

PENN MEDICINE

UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER ■ FALL / WINTER 2003



The Costs of Surviving Cancer
SERVING THE UNDERSERVED
NEW HOURS FOR RESIDENTS
THE CLASS OF '53 CHECKS IN

Can Kitso Help Lead to Masa?

Despite his calm tone of voice, Dr. Howard Moffat spoke horrifying truths. Botswana, where he is superintendent of the Princess Marina Hospital, "has the highest prevalence of HIV in the world." The impact of HIV/AIDS in his country "is absolutely devastating." If the epidemic is not halted, the entire society of Botswana will be changed. Out of a national population of about 1.7 million people, an estimated 330,000 are HIV-positive — and a sizable portion of those, said Moffat, do not know their HIV status. In addition, the country has inadequate resources to deal with the crisis.

The contrast between the facts and figures that Moffat presented and the slides he also showed of Botswana — landscapes, ancient rock art, and such animals as lions, zebras, and elephants — was all the more striking. Yet Moffat also translated a word from the Setswana language that is part of the name of the country's first antiretroviral therapy initiative: *Masa*, meaning new dawn, the beginning of the new day.

On November 13, Moffat was one of the speakers at a symposium at Penn's Medical Center. The purpose was to announce the Penn Program in Botswana, established by Penn's Division of Infectious Diseases in collaboration with the School of Medicine and the Government of Botswana. Harvey M. Friedman, M.D., chief of infectious diseases, also serves as director of the program. The division has had faculty, fellows, and medical residents working in Botswana since July 2001 — Stephen J. Gluckman, M.D., G.M.E. '76, was the first Penn faculty member on loan — but the program has been considerably expanded since then. Friedman also emphasized that Penn's participation is not limited to the School of Medicine: the School of Nursing, the Wharton School, and other groups are also involved.

Andrew I. Schafer, M.D. '73, chair of Penn's Department of Medicine, noted that he expects the new program to be "mutually beneficial."

Even though the Penn physicians will share their expertise with the health-care professionals in Botswana, said Schafer, "we have a lot to learn." As he put it, the Penn Program in Botswana offers "an unparalleled opportunity" in global medicine. "We will give you our very best people."

On the educational side, the Penn Program in Botswana now includes a six-week elective in international medicine; a Penn faculty physician on staff full time at the Princess Marina Hospital in Gaborone, the capital of Botswana; and one- and two-month "observerships" through which health-care staff in Botswana travel to Philadelphia to observe patient care at HUP.

In clinical care, Dan Baxter, M.D., clinical assistant professor of medicine at Penn, is on staff full time working with the Ministry of Health in Botswana. His main role is to help train local providers on how to use antiretroviral medications within the outpatient setting. In January, Jason Kessler, M.D., instructor in medicine at Penn, will join Baxter. His role will be to help establish Penn's in-patient program at the Princess Marina Hospital.

The Penn Program in Botswana also includes a research component. According to Dr. Patson Mazonde, director of health services for the Botswana Ministry of Health, research is "our area of weakness," so that component is as crucial as the others. In October, Angelina Ulzen-Chelan, M.D., joined the Penn faculty, based in Botswana as the program's full-time research coordinator. Some of the clinical research protocols under way in Botswana include research to develop a model of cost-effective HIV care; to establish simple, cost-effective predictors to determine positive and negative outcomes of antiretroviral medications; and to upgrade the diagnostic capabilities to determine and treat the microbial causes of meningitis within the inpatient population.



In speaking about the need for strict adherence to the antiretroviral program and the need for greater knowledge, Moffat invoked the Setswana word *kitso* — knowledge. All three components of the Penn Program in Botswana can play a role in increasing the knowledge needed to fight AIDS.

Botswana does have some advantages compared to some other third world nations. "Botswana is very fortunate in its leaders," said Moffat, explaining that they have decided to confront the HIV/AIDS epidemic directly, despite a culture that has stigmatized those with the disease. That stigma, said Moffat, is now slowly receding. President Festus Mogae has been tested for HIV/AIDS, and his public example was seen as a strong step in encouraging the people of Botswana to do the same. In addition, said Moffat, Botswana is well-placed as "an operational laboratory." According to Moffat, the ultimate goal is to create centers of excellence in the struggle against HIV/AIDS, most importantly a model of prevention and care that can be replicated elsewhere. Although more doctors and nurses have been trained, the medical staff still feel "overwhelmed," but that is where what Moffat called "the Penn connection" can help bridge the gap.

Historically, as Friedman put it, "the players in Botswana are Harvard, Baylor, and Penn." A new player is the African Comprehensive HIV/AIDS Partnership (ACHAP), a partnership between the Government of Botswana and two foundations associated with the private sector: the Bill & Melinda Gates Foundation and the Merck Company Foundation. Dr. Donald de Korte, project leader of ACHAP, said that the total funding available for the partnership was \$100 million, of which 46 percent would go for prevention and 32 percent for treatment. De Korte emphasized that changing behavior was crucial to the success of the initiative. Mazonde agreed: "If we keep those who are negative negative, we will win the battle." ■

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LETTERS

ESSENTIALLY THE SAME AIMS

I was very pleased to read "Fighting the Bullet" in the summer issue of *Penn Medicine* and to learn of the wonderful progress made by Dr. Schwab and his colleagues at the Firearm Injury Center at Penn.



A little over four years ago the New York Academy of Medicine, seeking a more organized clinical and public health approach to firearm injury, held a series of organizing meetings which led to the development of Doctors Against Handgun Injury, a coalition of national clinical societies dedicated to essentially the same aims as FICAP. The constituent societies of DAHI contain some 400,000 physicians, about two-thirds of American medical manpower. We have produced a series of educational brochures for doctors and patients (I was pleased to see Dr. Richmond holding one of our brochures in one of the illustrations in your article); we have proselytized for the public health approach in the national media,

including a useful exposure on *60 Minutes*, and in our constituent societies.

An important current effort is to enhance the ability of physicians to identify those at risk of suicide, and to intervene more effectively. We have also, as Dr. Schwab and his colleagues have, been frequent commentators in a variety of lay media, and have made our views plain to policymakers at the federal level. We support the National Violent Death Reporting System, treating handguns as consumer products in an effort to produce regulations that will help to make them safer, and agree that for physicians the issue is not primarily gun control but the reduction of death and injury from firearms.

Jeremiah A. Barondess, M.D., G.M.E. '53
President, New York Academy of Medicine

FOR A BROADER VIEWPOINT

I gained an appreciation for violence in the city while on a surgery rotation at Penn. I gained even more appreciation for the problem when accosted by a gang at night while returning from the surgery rotation; however, my perspective on cause and effect differs from the emphasis given in your article ["Fighting the Bullet," Summer 2003].

Schwab refers to the "bullet as pathogen" and favors "severe restrictions" on handguns. The idea of placing responsibility on a mechanical device rather than upon the person who misuses the device detracts from encouraging personal responsibility for one's actions. It could just be that the assets of the Firearm Injury Center at Penn would be much more productive addressing the causes of violent behavior rather than addressing the inanimate gun, knife, bottle, or rock that was used.

Your article about FICAP indicated that Schwab has a vision of a "future when uniform handgun legislation is enacted nationwide." Your readers should know that the CDC concluded in November 2003 that it "... found insufficient evidence to determine the effectiveness of any of the firearms laws or combinations of laws reviewed on violent outcomes."

FICAP's website lists links at <http://www.uphs.upenn.edu/ficap/>. For a broader viewpoint, the links should include the Doctors for Sensible Gun Laws (<http://www.dsgl.org/>).

Robert J. Dreher, M.D. '65, F.A.C.S.

ANESTHESIOLOGISTS VS. ANESTHETISTS

As a former student of Julius Comroe, Jr., I concurred wholeheartedly with his comment that "Anesthetists in most hospitals and medical schools are considered as technicians" (Editor's Note, Summer 2003). I used to call them the "gas-passers." But anesthesiologists are not anesthetists, just as pharmacologists are not pharmacists.

Tsung O. Cheng, M.D., G.M. '56
Washington, D.C.

Editor's note: I'm confident that Dr. Comroe, having worked closely with Robert Dunning Dripps, did not mean to imply that anesthesiologists are anesthetists. When Comroe wrote in 1945, anesthesiology was in its early days at Penn. (A division of surgery then, it did not become a separate department until 1966.) Comroe was suggesting how much more there could be to the specialty than what was prevalent at the time.

Appointments and Transitions

Bert W. O'Malley Jr., M.D., was named chair-designate of the Department of Otorhinolaryngology – Head and Neck Surgery. He succeeds David W. Kennedy, M.D.,



Bert W. O'Malley Jr., M.D.

who served as chair for 12 years. Kennedy is now senior vice president for the University of Pennsylvania Health System and vice dean of professional services for the School of Medicine.

O'Malley comes to Penn from the University of Maryland School of Medicine, where he was professor of surgery and head of the Division of Otolaryngology, Head and Neck Surgery. He is editor-in-chief of the *Journal for Oto-Rhino-Laryngology* and editor of the textbook *Atlas of Skull Base Surgery*.

O'Malley received his B.A. degree from the University of Texas in 1984, then went on to earn his medical degree at the University of Texas Southwestern Medical School. After finishing residencies in otolaryngology at Baylor College of Medicine, he completed a fellowship in head and neck oncology and cranial base surgery at the University of Pittsburgh. In 1995, O'Malley was appointed associate professor and director of gene and molecular therapy in the Department of Otolaryngology – Head & Neck Surgery at Johns Hopkins School of Medicine.

