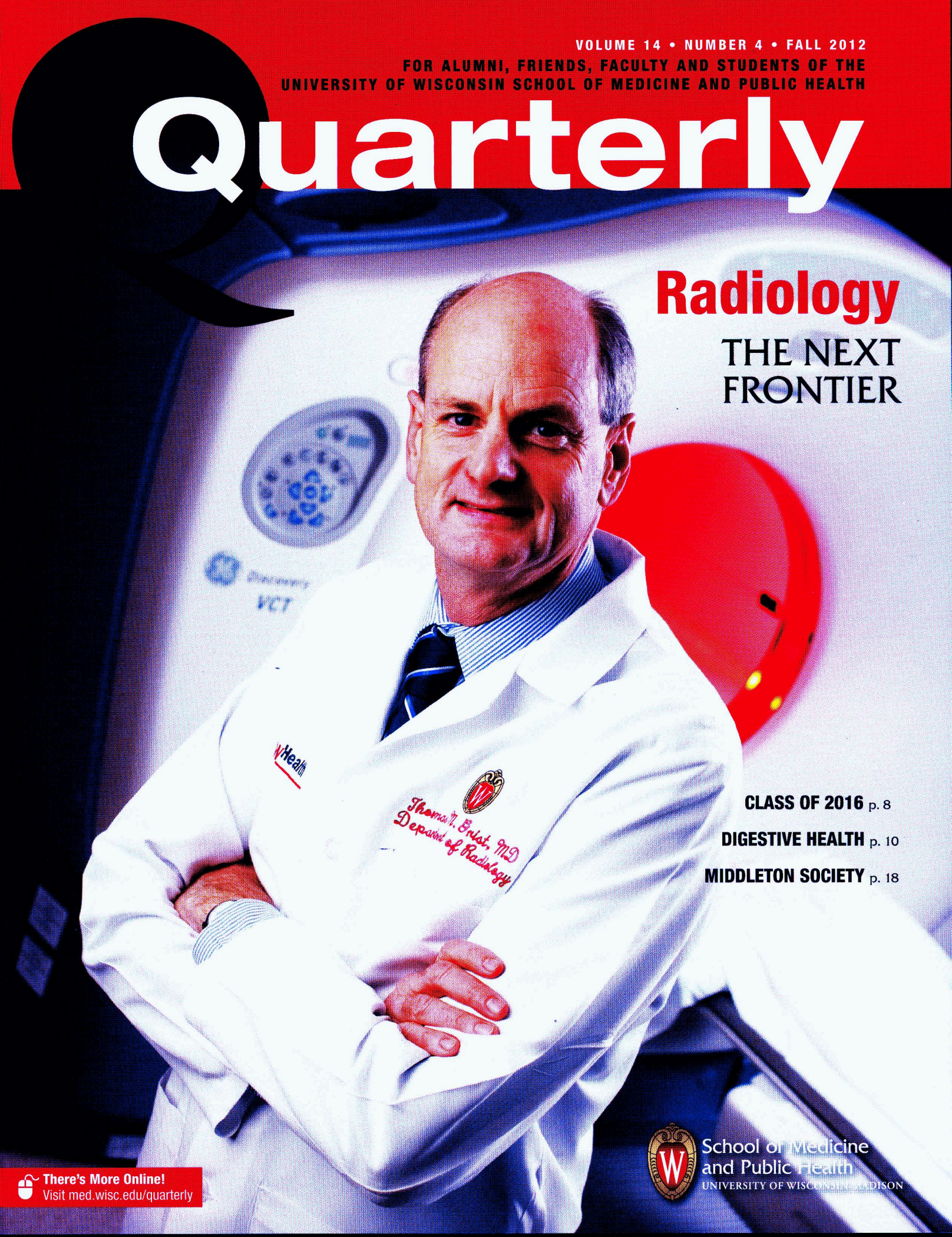
VOLUME 14 • NUMBER 4 • FALL 2012
FOR ALUMNI, FRIENDS, FACULTY AND STUDENTS OF THE
UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH

Quarterly



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School of Medicine and Public Health
UNIVERSITY OF WISCONSIN–MADISON

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Please send us information about your honors received, appointments, career advancements, publications, volunteer work and other activities of interest. We'll include your news in the Alumni Notebook section of the *Quarterly* as space allows. Please include names, dates and locations. Photographs are encouraged.

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Fall on Campus (above)

Wisconsin's dry summer yielded ample fall color

On the Cover

Thomas Grist embraces technology aimed at tailoring radiation treatments to maximize effectiveness in patient care

ROBERT N. GOLDEN, MD

Several articles in this issue of *Quarterly* illustrate what it means to become a school of medicine *and* public health. From varying perspectives, the stories demonstrate the incredible power of bringing together the basic sciences, clinical investigation and public health in an integrated model.

In our Research Advances, you will learn how the work of Paul Lambert, a nationally renowned basic virologist, will potentially have a huge impact at the population level. We have already seen how human papillomavirus (HPV) immunization can greatly reduce the risk of cervical cancer. Now Paul's lab is applying molecular virology techniques to identify potential new targets for HPV-associated cervical cancer, a wonderful example of bringing together basic-, clinical- and population-level approaches. We are delighted that he and the rest of the fabled McArdle Laboratory will be moving next year into the central Wisconsin Institutes for Medical Research tower, where they will have daily contact and interactions with physicians, patients and their families.

Also in Research Advances, we learn how scientists in our nationally prominent Department of Biostatistics and Medical Informatics are developing new methods for translating the enormous basic science databases from the Human Genome Project into practical scientific applications. In most universities, the biostatistics department typically resides in a school of public health. The people of Wisconsin and beyond are most fortunate to have a world-class biostatistics and medical informatics department based in a school of medicine *and* public health, where it is quite natural to build bridges connecting basic, clinical and population health perspectives.

We are very pleased to have successfully competed for a Public Health and Primary Care Innovations in Medical Education (PRIME) grant. This will offer students a full continuum of educational opportunities, ranging from meaningful introductions to population health to more intensive combined degree programs. The PRIME grant serves as a wonderful bookend to our traditional National Institutes of Health-funded Medical Scientist Training Program, which offers MD/PhD degrees that usually emphasize basic biomedical sciences. Now we have a public health complement, and together the programs will produce a generation of leaders who will cover the full spectrum.

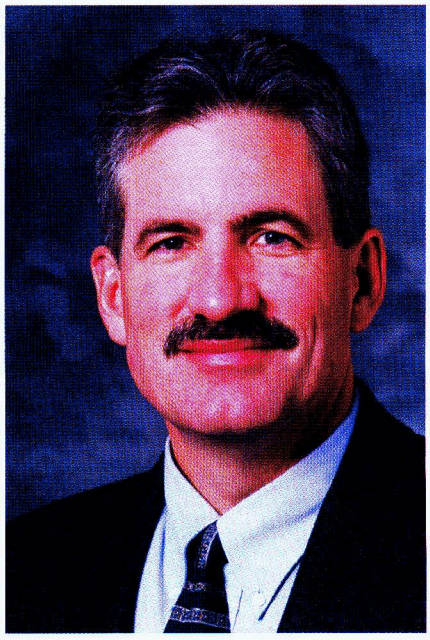
Of course, the cornerstone for all that we do is our outstanding faculty. A trio of faculty leaders—Patrick Remington, Elizabeth Petty and Cynthia Haq—was responsible for writing the PRIME grant. As you will read, Mike Fiore, the founding director of the UW Center for Tobacco Research and Intervention, received one of the highest national honors: election to the Institute of Medicine. Mike has been remarkably successful in applying the best traditions of public health approaches to the medical epidemic of tobacco addiction. We also are proud of Chris Green for his appointment as senior vice president for medical affairs and chief medical officer at UW Hospital and Clinics, and Christie Seibert, who follows a long tradition of outstanding medical school leaders who have been selected to participate in the Executive Leadership in Academic Medicine Program for Women, or ELAM.

Students are constantly a source of great pride, and the Class of 2016, with its wealth of diverse backgrounds, is no exception. We welcomed each class member to our SMPH family at our recent White Coat Ceremony, where we also honored the senior students who were elected into the Gold Humanism Honor Society.

Although the beautiful fall foliage has now dropped from the trees, we continue to enjoy other colorful events of this season. We enjoyed a wonderful series of Homecoming events earlier this fall, and eagerly await the upcoming holiday season. Who knows what Santa might bring … perhaps a bowl game victory for Bucky Badger?

Robert N. Golden, MD
Dean, University of Wisconsin
School of Medicine and Public Health
Vice Chancellor for Medical Affairs
UW-Madison

PAT MCBRIDE, MD, MPH



What a wonderful fall! Just as fall transforms the colorful scenery on campus, it brings so much change to our school.

We welcomed members of the Class of 2016, and the rest of our students moved into their new years with enthusiasm. The new school year creates a buzz of excitement that motivates all of us on campus. This fall, President Obama visited the UW-Madison campus, reminding us of how vital our campus is to our country and what a difference we can make in the future.

Our new students come from many different backgrounds. While most come from Wisconsin, we have students from all around the world. Their backgrounds include rural towns to big cities, and from careers of all kinds. We truly enjoy learning about the various journeys they have taken during their lives.

Even more exciting are the experiences they will have as students here and as future UW alumni! It is a rare privilege to be part of our students' journeys. I recently met with one of our alumni who fondly remembered her days here, how it led to her ongoing medical practice of 27 years, and how much this school and community have meant to her life and career.

The School of Medicine and Public Health continues to transform itself and its curriculum. We constantly look to new ways to educate our students for the 21st century, given all of the new changes in healthcare and technology. We want our students to be ready to join all of you in practice. We are trying to work with residency programs to prepare our students to be as competitive and prepared as possible to meet the needs of hospitals and post-graduate training programs. We are working with our state and healthcare organizations to provide the types of professionals who are needed to provide the healthcare necessary in the future.

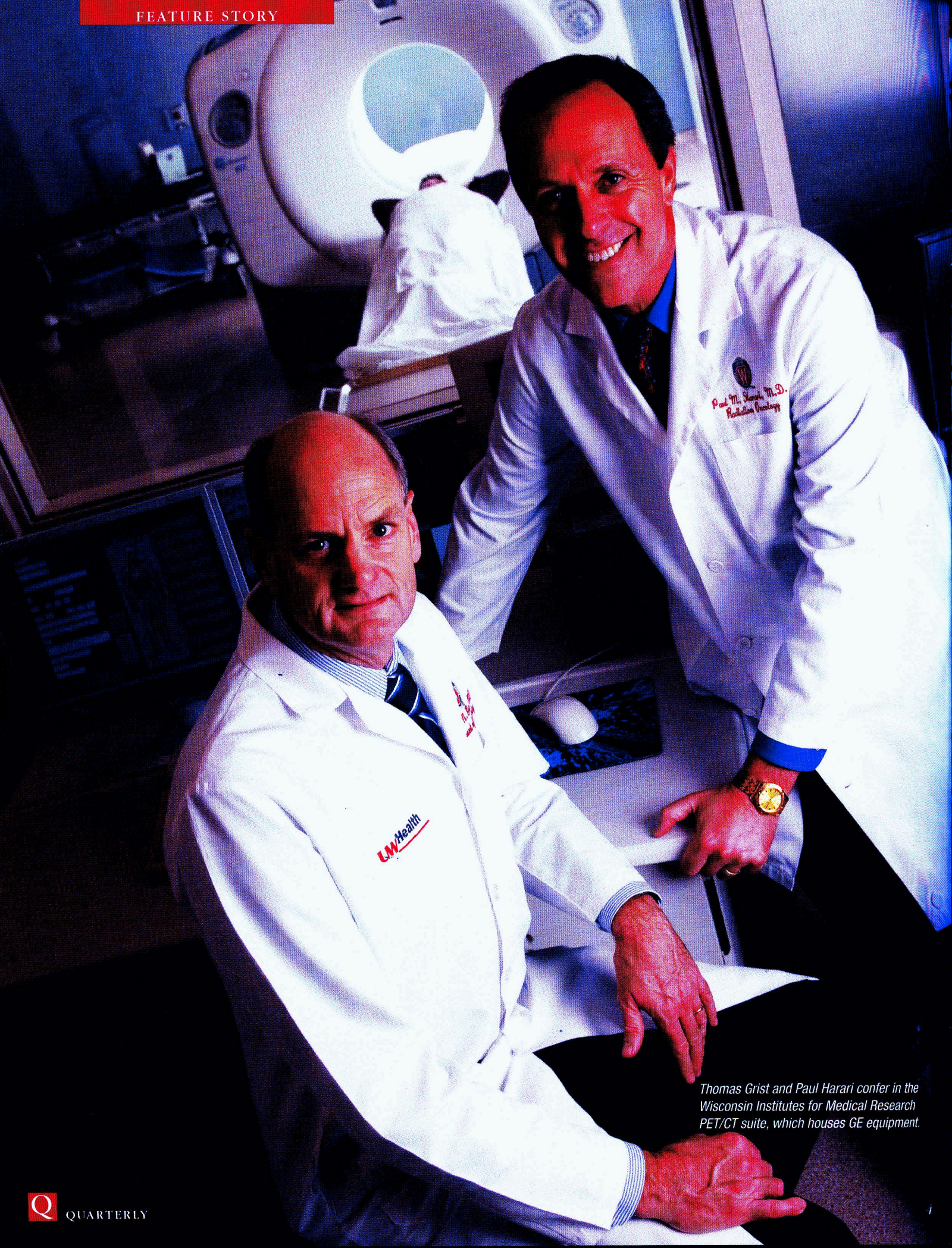
The Wisconsin Medical Alumni Association (WMAA) also continues to change. It is a dynamic organization that practices continuous quality improvement. The organization is implementing its Strategic Plan to improve services to our alumni, students and school.

These are challenging times, but the WMAA is supporting wonderful future alumni who are ready to serve our country and the world. Our students have plans to make a difference in clinical care, research, education and public health, and the WMAA plays a significant role in their education.

We hope to increase participation by our alumni in the WMAA, which will help to expand career development, scholarships and other support for our school. Your continued support of WMAA will help our students reach their dreams.

I have the privilege of listening to our students and hearing their plans and dreams. This generation is very special, and will make a big difference in our world. I hope you will visit with them—and with us!

Pat McBride, MD, '80 MPH
President, Wisconsin Medical Alumni Association
Associate Dean for Students, University of Wisconsin School of Medicine and Public Health



Thomas Grist and Paul Harari confer in the Wisconsin Institutes for Medical Research PET/CT suite, which houses GE equipment.

BY TONI MORRISSEY

Diagnostic Imaging and Radiology Research

UW, GE LOOK TOWARD THE NEXT FRONTIER

The black, white and shades-of-grey images that outline human tumors is something that Paul Harari, MD, sees every day in his clinical oncology practice at the University of Wisconsin Carbone Cancer Center (UWCCC). These images help Harari and colleagues gauge whether a cancer patient will need various combinations of surgery, radiation and/or chemotherapy. What these images do not yet predict is whether the prescribed treatment will be the absolute best approach for each particular patient.

Right now, Harari can see the anatomy and distribution of the tumor quite well, but he cannot assess the inner tumor biology that would allow him to predict response likelihood. He often won't know whether a tumor is shrinking, growing or remaining unchanged until several weeks or even months after treatment has been completed. Sometimes the initial treatment yields an excellent response. Other times, Harari and his patients are disappointed because the tumor does not respond favorably to treatment.

"We are poised to make remarkable progress in tailoring cancer treatments to individual patients based on the specific biology and genetics of their individual tumor," notes Harari, the Jack Fowler Professor and Chair of the Department of Human Oncology at the UW School of Medicine and Public Health (SMPH). "We are keenly aware that treatment should not be 'one size fits all.' Advances in molecular and functional imaging will allow us to personalize treatments to maximize effectiveness."

The answers to more individualized and effective cancer treatment could lie in a new innovative, collaborative research facility being planned at the SMPH. The facility is being designed to provide answers in the "bench to bedside" model, aimed at quickly moving discoveries into practical applications to benefit patients.

In September 2012, SMPH Dean Robert Golden, MD, announced a collaboration agreement with GE Healthcare that will produce a leading-edge imaging research facility at the school. The imaging center will expand radiology and medical physics research space by 12,500 square feet.

