosurgery, completing it in 1950. He came to Rockford, Ill., and was the community’s first neurosurgeon. He worked in private practice from 1951 to 2002, when he retired. He also served as clinical instructor in the department of surgery at the University of Illinois College of Medicine.

1960s

Dwight Parkinson, 88, died Feb. 1, 2005. Dr. Parkinson received his medical degree from McGill University in Montreal in 1941. He spent time in the U.S. Army, rising to the rank of captain and serving as a battalion surgeon with the 104th Division in France, Belgium and Holland. He was awarded two Bronze Stars during his service. After completing a surgical residency at Mary Hitchcock Hospital in Hanover, N.H., in 1946, he came to Mayo Clinic and completed his fellowship in neurosurgery in 1949. Dr. Parkinson moved to Winnipeg and was appointed chief of neurosurgery at Health Sciences Centre in Winnipeg. He also served as chief of neurosurgery with the Institute of Medicine, University of Manitoba. Dr. Parkinson was the first president of the Canadian Neurosurgical Society and was a Governor for the Manitoba Chapter of the American College of Surgeons. He was the club doctor for the Winnipeg Blue Bombers of the Canadian Football League and was an International Figure Skating Judge. After he retired, Dr. Parkinson continued teaching and research in the anatomy department of the University of Manitoba.

1970s

Lawrence Solberg was re-elected to the Board of Directors of Community Hospice of Northeast Florida. Mark Stark received the Distinguished Educator Award.

Carmen Terzic received an award from the American Heart Association National Scientist Development grant program.

Pawan Vohra received a travel award from the American Society for Biochemistry and Molecular Biology for the most outstanding abstract. Dr. Vohra will present “Cell Cycle Arrest and Apoptosis of Typical Pulmonary Carcinoid Cancers by Inhibition of the Raf/Mek/Erk Signaling Pathway” at the 2005 Experimental Biology meeting.

Catherine Weiler has been invited to join the advisory panel of the Primary Immunodeficiency Consortium, Inc., dba United States Immunodeficiency Network (USIDNET).

Fellow, resident and student news

Nusheen Ameenuddin (Pediatrics) had an essay, “Necessary Accessories,” included in the book, What I Learned in Medical School: Personal Stories of Young Doctors, which features essays from medical students in the United States.
Mayo Clinic Resource Central

Resources to help you stay connected with Mayo Clinic and Mayo Clinic Alumni Association

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

Mayo Clinic in Jacksonville
5400 San Pablo Road
Jacksonville, FL 32224
904-953-2000

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

Mayo Clinic Medical Laboratories
800-533-1710

Mayo Clinic MedAir, Mayo One
800-237-6822

Mayo Clinic Alumni Center
Information
Mayo Clinic Alumni Center
507-284-2317
Karen Skiba
Administrator
507-538-0162
E-mail: mayoalumni@mayo.edu
Alumni Relations Coordinators:
Betsey Smith
507-538-1164
Carol Demulling
507-538-1163

The Doctors Mayo Society
Mark Hintz
800-297-1185

Department of Development
800-297-1185

Physician Referral Information
Rochester 800-533-1564
Jacksonville 800-634-1417
Scottsdale 800-446-2279

Executive Health Program
Rochester 507-284-2288
Jacksonville 800-634-1417
Scottsdale 800-301-8088

Mayo Medical Laboratories
800-533-1710

Mayo Clinic MedAir, Mayo One
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Medical Journal
Mayo Clinic Proceedings
800-707-7040
www.mayo.edu/proceedings

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Thomas J. McDonald, M.D., Rochester, Minn.
Christine T. Meas-Baier, M.D., Memphis, Tenn.
Roger L. Nelson, M.D., Rochester, Minn.
T. Paul O’Donovan, M.D., Chicago, Ill.
Katharine L. Rasdall, Rochester, Minn.
David K. Tiergarten, M.D., Tyler, Texas

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

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

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

Mayo Medical Laboratories
800-533-1710

Mayo Clinic Alumni Center e-mail address: mayoalumni@mayo.edu

Web site: http://www.mayo.edu

Mayo Alumni Association Internet address: http://www.mayo.edu/alumni/alaumni.htm

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

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