Biomedical research has been a large part of O'Malley's career, and he has a particular interest in therapeutic application of the science of

cellular biology. With the intent of speeding recovery following injury or surgery, he has studied the involvement of cellular growth factors in the repair and regeneration of muscle and nervous tissue. He has also worked under a NASA grant to study means of regenerating bone and muscle lost during periods of weightlessness associated with space travel. Currently, O'Malley is also investigating viral gene transfer therapies for treating squamous cell carcinoma of the head and neck.

Armando L. Chardiet has been appointed chief advancement officer for PENN Medicine. With more than 20 years of experience in development in the non-profit sector, Chardiet has held important positions at major universities, in the health and human services areas, and in national humanitarian organizations. Since 2001, he has served as vice president for development and executive director of the Washington Hospital Center Foundation. The Foundation func-



Armando L. Chardiet

tions as the development arm of the Washington Hospital Center, the largest private teaching hospital in Washington, D.C. Before that, he was vice president of development/major gifts for the American Red Cross in Washington, D.C.

Among Chardiet's priorities will be sharpening fund-raising activities around select areas identified in

PENN Medicine's strategic plan; engaging Penn physicians more fully in development activities; and expanding the focus on major and principal gift fund-raising.

Chardiet earned his B.A. degree in international relations/Latin American studies from Southern Connecticut University in 1973. Five years later, he received a master's degree in social policy research from the University of Pennsylvania, followed by an advanced certificate degree from Penn in social policy research. He also completed the Executive Marketing Program at Northwestern University in 1989.

Charles P. Emerson, Jr., Ph.D., stepped down as the Joseph Leidy Professor and Chair of the Department of Cell and Developmental Biology earlier this fall. He has become director of the Boston Biomedical Research Institute, an independent non-profit research facility in Watertown, Mass. Emerson became chair in 1994, shortly after the former Department of Anatomy was restructured into two separate academic departments: Neuroscience and Cell and Developmental Biology. As chair, Emerson helped forge the fledgling department's new mission, focusing its research in areas of cellular imaging and cell and developmental genetics related to genetic control of embryonic development. Under his leadership, research funding from the NIH more than doubled, and the faculty was responsible for numerous high-impact publications. In addition, the department received four large federal instrumentation grants for a confocal microscope, a cellular imaging microscope, laser tweezers, and integrated robotics related to microarray technology. During his tenure, Emerson oversaw the construction and renovation of a major zebrafish genetics laboratory.

Joseph W. Sanger, Ph.D., was appointed interim chair of the department. Sanger has been with the University of Pennsylvania School of Medicine since arriving as a postdoctoral fellow in the Department of Anatomy in 1968. A full professor since 1985, he served as chair of the Cell Biology Graduate Program for five years. ■

On the Honor Roll

For the seventh consecutive year, the Hospital of the University of Pennsylvania has been designated an Honor Roll hospital by *U.S. News & World Report* in its annual ranking of "Best Hospitals in America." The Honor Roll distinction is based on exceptional performance in multiple medical specialties. HUP is one of only 17 hospitals in the nation to receive Honor Roll status and the only hospital in the Delaware Valley to be so recognized.

In total, HUP's clinical expertise was noted in 14 of 17 medical specialties: Cancer; Digestive Disorders; Ear, Nose, and Throat; Eyes; Geriatrics; Gynecology; Heart and Heart Surgery; Hormonal Disorders; Kidney Disease; Neurology and Neurosurgery; Psychiatry; Rheumatology; Respiratory Disorders; and Urology.

Pennsylvania Hospital, part of the University of Pennsylvania Health System, was also listed in the *U.S. News & World Report's* annual survey, cited for clinical excellence in Geriatrics.

The magazine's annual survey evaluated approximately 6,000 hospitals across the country based on their reputation among a group of randomly selected board-certified physicians. In addition to a reputational score, the survey also considered mortality rates and other factors specific to the individual specialties. To be on the Honor Roll, hospitals had to be ranked highly in at least six of the 17 ranked specialties. ■

Penn's Part in Biodefense and Emerging Diseases

The University of Pennsylvania School of Medicine has joined the Middle Atlantic Regional Center of Excellence for Biodefense and Emerging Diseases, a research consortium supported by the National Institute of Allergy and Infectious Diseases.

A consortium of researchers from 16 biomedical research institutions will carry out the institute's strategic plan for biodefense research. Eight regional centers of excellence, or RCEs, will be established with grants totaling approximately \$350 million over five years. Of that total, \$42 million will go to the Middle Atlantic RCE, to be led by the University of Maryland School of Medicine. Penn investigators will receive an anticipated \$6.1 million over the course of this five-year grant.

The Middle Atlantic RCE will pursue the development of vaccines against anthrax and smallpox, focus on emerging infectious diseases such as West Nile Virus, and study new approaches to fighting viruses that cause deadly hemorrhagic fever, such as Ebola and Marburg. The consortium will also examine other potential bioterror agents and the means to combat them. In addition, members of the Middle At-



Robert W. Doms, M.D., Ph.D.

lantic RCE will design tests to detect hazardous agents faster as well as design innovative techniques to ensure a rapid public health response to biological attacks and outbreaks.

Robert W. Doms, M.D., Ph.D., professor and chair of Penn's Department of Microbiology, is a member of the five-person executive committee for the Middle Atlantic RCE. As Doms put it, "In 1999, it was West

Nile virus. In 2003, it was SARS. In 2004, who knows? There are a multitude of potentially dangerous viruses, bacteria, and parasites that infect animals and that could be transmitted to humans. Emerging infectious diseases are a real problem that we all need to be concerned about." According to Doms, Penn scientists are already leading research projects on West Nile virus, Ebola virus, and smallpox, with the goal of developing vaccines and new therapeutics.

At the heart of the Middle Atlantic RCE are a number of research projects. Of the 18 approved for funding, five are under way at Penn. In addition to his leadership role at Penn, Doms is working to develop a vaccine for West Nile virus. Stuart N. Isaacs, M.D., assistant professor of medicine in the Division of Infectious Diseases, is developing neutralizing antibodies that will help stem the potential ill-effects of the vaccinia virus that is used to vaccinate against smallpox. John D. Lambris, Ph.D., professor of pathology and laboratory medicine, is currently identifying antigens targeted by antibodies in immunized humans in order to engineer improved neutralizing antibodies.

Graham Simmons, Ph.D., a research associate in Penn's Department of Microbiology, is studying how the Ebola virus gains entry into cells and how to block it from doing so. Gary R. Cohen, Ph.D., of Penn's School of Dental Medicine, and Roselyn Eisenberg, Ph.D., of Penn's School of Veterinary Medicine, are collaborating on a vaccine to counter the ill effects of vaccinia virus and confer additional protection against smallpox. ■

— Gregory Lester

Bringing Management Skills to Patient Safety

Three components of the University of Pennsylvania – the Department of Surgery, the Wharton School, and the Leonard Davis Institute of Health Economics – have joined to establish the nation's first management-training program designed to improve patient safety

by improving the leadership skills of the clinical team. The program takes 42 mid-level clinical personnel, from all aspects of the surgical process – doctors, nurses, physician assistants, and residents – through a seven-month course of intense weekend conferences and practical case studies to see how they can apply sound management practices to improving patient safety.

“Surgery is a highly complicated management process, with up to 30 different stakeholders involved in the most basic procedures, yet everyone has a role to play in patient safety, from start to finish,” said James L. Mullen, M.D., professor and vice chair of surgery. “We have chosen to heavily invest in the development of leadership and management skills of these clinical leaders.”

The PENN Medicine Patient Safety Leadership Academy, which began in October 2003 and runs through May 2004, is a pilot program designed to prove how “administrative empowering” of mid-level managers involved in a surgical case improves patient safety. Teams of seven clinicians are looking at common managerial questions that arise in surgical situations. Each team designs a project to improve communication and, ultimately, patient safety in surgical care where errors are most likely to happen: i.e., between residency “hand-offs”; moving from pre-operative care to the operating room and between units, or during shift changes in lengthy surgeries; communication at the time of discharge and during patient transport between procedures. Some of the common managerial questions that can be applied to surgical setting include: How do you make leadership decisions in the face of uncertainty? How do you improve patient safety in your work system and its current organizational culture? How do you negotiate with a multi-disciplinary team for the patient’s benefit? What do you need to know about health-care finance in order to get a financial decision-maker on your side?

For practical exposure, learning teams are working on specific pa-

tient safety projects. A Wharton faculty member serves as mentor to each team and a panel of Wharton and medical faculty acts as project advisors.

“The Patient Safety Leadership Academy, if successful, could become a national learning model for improving patient safety and management practices in surgery,” said Kathy Pearson, Ph.D., academic director of the Wharton School. “If other institutions see that Penn has a successful model for effective organizational and cultural change that improves patient safety, then they, too, can follow our lead.”

More information on the Academy is available at:

www.uphs.upenn.edu/surgery/psla/

— David March

‘Most Wired’ Again

The University of Pennsylvania Health System was named one of the nation’s “Most Wired” according to the 2003 Most Wired Survey and Benchmarking Study, released in July by *Hospitals & Health Networks* magazine.