As part of the agreement, GE Healthcare has committed $32.9 million in funding, research personnel and diagnostic imaging equipment over 10 years to support its collaborative research program with the UW's existing Departments of Radiology and Medical Physics. The research agreement will be re-evaluated and recommitted annually during the next decade. The implications of the innovative partnership are mind-boggling and revolutionary.

"The imaging center will be one of a few in the world that will bring together state-of-the-art diagnostic imaging systems with physicians, engineers and scientists focused on improved patient care and personalized medicine, in an environment that is connected to an outstanding academic medical center, including UW Hospital and Clinics," says Thomas Grist, MD, the John H. Juhl Professor of Radiology, Medical Physics and Biomedical Engineering and chair of the Department of Radiology at the SMPH.

–Continued on next page

National Cancer Institute's "comprehensive" designation.

Driving the recently announced collaboration is a partnership between SMPH and GE Healthcare that has lasted more than 30 years. The long list of innovations produced through the partnership includes:

- UW researchers inspired four of seven major GE products introduced in 2010 from research on MRI. Another four major MRI clinical applications could be produced by the collaboration next year.
- In CT, the partnership has resulted in novel technology that significantly reduces radiation doses for pediatric and adult patients. Those protocols already are in place at American Family Children's Hospital and UW Hospital and Clinics.
- Other researchers have rolled up their sleeves to use functional MRI for early diagnosis and monitoring of treatment in patients with the most common cause of liver disease.
- Patients at risk for heart disease are benefitting from new non-invasive imaging techniques to assess blood flow in entirely new ways.

Concurrent with the creation of the research collaboration, the Wisconsin Alumni Research Foundation and GE Healthcare forged a new patent and technology agreement that governs the intellectual property and licensing practices of the research contract. During the past 11 years and under a previous agreement, the collaboration resulted in nearly 200 invention disclosures, more than 80 filed U.S. patents and a number of licensing agreements and technology improvements.

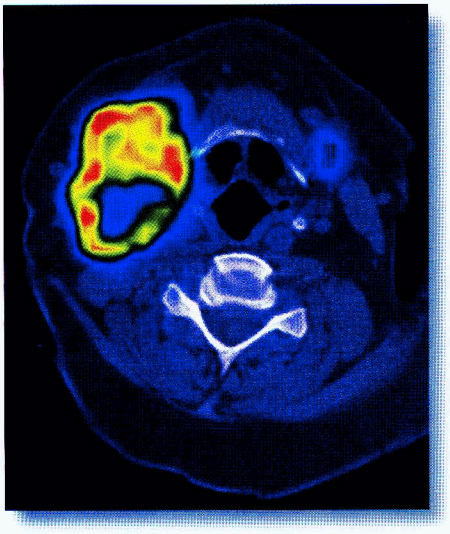
Grist notes: "The center will be a nexus for the development of new products for GE Healthcare and other Wisconsin-based start-up companies that arose from research in the Departments of Radiology and Medical Physics, like Neuwave, Novellos and Tomotheraphy."

The significance of the latest agreement was not lost on GE Healthcare Systems President and CEO Tom Gentile, who flew from India to Madison to participate in the announcement. Gentile looked and sounded fresh when he remarked that his company could have partnered with other research institutions to advance imaging research. But Gentile thinks that the 30-year history of collaborative innovation makes the new venture with the UW a natural fit.

"GE Healthcare's research collaboration with UW-Madison not only will yield significant economic benefits to the state of Wisconsin, but it will enable us to partner to create protocols that will fundamentally change clinical care both here and around the world," says Gentile. "I'm proud of GE Healthcare's long-standing relationship with important thought leaders in medical imaging."

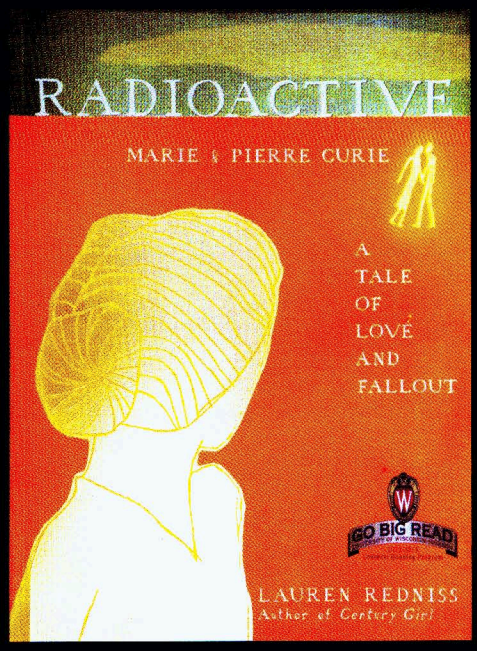
The next steps toward changing clinical care around the world could be taken soon. Grist says some of the new equipment will be installed by the end of this year. The imaging research center could be fully functional by the end of 2013 or early in 2014.

"We are so excited about the emerging advances in patient diagnosis and treatment," says Harari. "Seeing more accurately the inner biological workings of diseases before and during treatment will have an enormous impact on patient care, and allow us to deliver personalized therapies in a more cost-effective manner."



Specialized PET imaging using a hypoxia tracer to highlight regions of high (red/yellow) and low (blue/green) oxygen levels within the tumor.

Go Big Read



The past century's astounding advances in radiology and radiation oncology would not have been possible without the important discoveries made by Marie and Pierre Curie. Born in 1867 in Warsaw, Poland, and 1859 in Paris, respectively, they received the 1903 Nobel Prize in Physics for their research of radiation-related phenomena.

The story of their lives, careers and romance—as told in the book *Radioactive: Marie and Pierre Curie, A Tale of Love and Fallout*, by Pulitzer Prize-nominated *New York Times* illustrator Lauren Redniss—is being used across University of Wisconsin-Madison for the 2012-2013 academic year.

The UW's fourth annual Go Big Read engages students, faculty, staff, alumni and community members in a shared, academically focused reading experience.

Redniss traveled the world to research the book. Her highly visual work depicts the discovery of radioactive power and captures the complexity of the intersections of science, history and biography. A professor at the Parsons School of Design in New York, Redniss says she wanted to tell a story about invisible forces: radioactivity and love.

At UW-Madison in October, Redniss spoke to a full house in Varsity Hall at Union South.

For details, see www.gobigread.wisc.edu.


UW Med
CLASS OF 20

PHOTOS BY CHRIS FRAZEE

Class of 2016

SOCIAL ACTIVITIES QUELL FIRST-WEEK NERVOUSNESS

Throughout August 20-24, 2012, the Health Sciences Learning Center buzzed with excitement as the University of Wisconsin School of Medicine and Public Health (SMPH) welcomed its largest class of 175 medical students.

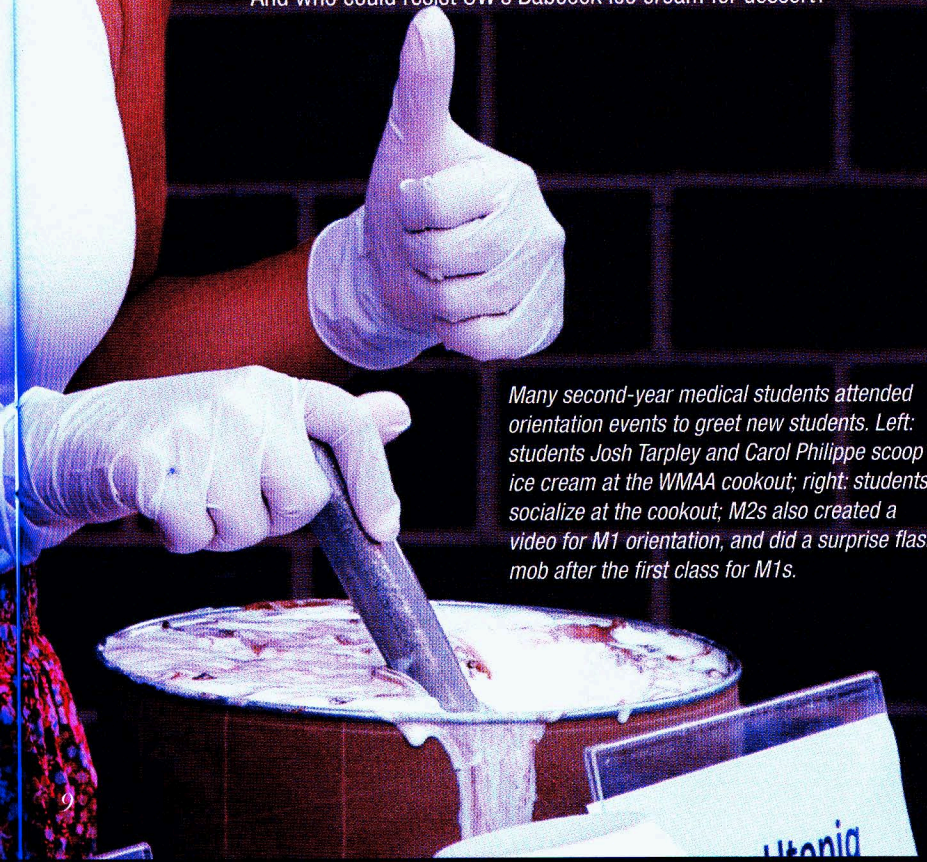
Reflecting on her experiences as a new medical student a year ago, Lynsey Watry says, "Everyone showed up on day 1 with high anxiety, but by the end of orientation, we had formed a few bonds and learned what was expected of us—and also what we could expect from our professors and the SMPH.

"Orientation was a good balance of fun, information and a way to slowly slide into medical school. It helped decrease our anxiety and build relationships, which are essential for our success," Watry adds, noting that this year's orientation did the same for first-year students.

The Wisconsin Medical Alumni Association (WMAA) staff enjoyed meeting and sharing a gift with each new student, says Karen Peterson, WMAA executive director. The association hosts a series of events designed to help students segue into their busy first semester.

Students enjoyed a first-night dinner out with SMPH faculty members, local physicians and alumni, and the Thursday evening WMAA-sponsored Badger cookout.

And who could resist UW's Babcock ice cream for dessert?



Many second-year medical students attended orientation events to greet new students. Left: students Josh Tarpley and Carol Philippe scoop ice cream at the WMAA cookout; right: students socialize at the cookout; M2s also created a video for M1 orientation, and did a surprise flash mob after the first class for M1s.

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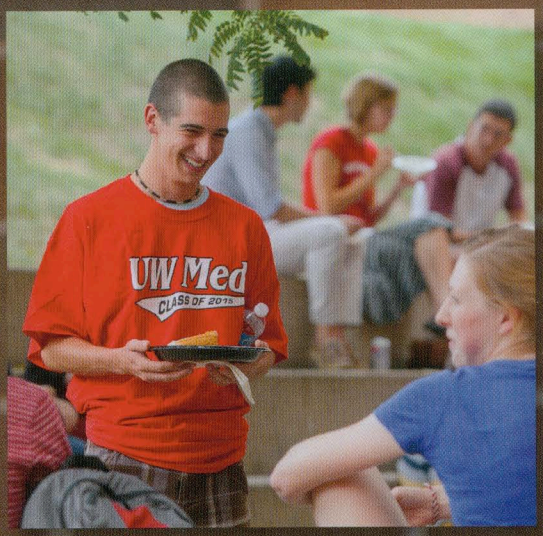

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Patrick Pfau (left) and Michael Lucey review blueprints for the under-construction UW Health Digestive Health Center.

BY KATHY SCHULTZ

Digestive Health

ADVANCED TECHNIQUES, MULTI-DISCIPLINARY APPROACH AND NEW CENTER BENEFIT PATIENTS

A healthy gut is necessary for a healthy life. For patients with disorders of the digestive system or liver, finding the right medical care team can mean the difference between feeling well or miserable every day.

No one knows that better than Dana Fauerbach, who suffers from Crohn's disease throughout her digestive system. After ignoring symptoms for a year, Fauerbach was referred to Mark Reichelderfer, MD, a professor in the University of Wisconsin School of Medicine and Public Health (SMPH) Division of Gastroenterology and Hepatology. That was more than 30 years and several surgeries ago for Fauerbach, who feels fortunate to have found the UW team that could help her.

"Until you've experienced the horror of a disease like Crohn's, you might wonder what makes a doctor want to be in this field of medicine," says Fauerbach. "But they are special people who understand the embarrassment and discomfort."

According to Michael Lucey, MD, chair of the Division of Gastroenterology and Hepatology within the Department of Medicine, problems of the gastrointestinal (GI) tract and liver may appear to be simple, day-to-day problems, but they can be very complex.

"We have learned that a team approach—in which experts in gastroenterology, hepatology, colorectal surgery, radiology and oncology share their talents—offers the best care for patients. Our team includes physicians, registered nurses, nurse practitioners, physician assistants and nutritionists," says Lucey.

This approach maintains the special bond between patient and doctor, as in Fauerbach's experience, while providing patients with access to comprehensive expertise and cutting-edge therapies.

To that end, UW Health will open a new Digestive Health Center (DHS) in 2013 (see page 13).

"The new center highlights the importance we give to providing the best care to patients with problems of the gastrointestinal tract and liver. It will enable us to bring together—under one roof—all the appropriate disciplines," says Lucey, adding that this will advance digestive health care in the Midwest.

Currently, UW experts diagnose and treat patients with digestive health issues at more than 35,000 clinic visits a year. They perform thousands of endoscopic procedures, from colonoscopy screenings to advanced therapies. Multi-disciplinary programs focus on special needs, such as:

- patients with inflammatory bowel disease may see experts like Reichelderfer working side-by-side with colorectal surgeons;
- pregnant patients benefit from the care provided by both gastroenterologists and obstetrics and gynecology providers at the Irritable Bowel Disease (IBD) Clinic;
- patients with inherited forms of colon cancer can seek the expertise of staff at the Genetics Clinic, which brings together experts in gastroenterology, medical genetics and colorectal surgery; and
- patients with liver disease can receive advanced treatment for hepatitis, liver cancer and liver failure at a clinic with ties to the world–renowned UW Liver Transplant Program.

–Continued on next page

The advanced endoscopy team, left to right in front row: Anurag Soni, Ryan De Lee, Mark Benson; back row: Patrick Pfau, Deepak Gopal; not pictured: Mark Reichelderfer, Bryan Magenheim

ADVANCED TECHNOLOGY IN THEIR TOOLKIT

Bursts of heat-energy, expanding balloons and pill-size cameras are part of the toolkit that the digestive health team uses to manage complex and chronic disorders of the digestive system. After physicians complete specialized training in advanced diagnostic and therapeutic endoscopic procedures, they access the most advanced technology to diagnose and treat thousands of patients each year.

"Many of the patients we see have already been through investigations and care elsewhere but require more advanced care," says Deepak Gopal, MD, director of endoscopy at UW Hospital and Clinics (UWHC) and an associate professor in the SMPH Division of Gastroenterology and Hepatology. "We have access to advanced procedures, including endoscopic ultrasound, double-balloon endoscopy and capsule endoscopy."

The UW digestive health experts use endoscopic ultrasound (EUS) in about 800 cases annually. This diagnostic tool is being used in new ways to direct minimally invasive, non-surgical endoscopic procedures. EUS obtains high-quality, detailed images of the lining and walls of the upper and lower digestive tract, as well as the pancreas, liver and gall bladder. It has long been used to identify cancers, study tumors, examine the intestinal tract lining, and evaluate chronic pancreatitis and bile duct abnormalities.

Today, UW Health gastroenterologists also use EUS to gather samples through ultrasound-guided fine-needle aspiration, to assist in draining cysts in the pancreas, and to treat celiac plexus block in patients with refractory pain from advanced pancreas malignancy and severe chronic pancreatitis.

Another tool, double-balloon enteroscopy (DBE) is a new imaging technology that allows UW gastroenterologists to visualize and inspect small bowel disease. Using special balloons attached to the scope, physicians are able to observe further into the small bowel than previously possible, so they can see the entire GI tract. DBE is helpful when evaluating unexplained or obscure gastrointestinal bleeding, to evaluate tumors and polyps in the small bowel, and to diagnosis Crohn's disease and celiac disease. DBE also is helpful when physicians need to evaluate patients who have altered upper GI anatomy, such as those who have had a gastric bypass procedure.

"Capsule endoscopy is reminiscent of a futuristic 'fantastic journey,'" explains Lucey. Patients swallow a tiny pill equipped with a camera. As it travels through the digestive system, the camera takes thousands of photographs that are transmitted to a recorder worn on a belt around the patient's waist. The test allows doctors to see images of the entire intestinal tract, which would be hard to see otherwise. It is an excellent way to evaluate unexplained bleeding; find patches of inflammatory bowel disease, such as Crohn's disease; or identify tumors or polyps in the digestive tract.

Additionally, HALO radiofrequency ablation (RFA) uses bursts of heat-energy that are delivered in a precise, controlled manner. This new treatment option can help patients with Barrett's esophagus, a pre-cancerous condition of the esophagus. During this technically challenging procedure, the suspicious cells are treated without damaging healthy tissue and cells.

Patient Palmer Bell was treated for Barrett's esophagus with high-grade dysplasia—an aggressive, pre-cancerous condition—using diagnostic and therapeutic care that called upon multiple technologies, including EUS, EMR-endoscopic mucosal resection and HALO RFA. The approach successfully treated his high-grade dysplasia and Barrett's esophagus.

Having undergone more than 20 endoscopies in his 60+ years, Bell also has dealt with esophageal spasms and gastroesophageal reflux disease (GERD). He partnered with Bryan Magenheim, MD, and Gopal for treatment and relief from symptoms. Gopal will continue to monitor Palmer, and expects success.

Although HALO RFA is relatively new, UW outcomes show a strong success rate

By working with experts to manage her Crohn's disease symptoms, Dana Fauerbach (pictured here) is able to enjoy an active lifestyle.

for patients with Barrett's esophagus whose treatment includes the technique.

"Our expertise with these procedures, combined with our multi-specialty approach to care, means shorter hospital stays and faster recovery for people like Palmer," explains Gopal, director of the Division of Gastroenterology and Hepatology's Quality Assurance/Quality Improvement Committee.

LEADERS IN QUALITY

The UW Health gastroenterologists who form the advanced procedures team are national leaders in their field and are committed to quality. The American Society for Gastrointestinal Endoscopy (ASGE) recognized the UWHC Ambulatory Procedure Center and the Madison Surgery Center—locations where the DHS team works—as part of its program dedicated to promoting quality in endoscopy. The ASGE Endoscopy Unit Recognition Program honors endoscopy units that follow the ASGE guidelines on privileging, quality assurance, endoscope reprocessing and Centers for Disease Control and Prevention infection-control guidelines; and have completed specialized training on principles in quality and safety in endoscopy.

"The UW team includes the region's most experienced digestive health specialists," concludes Eugene Foley, MD, DHC surgical director. "We are always striving for the next level, and the new Digestive Health Center will include the most advanced and cost-effective technology. Everything we're creating will lead us to optimal health outcomes, high patient satisfaction, new efficiencies and improved patient outcomes."

Patients like Fauerbach know the importance of finding the right team to investigate and treat digestive disease. The UW multi-disciplinary digestive health team shares her vision and hopes for the future.

There's More Online!
Visit uwhealth.org/digestivehealth

ANDY MANIS (3)

67,000 Square Feet for Digestive Health

The digestive health team, honoring its approach to patient- and family-centered care, is excited about the April 2013 opening of the new UW Health Digestive Health Center (DHC) at 750 University Row in Madison. The center will afford, in one location, virtually all of the services needed to provide comprehensive, multi-disciplinary care for digestive health patients—from basic consults and colorectal cancer prevention to the most advanced treatments available.

"We're creating a safe, welcoming environment for patients, families and staff that will exceed anything else in the Midwest," says Patrick Pfau, MD, medical director of the DHC and associate professor in the SMPH Department of Medicine's Division of Gastroenterology and Hepatology.

"We are focused on the future, and the DHC is a facility worthy of Madison and the high level of GI expertise that our team provides to our diverse and complex patient population."

The DHC will offer many benefits for patients and will further enhance training opportunities for the next generation of digestive health specialists.

The three-story, 67,000-square-foot facility will include 21 clinic exam rooms, four minor procedure rooms, 14 endoscopy rooms and 48 prep/recovery rooms, as well as laboratory and radiology areas. It will include a large procedure center for upper endoscopy, enteroscopy, colonoscopy, sigmoidoscopy, capsule endoscopy, and esophageal and rectal manometry, and space for impedance studies, biopsies and barium studies.

Radiology services include computed tomography, ultrasound, fluoroscopy, radiography and virtual colonoscopy.

"From a radiology perspective, the structure of the DHC allows a unique opportunity for imaging and clinical subspecialty physicians to work together and maximize the benefits of advanced imaging," describes David Kim, MD, associate professor and vice chair for education in the SMPH Department of Radiology.

An enhanced physician referral and communication process will improve efficiency while producing patient-centered results.

The center also will include an auditorium for educational opportunities and events, and is being built and maintained using strategies that promote environmental sustainability, following Leadership for Energy and Environmental Design (LEED) principles. These principles outline a concise framework for identifying and implementing practical, measurable green building design, construction, operations and maintenance solutions.

New Fellowship Leads the Way to

Primary Care Addiction Management

Randall Brown (pictured here) is doing research at the Dane County Courthouse regarding treatment model-related outcomes for opioid users who go through drug court.

by Susan Lampert-Smith

Randall Brown, MD, PhD `09, believes that one day, primary care providers will be able to manage alcohol and drug addiction in their patients the same way they now manage chronic illnesses, such as diabetes and hypertension.

"In recent years, there have been more medications and tools developed to deal with addictions," says Brown, assistant professor in the Department of Family Medicine at the University of Wisconsin School of Medicine and Public Health (SMPH). "In the past, the model was to send people away to a 28-day or other specialist treatment program, which we expected would solve the problem. We now know that addiction is a relapsing-remitting chronic disease and needs to be managed as one."

Leading the change in treatment models, UW Hospital and Clinics is one of the first nine academic medical centers to be approved by the American Board of Addiction Medicine (ABAM) to launch a new fellowship program in addiction medicine. Brown is part of a national group writing model curricula for this type of training program; the goal is to eventually establish addiction medicine as a primary residency, along the lines of neurology, dermatology or oncology.

The William S. Middleton Memorial Veterans Administration (VA) Hospital provides funding for fellows' salaries and benefits. ABAM approved the fellowship for up to two fellows per year for one to two years each. The first fellow is expected to start in summer 2013.

Like other medical centers, the UW already has an established residency in addiction psychiatry, but Brown says roles for addiction psychiatry and addiction medicine may turn out to be similar. There is a need for expansion in this work force, given that only 10 percent of Americans with an addiction are receiving treatment. Addiction medicine and addiction psychiatry specialties can complement one another; the new addiction medicine specialty will allow for much-needed expansion of treatment services.

Most physicians recognize the need for such expertise in primary care. Brown says there are an estimated 22 million people in the U.S. who have addiction issues, and two-thirds of them have seen a doctor in the previous six months.

As an example of treatment, Brown says buprenorphine can allow someone addicted to heroin or other opiate drugs to function in a job or a family setting by curbing his or her cravings, getting the person off "the continual cycle of being either high or sick."

Reflecting on his training at the University of Washington School of Medicine, Brown says, "As far back as medical school, it was clear to me that many of the physicians teaching and working with me weren't comfortable treating substance abuse."

Upon finishing his residency at Valley Family Medicine Residency in California's Stanislaus County, Brown became the medical director of a central California methadone treatment facility. In addition to this work, his hospital role included caring for patients with life-threatening, necrotizing fasciitis from injecting drugs. They would go through painful, costly skin grafts, only to lose the grafts when they got out and started injecting again if they did not receive appropriate substance abuse treatment services.

"This was when I realized that addiction is a serious medical issue and that we need to improve treatment and patients' access to treatment," he says.

Brown joined the UW in 2001 for a fellowship during which he worked with addiction expert Michael Fleming, MD, MPH. In 2009, Brown earned a PhD in population health sciences from the SMPH; he now is board certified in family practice and addiction medicine. He splits his time between the UW and VA hospitals and Access Community Health's Wingra Clinic.

Brown serves on an ad hoc legislative committee that is writing "good Samaritan" legislation that protects drug users from minor drug charges, such as simple possession, if they call in to report an overdose. Protection does not extend to more serious charges, such as drug manufacture or distribution, or homicide.

His research includes a study to see which treatment models result in better outcomes for opioid users who go through drug court. He's also working with David Gustafson, PhD, emeritus research professor, Department of Industrial and Systems Engineering, UW College of Engineering, to develop a smart phone app to support patients in recovery. In addition to video counseling and education, the app has a "panic button" to call a sponsor if the person is tempted to start using drugs, and a GPS-enabled feature that will send an alert if the person heads toward a neighborhood known to be frequented by drug users.

Finally, he is participating in a study at the VA Hospital to see whether alcohol-dependent patients do better after discharge when they self-administer pills or get a long-lasting injected dose of naltrexone, which can calm alcohol craving and block the euphoria of alcohol.

Brown is already familiar to many SMPH graduates because—for the past decade—he's been the clerkship director for the fourth-year rotation in clinical management of addictive disorders. His students learn to diagnose and detoxify patients, and visit local treatment centers such as NewStart, drug and OWI (operating while intoxicated) court hearings, Alcoholics Anonymous meetings and residential treatment centers for alcohol and other drugs.

"I always like to have students meet a patient who is managing well in their recovery, so they can see that there is hope," he says.

Brown quotes Dean Krahn, MD '80, MS, chief of mental health services at the VA Hospital, as saying that addiction treatment is where depression treatment was 25 years ago: at the dawn of better medications, a more scientific approach and less stigma.

"We know from functional imaging studies that the addicted brain is different from the non-addicted brain. It sends out the message that getting the drug is more important than your health, your family or your job," Brown says. "The addicted brain can heal, but it takes time and treatment."

GRANT INCREASES PUBLIC HEALTH IN HEALTH-PROFESSIONS TRAINING

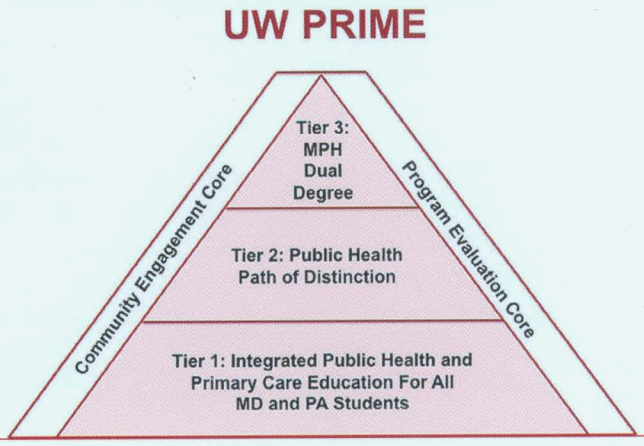
The Health Resources and Services Administration has awarded the UW School of Medicine and Public Health a $1.5 million grant to integrate public health more deeply into the medical degree (MD) and physician assistant (PA) curricula.

Education leaders will use the grant to build on the school's innovative curriculum that introduces medical students early and often to public health principles and practices that can be used to address challenging public health issues.

"We want to shape a new generation of health professionals who will be fully equipped to incorporate health promotion and disease prevention into their future practices," says principal investigator Patrick Remington, MD '81, MPH, associate dean for public health.

Co-investigators are Elizabeth Petty, MD '86, senior associate dean for academic affairs, and Cynthia Haq, MD, director of TRIUMPH (Training in Urban Medicine and Public Health), which features community and public health experiences.

The new program, called Public Health and Primary Care Innovations in Medical Education (UW PRIME), will organize the curriculum into three distinct—but interconnected—tiers of public health education.



The foundational tier systematically integrates public health and primary care into the curriculum for all MD and PA students. Tier 2 is an optional "Path of Distinction" for students seeking more experience and expertise in public health and primary care. Tier 3 is a formal MD/MPH Dual-Degree Program, in which students work toward an MPH degree in addition to their clinical degree.

Planning is under way for a proposed "Path of Distinction" in public health, including elective courses, community-based work and a capstone report.

SEIBERT NAMED FELLOW IN NATIONAL GROUP FOR WOMEN LEADERS

Christie Seibert, MD, associate dean for medical education at the UW School of Medicine and Public Health (SMPH), has been named a fellow in the Hedwig van Ameringen Executive Leadership in Academic Medicine Program for Women, or ELAM.

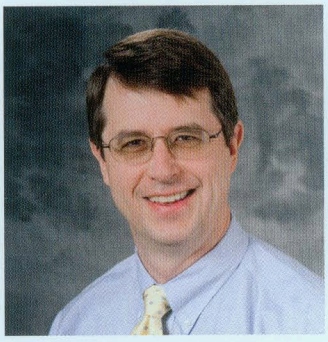
The ELAM fellowship prepares women faculty at schools of medicine, dentistry and public health to "effect sustained positive change as institutional leaders." The intensive year-long curriculum offers numerous opportunities and resources to enhance skills and visibility as an academic leader.

Seibert is responsible for the overall development, management and evaluation of the school's four-year MD curriculum. In 2009, she was awarded a $2.5 million, three-year grant from the Wisconsin Partnership Program's Education and Research Committee. The grant funded a proposal titled "Transforming Medical Education: Integrating Public Health in Medical Education." It led to the educational transformation of the school to integrate public health with basic and clinical sciences for medical students.

She joins an elite group of SMPH leaders who have completed the ELAM program, including: Ruth Benca, MD, director, Wisconsin Sleep and the UW Center for Sleep Medicine and Sleep Research; Elizabeth Burnside, MD, vice chair of research, Department of Radiology; Molly Carnes, MD, director, UW Center for Women's Health Research; Valerie Gilchrist, MD, chair, Department of Family Medicine; Ellen Hartenbach, MD, director of gynecologic oncology, UW Carbone Cancer Center; Patricia Kokotailo, MD, MPH, associate dean for faculty development and faculty affairs; and Elizabeth Petty, MD '86, senior associate dean for academic affairs.

Seibert earned her MD at the Northwestern University Feinberg School of Medicine. She did both her internship and residency in internal medicine at Brigham and Women's Hospital in Boston. She also has completed the Harvard Macy Institute's Program for Medical Educators.

GREEN HEADS MEDICAL AFFAIRS AT UW HOSPITAL AND CLINICS



Christopher Green, MD, became senior vice president for medical affairs and chief medical officer at UW Hospital and Clinics (UWHC) last spring. He also is the assistant dean for hospital affairs at the UW School of Medicine and Public Health.

He has developed a breadth and depth of experience across UW Health that positions him well for this new role.

Green joined UW-Madison in 1977 for an internship and residency in the Department of Pediatrics. After a fellowship at Case Western University in Cleveland, he returned to the UW as a clinical assistant professor of pediatrics.

In the Department of Pediatrics, he became full professor in 1993 and associate chair for clinical affairs in 1997. He later served as the department vice chair and interim chair. Throughout his clinical and research career, he has taught medical students, pediatric residents and pulmonology fellows. He specializes in pediatric pulmonology and cystic fibrosis.

From 2006 to 2011, Green was the medical director of American Family Children's Hospital. His work there was remarkable; the hospital's *U.S. News and World Report* ranking in the list of best children's hospitals testifies to his leadership.

One of Green's guiding principles is that excellent communication is at the core of operational and clinical excellence.

Green has received numerous professional honors, and he is widely published. He is a member of many professional associations, including those focused on patient-centered care, quality and medical education.

He earned his medical degree at the University of Rochester in New York, and he is board certified in pediatrics and pediatric pulmonology.

UW TOBACCO-RESEARCH PIONEER ELECTED TO INSTITUTE OF MEDICINE

Michael Fiore, MD, founder of the University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI), was elected to the Institute of Medicine, one of the nation's most prestigious scientific organizations.

Fiore founded UW-CTRI 20 years ago to find more effective ways to help tobacco users quit. Today, UW-CTRI is a national leader in research, education and advocacy aimed at reducing the toll of tobacco use on health.

He and UW-CTRI staff have helped more than 200,000 Wisconsin smokers quit tobacco use; helped drive changes in how tobacco use is confronted by physicians, insurers and healthcare systems; published more than 300 research articles; and attracted more than $100 million in grants. Research has explored smoking relapse, matching cessation treatments to smokers, and designing effective interventions for tobacco users.