“Information has become an essential medical tool for our health-care workers – every bit as important to patient care as any other diagnostic device,” said George Brenckle, Ph.D., chief information officer of UPHS. “It is our goal to facilitate the seamless processing and retrieval of patient information and allow our patients to feel confident in our abilities to care for them while respecting their privacy.”

The survey was conducted by *Hospitals & Health Networks*, in cooperation with McKesson Corporation and the Healthcare Information and Management Systems Society (HIMSS). It measures the nation’s hospitals on their use of Internet technologies for safety and quality, customer service, disaster readiness, business processes, and work-force issues. The 100 Most Wired are providing Web-based patient education at the bedside and disease-specific self-assessments on line, and they are linking clinical equipment to feed patient readings directly into the medical record. ■

A New Site for Diabetes Care

According to Mark L. Schutta, M.D., G.M.E. ‘99, much of the credit for the newly expanded and renovated PENN Rodebaugh Diabetes Center goes to G. Clayton Kyle, M.D. ‘47, G.M.E. ‘51. At the reception to celebrate the recent opening of the facility, Schutta praised Kyle for his “singular dedication and foresight in developing a comprehensive, state-of-the-art diabetes center at Penn.” Schutta serves as medical director of the center, which was moved from smaller quarters on HUP’s 3 Ravdin to the fourth floor of Penn Tower.

The history of the center dates back to the early 1980s, when Everett and Grace Rodebaugh, Penn alumni, created their charitable remainder trusts to foster research on diabetes and to show their appreciation to Kyle. The result today is a beautifully appointed space that houses the center’s team of board-certified endocrinologists, a podiatrist, diabetes nutritionists, certified diabetes nurse specialists, and certified diabetes nurse educators. As Schutta put it, “Diabetes is a complex disease, requiring the attention of specialists.”

The Center’s focus is on both prevention and treatment, with emphasis on providing patients — those with diabetes, pre-diabetes, and other endocrine problems — access to the most up-to-date diagnostic and treatment modalities, including insulin pumps and continuous glucose sensors. A key component of the center is a ten-hour educational program for patients that is recognized by the American Diabetes Association.

Researchers at the Center will also focus on research and clinical trials to improve treatment — and possibly find a cure — for diabetes. HUP is one of only 12 centers in the world conducting experimental islet cell transplantation research in Type 1 diabetes patients. According to Mitchell A. Lazar, M.D., Ph.D., the professor of medicine who directs the center, “Working collaboratively, it’s now possible to translate our research into the best possible patient care.” ■

Anna Meadows not only works to help cancer patients triumph



A Champion for Survivors

By Linda Bird Randolph

Photographs by Addison Geary

Anna Meadows examines Demitra Hood.

over their disease; she helps them live the rest of their lives well.

Anna T. Meadows, M.D., has long asked the hard questions that oncologists have not always thought to pursue systematically – such as, what happens to those who *survive* cancer? A professor of pediatrics at Penn and an oncologist at The Children’s Hospital of Philadelphia, she has spent decades working toward the successful treatment of childhood cancer patients. At the same time, Meadows has made it her mission to track how cancer survivors fare over their lifetimes: do they go on to lead normal lives, or do they hit additional hurdles down the road?

According to the Childhood Cancer Survivor Study, the last several decades have witnessed “a new phenomenon made possible by advances in cancer treatment” – a rapidly growing population of cured patients. Supported by the National Cancer Institute, the CCSS includes investigators from more than two dozen cooperating institutions. Meadows, who has been part of the CCSS since its founding in 1993, became its program leader for second cancers from the outset and is chairperson of its publications committee as well. In her position, she is particularly aware of the need to study this special population. At present, approximately 250,000 people have survived childhood cancer and are now living with the aftermath of radiation, cancer drugs, surgery, and transfusions. Two-thirds of all survivors of childhood cancer experience one or more physical or emotional consequences of their treatment, among them, second cancers, organ dysfunction, and decreased fertility.

Meadows’s major role in raising these issues and demonstrating some of the unfortunate effects of cancer treatment has been recognized both locally and nationally. This summer, the Institute of Medicine of the National Academy of Sciences issued a book called *Childhood Cancer Survivorship: Improving Care and Quality of Life*. The first paragraph of the chapter on research issues states plainly that “The first attempts to ascertain the prevalence of late effects of childhood cancer were made in the mid 1970s by Anna Meadows and her colleagues at The Children’s Hospital of Philadelphia.” (The two colleagues cited are emeritus professors at Penn, Giulio J. D’Angio of radiation oncology and pediatric oncology and Audrey E. Evans of pediatrics.) Since 1978, Meadows has been chairperson of the Late Effects Study Group.



Anna Meadows confers with Lawrence Solin, M.D., radiation oncologist.

From 1996 to 1999, she took a leave from Penn to serve as the first director of the Office of Cancer Survivorship at the National Cancer Institute. Her impact has also been noted by the popular

press. For instance, in 1997, *Philadelphia* magazine named her one of the “world-class” physicians in the Philadelphia region who have both a national and an international following. Meadows was cited for “leadership in the study and treatment of long-term survivors of childhood cancers.”

Based on the research of Meadows and her colleagues, it became apparent, she says, that “there is a significant need to build a nationally recognized, scientifically based effort to develop and test interventions designed to improve the quality of life of cancer survivors. We need to address the long-term medical effects of cancer and its treatment.” Meadows now directs the Survivorship Research Program at Penn’s Abramson Cancer Center and provides senior leadership to its Living Well After Cancer program. The goals of the latter program are ambitious: to increase the survival period for cancer patients; prevent further disease and disability; investigate clinical, psychological, and social interventions; and study the economic effects of cancer.

In addition, as a prominent investigator for the Childhood Cancer Survivor Study, Meadows is involved in an ambitious retrospective cohort study of some 20,000 survivors who were diagnosed with cancer before their 21st birthdays at one of its participating institutions, between 1970 and 1986. Traditionally, says Meadows, many childhood cancer survivors are followed only for five years. “It’s pivotal that these kids visit a physician regularly as they age and keep records of the medications and procedures involved in their treatments.” Through the CCSS, she adds, “By now, we know a great deal about them. We have a major N.I.H. grant to follow them and learn about their new cancers and other major medical and psychologic problems.” A study in *JAMA* this fall concludes that “clinicians caring for adult survivors of childhood cancer should be aware of the substantial risk for adverse health status, especially among females, those with low educational attainment, and those with low household incomes.”

Meadows’s interest and involvement in the study of survivorship began when she was young and beginning a career in psychological counseling and teaching. Although she pursued her career in psychology with vigor, Meadows says she felt something was missing. What she really wanted was to become a physician. Meadows hoped to pursue a medical degree at some point, but she postponed her plans temporarily when she became a mother.

Some years later, Meadows had an encounter that inspired her to follow through on her plans. At Lake Erie College, in Painesville, Ohio, where Meadows and her first husband were teaching, she had the opportunity to hear Benjamin Spock, M.D., the world-famous pediatrician and author of *The Common Sense Book of Baby and Child Care*, speak at a commencement address.

“My husband and I showed Dr. Spock around the campus,” she says. “I got a chance to talk to him about my ideas of doing medicine. I told him that I had hoped to become a physician, but it was too late. Dr. Spock responded immediately,

‘By all means, do it!’ I laughed and said, ‘I’m too old now.’ And he said, ‘Oh, no, you’re not!’ That encouragement was vital to me.”

Soon, Meadows enrolled in several pre-medical courses at Lake Erie College, but was disconcerted to learn that some things had changed over the years. “When I studied biology as an undergraduate,” she says, “everyone thought there were 48 human chromosomes. The first course I took when I went back to school was biology. I learned there were 46 human chromosomes. I thought, if everything is going to be like this, I’m in trouble!”

After bolstering her pre-med credits, Meadows began applying to medical schools. Her first letter went to Harvard Medical School, the school she most wanted to attend. As Meadows remembers it, “I got a poison pen letter back that basically said, ‘You’d better stay home and take care of your children.’”

Meadows and her family then moved to Brussels, Belgium, where she studied medicine at the Université Libre de Bruxelles. She was also delighted that her children had the chance to learn French while



Anna Meadows relies on the Cancer Survivorship team at Children’s Hospital: Jill P. Ginsberg, M.D., standing, and Wendie Hobbie, R.N., C.P.N.P.

abroad. Once back in the United States with her family, Meadows matriculated to the Women's Medical College, shortly to be renamed the Medical College of Pennsylvania. She did very well there: president of her class for three years, she was also chosen for Alpha Omega Alpha, the national honor medical society.

"I guess I did all right, given that I was more than 30," says Meadows. "I was a lot older when I started my medical career, but I decided that it doesn't really matter how old you are when you finish something. It's the process itself that is really important."

It was in medical school that Meadows became interested in blood. She enjoyed using the microscope to help make a diagnosis. Meadows considered pathology for a career, but realized that the specialty limits contact with patients. "I wanted to work with people," says Meadows, who soon took an interest in cancer and pursued training in pediatric oncology. One of her first studies focused on the follow-up of pediatric lymphoblastic leukemia patients who had received cranial radiation treatment.

"At the time, the medical world was stunned by reports of cures in half of the children with this uniformly fatal disease who were treated with radiation to the head," says Meadows. "The dose of radiation used was substantial, although it was not as much as was used for brain tumor patients. The cure rate seemed miraculous, but follow-up studies in the years that followed showed that the patients' parents were disappointed in how the children were doing in school."