"The UW is exceptionally fortunate that we have Mike Fiore on our faculty," says School of Medicine and Public Health Dean Robert Golden, MD. "UW-CTRI emerged from his vision and has grown into one of the most respected and effective resources our nation has in this field. His work has touched every corner of our state and has worldwide impact. I am thrilled he received this well-deserved recognition."

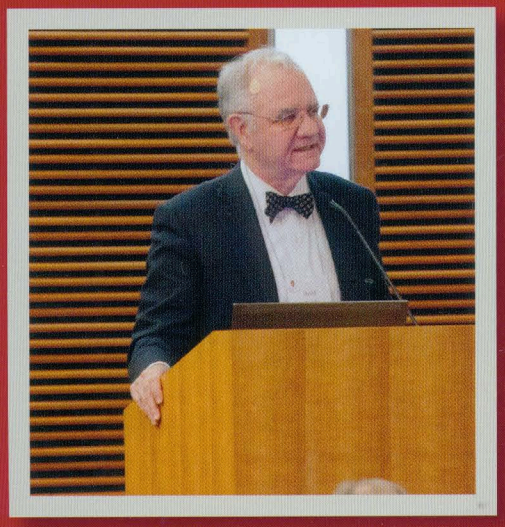
Fiore chaired the panel that, in 2000, produced the U.S. Public Health Service Clinical Practice Guideline, "Treating Tobacco Use and Dependence," for healthcare providers to help patients stop using tobacco. It was updated in 2008. In 2005, the U.S. Justice Department asked him to develop a $130 billion, 25-year plan to help 33 million smokers quit.

Fiore earned his medical degree at the Northwestern University Feinberg School of Medicine, residency at Boston City Hospital, master of public health at Harvard University and master of business administration at UW-Madison. He was trained as an epidemic intelligence service officer at the Centers for Disease Control.

Middleton Society

A Celebration Showing Appreciation to Key Donors

CHRIS FRAZEE/MEDIA SOLUTIONS



Clockwise from left: Members of the Middleton Society visit before the program begins; Bardeen Award recipient Jonathan Dickman tells a donor about the TRIUMPH Program; former UW System Board of Regents President David Walsh stresses the importance of philanthropy.

by Dian Land

The sparkling Wisconsin Institutes for Discovery was the site of this year's Middleton Society Celebration on October 12, 2012. The School of Medicine and Public Health (SMPH), the Wisconsin Medical Alumni Association and the UW Foundation—supporters of the premier donor group for some 30 years—hosted the event.

The goal each year is to show appreciation to Middleton Society members for their remarkable commitment to the school and their generous support of the work taking place there.

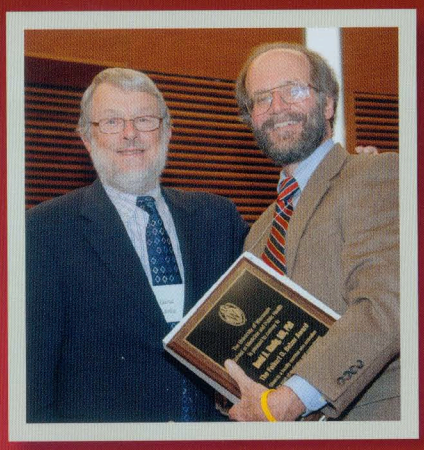
"Each year, I develop an even greater appreciation for the vital, increasingly essential role that philanthropy plays in allowing us to achieve our vision," said Robert N. Golden, MD, dean of the school, as he addressed the crowd. "With your support, we are emerging as a national leader, a *great* school of medicine and public health."

Herbert Sandmire, MD '53, agrees.

"Much has changed since I was a student, and the school was smaller," he said. "I'm proud of the school."

Sandmire and his wife, Crystal, have been Middleton Society members for more than 20 years.

"We've made it our philanthropic goal to support educational institutions," said the obstetrician/gynecologist who still works part time at Planned Parenthood of Appleton. "Two of our three sons are SMPH



Left: McPherson Eye Research Institute Director David Gamm describes his stem cell research; above: SMPH Dean Robert Golden (right) congratulates Folkert Belzer Award recipient David Kindig, a national leader in population health.

graduates (Kevin '83 and David '89), and that's been another reason to support the school."

During the evening celebration, Sandmire and others learned about progress at the SMPH, met stellar medical students and heard from outstanding faculty members.

Golden reported on two of the school's top initiatives—the Institute for Clinical and Translational Research (ICTR) and the Wisconsin Institutes for Medical Research (WIMR). ICTR recently received a new National Institutes of Health grant exceeding $40 million, and fundraising on the WIMR center tower is nearing the $134 million target figure, with $19 million left to be raised.

Students were on hand to describe their work in some of the school's most successful programs: the MD/PhD program, MEDiC (student-run free clinics), WARM (Wisconsin Academy for Rural Medicine), TRIUMPH (Training in Urban Medicine and Public Health) and the Institute for Global Health.

Another group of special students—winners of this year's Charles Bardeen Award—also was introduced. The award, honoring fourth-year medical students deemed to possess the best attributes of a physician, was given to Jonathan Dickman, Scott Dolejs, Kristin Ojomo, Ian Stormont and Sarah Wernimont.

Shining the spotlight on special SMPH faculty members, Golden presented the Folkert Belzer Award, a lifetime achievement recognition for career-long contributions to the school, to David Kindig, MD, professor of population health sciences.

Kindig is a nationally renowned leader who remains extremely active in and supportive of the school, Golden noted.

The evening's speaker was David Gamm, MD, the new director of the UW McPherson Eye Research Institute. Gamm described his own promising research with stem cells that aims to cure retinal diseases and save sight for children and adults.

At the end, David Walsh, former president of the UW System Board of Regents, took to the podium and explained his personal interest in the research Gamm directs. Walsh stressed the importance of philanthropy and leveraging partnerships in advancing research.

CHRIS FRAZEE/MEDIA SOLUTIONS (2)

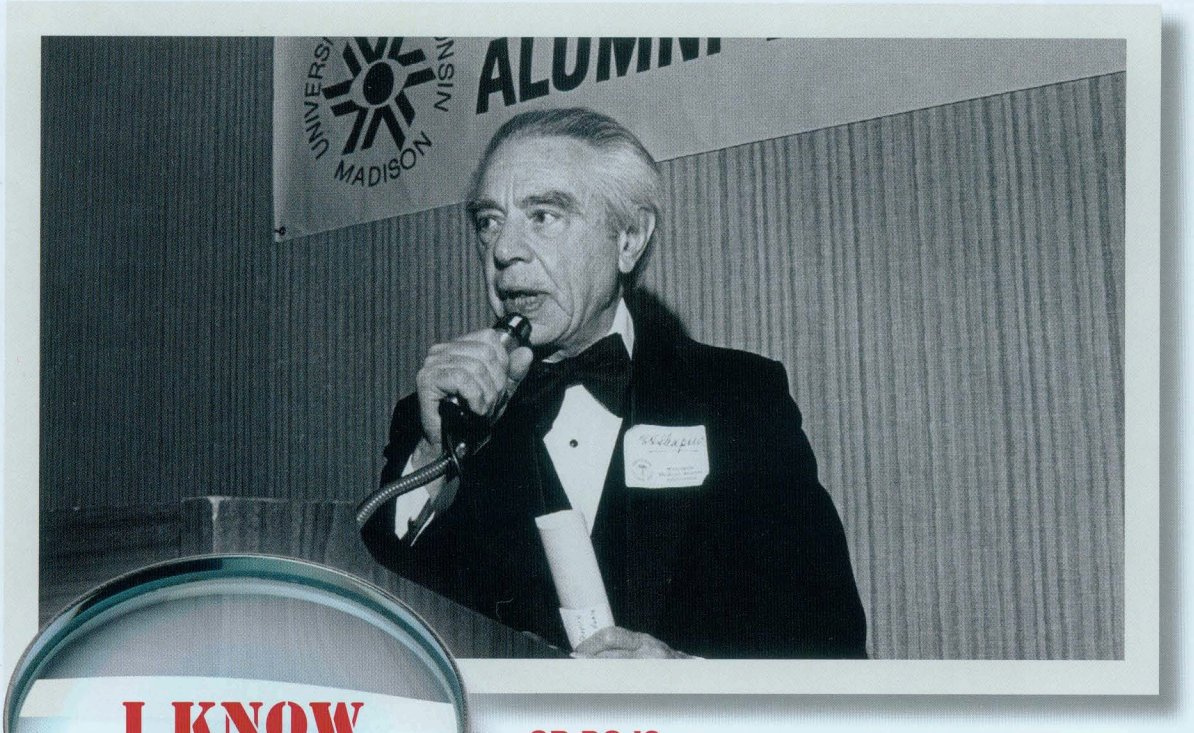
Introducing Special Donors and Recipients

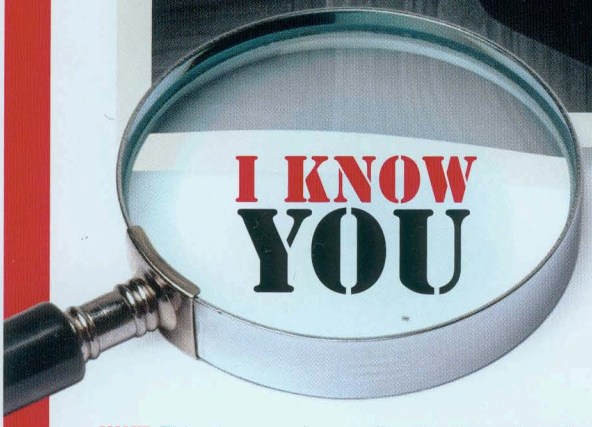
Middleton Society members participating in the Great People Scholarship Program (GPSP) had a chance to meet students who are beneficiaries of their gifts at a small luncheon on October 12, 2012, in the Ebling Library. The GPSP gifts support students through their four years of medical school.

Fifteen endowed (at the $25,000 level or higher) GPSP funds have been created to date, and the number is growing, reported Karen Peterson, executive director of the Wisconsin Medical Alumni Association.

"GPSP donors are helping relieve students of major medical school debts," she said. "Their commitment to the students is truly commendable."

Eleven students—including Pan San Chan, shown here visiting with donor Dori Brown—were on hand at the luncheon to meet and connect with the donors who are funding their education.





....OR DO I?

If you think you can identify the SMPH alum above, send your guess to quarterly@med.wisc.edu. We'll draw one of the correct responses and announce the winner in the next issue of the magazine.

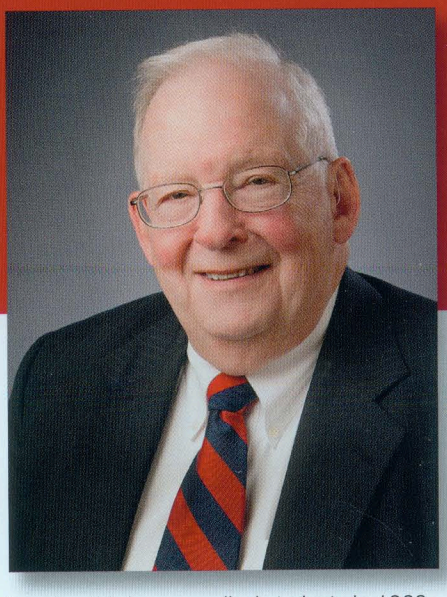
HINT: This alum was born in Russia. He read electrocardiograms for many years, including at Chicago hospitals. His nickname was "Murph." He married Gwen Harris, the head nurse at the old UW Hospital. He ate lunch at the hospital daily with "Hootie" Weston and others who served in World War II, with whom he felt a sense of camaraderie.

Alumni from a span of classes wrote in to identify our last mystery alum (or teacher, in this case), James Pettersen, PhD. Pettersen was recognizable to many because he taught anatomy at the school for 45 years. He came to Wisconsin in 1963, at the invitation of Otto Mortensen, MD, chair of the Department of Anatomy at the time, and he continued to teach the gross anatomy course until his retirement. To honor his long dedication to teaching and his concern for students, colleagues established the Pettersen Teaching Fund in the Department of Anatomy.

Lowell Smotkin, MD '67, was the contest winner. He wrote: "Dr. Pettersen was a superb teacher, and even more important, he was very kind and patient, a true gentleman. He even remembered names of students many years later. I always felt quite comfortable having him examine my work. He stood out in the period of 1963-1967."

He's at the Heart of the Matter

Louis Bernhardt, MD '63, Cardiovascular Surgeon, Teacher and Community Leader



by Sharyn Alden

The Bee Gee's 1971 hit song asks this question: "How Can You Mend a Broken Heart?" While it may be a difficult equation for romantics, it's not difficult for Louis Bernhardt, MD '63, a fabled name in the sphere of cardiac surgery. He's known to many as a Renaissance man possessed of diverse surgical skills that have fixed many broken hearts.

When Bernhardt retired in 2004, he was well known for a medical career that spanned vascular, cardiothoracic and general surgery, and for his outstanding teaching and leadership abilities.

His countless achievements include the 2007 Ralph Hawley Distinguished Service Award and the 2012 Layton F. Rikkers Faculty Educator Award for Medical Student Education. He has impacted medicine in far-reaching ways, including serving as president of the Wisconsin Medical Alumni Association (WMAA) in 1972-1973; president of the Madison Surgical Society in 1979 and 1999; president of Dean Clinic in Madison from 1979 to 1982; and chair of Dean's board of directors from 1985 to 1987.

He started teaching students at the University of Wisconsin School of Medicine and Public Health (SMPH) when he was a resident—earning resident teaching awards from the third-year medical students in 1968 and 1970. He continues teaching there today.

A Milwaukee native, Bernhardt thoroughly enjoys serving on the SMPH Admissions Committee, which has held a special spot in his heart since 2002.

"I am passionate about serving on this committee because I feel it contributes to shaping the medical school class and future doctors," he says. "As a secondary gain, the committee members have become a second family to me."

Never far from the topic of hearts, Bernhardt met his wife Sandi, a surgical nurse—quite literally—over a heart (see photo at left). They met when she assisted him several years ago during cardiac surgery at St. Mary's Hospital in Madison.

To those who knew him in his youth, it probably wasn't a surprise when Bernhardt pursued a career in medicine at the UW. His father had passed away when he was 13, but another family member helped guide him in this direction.

"My uncle was an old-time general surgeon who was a role model, and he greatly influenced me," he explains.

Bernhardt says he had several "medical mentors" who were instrumental in shaping his career. He worked with Manucher Javid, MD, professor of surgery and neurosurgery, when Bernhardt was doing research in the summer of 1960. The following year, he spent 10 weeks at St. Mary's Hospital with Richard J. Botham, MD '52, as his preceptor; Botham later became Bernhardt's senior partner at the Dean Clinic and his "partner in life," he explains.

Although there were many people who made a difference in his medical career, Bernhardt says, "During medical school, Charles Crumpton, MD, and George Rowe, MD '45, greatly impacted my life when I was training with them at University Hospital."

After a general surgery residency at UW Hospital where he was the chief surgical resident from 1967 to 1968, Bernhardt continued with thoracic and cardiovascular surgery.

Explaining that path, he says, "I was fortunate to be exposed to many areas of medicine, but when I looked at heart surgery, it came together for me. I love taking care of people, but I felt as a heart surgeon, you can really help these patients since the heart and lungs make the whole body happen."

While Bernhardt has achieved many milestones in his career, he says his greatest accomplishments are raising his children and being involved in the lives of his five grandchildren, whom he adores.

His son David Bernhardt, MD ('89), is a pediatrician and sports medicine physician with UW Health. His daughter Nancy Konkel is a pharmacy technician with St. Mary's Hospital, and daughter Linda Bernhardt teaches school in Madison.

Bernhardt's passion for helping people is evident in his love of giving back to the community through work with underserved, uninsured people. He volunteers at the Benevolent Specialists Project (BSP) Free Clinic in Middleton; it is Wisconsin's only free clinic to offer specialty care services.

Bernhardt calls himself a "big Badger sports fan" and can be counted on to cheer on Bucky during UW football, basketball and hockey games.

When asked who he would like to have dinner with—people he knows or doesn't know—his answer holds a couple of surprises.

Unlike some people, who might select one person, Bernhardt says he would want to reserve a table that accommodates 12. Nine of those people are UW-trained doctors he knows: Botham, Rowe, Ben Lawton ('46), Tony Curreri ('33), Robert Henderson (residency '70), George Bandow (residency '75), John Pellett (residency '59) and Sandy Mackman ('59). The next doctor to sit at this imaginary table would be George Magnin ('46), an internist at the Marshfield Clinic.

"These are all dedicated doctors who have had great influence on me," points out Bernhardt, who admits this guest list would lead to lively and interesting conversations.

There are two other hypothetical guests he hasn't met, but he would enjoy their company.

"I would like to meet the author, Mitch Albom," he says, "because I admire his philosophy of life."

Since football is a focus in the Bernhardt home, the final person to join this illustrious dinner guest list is Coach Vince Lombardi.

Fast forward to today, as Bernhardt points out how surgery has changed since he first considered this career path. "Obviously technology and instrumentation have changed, and procedures also are less invasive. Additionally, subspecialization has occurred and surgical scientists have emerged."

Every weekday, Bernhardt heads to the SMPH to engage in one of his all-time passions—teaching. In addition to having taught classes such as a suture lab for medical students and knot-tying for interns, he serves on the Department of Surgery's Education Committee as a mock oral-board examiner and a YEPSA examiner.

For 30 years, Bernhardt taught the SMPH fourth-year elective course called Clinical Correlative Anatomy, alongside James Pettersen, PhD.

In Bernhardt's current "Surgery for the Non-Surgeon" elective class, he imparts life skills and wisdom to fourth-year medical students.

As expected, they cover pre-operative and post-operative issues, but Bernhardt says he also teaches life lessons that you usually don't find in a textbook, such as "You can't always cure, but you can always care."

His students also learn about end-of-life issues. Bernhardt, whose multiple board memberships include service on the Agrace HospiceCare Foundation Board, takes his class to the hospice facility so they can better understand life's last chapters.

Never far from work—albeit something that Bernhardt calls one of life's pleasures—he is co-authoring the book, *History of the Department of Surgery at the University of Wisconsin*, with Layton (Bing) Rikkers, MD. The book will be published in September 2013.

Writing about surgery comes naturally for Bernhardt.

"Surgery is the life I've known since the early 1960s," he says. "I am grateful to still be involved in the field that I've cared so much about, even though I 'officially' retired eight years ago."

GOODBYE DEAR COLLEAGUE:

Former Pediatrics and Medical Education Leader Dr. Charles C. Lobeck

Charles C. Lobeck, MD, who held key leadership positions at the University of Wisconsin School of Medicine and Public Health (SMPH) across three decades, died in Green Valley, Arizona, on July 20, 2012. Lobeck was chair of pediatrics from 1964 to 1974, associate dean for clinical affairs from 1974 to 1975, and vice dean and associate dean for academic affairs from 1984 to 1991.

Between 1975 and 1983, he was dean of the University of Missouri School of Medicine, but his love of Wisconsin brought him back to UW-Madison, where he finished his career.

"Chuck was spotted as a leader early on," says Philip M. Farrell, MD, PhD, also a former chair of pediatrics, as well as former dean of the SMPH. "He had been a sergeant in the U.S. Army Air Force before college."

Lobeck grew the young pediatrics department with quality people, expanding it from only five faculty members when he took over to 29 by the time he left.

Farrell first met Lobeck when he was interviewing for his pediatrics residency at Wisconsin in January 1970.

"It was 12 degrees below zero, but he was warm and friendly," Farrell says. "We had a kind of fireside chat sitting next to the space heater in his office. This turned out to be his typical style, even on formal occasions when he always communicated so well."

Norman Fost, MD, MPH, an SMPH professor of pediatrics who founded and has directed the UW Bioethics Program for 39 years, says his first meeting with Lobeck, in 1973, changed the course of his life.

"I was on the faculty at Hopkins, on sabbatical studying law and ethics at Harvard, and had accepted a job at UC-San Diego," he says. "I bought a house but I was uneasy about living and raising children in southern California."

On the advice of his mentor, Fost called Lobeck out of the blue and told him his story.

"I was flying to San Diego for the closing on the house, and Chuck suggested I stop in Madison en route. On Christmas Eve, he took me to dinner at a popular but rather dumpy restaurant. It was typical Chuck-style recruiting—low key, modest, homespun."

Lobeck started talking about Wisconsin's fascinating geography, progressive politics and unique healthcare system.

"Then he talked about the excellence of the UW. Eventually he got around to the Department of Pediatrics, which he had built into a remarkable success," says Fost, noting that most East Coast people were ignorant about Wisconsin's many assets.

Fost says he was charmed and snowed by Lobeck. He cancelled the trip to San Diego and somehow was able to extricate himself from his real estate and academic commitments without any harm.

"Chuck gave me carte blanche at a young age to transform the residency program, which quickly grew into a highly ranked national program," Fost says. "He supported the bioethics program, the first of its kind at an American medical school."

When Lobeck returned to Wisconsin in 1983 as a vice dean under Dean Arnold Brown, MD, he turned his energy to the MD curriculum. He led the third- and fourth-year curriculum committees for many years, and was widely seen as improving the curriculum immensely.

The Charles C. Lobeck Lectureship, presented annually on Medical Education Day at the school, is a tribute to his interest and accomplishments in this area.

In between his administration work and clinical duties as a pediatrician, Lobeck conducted basic and clinical research on cystic fibrosis (CF). He was instrumental in creating and leading the U.S. Cystic Fibrosis Foundation, today one of the premier organizations of its kind.

Originally from New York, Lobeck graduated from University of Rochester School of Medicine and Dentistry in 1952.

He is survived by his wife, Isabelle Emerson—whom he married in 1954—and their four children.

CLASS NOTES *Compiled by Joyce Jeardeau*

CLASS OF 1964

On September 9, 2012, in San Diego, California, **Andrew Horvath** received the College of American Pathologists (CAP) Pathologist of the Year award, the college's highest honor. This award honors a CAP leader for his or her outstanding contributions to the field of pathology. Horvath was recognized for his leadership resulting in significant improvements in the governance and management of the CAP in an effort to provide high quality patient care. Horvath notes, "My profound appreciation for this award reflects my high regard for the CAP and all the professionals who continue to enrich my life."

CLASS OF 1967

Even though he enjoys golf, gardening, traveling, skiing and reading, **Barry Bast** makes time to enjoy his family. Each summer, Bast finds a lake house at a new location to accommodate 15 people, which includes his wife, their children and their spouses, and seven grandchildren for a fun-filled vacation.

Bill Klish is as busy since retirement as he was prior to retiring. When he and his wife, Marian, decided to return to their hometown of Eau Claire, Wisconsin, he wanted to become involved in the community. He is on the board of directors for the UW-Eau Claire Foundation and the Chippewa Valley Symphony, and he is involved with the Eau Claire Noon Rotary Club International Service Committee. Klish also is a lecturer, speaker, editor and scientific advisor. He notes, "My interaction with the university here is very stimulating. Not only am I able to continue teaching, but the university is starting to use me in other ways, such as to further develop its pre-med program." Additionally, Klish received the WMAA Ralph Hawley Distinguished Service Award at the Alumni Weekend Award Banquet in April 2012.

CLASS OF 1977

Having worked for the Indian Health Service for more than 25 years, **Delores Endres** is now filling in at a local family practice group in Taos, New Mexico. She started with the Hopi, then the Alb and retired from the Taos. She volunteers for international medical trips such as a Heart to Heart International trip to Haiti; Southwest Medical Aid trips to Peru, Honduras and Belize; and a Medical Doctors Association trip to Zimbabwe, as well as others.

Lonnie Frei is preparing for retirement, but he will have to put that on hold for a few years. He just became director of the new surgical critical care fellowship at the University of Mississippi Medical Center. He has a retirement home ready in California, but it will be used only occasionally for now. Frei collects Southwestern art and "haunts estate sales for treasures."

Bike advocacy is a passion of **Scott MacRae**. He has lived in Madison, Wisconsin, for 10 years, and in Portland, Oregon, for 17. He participated in the Cycle Oregon event four times. His involvement in cycling advocacy and his desire to help Rochester, New York, become a bike-friendly city—after he saw Portland's transformation—have fed that passion. MacRae has been working with public health and community medicine schools to encourage safe biking and walking routes in his city and county. He is on the board of directors for Rochester Cycling Alliance (rochestercyclingalliance.org).

CLASS OF 1982

Thomas Kunstman writes, "It's hard to believe, but I can officially retire within the year, but will I?" He is looking for options in the area of health information technology.

Robert Lebel enjoys his teaching position and appreciates being able to interact with all four years of medical school students, as well as with residents and attendings. When he has a chance, he enjoys spending time on his pontoon boat, participating in amateur astronomy and listening to concert music. Due to scheduling conflicts, he was not able to make it to his 30th class reunion. He hopes that since the timing of his 35th reunion will put him past age 70, and he plans to cut back to half-time work ("or perhaps not"), he may have a better chance of making it to that reunion.

Anesoft Corporation, founded by **Howard Schwid**, develops and distributes simulator software for medicine. Software applications such as ACLS (advanced cardiac life support), PALS (pediatric advanced life support), neonatal resuscitation, pediatrics, obstetrics, critical care, anesthesiology and sedation operate on Windows and Mac computers, iPhone/iPad and Android devices.

Benjamin VanRaalte won the Iowa Games gold medal in the 55-59 age group in the 200-meter breaststroke and 200-meter freestyle swimming competitions.

CLASS OF 1987

Randolph Hurley has participated in 10 years of medical mission work in Tanzania, Africa, through a program called Shoulder to Shoulder (www.ilulahealth.org). This program works in Minnesota and Tanzania to support and upgrade Lutheran medical facilities in the Iringa Diocese of the Evangelical Lutheran Church in Tanzania. Shipping medical equipment and supplies, providing existing staff with ongoing training, and supporting medical students with scholarships are all a part of the growing partnership between the Ilula Health Center Task Force and Global Health Ministries (GHM). GHM is a Minneapolis-based organization that assists Lutheran-based medical missions in 21 developing nations. The organization's expertise includes funding healthcare-related projects and shipping medical supplies. GHM's Web site address is www.ghm.org.

–Continued on next page

Ellen Ryan notes, "My husband has the cool job these days. He is working at Cape Canaveral on the Orion crew capsule with Lockheed-Martin/NASA." In her free time, though, Ryan enjoys hiking, snowshoeing and doing some short triathlons.

Mansoor Shariff enjoys golf, has his handicap down to seven and has shot a hole-in-one. He considers himself one of the last hold-outs who has not gone on Facebook or Twitter, has not visited chat rooms and has not figured out how to text pictures. "Flying under the radar is a good thing," he says.

CLASS OF 1992

Living within the city limits of Portland, Oregon, **Julie Kim** is able to have goats, chickens, ducks, a cat and a dog. She enjoys trying new things, so her goals for this year include working toward her black belt in tae kwon do and learning to surf.

It is no surprise that **Neal Peeples** likes to spend time with his 12- and 14-year-old sons doing things like archery, camping, climbing, Boy Scouts and hunting. He needs to stay in shape for his community activities, which include work as a SWAT team medical/tactical physician, Deschutes County Sheriff Search and Rescue medical director, and Deschutes County Medical Dispatch 911 medical director.

CLASS OF 1997

Eric Jagar and **Jennifer Woelker** "embarked on a new adventure" in June 2012. They moved careers and their family to Ansbach, Germany, close to Woelker's parents. Jagar is working for the U.S. Army, and Woelker will work for the local German healthcare system. Jagar says, "If you are heading through Bavaria, stop in for a brat and beer."

EDITOR'S NOTE

The summer 2012 issue incorrectly stated the number of women in the Class of 1951 as four, when in fact there were 11 women in that class. We regret the error.

IN MEMORIAM

Donald Douglas (fellow)
January 2012
Lewisburg, Pennsylvania

Richard Gunnarson '63
July 31, 2012
Sioux Falls, South Dakota

Joseph Ousley (resident)
September 4, 2012
Marshfield, Wisconsin

Benjamin Schuster '52
August 24, 2012
Dayton, Ohio

Matthew Sell '80
August 11, 2012
Boise, Idaho

William Semler '49
June 11, 2012
Milwaukee, Wisconsin

Quarterly Editor Land Retires, Passes Reins to Whitman

Longtime SMPH *Quarterly* editor Dian Land will retire in January 2013, when Kris Whitman will become the editor, on their shared January 4 birthday.

A masterful scientific writer and editor, Land spent more than a decade traversing the University of Wisconsin academic medical center to plan and pen articles for *Quarterly*.

She covered myriad topics—from healthcare policies to complex biomedical research and humanitarian work by UW School of Medicine and Public Health (SMPH) alumni and faculty.

Land has written about Wisconsin Medical Alumni Association (WMAA) and SMPH events—from Middleton Society galas and White Coat Ceremonies to graduation. To honor Land's tireless service, the WMAA awarded her with honorary life membership in the organization in spring 2010.

Before joining the UW Health Marketing and Public Affairs Department in 1990, Land held posts at the Northwestern University Medical School in Chicago. She holds a bachelor of arts degree from Northwestern.

SMPH and WMAA leaders extend sincere thanks to Land and wish her well in this new phase of her life. They welcome Whitman to the editorial position.

Whitman joined the UW Health Marketing and Public Affairs Department in 1988, following an initial career in chemistry and editorial services at a research corporation, and public relations at the Wisconsin Department of Public Instruction.

She has extensive experience writing, editing and managing print and online projects. After joining UW Health, she was the primary public affairs writer and editor for the Department of Pediatrics and UW Children's Hospital (now American Family Children's Hospital), where she worked closely with former SMPH Dean Philip M. Farrell, MD, PhD, who was then the chair of pediatrics, and Norm Fost, MD, MPH, professor of pediatrics, among others.

Whitman held roles as Webmaster for UW Hospital and Clinics and as an internal communications specialist during UW Health's implementation of its electronic health record. She has produced many publications for the SMPH and UW Health. She has written frequently for *Quarterly*, and became its associate editor earlier this year.

A native of Rockford, Illinois, Whitman earned UW-Madison bachelor's degrees in Meat and Animal Sciences and Life Sciences Journalism.

Please refer any questions, comments or story ideas for SMPH *Quarterly* magazine to quarterly@med.wisc.edu.

Goodbye Dear Friends

NATHAN JAMES SMITH, MD '44

Nathan Smith, MD '44, was a leader in pediatrics at the School of Medicine and Public Health (SMPH). Dean John Z. Bowers, MD, founded the Department of Pediatrics in 1957 and appointed Smith chair. At the time, most of the school's clinical departments did not have strong research activity. Smith eagerly took on the challenge.

After graduating from the SMPH in 1944, he did a residency in pediatrics and hematology at the University of Minnesota. During the residency, he met Marcella Keller, the head nurse on the pediatric ward, and they married in February 1946. Smith served in the U.S. Army until 1948, attaining the rank of captain.

He then began a career of research, clinical practice and teaching in pediatrics, starting at Children's Hospital in Boston. While there, he was awarded a Fulbright Fellowship, which he spent with his wife in Paris, France. They returned from Paris to his faculty position at St. Christopher's Hospital in Philadelphia.

Smith soon became a pediatrician and hematologist of rising reputation on the national scene. When he agreed to come back to UW, he wanted to create a solid academic department. He tried to recruit people who had academic ideals.

Shortly after Smith started to organize the department and sign up faculty, great turmoil broke out at the medical school. Not long after, Smith left for the University of Washington, where he spent the rest of his career.

Throughout his career, Smith nurtured partnerships with medical schools in Japan and Chile. He authored or co-authored

14 books and numerous research publications, and taught generations of medical students and physicians.

He passed away on February 2, 2011, in Spokane, Washington. He is survived by his wife and three children.

THOMAS C. MEYER, MD

Tom Meyer, MD, was a leader in continuing medical education and pediatric cardiology at the School of Medicine and Public Health for several decades.

He left his native South Africa with his wife, Irene Ibler, MD, and landed at the University of Wisconsin-Madison in 1961.