Those initial studies prompted Meadows to investigate further. "I started with about 30 patients. I tested them before they received radiation and then a year or two after they came off therapy. Of the 18 patients who had before and after testing, six went from the normal range to the subnormal range." On average, she says, they lost about 20 I.Q. points. "It was really devastating."

Meadows's investigations soon showed that the decline of I.Q. points



At home, Anna Meadows and her husband, Alfred Knudson Jr., pose before part of their art collection.

in the children treated with radiation was caused by the very same prophylactic brain irradiation that had been a part of their treatment. Not only did the treatment affect intelligence, it turned out that the patients who sustained brain radiation were more likely to develop brain cancer. In 1981, Meadows presented her results to her peers. "At first I got a lot of resistance because physicians said, 'Oh, I don't see that in my patients.' But then when they began asking the right questions, they saw it." As she puts it, "The problem with studying cancer survivorship is that if you don't ask the question, you won't get the answer."

A review of clinical results showed that most children with leukemia do not need cranial radiation. "Radiation into the spine protects them from getting leukemia of the central nervous system," says Meadows. "These studies of survivors have led to major changes in the way we treat kids. We can now tell parents what their kids might be up against in the future before they even receive treatment. Personal choices can be made between the various options."

Meadows's success and leadership in her field did not go unnoticed, and eventually she was invited by Richard Klausner, M.D., then director of the National Cancer Institute, to serve as the founder and first director of its Office of Cancer Survivorship in Bethesda, Md. There, she worked under Joseph

F. Fraumeni Jr., M.D., director of the Division of Cancer Epidemiology and Genetics. Meadows took the position in 1996 on a temporary basis and soon succeeded in developing national programs designed to help physicians better understand and prevent the late complications of cancer therapy at all ages and improve quality of life for all cancer survivors. Meadows's husband, Alfred G. Knudson Jr., M.D., Ph.D., senior scientist at Fox Chase Cancer Center, had also been recruited as special advisor to Klausner. While continuing his work at Fox Chase, Knudson worked closely with Fraumeni as well. Knudson served as acting director of its human genetics program until September 1999, when he returned to Fox Chase full time.

As Fraumeni describes it, "Anna Meadows quickly moved into an area that was somewhat off the beaten track, perhaps due in part to her previous experience in clinical psychology, to an independent streak that has defined her personality. She began to ask difficult questions about the causes of childhood cancer as well as the usual clinical concerns about diagnosis and treatment, and to inquire about the deleterious as well as the positive impact of cancer therapies." In Fraumeni's view, "these data provide a firm foundation for risk-benefit analyses that have been central to the clinical decision-making process."

The risk-benefit analysis of survivorship takes on added significance each year, as cure rates improve. Childhood cancer survivors make up about one-quarter million of the eight million cancer survivors alive today. "It wasn't until the beginning of the 1980s that we recognized that there were going to be a lot of childhood cancer survivors," Meadows says. "In the 1970s, we had 50 percent cures; in the 1980s, we had 60 percent to 70 percent cures. In the 1990s, we had 75 percent cures." Still, studies show that survivors of childhood cancer have a 2 percent chance of developing a second cancer by their late 20s – about three times the expected risk rate. Twenty years after diagnosis, survivors have an overall excess risk about 7 times that of the general

population for developing cancer. The risk varies depending on kind of cancer and kind of treatment.

Research by Meadows and others has yielded valuable results in learning about these undesired effects – and how to deal with them. For example, studies show that survivors of childhood brain cancer are more inclined than the general population to be overweight and to have high blood pressure. Meadows speculates that radiation to the head may disrupt hormone production, which helps regulate weight and blood pressure.

In the course of treatment for some childhood cancers, studies show, heart damage can occur secondary to radiation therapy that requires radiation to all or part of the heart. Radiation can also lead to premature coronary artery disease. Heart damage can be caused by chemotherapy, particularly when certain drugs such as anthracyclines are used. Abnormalities are more frequent and more severe in patients who receive both radiation therapy and chemotherapy. Some survivors of acute lymphoblastic leukemia show signs of heart damage that stems from their treatment with chest irradiation and chemotherapy.

Survivors who were treated with radiation therapy are inclined to have a short stature, which, according to Meadows, results from growth hormone deficiency, hypothyroidism, and poor skeletal growth after treatment. This deficiency is the most common toxic endocrine effect of radiation therapy caused by cranial radiation. Most children later recover adequate hormone levels, yet they do not experience catch-up growth.

It has also been shown that boys treated with cyclophosphamide, a drug used to destroy lymphomas and sarcomas, are often rendered sterile with the treatment. Girls who receive abdominal irradiation for Hodgkin disease or Wilms tumor have a 50 percent chance of ovarian failure if both ovaries are in the field and the dose is substantial.

Some of Meadows's research on retinoblastoma, a rare, sometimes genetic tumor of the eye in infants,



Anna Meadows meets with members of the Living Well After Cancer team. To her left is Linda Jacobs, Ph.D., C.R.N.P., the program coordinator.

was conducted with Jerry A. Shields, M.D., and Carol L. Shields, M.D., of Wills Eye Hospital in Philadelphia. What they found is that when infants with retinoblastoma are treated with orbital irradiation, they are prone to develop orbital sarcomas in the future. Even without irradiation, these infants have an extraordinarily high risk of developing various cancers throughout their lives. Meadows discovered that many patients do not need radiation treatment and that chemotherapy could save their vision and even reduce the development of at least one kind of second cancer.

The side effects of cancer treatment are not only physical. A study published in the *Journal of Clinical Oncology* showed that 75 percent of childhood cancer survivors experience bad dreams, anxiety, and other signs of post-traumatic stress disorder. For many, the trauma does not set in until young adulthood. After the report from the Institute of Medicine appeared this summer, Meadows spoke with the *Courier-Post* (Cherry Hill, N.J.) about it. "Not everybody had a physiologic side effect. But everybody has an emotional effect."

Since its founding in 2001, Meadows has been involved with Penn's Living Well After Cancer program. Its broad approach – the program is staffed by social workers, a psychologist, a cardiologist, a nutri-

tionist, and a nurse-practitioner – has helped Meadows and her peers gain greater understanding of the after-effects of cancer. The program was initially funded by a two-year \$500,000 grant from the Lance Armstrong Foundation to focus on programs for survivors of breast cancer and testicular cancer, two types of cancer that have high rates of survival. Living Well After Cancer aims to reduce the physical and emotional impact of cancer and its treatment on survivors – and their loved ones – and to help them find ways to improve their quality of life.

"An example of what we are looking at is women who have been treated with Adriamycin for breast cancer," says Meadows. "It has now been shown that the drug affects the heart asymptotically. In a study, treated patients were tested with cardiograms – and the results were not normal. We don't know whether this is just something that is going to be with them the rest of their lives or if this is an early warning that something is going to happen. But it is important. Perhaps these women need a drug that could increase the pumping effort of their heart."

According to David J. Vaughn, M.D., "Testicular cancer is the most common solid tumor among males ages 15 to 35." Vaughn, assistant professor of medicine at Penn, directs the clinical and research aspects of Living Well After Cancer's



Angela DeMichele, M.D., pointing, a member of the Living Well After Cancer team, specializes in breast cancer.

program in testicular cancer. "Few studies have been done on the psycho-social impact of testicular cancer on survivors," he continues. Testicular cancer patients do very well after treatment, but they often face challenges in the future – namely, infertility, late effects of chemotherapy, and the risk of new cancers. New research has shown a possible increased risk of early heart disease in testicular cancer patients who've undergone platinum-based chemotherapy.

Meadows greatly admires Lance Armstrong, the professional cyclist who founded the Lance Armstrong Foundation. As a survivor of testicular cancer, "he is a prime example about how patients can use information to make educated choices," she says. Armstrong was diagnosed at the peak of his career as one of the world's best cyclists. In choosing his treatment, Armstrong received input from many specialists and weighed his decision carefully. Unfortunately, he had ignored early warning signs of the disease, which, if detected early, is curable in 90 percent of patients. By the time he was diagnosed, the cancer had spread to his abdomen, lungs, and brain.

"Lance Armstrong made a choice," says Meadows. "He studied his options and then chose the treatment that was best for him. One option for him was to choose a drug that might affect his lungs.

As a cyclist, he decided this was not a good option. So his treatment included a drug that might, down the road, affect his kidneys."

During his treatment, Armstrong created the Lance Armstrong Foundation. According to its mission statement, its goal is "to enhance the quality of life for those living with, through, and beyond cancer." Its services include Cycle of Hope, a national cancer education campaign for both people with cancer and those at risk for developing the disease.

Given her many achievements, it is not surprising that Fraumeni of the NCI notes that Meadows is widely viewed "as the leading research authority in her field." In addition, he says, she is "a true champion of cancer survivors who have greatly benefited from her scientific, clinical, and educational initiatives, and who turn to her for dedicated and influential advocacy to sustain and expand programs in this extremely important area, particularly as the numbers of cancer survivors in our population steadily mount."

That advocacy takes several forms. Recently, Meadows and Knudson have put their money where their interests are: they set up a charitable remainder trust that avoids the tax burden from capital gains and ensures that they have an income from the trust for the rest of their lives.

When they die, the principal goes to The Children's Hospital of Philadelphia. As Meadows explains, "We wanted to find a way to ensure that young physician scientists would continue to be trained in cancer genetic epidemiology in children despite restrictions in funding."

One recent honor came to Meadows from the institution that has served as her home base since the early 1970s, when she began as an instructor in pediatrics at Penn's School of Medicine. For her work on cancer survivorship, Meadows received the 2001 William Osler Patient-Oriented Research Award, one of the annual Awards of Excellence that the school presents to outstanding faculty members. The award citation makes note of her work in establishing the impact of prophylactic cranial radiation on the I.Q. scores of the children, as well as her successful collaborations with the two Dr. Shields.

At the awards ceremony, Meadows was introduced by Beverly J. Lange, M.D., professor of pediatrics, who called Meadows "my mentor, colleague, and friend." Among other achievements, Lange noted the contributions Meadows made in the area of childhood lymphoma. "In the early 1970s, when she and Sharon Murphy were postdoctoral fellows at The Children's Hospital of Philadelphia, cure rate in pediatric non-Hodgkin lymphoma was about 20 percent," said Lange. "In parallel over two decades, Anna in Philadelphia and Sharon in Memphis led a series of national and international clinical trials of non-Hodgkin lymphoma which today have achieved cure rates of 80 to 90 percent after, in some cases, only a few weeks of treatment."

Lange concluded by stating, "Surviving cancer is good. Surviving it well is even better. Anna Meadows is survivorship incarnate – acutely and chronically, professionally and personally." ■

At press time, *Penn Medicine* has learned that Dr. Meadows will be receiving the 2004 Distinguished Career Award from the American Society of Pediatric Hematology/Oncology.



Steve Larson, M.D., with two patients at Project Salud: Catalina Elizalde, left, and Ricarda Gaspar. Both have received treatment at HUP.

By Dina Greenberg

Steve Larson: Serving the Underserved



Whether treating migrant farm workers at a clinic in Chester County or counseling Penn medical students on community service, Steve Larson thrives on the “interface between the real world and academic medicine.”

Merging onto I-95 from the Schuylkill Expressway, Steven C. Larson, M.D. '88, simultaneously shifts his Toyota Landcruiser into third gear and wraps up a phone call. It's Tuesday, 12:30 p.m., and he's making his weekly trip to Project Salud, a small clinic that provides community health and primary health-care services to migrant farm workers in a rural pocket of Chester County. By now, Larson has an intimate knowledge of Kennett Square, where the clinic is located, and its burgeoning population of Mexican laborers. The area is touted as the “Mushroom Capitol of the World.”

Larson, an assistant professor in Penn's Department of Emergency Medicine, has been making this trip from the Hospital of the University of Pennsylvania for the past 10 years. His goal has been to provide high-quality health care to underserved populations by combining the best of academic medicine and public health principles. He does so quietly, preferring to remain what he calls “a behind-the-scenes-type of person.” But sometimes, his good work does attract media attention, as when, in February, he played an important role in helping two immigrant sisters who had esophageal leiomyomatosis, a rare inheritable and untreatable condition that killed their father two months earlier.

Their father, José Hernandez, a legal immigrant from Mexico, had been involved in the mushroom industry in Chester County until finding employment as a landscaper. Throughout the 1970s, the mushroom industry was supplied almost exclusively by a Puerto Rican work force. According to Larson, though, changes in public policy enticed Mexican men to establish a foothold on this “lowest rung of the economic ladder” and then to bring their families here to live permanently. The staff of Project Salud has observed that many of the hard-working immigrants in the region move up the ladder to higher-paying jobs in construction and landscaping. But as was the case with José Hernandez, even then they often lack health insurance.

Today, Larson's drive from West Philadelphia takes close to an hour. Before setting out for Kennett Square, he had already attended his department's grand rounds, a health fair at the Sayre Middle School, and a meeting with the School of Medicine's registrar. A prospective Penn medical student, referred by the school's office of admissions, is waiting for him at Project Salud. Larson has agreed to provide some first-hand exposure to this young woman, who is looking for a medical school experience that will help prepare her for a career in community health. Then he's due back at Penn at 5:30 to meet with Bennett L. Johnson Jr., M.D., senior medical director for HUP and vice chair of the Department of Dermatology. A quick stop at Wawa for a soft pretzel with mustard and a Diet Snapple has to suffice for Larson's lunch.

Once at the clinic, Larson spends the next few hours reviewing cases with members of the Project Salud staff: Marguerite P. Harris, C.R.N.P., practice director; Annette Silva, L.P.N.; and Patty McKenna, C.R.N.P. Each is fluent in Spanish. The clinic, established in 1985 by La Comunidad Hispana, is a member of the National Nursing Centers Consortium. One of seven Philadelphia-area centers, Project Salud is a nurse-managed practice. As the consulting physician, Larson sees the patients who present with a rare constellation of symptoms and who require the highly skilled medical interventions that a physician brings. On several occasions, Larson has even driven patients with emergent conditions to HUP in his own vehicle.

"This is a special place," says Larson, "and it has everything to do with the skill level this staff brings to the table." Having worked together for the past ten years, Silva describes a collaborative relationship with Larson: "He's sharp, on the ball, and really cares about his patients. He will listen to everyone who is involved in the patients' care."

Larson is a vocal advocate for a paradigm that, as he puts it, "appropriately values and utilizes other health professionals" like Silva, those who wind up on the front line, "typi-

cally caring for the most vulnerable populations."

"Right now the biomedical model and the public health model are so far apart," he says. "They must meet at some point. The doctor shouldn't be at this high post, looking down, but working on an equal plane with providers like nurse practitioners and health promoters, using representatives of the community to be really effective in overcoming socioeconomic barriers. This isn't something we've taught very much in medical school."

Preventive care, such as administering vaccines, is a crucial component of the practice. So is prenatal and gynecological care, provided by a nurse midwife on the clinic's staff. Contracts with local hospitals provide diagnostic and emergency services when they're needed. In the small examination rooms, there are bilingual pamphlets on well-baby care, safety specifications for infant and toddler car seats, high blood pressure, diabetes, and nutrition — all topics in which the staff is well versed. Silva describes her patients as "hardworking and appreciative. They come in with an open mind and see us as authorities in the medical community. This population is very open to health education."

According to Harris, the clinic's initial challenge was to stem the spread of HIV and other sexually transmitted diseases among the area's migrant worker population, primarily unmarried Mexican males. "This was at the apex of the HIV/AIDS epidemic," she says, "and most of these men were here without wives or girlfriends." Harris and a former colleague at the Chester County Department of Health convinced the mushroom growers to allow them to conduct an on-site health promotion program. "Initially," Harris says, "the growers equated us with union representatives, and they certainly looked at us with suspicion." The turning point came, however, when Harris offered flu vaccine for the laborers. "Then they happily let us onto the farms, and of course we brought the education programs along."

In 1989 Harris hired Sergio Carmona, a former clinic volunteer



After discovering a kidney stone, Larson continues to monitor Umberto Anastasio's renal function during follow-up visits to the clinic.

and mushroom worker. He trained to become the clinic's HIV/STD health educator and initiated a successful outreach program. Since then, Carmona has traveled within the 25-mile radius of mushroom farms, making numerous stops among the ramshackle rows of trailers that he and Larson have nicknamed "The Lost City."

"So many of these people are invisible," says Carmona, startling several chickens as he eased his minivan over a dirt road pocked with potholes. Larson concurs, pointing out that many in the community are living well below the poverty level "without the safety net of health-care benefits or other public services." There is, however, a growing contingent of families, according to Carmona who, once they become financially stable, are moving to modest but well-maintained apartment complexes in the area. Car-



Photograph: Steven Larson

Part of the migrant workers' community in Chester County.

mona was so successful in his outreach that he proudly reports only four cases of HIV in the last 13 years. At the same time, cases of syphilis and gonorrhea, prevalent during the 1980s, are down to one or two cases per year. Carmona believes that the program's success rate is a direct result of his ability to understand the cultural nuances of his clients and to gain trust within this community. "It takes time to build a level of trust," he says.

Though Carmona's assessment of an "invisible" population served by Project Salud is accurate, the case of the Hernandez family is a memorable exception. In February, news first broke about the daylong surgery that would be performed on 15-year-old Gabriela Hernandez to remove her diseased esophagus and configure a new one from her stomach. The surgery was

done at The Children's Hospital of Philadelphia by two assistant professors in Penn's Department of Surgery, John C. Kucharczuk, M.D. '92, who specializes in cardiothoracic surgery, and Michael L. Nance, M.D., who specializes in pediatric surgery at Children's Hospital. Two months later, they also operated on Gabriela's younger sister Maria. Both surgeries were successful. It was Larson, however, who spurred the collaborative efforts of a team of Penn physicians that diagnosed both girls with esophageal leiomyomatosis and linked the death of their father José Hernandez in December to the inheritable disease. Hernandez, a 36-year-old legal U.S. resident, had been working 75 hours a week as a landscaper in Chester County. Hernandez had no health insurance and, though seriously ill for some time, had not sought medical treatment.

During a routine health screening for public school, both girls tested positive for tuberculosis — not an uncommon finding in the Mexican population. Larson, however, pieced together some other clues provided by their mother, Yolanda Hernandez, and members of the Project Salud staff. One important detail stood out: the girls had been having difficulty swallowing food. Larson grew more concerned when he saw X-rays of the girls' chests.