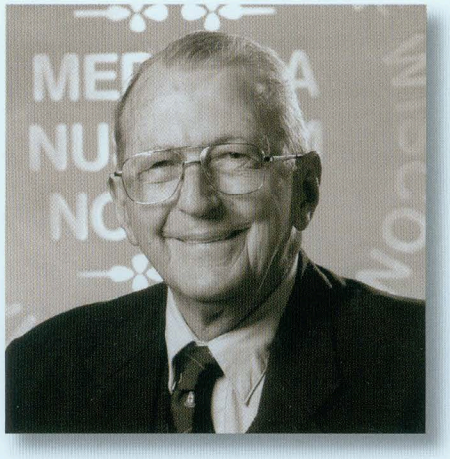
Soon after arriving, he created, then directed, the first sustainable pediatric cardiology clinic in the new UW Department of Pediatrics. Meyer climbed through the academic ranks, and after a few years, he turned his attention to medical education.

In 1965, the school established its first Department of Continuing Medical Education, and Meyer was appointed its first director. He later was named the school's first associate dean for education, a position he held from 1967 to 1976 (in 1970 he became a professor of pediatrics). Under his direction, his office established several programs. One promoted "tele-lectures," or telephone tapes, and dial-access libraries, for physicians and allied health professionals. Another was a program that offered remediation for physicians in trouble.

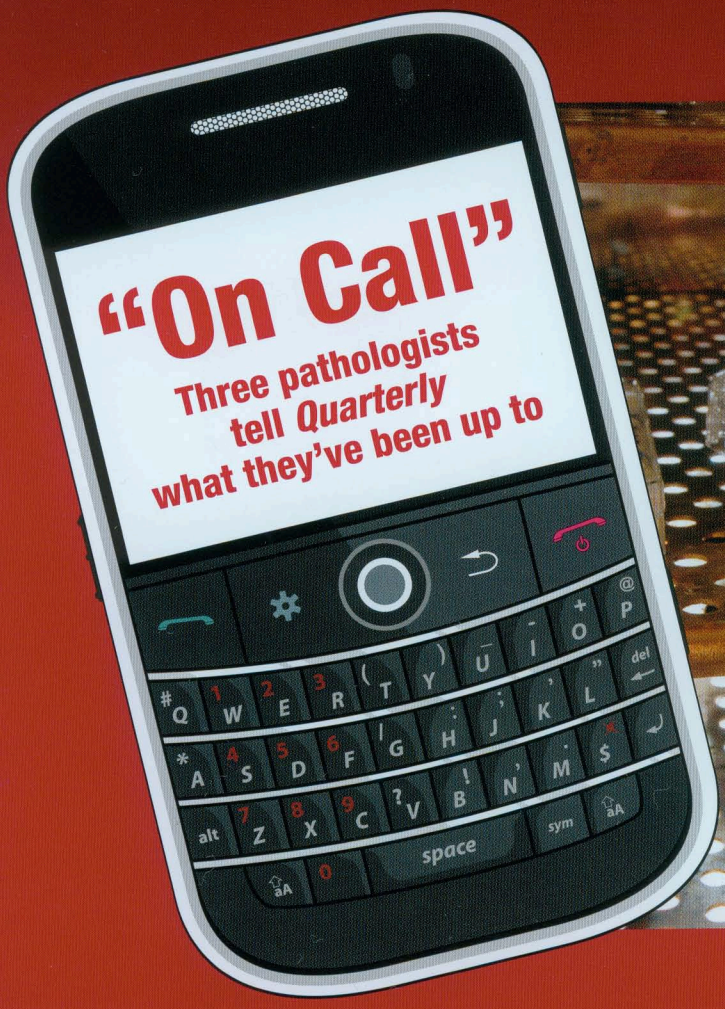
Meyer's office also instituted the Independent Study Program for Basic Sciences (ISP), which allowed medical students to proceed at their own pace in fulfilling the school's course requirements. Meyer was the ISP director from its beginning in 1976 until he stepped down in 1985.

In 1985, he became vice president of medical affairs at St. Mary's Hospital Medical Center in Madison, a position he held for another 10 years. He retired in 1995.

But he was far from idle during retirement. Meyer was the medical editor of the *Wisconsin Medical Journal* from 1995 to 2007.



Meyer died at age 85 on July 16, 2012, in Madison, Wisconsin. He is survived by his wife and five children.



SAMUEL COHEN, MD '72, PHD '72

I practice surgical pathology and basic research on carcinogenesis and toxicology at the University of Nebraska Medical Center (UNMC) in Omaha. I am also the director of the UNMC pathology residency program, and was chair of Pathology and Microbiology at the center from 1992 to 2007.

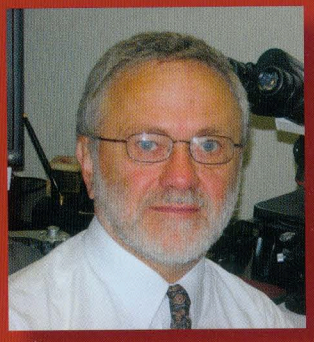
I participate in numerous national, federal and international groups and agencies, giving me many opportunities to travel, including spending a year in Japan as a visiting professor. I also provide consulting to pharmaceutical, agrichemical, personal product, food and chemical companies.

I did my residency at St. Vincent Hospital in Worcester, Massachusetts, and I'm board certified in anatomic pathology and clinical pathology.

A memorable case for me was a patient who had promyelocytic leukemia and was treated with arsenic trioxide. We detected some intracytoplasmic granules in urothelial cells, which is something we had previously observed in mice. This case had many implications for arsenic risk assessment, and it has led to a collaboration with the Institute at Kolkata, India.

My choice to specialize in pathology evolved from my MD/PhD training and my interest in carcinogenesis. This is an excellent career because it allows me to combine clinical medicine with basic research, a combination increasingly in demand.

One of the joys of a combined clinical and research career is the opportunity to meet and work with outstanding scientists and physicians around the world. It also has provided opportunities to teach and mentor young pathologists and research scientists, many of whom have become renowned in their own careers, including chairs and directors of various departments and institutes.



I would like to tell medical students that the evolution of molecular technologies and genomics makes pathology more exciting, challenging and rewarding than ever.

MICHAEL DICTOR, MD '72

I work part time at the University Hospital in Lund, Sweden, where I have spent most of my career, and I am the medical director of the new digital pathology branch of the Telemedicine Clinic in Barcelona, Spain, a private firm offering remote radiology service for Northern Europe.

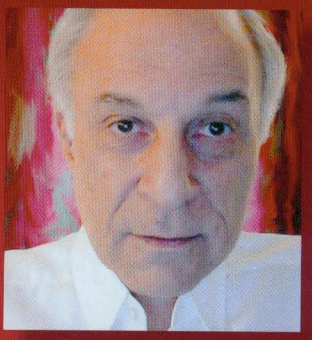
My experience covers a broad spectrum of oncological and inflammatory diseases of skin; genitalia; nervous system; ear, nose and throat; gut; and lymphoid organs. Frustration with methodological limitations led me to develop multiplex polymerase chain reactions (PCR) for lymphoid clonality, human papillomavirus (HPV) genotyping, mycobacterial infections, toxoplasma, etc. Once a week, together with lab personnel and pathology staff, I interpret PCR results.

A memorable case started when I was at a slide seminar in Copenhagen. We learned of a strange clustering of acquired immunodeficiency associated with Kaposi's sarcoma (KS) in the U.S. Three months later, I had just started working at a university pathology lab in California, when a local pathologist asked for an opinion on a strange tumor in a lymph node from a flight steward. I told him this was KS and recalled the Copenhagen seminar. A large departmental commotion ensued, and one week later, the Centers for Disease Control and Prevention announced the AIDS epidemic. Try as I may, I have never since been able to produce a similar stir in a pathology department.

After leaving medical school, serendipity caused me to take a position in pathology in Lund. I quickly became convinced that pathology was my calling. I completed a rotating internship, then my residency at the University Hospitals in Lund and Malmö.

I am a member of several Swedish, European and international associations.

Pathology is moving rapidly forward at the interface of



molecular biology and image diagnostics. In the future, we can expect national and international networks of digitalized images for routine and specialized diagnosis, while molecular procedures may be mainly performed in large biobanks.

MARK R. WICK, MD '78

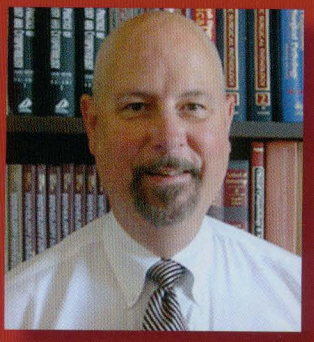
As a general diagnostic anatomic pathologist, I examine specimens from virtually any body site except the central nervous system. I practice at the University of Virginia Medical Center (UVA) in Charlottesville.

I have held positions at the Mayo Medical School in Rochester, Minnesota; University of Minnesota School of Medicine in Minneapolis/St. Paul; and Washington University School of Medicine in St. Louis. I completed my residency in anatomical and clinical pathology at the Mayo Clinic and Mayo Foundation in Rochester, Minnesota.

My most memorable case was when a clinical colleague at UVA called to say that his daughter—who was in the Peace Corps in Africa—had undergone a soft tissue tumor biopsy. It had been interpreted as a sarcoma, and she had been told she needed amputation of her arm. Because soft tissue pathology is one of my special interests, the colleague had the slides sent to me. My interpretation was that the lesion was benign (nodular fasciitis), and that no further therapy was necessary. My colleague's daughter is alive and well today, and they are both very happy!

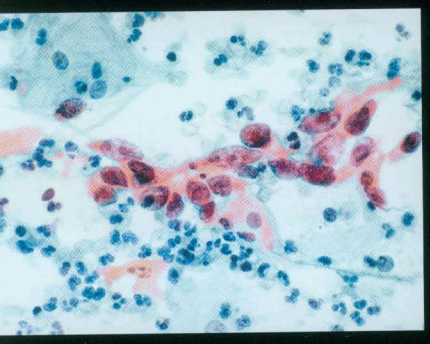
I am active in several pathology societies, including the American Society for Clinical Pathology, College of American Pathologists, United States and Canadian Academy of Pathology, and the Virginia Society for Pathology. I am the past president of the Association of Directors of Anatomic and Surgical Pathology, and the History of Pathology Society.

I chose pathology as my specialty because I wanted to use in medical practice all the basic science information I had learned in college and medical school. Pathology is the best specialty in which to do that.



I wrote a piece for *Medscape* (medscape.com/viewarticle/769814) that describes my pathway to making the decision to be a pathologist. I recommend that medical students who are considering a career in pathology—and anyone who wonders what a pathologist really does—read that article.

HPV Protein May be Target for Cervical Cancer Treatment



A single human papillomavirus (HPV) protein is required for cervical cancer and even pre-cancerous growths in the cervix to survive, University of Wisconsin Carbone Cancer Center researchers have found.

In anticipation of a clinical trial in humans, the scientists and their collaborators are moving quickly to test if a gene-silencing technique could cripple expression of the protein and eliminate cervical cancer and pre-cancerous growths in specially bred mice.

Cervical cancer is relatively rare in the United States, thanks to Pap smears. But pre-cancerous cervical inter-epithelial neoplasias, or CINs, are common. Women with high-grade CINs have a 10 percent chance of getting cervical cancer, says senior author Paul Lambert, PhD, professor of oncology.

In studying two HPV oncoproteins—E6 and E7—always expressed in cervical cancer, Lambert and his team at the McArdle Laboratory of Cancer Research learned previously that E7 had a much greater ability than E6 to cause cancer.

"In thinking of treatments, we wondered if we could target just one oncoprotein, the most potent one, rather than two," he says.

Sean Jabbar, PhD, and Soyeong Park, who work in the Lambert laboratory, created and bred mice in which they could control the expression of both E7 and E6. They found that when they turned off E7 but left E6 on, the cervical cancers and CINs melted away.

"E7 should be an excellent therapeutic target for HPV-associated cancers, including pre-cancerous CINs," Lambert says.

The study appeared in *Cancer Research.*

Low-Dose Estrogen Improves Mood without Memory Loss

Contrary to earlier findings in older women taking larger doses of estrogen, a new study has found that giving smaller doses of estrogen to younger women just entering menopause does not worsen memory, and improves mood and symptoms of depression.

The four-year study was part of the Kronos Early Estrogen Prevention Study (KEEPS). The ancillary KEEPS-Cog, funded by the National Institutes of Health, measured cognitive and emotional outcomes.

Sanjay Asthana, MD, the KEEPS-Cog lead researcher, presented the preliminary findings recently at the North American Menopause Society annual meeting. The findings will be submitted for publication soon.

KEEPS-Cog involved 662 menopausal women who averaged 52.7 years, a much younger group than ever studied in the past.

Participants were divided into three groups: One received a daily 0.45 mg dose of oral estrogen, a second used the estrogen patch (0.05 mg/day, changed every third day), and a third was on a placebo. The women's memory, cognition and emotional health were assessed.

In addition to fewer memory problems and reduced symptoms of depression, anxiety and tension, participants on oral estrogen or the patch exhibited no heart problems, breast cancer or thrombosis in the legs and lungs. Blood pressure levels remained steady in groups given estrogen.

In a previous landmark study of women older than 65 who received 0.625 mg of estrogen, memory deficits, high

blood pressure, evidence of heart problems, breast cancer and thrombosis were seen.

The results show promise for the future treatment of menopause, says Asthana.

Early Stress May Sensitize Girls' Brains for Later Anxiety

High levels of family stress in infancy are linked to differences in everyday brain function and anxiety in teenage girls, according to a new University of Wisconsin-Madison study.

Study participants were part of the long-running Wisconsin Study of Families and Work (WSFW), begun originally in 1990 to study the effects of maternity leave, day care and other factors on family stress. Fifty-seven WSFW participants, now age 21 and 22, were involved.

The new study showed that babies who lived in homes with stressed mothers were more likely to grow into preschoolers with higher levels of cortisol, a stress hormone. Brain scans with resting-state functional connectivity MRIs showed that girls with higher cortisol levels also showed less communication between the amygdala, a threat center in the brain, and the ventromedial prefrontal cortex, which is responsible for emotional regulation.

In querying the teens about anxiety symptoms and stress in their current lives, the researchers found a connection with childhood stress, rather than current stress levels. Both high cortisol and differences in brain activity predicted higher levels of adolescent anxiety at age 18.

The young men in the study did not show any of these patterns.

"These findings raise important questions about what we can do to better support young parents and families," says Marilyn Essex, PhD, professor of psychiatry and co-director of the WSFW.

The study appeared recently in *Nature Neuroscience*.

Grant will Further Research on the Human Genome

School of Medicine and Public Health researchers will use a $1.1 million grant from the National Human Genome Research Institute (NHGRI) to analyze important yet poorly studied areas of the human genome. The project is part of NHGRI's Encyclopedia of DNA Elements, or ENCODE, created to study massive parts of the genome that are not actual genes.

"We've developed new statistical methods that will help biologists look at data more easily and effectively," says Sunduz Keles, PhD, associate professor of biostatistics and medical informatics.

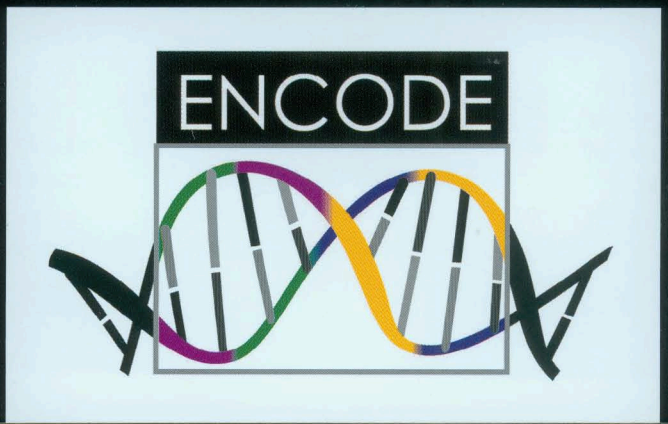
Keles' group concentrates on DNA repeats, nearly identical repeating segments of base pairs. Many occur throughout the human genome, some repeating once, others thousands of times.

"Repeats are a challenge because when we observe data from them, it is not immediately obvious which repetitive regions are generating the signal," she says.

The data comes from a technique called ChIP-seq, which identifies sites in DNA samples where proteins bind. Earlier ENCODE experiments using ChIP-seq produced an initial map of hundreds of different proteins that control and regulate genomic activity.