At this stage, Larson tapped into a network of colleagues that, in his words, has been "quietly navigating the Health System to access the high-end resources of PENN Medicine and bring a whole different level of medical care to this small Chester County community." For the past ten years, Larson says, he has relied upon Kucharczuk; Joseph E. Bavaria, M.D., G.M.E. '90, associate professor of surgery; Victor A. Ferrari, M.D. '86, G.M.E. '89, assistant professor of medicine; and Susan E. Wieggers, M.D., assistant professor of medicine. This group of Penn cardiothoracic surgeons and experts in non-invasive cardiology has tackled the challenging cardiac cases Larson encounters at Project Salud. He reports that Bavaria has performed six cardiac surgeries on children who had been

flagged by the Project Salud staff, and Larson attributes the successful interventions to a "strong historical precedence for this kind of collaboration" among his colleagues.

After consultations with Kucharczuk and Marc S. Levine, M.D., G.M.E. '81, a Penn professor of radiology who is one of the few to have published on esophageal leiomyomatosis, and an autopsy on José Hernandez, they were able to confirm the diagnosis. The degenerative disease was present in all three family members. Furthermore, the two youngest Hernandez children would need to be tested in the near future for the condition.

Larson and Silva then worked quickly to submit a grant application to the Pennsylvania Emergency Medical Assistance Program that would secure partial funding for the first surgery. Ultimately, CHOP and Penn's Health System agreed to absorb reimbursed costs for both girls' care, "but," says Larson, "with a lengthy hospital stay projected, it was going to be nearly impossible for the family to travel back and forth from Kennett Square." Working through the dean's office with Susan E. Phillips, chief of staff of PENN Medicine, Larson enlisted the support of the School of Medicine. Larson was not yet done: his next step was to call upon Pedro Ramos, chief of staff for Judith Rodin, Ph.D., the University's president. As he put it, Larson saw "a wonderful opportunity to bridge the resources of the University center with the medical school." According to Larson, Ramos, who sits on the board of Congreso, a North Philadelphia social service organization serving the Latino community, was instrumental in securing temporary housing for the family in Philadelphia.

In the meantime, Hilda Luiggi, associate director for minority affairs at the School of Medicine, mobilized an impromptu fund-raising effort. The campaign brought an outpouring of financial support — from medical students and others in the Penn community at large — that Larson estimates will support the family over the next year and a half. *The Philadelphia Inquirer* reported donations in excess of \$20,000 from

readers. "This was a very unique and important opportunity," says Larson. "It's been good in the sense that it teaches our medical students that the system — successfully negotiated — can work in reaching underserved populations and that the academic medical center can offer students a balance; you can't practice in a void."

Larson is optimistic that PENN Medicine will create more opportunities for students along these lines and that, in turn, Penn will produce more young doctors who will serve marginalized populations in innovative ways. A great deal of this optimism is generated through the feedback he gets from students. Not surprisingly, Larson is faculty advisor for a number of student organizations and academic programs aimed at encouraging community service and fostering interest in underserved populations, including Frontline Medicine, Global Health Interest Group, Penn Language Link, and Migrant Health Group (which focuses on the migrant population in Chester County). "These are a great bunch of kids in this incoming class," said Larson. "They see things in broad terms and they ask the hard questions. They're going to be an important catalyst for change."

Among the medical students whom Larson has influenced directly is Mercedes Torres, now in her fourth year. She recalls meeting Larson at the beginning of her first year at Penn, and she attaches great significance to her initial visit to Project Salud. "It was just a great way for me to keep grounded while doing the basic science part of the curriculum — to remember what it was I wanted out of medical school."

Juanita Marie Celix is another student who has been to Project Salud. "What Steve is doing is not a chore, because his heart is really in it," she says. "He has a very genuine concern for underserved populations, and he makes every effort to accommodate students' specific desires to address public and global health issues through their medical school experience."

Larson estimates that, as in

years past, between 20 and 25 students will sign up to work and learn under his supervision at Project Salud through what he describes as a "self-selection process." Yet it is also no coincidence that Larson is an avid participant in the medical school's admissions recruitment program, Penn Preview. Gaye Sheffler, director of admissions and financial aid for the school, notes that Larson has led a group of students on a day trip to Project Salud for the past several years as part of the "Second Look Weekend." There he is able to counsel prospective students on the unique opportunities available through Penn. "Community outreach is part of the Health System's strategic plan," says Larson. "Access to health care is a major issue." By exposing students to a successful model like Project Salud, he believes that high-quality health care can be delivered to even "the most vulnerable populations."

Drawing on his own experience, Larson urges students to take advantage of an option Penn offers: between the first and second year or between the third and fourth year, students can take additional time to explore related interests. Larson spent his time away from the school studying medical illustration and traveling throughout Southeast Asia and Alaska. "It fulfilled all of my expectations. That year really laid the foundation for what I do now," he says. "My love for travel and community involvement all came together for me then."

Celix, now in her fourth year, is one of the Penn medical students to take the advice of the man she calls "an awesome mentor." With his encouragement, she designed a program comparing the primary health care systems of Cuba and the United States; she undertook the project between her first and second years of medical school. Larson, she says, "is a very needed resource in this school. From piecing together funding to writing letters of support, he'll help however he can." Torres also went abroad, spending 12 weeks on Trinidad and Tobago at a medical research center focused on projects related to HIV. There,



Annette Silva, L.P.N., a Project Salud staff member, consults with Larson.



she conducted a survey of about 25 women who were HIV-positive and had been treated with the drug AZT during their pregnancies. Her interest was in the women's infant-feeding practices in relation to their treatment.

According to Sheffler, Larson "is committed to international health and providing experiences and funding for medical students to travel overseas to third world areas in Central and South America." To that end, Larson encourages students to broaden their perspectives through travel. "If you spend time in a place like Nicaragua where you don't even have sterile water, it forces you into a different mindset. The reason that I travel outside of the country is to observe and work in a situation with absolutely no resources, and the thing is, if you can come up with effective public health interventions in these places, then it becomes interchangeable. You can take it to places like West Philadelphia."

That is exactly what students like Mercedes Torres have done. Working cooperatively with the University's Center for Community Partnerships, she and a small group of medical students have presented a weekly, one-hour lesson on health-related topics to students at the Sayre Middle School. "So far, we've covered lessons on smoking, alcohol, puberty, and nutrition," she says. "This is a good opportunity to do something right here in Philadelphia."

West Philadelphia – or the Penn campus, at least – has not failed to notice Larson's efforts. Earlier this year, for example, he received the Special Dean's Award for outstanding service and commitment. The award recognizes achievements in medical education by faculty members, particularly in the development of new, innovative educational programs. Larson was specifically honored for his part in establishing Frontline Medicine, which provides medical students, residents, and faculty with the opportunities and resources to examine critical issues in global health. Two years ago, he received a Clinical

Pearls Teaching Award from the medical students. His community work has also been recognized. A graduate of Swarthmore College, Larson received its award for "Service to Humanity" in 1996. A year later, he was honored with the North Beth Israel Humanism in Medicine Award. This year, he also received the University's Martin Luther King Community Service Award.

Given his busy schedule and many interests, what does he do to relax? Painting is one activity he enjoys, and on occasion he has displayed his art on the Penn campus. As he told a reporter for *HUPdate*, one of the Health System's internal publications, in May 1998, like his work in the emergency room, painting involves "a set of problems and variables. It stimulates a different part of my brain."

For Larson, being involved in Project Salud and other community-health programs helps him avoid professional burnout. "This is where the excitement is; it's what keeps me participating," he says emphatically. Larson thrives on the idea of "a cross-pollination of public health concepts here at Penn, an interface between the real world and academic medicine."

As a teacher, Larson expects to see more young physicians in community and global health programs. He believes that the medical education his students receive today must be relevant to the world they will be entering 15 years from now, after they have finished all their education and training – and after outreach programs like the ones he helps guide. Today's students, he firmly believes, "are the people who will change the future."

Back at Project Salud, the waiting room, small but clean and cheerful, is filled with patients. A colorful print of a Guatemalan marketplace hangs on the wall behind the reception desk. Silva speaks quietly in Spanish to a middle-aged woman from Honduras as she guides her to the examination room where Larson awaits his next patient. ■

Dina Greenberg, editor of PennPulse, wrote on FICAP in the Summer 2003 issue of Penn Medicine.

Counting the Hours

By John R. Shea, Ph.D.



Clockwise from top left:

Kevin Duffy,
Cara Pellegrini,
Sammy Elmariah

Photographs by
John H. Hansen-Flaschen, M.D., G.M.E. '82

A cross the United States, academic medical centers and teaching hospitals are adjusting to new regulations

imposed on their residency programs. The change has not always been easy for institutions that have traditionally relied on their house staffs for a significant portion of patient care. According to John Hansen-Flaschen, M.D., G.M.E. '82, professor of medicine at Penn and chief of pulmonary, allergy, and critical care at the Hospital of the University of Pennsylvania, "The ambivalence is everywhere. It's not straight opposition, it's not straight support." The new regulations, says Bennett L. Johnson Jr., M.D., HUP's senior medical director, "left everybody in a quandary on how to do this." And David Musick, Ph.D., director of graduate medical education for PENN Medicine, says, "The bottom line is that no one really knows at this point what the effect will be."

In February, the Accreditation Council for Graduate Medical Education issued its revised "standards," which limit the number of hours medical residents can be on duty. For academic medical centers like Penn's, the new limits have meant some important changes in the way residents are trained and patients are cared for, as well as some structural and economic changes. In a statement released on July 1, the day the new standards went into effect, David C. Leach, M.D., the ACGME's executive director, said, "Residents are doing more in less time with less help. These new standards will strengthen both patient care and education."

One strong factor that led to the changes was concern over the impact of excessive hours on duty. In fact, David F. Dinges, Ph.D., professor of psychiatry at Penn, gave a presentation called "Sleep Deprivation, Fatigue, and Effects on Performance: The Science

and Its Implications for Resident Duty Hours" at the ACGME's annual educational conference in March. Dinges, one of the nation's most respected experts on sleep, stated that the delivery of health care "relies heavily on human cognition and executive functions," which include judgment, logic, complex decision-making, working memory, procedural memory, vigilance, information management, etc. Yet he also argued that "unintentional human error in the workplace is the most frequently identified cause of accidents, contributing significantly across industries to approximately 70 percent of accidents." Sleeplessness and fatigue make human error more likely.

Nobody has a quarrel with the goals of the new standards. As both Johnson and Musick point out, the impact is negligible for many disciplines, such as psychology, dermatology, or rehabilitation medicine. But for programs like surgery, ob/gyn, and intensive care units, many observers – including both those doing the training and those being trained – are not yet entirely convinced that the new standards are the best way to achieve that goal.

The hospitals, however, do not really have a choice. Johnson notes that the institutions can be fined anywhere from \$10,000 to \$50,000 per violation. Another penalty is losing accreditation. In August, there was a highly visible example when the ACGME announced that it was withdrawing its certification of the internal medicine residency program at Johns Hopkins Medicine because it had failed to limit the residents' work schedule to fewer than 80 hours a week. According to a press release from Johns Hopkins, the violations were minor and have already been rectified. Johns Hopkins has officially

at ease medical house officers post call

John Hansen-Flaschen

Medical residents at the Hospital of the University of Pennsylvania photographed after more than 30 hours of continuous service in the medical intensive care unit. All nine residents returned to work after their pictures were taken. Four patients died under the care of these physicians during the three tours of duty depicted here.

These photographs mark the end of unregulated work hours for house officers in the United States. On February 13, 2003, the Accreditation Council on Graduate Medical Education (ACGME) adopted rules limiting resident tours of duty to 24 hours plus up to 6 hours for teaching and sign-out. Work weeks are not to exceed 80 hours. Residents are to have one day off in seven.

at ease medical house officers post call

Saturday, January 11, 2003

- | | |
|--------------------|---------------------------|
| 1. Kevin Duffy | Senior Assistant Resident |
| 2. Cara Pellegrini | Senior Assistant Resident |
| 3. Sammy Elmariah | Intern |

Sunday, January 12, 2003

- | | |
|--------------------|---------------------------|
| 4. Anjali Desai | Junior Assistant Resident |
| 5. Svenja Albrecht | Junior Assistant Resident |
| 6. Rene DeBose | Junior Assistant Resident |

Thursday, January 16, 2003

- | | |
|-------------------|---------------------------|
| 7. Joseph Sweeney | Junior Assistant Resident |
| 8. Colleen Stille | Senior Assistant Resident |
| 9. Brian Till | Intern |

applied to be recertified and this fall was granted probationary accreditation.

To emphasize the seriousness of the situation, HUP has issued handy laminated cards that summarize the new ACGME work hour rules. "KNOW THEM – USE THEM – ABIDE BY THEM," the cards admonish. The work hours are limited to 80 per week, averaged over a four-week period (including house calls); all residents must have one day in seven free from all duty, including home call; continuous duty is limited to 24 hours; there must be a 10-hour rest period after the 24-hour duty period; and "internal moonlighting" counts toward the 80-hour average. HUP has made an interesting addition to the cards that is not specifically cited in ACGME press release that announced the new standards: "Faculty must provide continuous supervision." It is noteworthy, too, that this bullet comes first on the cards. The reverse of the cards provides information for reporting a violation.

Why would academic medical centers greet these high-minded changes with a certain

amount of ambivalence? Lisa Bellini, M.D., G.M.E. '93, vice chair for education in Penn's Department of Medicine, appears to speak for many when she says she agrees that work hours should be limited to 80 hours per week. "What I object to is that the ACGME has been too prescriptive in *how* we should meet the 80-hour rule. These rules work relatively well for specialties that are more shift-like." On the other hand, she continues, "Internal medicine relies greatly on continuity for both the educational process as well as patient care. The prescriptive nature of these rules has significantly reduced the flexibility we have in meeting both our training and patient-care obligations."

Cara Pellegrini, M.D., one of nine residents photographed by Hansen-Flaschen in January while they were on service in the Medical Intensive Care Unit, feels much the same: "Few residents would argue with the idea of limiting total weekly hours and the maximum number of successive hours worked, with the es-

timable goal of increasing patient safety. In adhering to the new regulations, however, we now have many more 'hand-offs' of patients and frequently are rushing to exit by our witching hour, both of which may compromise some of the very gains in safety we are hoping to achieve. Continuity of care also happens to be an object of reverence in medical education." Joseph Sweeny, M.D., another of the house officers photographed by Hansen-Flaschen, expresses concern that "as a result of the new hours, the education has been abbreviated." He has also witnessed "a little more discontinuity of care."

As Johnson and Hansen-Flaschen point out, HUP needed to find ways to monitor the hours the house officers worked – to "actually document departures," in Hansen-Flaschen's words. In the transitional months before the changes went into effect, says Hansen-Flaschen, "we were really surprised and disappointed" to find that the residents were staying beyond their limits. Johnson agrees, noting that the "culture" was not conducive to punching time cards.

Giving a resident's view, Sweeny explains, "It's not a nine-to-five job," adding that it was hard to hand patients over to a



Anjali Desai

Svenja Albrecht

Rene DeBose

new team unfamiliar with their care. By all accounts, the transitions have improved, thanks to a large extent to the ancillary help HUP has hired: nurse practitioners, physician assistants, phlebotomists, etc. The additional cost to PENN Medicine, according to Musick: approximately \$6.5 million to date. Hansen-Flaschen is enthusiastic about the new nurse practitioner on the M.I.C.U. service, whom he believes “could be the memory” for the unit. “The house staff are giving her work, and she’s doing it well.”

Speaking about his own residency, Hansen-Flaschen says, “I remember being absolutely exhausted” during his busiest stretches. He would be able to grab an hour of sleep, but “I couldn’t remember anything about the three people I’d admitted.” He would get his bearings soon enough, but, in general, “it wasn’t good for us, it wasn’t good for care.” Even three or four years ago, he adds, “we would see people asleep, sometimes on their feet.” Today, in contrast, “I’m convinced now the house staff is more awake.”

Pellegrini shares that view, up to a point. “At least some of our lost experience is made up by the exchange of more rested learning time in place of

continuous hours spent trying to learn while exhausted.” Still, she continues, “the overall hours worked by Internal Medicine residents have possibly increased this year; we sleep less on call and work longer hours on our non-call days to meet the 30-hour rule.” As she puts it, “This would be a small price to pay if patient safety and our education were truly being improved. Reform was clearly needed, but the devil’s in the details.”

From her perspective in the Department of Medicine, Bellini also sees room for improvement. “If I could develop my own solution, I would have on-call individuals take a 3-4 hour nap in the middle of their shifts, which is typically in the middle of the night when things are a bit slower. I would have them get up, complete their work, and leave when they felt their patients were safe to transition to the next team.” Although she, too, applauds the spirit of the new standards, she says, “Like any new initiative, it typically isn’t right the first time.”

Shortly before the ACGME issued its new standards, Hansen-Flaschen realized that he had an opportunity to document what he calls “the end of unregulated working hours” for the medical residents at Penn. On three separate days in January, he took photographs of three groups of house officers who were on service in the Medical Intensive Care Unit. All nine residents were at the end of 30 continuous hours on duty – and then they may have gone back for a 31st and 32nd hour to finish their shifts. Hansen-Flaschen had set up a tripod in a corridor on Founders 9, site of the M.I.C.U. When they were able, the house officers gamely came along, carrying whatever they had with them at the time; one, for example, carried a container of fluid just drawn from a patient’s chest. Looking over his photographs, Hansen-Flaschen was surprised not to see

more obvious effects of the long shift.

“They looked great,” he says, referring to the house officers. Why?