But while the standard methods for analyzing ChIP-seq data leave out a significant amount of data on repetitive DNA, the UW probabilistic model and accompanying software let scientists infer where the real signal is in repeat data.

The researchers will enhance their model, recognized as a powerful tool in the genomics community, and use it to reanalyze ENCODE datasets.



Think Like a Doctor

CHRIS FRAZEE/MEDIA SOLUTIONS

JOHN WINGREN/MEDIA SOLUTIONS

by Dian Land

She's just started her third year as a medical student at the University of Wisconsin School of Medicine and Public Health, but Crystalynn Woodard has definitely started thinking like a seasoned doctor. She recently solved the medical mystery called "Too Sick to Smoke" that ran in the *New York Times* ongoing "Think Like a Doctor" contest. In it, readers are challenged to figure out the diagnosis in a puzzling clinical case taken from real life. Doctors often solve the mystery.

Woodard was the first to submit an answer, and she got it right—pulmonary Langerhans cell histiocytosis. And it may have been in record time—just 30 minutes after the case was posted, according to Lisa Sanders, MD, who chooses the cases and announces the winners in the newspaper.

At around midnight on the night of June 28, 2012, Woodard opened her laptop to unwind a bit, and glanced as usual at the *Times* health section. She was happy to see a new "Think Like a Doctor," which she usually doesn't catch soon enough to have a chance at solving before anyone else. This time she thought it might be do-able.

The case involved a 48-year-old man with shortness of breath, fatigue and lesions on his shoulder and thigh bones. He was a long-time heavy smoker.

"All the facts were up front, you could see everything quickly," says Woodard, who recently completed her psychiatry rotation.

She says she didn't know the answer right away, but had a hunch.

"It rang a bell," she says. "I thought it may have been covered in the study book I had used in preparing for Step 1 [of the U.S. Medical Licensing Exam] last year."

She got the book and found information on histiocytosis, but not much on how it related to smoking.

She did a Google search and found what she thought was the answer. Fifteen minutes after opening her laptop, she sent away her response. The next morning, Sanders e-mailed her that she had nailed it. And it was written up in the newspaper for all to see.

Woodard likes a challenge. She plays games such as Sudoku, Ken-Ken, Boggle and Bananagrams. She says her undergraduate education at the University of Chicago, where she was an anthropology major and a pre-med student, also taught her critical thinking.

Originally from the San Diego area, Woodard and her husband, Mark Starr, were both accepted to UW-Madison in 2008. He is working on his PhD in clinical psychology. Woodard took time off in 2010 and enrolled in the Master of Public Health Program. The couple's first child, Simone, was born in 2011, and Woodard's mother relocated from California to help.

Sanders gave her a signed copy of her book, *Every Patient Tells a Story: Medical Mysteries and the Art of Diagnosis.*

The doctor also asked about Woodard's future practice plans.

"I'm considering everything at this point," she told her. "But I think I want it to involve patient interactions."

Sanders' advice to her? Consider being a diagnostician.

Stairs for Wellness

Benefits Many at Health Sciences Learning Center

by Mike Klawitter

As Confucius said, "Every journey starts with a single step." With this notion, Karyn Laursen has been trying to get more people to journey up flights of steps at the Health Sciences Learning Center (HSLC) as part of a program to promote fitness.

A third-year student at the UW School of Medicine and Public Health (SMPH), Laursen spearheaded the Stairs for Wellness program to encourage more people who work and study in the four-story HSLC to use the stairs instead of the elevator. In the first month after the program's April 2012 launch, 66 percent of people surveyed said it has encouraged them to use the stairs. Sixty-three percent have increased their stair use.

In a six-month follow-up study, more than 60 percent of respondents report that they have increased stair use. An additional 28 percent report that Stairs for Wellness has caused them to be more active or exercise outside of the HSLC environment.

"Those numbers far surpassed our goals," says Laursen. "Stair use is a low-cost form of exercise. Even if we got a handful of people to use them, the project would have paid for itself. To have the majority of people increase their use of the stairs is phenomenal."

Laursen, who earned a physical therapy master's degree before entering medical school, was encouraged to start the program by Professors Javier Nieto, MD, PhD, chair, Department of Population Health Sciences, and Pat Remington, MD, MPH, associate dean for public health, during population health classes in her first year at the SMPH.

"Dr. Nieto described a lot of solid research showing that simple stair-climbing projects can make a huge difference in the health of people who use them," she explains. "I thought that the SMPH would be the pefect place to launch this iniative. I contacted the assistant dean of facilities, Mark Wells, who helped form a committee."

The HSLC leadership team gave the committee a $1,000 budget, which the committee directed toward construction of signage to point toward stairs, and artwork to make the stairwells more attractive.

"When asked about the most important factor in their decision to use the stairs, 46 percent said the signs pointing to the stairwells, and 44 percent said the artwork," she says. "Thirty percent said peer pressure, which perhaps means they felt guilty about working in a public health building and choosing not to participate in the campaign."

Laursen says she hopes the success of Stairs for Wellness will encourage similar thrusts at UW Hospital and Clincs, and perhaps other UW-Madison buildings.

"I think anytime we can improve our stairwells and get more people to use them, everybody benefits," she says. "We hope the HSLC will be a leader in pointing other buildings toward improved health. It would be fantastic if we can step up and implement this program in other areas on campus."

"Stair climbing benefits your cardiovascular system and mental health, it can keep your weight under control, prevent diabetes and lead to stronger joints and bones," Laursen adds. "This simple activity offers numerous health benefits."

WIMR II Q&A

WITH RICHARD MOSS, PHD

Richard Moss, PhD, is the senior associate dean for basic research, biotechnology and graduate studies and the Rennebohm Professor of Cell and Regenerative Biology at the University of Wisconsin School of Medicine and Public Health (SMPH). Here, he answers questions about the Wisconsin Institutes for Medical Research (WIMR).

What is unique about WIMR?

Biomedical research buildings are typically organized by traditional academic departments. WIMR is organized instead by thematic research area, which brings together scientists of different disciplines to work on problems of common interest. Each floor focuses on one or a few research problems with high relevance to human health and disease. For example, the UW Carbone Cancer Center (UWCCC) in WIMR I groups researchers on floors according to types of cancer—prostate, breast, head and neck, childhood cancers. Similarly, WIMR II floors will be organized around neurodegenerative diseases (Parkinson's disease, Alzheimer's disease and epilepsy), heart and vascular diseases, regenerative medicine and vision disorders.

Why is this type of organization important?

Biomedical research addresses problems that tend to be very complex and can only be solved using a range of disciplinary approaches. Solutions emerge when scientists with differing perspectives come together to share their unique expertise. We've designed WIMR to facilitate these kinds of interactions because we recognize that interdisciplinary approaches accelerate discovery and increase understanding of today's most pressing issues in human health and disease.

How unusual is this?

This is a radically new way to organize our research enterprise, with the intention of accelerating the pace of discovery and translating research results to practical applications. Nationally, only a few institutions have made this commitment, but it is evident to us that this organizational approach holds extraordinary promise for future success.

Are there research technologies that are common to WIMR research programs regardless of the disease being studied? What are they, and why are they important?

WIMR's translational research relies on programs of fundamental investigation to develop technologies that are then applied in studies of human health and disease. UW and the SMPH are well known for developing several technologies, most recently in cellular development, tissue regeneration, diagnostic imaging and radiation therapies. The SMPH is internationally renowned in each of these technology areas, which will facilitate research and translation of results in WIMR II, just as in WIMR I.

What is important about being located next to UW Hospital and Clinics (UWHC)?

In WIMR, we emphasize translating research results into practical applications in human health and disease. Our goals are to improve health through research discovery, new prevention strategies and development of novel therapeutics for diseases such as cancer, heart failure and neurodegenerative diseases. WIMR's location next to UWHC facilitates translation by co-locating researchers and physicians to promote interactions and collaboration. This intentional design will help define clinically important research questions and accelerate translation of results to clinical applications. Close proximity fuels faculty research and provides a clinical context for research training of graduate students, medical students, MD/PhD students and post-doctoral fellows, preparing them to be future leaders in translational research.

What can we do now that we could not do before?

WIMR I has successfully brought together researchers with varied backgrounds to address important clinical problems. There is every reason to believe that this also will be the case in WIMR II. For example, basic researchers from the McArdle Laboratory now on central campus will for the first time in a very long while work in close proximity to other members of the UWCCC in WIMR I and at UWHC. And on the cardiovascular floor, heart failure researchers—including me—will at last work in adjacent laboratories. Other floors will provide researchers in the neurosciences, cell biology and regenerative medicine new proximities to one another and to colleagues in WIMR I and at UWHC. The new interactions and research programs that will emerge from an expanded WIMR will be remarkable!

How have you measured the success of WIMR?

We have seen the number of invention disclosures and patents increase dramatically for scientists working in WIMR I. These are the first steps in translating research discoveries to practical clinical application and, thus, are important measures of research success and productivity. Simply put, the integrative research approaches envisioned for WIMR II are already working in WIMR I.

What will be different about WIMR II?

WIMR I is a spectacular, world-class research facility. The intent of its design—to promote new, productive interactions—has been realized. WIMR II is in most ways identical to WIMR I, but we've made a few changes based on lessons learned. For example, mezzanines in the space above faculty offices will provide quiet areas where research trainees will be able to write. We've also found that trainees prefer to be in laboratories even when they're working at their desks, so we've placed workstations in WIMR II laboratories, different from WIMR I. Laboratory space in the new building will expand to within five feet of faculty offices. This has increased laboratory space in WIMR II by about 3,000 square feet per floor, providing room for up to two additional faculty laboratories on each floor. Regarding common spaces in WIMR II, lunch rooms and meeting spaces will be alternated floor by floor, instead of having them on each floor, which will bring people together between floors for discussions that, ultimately, advance research.

–Continued on page 39

"In Our Spare Time" Faculty and Staff Art Exhibit

At an art exhibit within Ebling Library at the Health Sciences Learning Center, several faculty members, alumni and trainees of the University of Wisconsin School of Medicine and Public Health (SMPH) share colorful ways in which they unwind, relax and get creative. Planned by curator Micaela Sullivan-Fowler of Ebling Library, the exhibit includes more than 100 artistic pieces of myriad types, created by more than 40 faculty and staff members from several health-related schools and departments at UW-Madison. Here, we feature art and essays by a few members of the SMPH community. The exhibit will run through December 31.

There's More Online!
Visit med.wisc.edu/39248

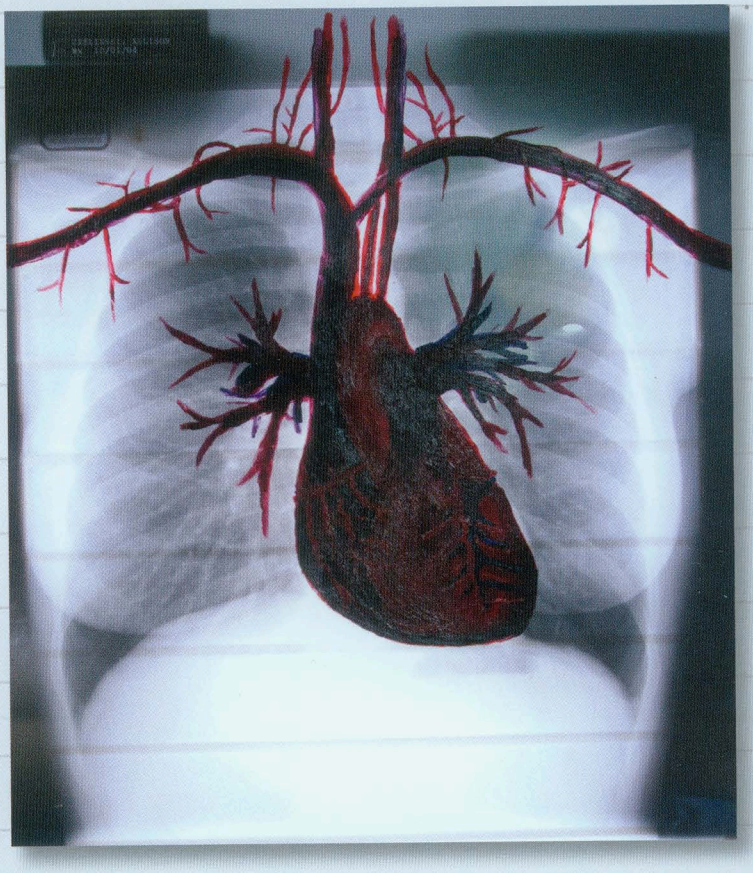
Allison Zielinski, MD

When I was a medical student, I did not make much time for hobbies. Painting has always been something that I enjoy doing, but it fell by the wayside in lieu of pharmacology flashcards and learning the brachial plexus.

I created this piece for an art show organized by a friend—a former art major—after I found my old X-rays in a closet. Entitled "Self-Portrait," it is my own chest X-ray painted over with acrylic on acetate. The X-ray was done while I was working at a doctor's office several years ago, around the time I was deciding to go into medicine.

The concept that films were on the way to becoming obsolete in favor of digital images both dates the piece and serves as a connection between two different periods in my life. As a future cardiologist, Self-Portrait also is the work that was most (subconsciously) influenced by my chosen career.

I have had little formal art training, but always loved art class in school. After college, I practiced by copying paintings that I liked, sometimes magnifying part of a painting. I often gave paintings as gifts. Lately, I have been influenced by anatomy textbooks and microscope slides, attempting to turn science into art.



"Self-Portrait"

I have exhibited my paintings in previous venues, including several art exhibits in Oak Park and Chicago, Illinois. I also have published original works in *Ephemeris, Stritch Writer's Club Art and Literature Publication*, 2008-2009 and 2007-2008 editions.

Zielinski is completing the third year of her internal medicine residency at the University of Wisconsin Hospital and Clinics.

Robert J. Dempsey, MD

Photography allows me to capture the essence of a time, place or person in a way that can be difficult to express in other media.

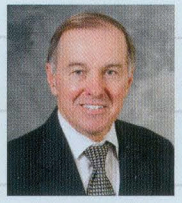
I think artists really uncover and clearly present the message and beauty of things around them. This relates to my neurosurgical work. Like an artist, a surgeon tries to be attuned to what is present, whether it is a patient's symptoms, disease process or a solution to a surgical problem. Creativity is expressed in our research, teaching, production of new surgical techniques and desire to formulate new ways to provide care.

During my presidency of the Society of Neurological Surgeons, I spoke on the creativity and passion that we bring to the science of our specialty. It guides our future and that of our patients. My presidential address, "Art, Passion and Neurosurgery," described neurosurgical research as an artistic, creative aspect of medical science that derives its passion from concerns for our daily interaction with patients and understanding of their needs.

As well as we practice medicine today, we must always improve. No treatment for conditions like cancer or stroke is good enough. We must stop, observe and listen to our patients' needs and create new treatments and solutions to do our very best for those we serve.

Much of my photography stems from my medical mission trips to developing countries during the past 20 years. I try to capture the experience, essence and people I meet—beyond the ordinary. My patients often ask about these photos. Resulting conversations help create a common language for us.

"Wise Beyond Her Years"



Dempsey is the chair and Manucher J. Javid Professor of Neurological Surgery in the SMPH Department of Neurological Surgery. He directs resident education in the department and mentors MD/PhD students at the SMPH. He is the surgical director of the Multi-disciplinary Stroke Program at UW Hospital and Clinics and chair-elect of the Foundation for International Education in Neurosurgery.

–Continued on next page

Sandra Osborn, MD '70

I learned my first forms of "art" at my grandmother's knee, as soon as I could handle a needle. It was common for women of her generation to embroider, cross-stitch and knit useful items for their families. We would knit socks and embroider pillowcases and dishtowels so they looked pretty.

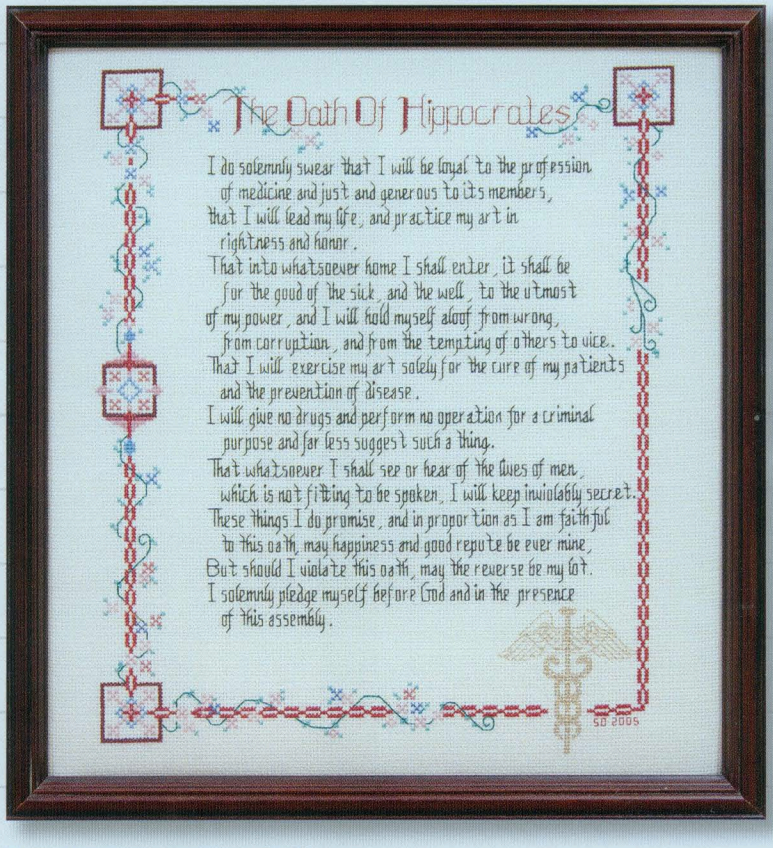
I have always been good with my hands and with numbers. These skills are needed for my hobby of counted cross-stitch.

Especially during the busy part of my career, I could relax and get out of "doctor mode" while doing cross-stitch. Even though you have to be methodical, you have some freedom to let your mind wander. I usually play music while I stitch, which adds to the relaxation.

People, like me, who create a lot of counted cross-stitch pieces eventually have enough at home, so we look for ways to share them.

When I found the pattern for the Hippocratic Oath, I thought it would make an excellent contribution to a silent auction for the Wisconsin Medical Society Foundation. Because I was still practicing medicine and had little time for stitching, it took more than a year to complete the piece.

When I entered the final product into the silent auction, it looked beautiful on display. However, I saw that the amounts being bid were not very high. I thought about the time I had spent—literally hundreds of hours—and how valuable the piece was to me. I decided that the society would make more money if I simply out-bid the highest bidder, so I got to keep my art.



"A Contemporary Hippocratic Oath"

Osborn is a member of the board of directors for the Wisconsin Medical Alumni Association and the Quarterly *editorial board. She serves as a mentor to the SMPH's Bamforth Learning Community and has served as a class mentor. Before retiring, she practiced in pediatrics at Dean Clinic in Madison.*

Seeking Submissions

Healer's Journey showcases creativity originating from members of the SMPH family reflecting personal experiences in our world of healing. We seek pieces that are moving, humorous or unusual.

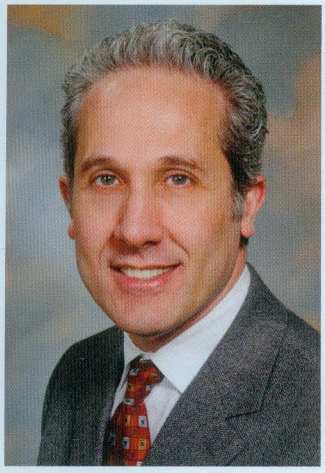
Our guidelines are as follows:

Manuscripts, subject to editing, can be no longer than 1,200 words. Photos must be high resolution. Subject matter should relate to any aspect of working or studying at the SMPH or in the medical field generally.

Send submissions to:

Quarterly
Health Sciences Learning Center
Room 4293
School of Medicine and Public Health
750 Highland Ave.
Madison, WI 53705
Or e-mail quarterly@med.wisc.edu

Hamdan Receives Tuchman Chair of Cardiology Position



Mohamed H. Hamdan

Mohamed H. Hamdan, MD—who joined the University of Wisconsin School of Medicine and Public Health (SMPH) in July 2012 as the chief of the Division of Cardiovascular Medicine—is now the third Herman and Ailene Tuchman Chair in Clinical Cardiology.

Herman Tuchman, MD '51, created the chair position about 10 years ago. Tuchman is a renowned cardiologist in the Milwaukee area. Since retiring, he has volunteered at the Walker's Point Clinic in Milwaukee, among other clinics that provide care for underserved individuals.

Hamdan is recognized internationally as an expert in cardiac arrhythmias, with a research focus on atrial fibrillation and the autonomic nervous system. He has published more than 65 original research manuscripts and has authored 20 review articles and book chapters. His research has been supported by National Institutes of Health and foundation grants.

A reviewer for several major cardiology journals, Hamdan is a member of the editorial board for the *Journal of Cardiovascular Electrophysiology*. He has served as a peer reviewer for the Department of Veterans Affairs, the American Heart Association and the National Heart, Lung and Blood Institute. He also is a member of the board of trustees for the Heart Rhythm Society.

Hamdan completed an internship at the American University of Beirut, a cardiology research fellowship at the University of Iowa Hospitals and Clinics, a medicine internship and residency at the University of Iowa, a cardiology fellowship at Stanford University, and a clinical cardiac electrophysiology fellowship at the University of California-San Francisco.

He then joined the faculty at the University of Texas Southwestern Medical Center before being recruited to be associate chief of cardiology and director of the arrhythmia service and clinical cardiac electrophysiology fellowship program at the University of Utah. There, he was a tenured professor and held the John and June B. Hartman Research Endowed Professorship. During his appointment at the University of Utah, he completed an executive master of business administration degree and developed an interest in decision support for the diagnosis and treatment of patients with loss of consciousness and falls, particularly in the elderly.

"The Tuchman Chair played a key role in recruiting Dr. Hamdan, who will use the funds from this endowment to support his studies of cardiac arrhythmias," says Richard Page, MD, chair of the SMPH Department of Medicine. "We are grateful to Dr. Tuchman for his support of research in the Division of Cardiovascular Medicine."

WIMR II *Continued from page 35*

How does the WIMR model influence faculty recruitment?

Our vision for WIMR has allowed us to be more consistently successful than ever in recruiting top candidates. Completing WIMR II is an absolute necessity for successfully recruiting future leaders, such as the chairs of the Department of Neuroscience and the Department of Cell and Regenerative Biology. There's tremendous competition for first-tier faculty candidates, and we go up against institutions with top-caliber research space. With the completion of WIMR, we will be second to none in the quality of our research space.

Is philanthropy support still needed for WIMR II?

WIMR II is a $130+ million project that is a partnership with the State of Wisconsin. We've been raising our share of the funds through development activities, but the project is not yet fully funded. We've built the building, and we now are completing it floor by floor. We still need $19 million to finish out the last two of seven research floors.

What is the time of completion?

If all funding activities align as we hope, we will occupy WIMR II in the last quarter of 2013 and the first quarter of 2014.

If you are interested in supporting WIMR II or learning about naming opportunities, please contact Brad Jolin at the UW Foundation; phone: (608) 263-5129; e-mail: brad.jolin@supportuw.org.

A NOSTALGIC TRIP TO 1300 UNIVERSITY AVENUE

In September, I visited 1300 University Avenue. What had been the front door to the Wisconsin General Hospital when I was a student has since become the south entrance to the University of Wisconsin Medical Sciences Center (MSC). I felt that I needed to become familiar with the departments and curricula that have found their homes in this venerable structure.

The MSC is a collection of adjoined buildings that include the Bardeen Medical Laboratories, Medical Sciences, Service Memorial Institute (SMI), Bradley Memorial building and the School of Social Work. These buildings are on the corner of Charter Street, between Linden Drive and University Avenue.

It is home to some departments that contribute to the basic sciences curriculum at the UW School of Medicine and Public Health (SMPH), as well as biostatistics and medical informatics, neurophysiology, occupational therapy and—the reason I made the visit—the UW Physical Therapy (PT) Program.

Founded in 1926, the PT Program is part of the SMPH Department of Orthopedics and Rehabilitation. In 1929, it became one of the first three physical therapy curricula in the United States to receive accreditation from the American Physical Therapy Association. In 2012, *U.S. News* ranked the program 19 out of 210 in the country.

I was there to join my son, Drew, and his wife, Andrea, for the Meet the Program Event. Drew had learned five days prior to our trip that he was accepted by early decision into the Physical Therapy Program Class of 2016. This was particularly exciting news, as he and Andrea had just returned from their wedding and honeymoon.

Visiting this part of the campus brought back memories of many things that I wanted to share with Drew, particularly as he embarks on a career that will begin where mine did—at 1300 University Avenue.

On our way from parking lot 17 in the Engineering Campus, we stopped for a moment on the corner where we could see the office of Dr. H. Gobind Khorana, 1968 Nobel Laureate; the garden named after Dr. Joshua Lederberg, 1958 Nobel Laureate; and the laboratories of Dr. Howard Temin, 1975 Nobel Laureate. I felt it was a good place to reflect aloud on the UW's history.

The Meet the Program Event was held on the MSC's fifth floor, near what had been the surgery unit where I was mentored by Dr. Tony Curreri, '33 in my clinical years of medical school. Nearby was the retinal surgery unit, where Dr. Matthew "Dinny" Davis shaped my early appreciation of the eye and spurred my desire to pursue a career in ophthalmology.

The PT event was held in 5041 MSC, a multidisciplinary lecture and practical teaching room. We were welcomed by the program director, Lisa Steinkamp, who explained the program mission and philosophy, as well as the market trends for graduating doctors of physical therapy (DPT).

Next, Sue Wenker, director of clinical education, reviewed the three-year curriculum that leads to a doctorate. Reenie Euhardy, admissions advisor, covered the course of study required to be eligible for admission to the program. Bryan Heiderscheit, associate professor, reviewed ongoing research and diverse interests within the program, such as sports injury prevention and injury rehabilitation. Additionally, five students described student life on campus, as well as aspects of preparation and application for admission to the UW program. A final question-and-answer session covered the city, the campus and how students benefit from being part of the SMPH and the UW academic medical center.

The UW Physical Therapy Program is excellent preparation for the most popular career choice of clinical practice. The curriculum is well grounded in basic and applied research and creates exceptional opportunities for those who choose an academic or research career path.

In all, it was a wonderful view of a singular strength within the SMPH—with the old meeting the new.

Christopher Larson, MD '75
Quarterly Editorial Board Chair

Inbox

SUBJECT: FORWARD MOTION

Two UW School of Medicine and Public Health faculty members recently shared their stories on "Forward Motion," a Big Ten Network program that spotlights innovative research at UW-Madison. Featured were Joshua Medow, MD, who's developing an intracranial pressure monitor, and Perry Pickhardt, MD, who pioneered a virtual colonoscopy procedure. View the stories at med.wisc.edu/39046.

SUBJECT: THE MIXED BLESSING OF RADIATION AND THE PUBLIC HEALTH

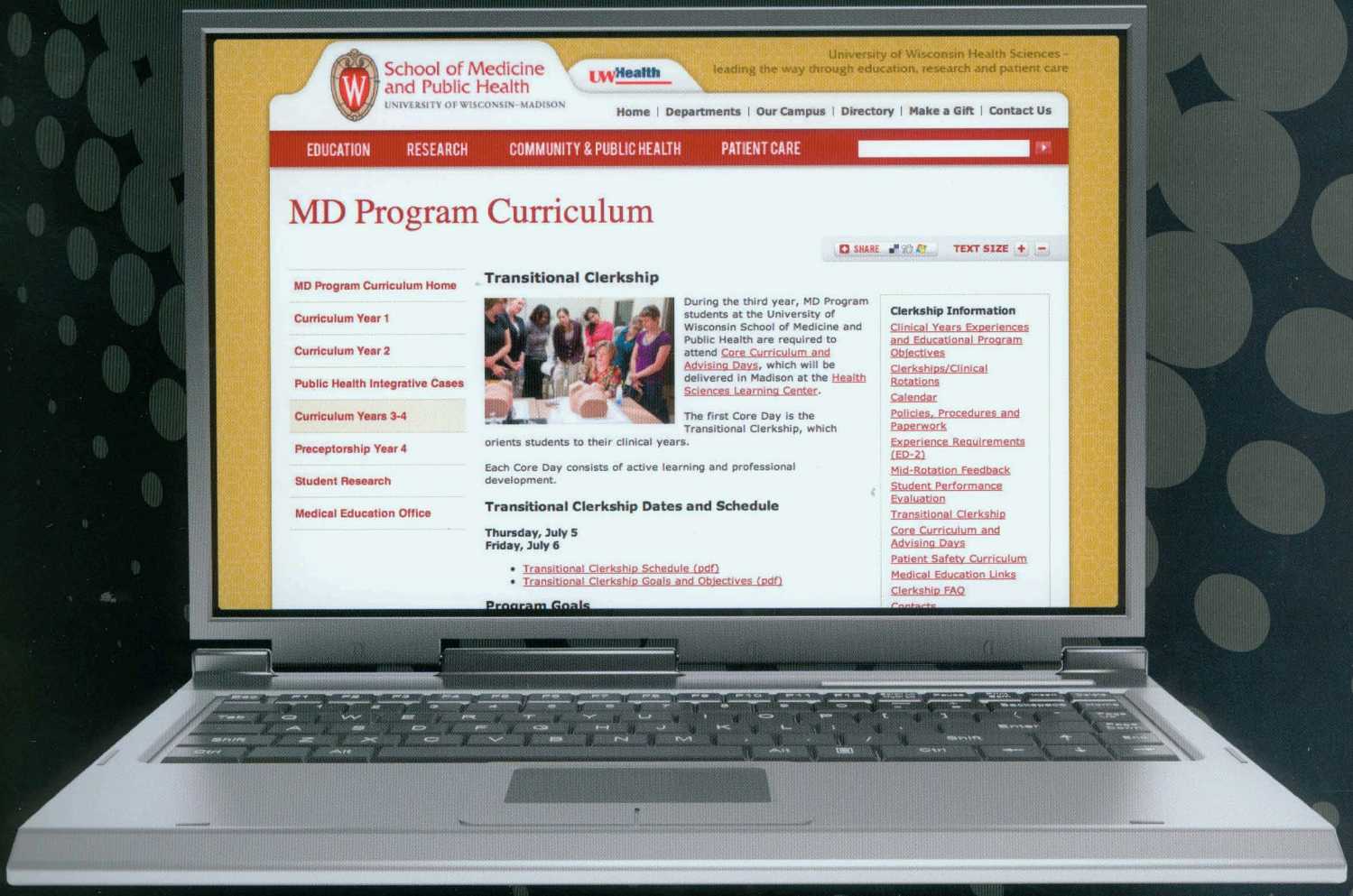
A new exhibit in Ebling Library—called "Fallout: The Mixed Blessing of Radiation and the Public Health"—explores subjects such as the early use of X-rays in diagnosis and treatment, occupational hazards of working with radiation, military use of X-rays, a UW connection with Marie Curie, bomb shelters, nuclear accidents, shoe-fitting fluoroscopes and more. It was imagined in conjunction with UW's Go Big Read common reading program. View more details at ebling.library.wisc.edu/blog/?p=3793

SUBJECT: FINDING THEIR VOICE

Actors from the American Players Theater in Spring Green came to Madison to learn how to take care of their voices from UW Health voice surgeon Seth Daily, MD, and speech language pathologist Emerald Doll. View the video at uwhealth.org/38511

SUBJECT: TRANSITIONAL CLERKSHIP

To ease the transition for medical students who are entering their third-year clerkships, the SMPH holds a training event to orientate them to the unfamiliar culture, expectations and procedures of the hospitals and clinics where they will be posted. View photographs from the event this past summer at med.wisc.edu/263



We Want to **Hear From You**

Please send us information about your honors received, appointments, career advancements, publications, volunteer work and other activities of interest. We'll include your news in the Alumni Notebook section of the *Quarterly* as space allows. Please include names, dates and locations. Photographs are encouraged.

Have you moved? Please send us your new address.

CONTACT INFORMATION:
Wisconsin Medical Alumni Association
Health Sciences Learning Center
750 Highland Ave.
Madison, WI 53705

OR online at med.wisc.edu/alumni/share-your-news/874
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