“Because they’re young and immortal.” ■

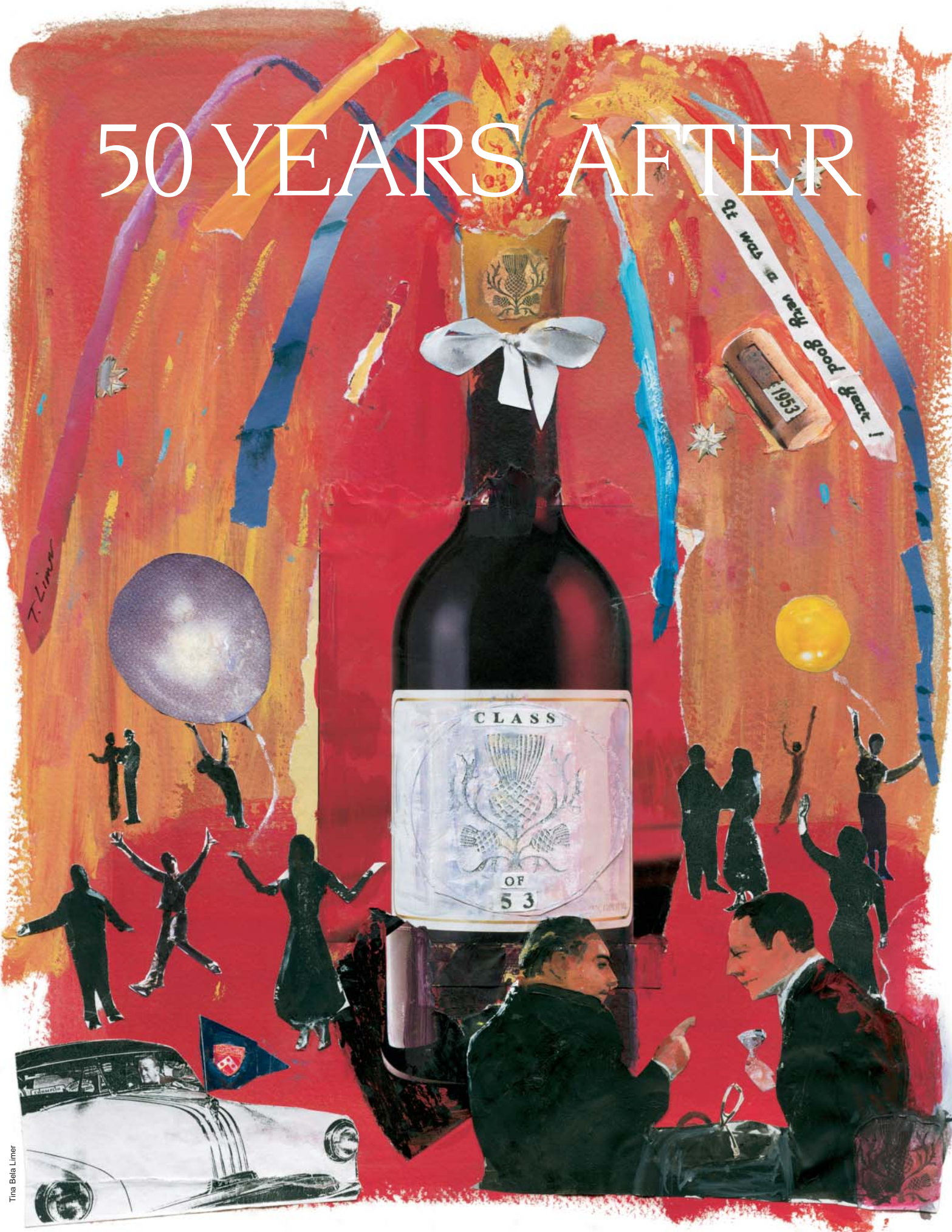


Joseph Sweeny

Colleen Stille

Brian Till

50 YEARS AFTER



A Glimpse of the Class of 1953

The 1953 *Scope* had a series of cartoons on the front and back inside covers, depicting the progress of the typical Penn medical student toward graduation. The student starts out timidly, then is shown a couple of times in an obviously frazzled state. The very last panel, however, underscores the hopeful ending: it shows the student in knight's armor, grasping his degree, gazing at the sun breaking over the horizon.



True, one of the photos in the yearbook shows a crowded lecture hall that must have been all too familiar to the *Scope* readers. The caption reads, simply: "Purgatory." But such moments are tempered, for example, by the message from the vice dean of the school, William B. Kennedy, M.D.: "You are welcomed into the phase of medicine where you begin to reap to an ever-increasing degree the benefits that come from accomplishment and service to your fellow men." He also cited the new graduates' "ideals and evidences of good character with which you are endowed and which, I trust, have been increased by your recent experience."

The following notes, based on questionnaires returned to the Medical Alumni Relations office, offer a snapshot of the careers and accomplishments of some members of the Class of 1953.

- 1 **Alexander C. Baret, M.D.**, lives in West Long Branch, N.J., with his wife of 26 years, Rose Marie. He retired from vascular/general surgery in 1990. Dr. Baret received the Rose Meadow Levinson Prize in cancer research at the medical school in 1952 and was elected to the Society of Sigma Chi – National Scientific Research Society. A former instructor and associate in surgery at Penn, he was a clinical associate professor of surgery at Hahnemann Medical College 1975-89. He enjoys golf, gardening, reading, travel, and photography. He has three children and two grandchildren.
- 2 **A. Peter Batson, M.D.**, lives in Norwich, Vt., with his wife, Ann, to whom he has been married for 54 years. He has two sons and five grandchildren. He retired from ophthalmology in 1999. He was as an adjunct assistant professor in community and family medicine at Dartmouth Medical School from 1985 to 1988. Dr. Batson has received many awards from the U.S Air Force, including a Meritorious Service Medal with one Oak Leaf Cluster, an Air Medal, and an Air Force Commendation Medal, as well as a Vietnam Service Medal with four Campaign Stars. He volunteers at the Norwich American Legion Post, performs school vision screenings, and enjoys cooking, gardening, and travel.
- 3 **John C. Bettinger, M.D.**, lives in Novato, Calif., with his wife Lucille. Married 49 years, they have five children (four physicians and one math teacher) and 11 grandchildren. Dr. Bettinger was an associate clinical professor of medicine at the University of California at San Francisco and chief of staff at Ross General Hospital. His fondest medical school experience was his 3rd-year rotation at Philadelphia General Hospital. Dr. Bettinger is currently the president of the Ross School board and a volunteer for a free community medical clinic that treats the homeless and low-income patients. His hobbies include horses and history of the Old West.
- 4 **Martin G. Binder, M.D.**, lives in West Chester, Pa., with his wife of 52 years, Lorna. He retired from obstetrics and gynecology in 1996. Dr. Binder has three children and three grandchildren. His hobbies include painting and gardening.
- 5 **Joan L. Caddell, M.D.**, lives in Philadelphia. Although she "retired" in 2001, she still works at Thomas Jefferson University School of Medicine, as a research professor of pediatrics. Her research focuses on magnesium deficiency in young children. She has worked in Uganda, Nigeria, and Thailand. Dr. Caddell is active in her church, where she is interested in mission outreach. She plans to complete her work on sudden infant death syndrome and apply her research findings toward prevention.
- 6 **Lawrence Claman, M.D.**, lives in Dallas, Texas, with his wife of 49 years, Catherine (Tink). They have three children and seven grandchildren. A child psychiatrist who retired from clinical practice this year, Dr. Claman has taught since 1980 at the University of Texas Southwestern Medical School in Dallas, where he was the director of training in child and adolescent psychiatry and director of the Adoles-

cent Psychiatry Clinic. Currently he is a clinical professor of psychiatry. He is a Life Fellow of both the American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry. He volunteers as a docent at the Kimbell Art Museum and the Modern Art Museum of Fort Worth. A former president of the board of the First Unitarian Church of Dallas, he enjoys tennis, art, traveling, visiting his grandchildren, and attending music and dance concerts and recitals.

7 Francis Mann Clarke Jr., M.D., lives in New Brunswick, N.J., with his wife, Barbara. Married for 48 years, they have three children and five grandchildren. Dr. Clarke has had a private practice in general surgery since 1961. From 1977 to 1981, he was president of the Medical-Dental Staff at St. Peter's Medical Center, where he also served as chairman of the Department of Surgery from 1971 to 1995. He was president of the Society of Surgeons of New Jersey in 1994.

8 James L. D. Cox, M.D., lives in Philadelphia with his wife, Nancy Jane Cox, whom he met in Pennsylvania Hospital's Emergency Room. Married since 1953, they have five children and four grandchildren. Dr. Cox is currently a clinical assistant professor of psychiatry at Pennsylvania Hospital. He enjoys sailing on the Chesapeake and looks forward to continued practice in the field of psychiatry.

9 Stephen C. Cromwell, M.D., lives in Rockville, Md., with his wife of 37 years, Helen Bentley Cromwell. He has four children and five grandchildren. He retired from family practice in 1996 and is a former chairman of family practice departments at two local hospitals. He was named Physician of the Year by Montgomery County, Md., in 1996. He was awarded the Medal of

Jubilee of Liberty by the U.S. Congress in 1999 as one of the last known survivors of the first wave to land on Omaha Beach on June 6, 1944. He was named Grand Marshall for the Rockville Memorial Day Celebration in 2001. He is a former president of the Rockville Rotary Club, president of the trustees of Rockville Academy, and president of the Rockville Cemetery Association. Active in his church, he has seen more than 11,000 children as Santa Claus in the past 20 years. He lectures regularly on the Civil War and is a docent for the Stonestreet Museum of 19th Century Medicine. He planned to attend the Battleship Missouri reunion in Honolulu in September.

10 H. Robert Davis, M.D., lives in Mechanicsburg, Pa., and has three children and six grandchildren. His wife, Lyla L. Davis, died in 2001; they were married for 54 years. Dr. Davis is still practicing family medicine in Boiling Springs and Mt. Holly Springs and has provided services to the Boy Scouts, Little League teams, and special Olympics athletes free of charge. He is chairman of the Monroe Township Recreation Board and was instrumental in starting Monroe Day, helping build many local soccer and baseball fields, a walking track, and other projects in the township. The township recently recognized Dr. Davis's numerous accomplishments with a bronze plaque on a Memorial Clock Tower in Boiling Springs. This spring he was named Citizen of the Year by the Carlisle Exchange Club. A former president of the Cumberland County Medical Society, he was president of the medical staff of Carlisle Hospital, 1970-72, where he also served as a member of the board for eight years.

11 Robert V. Dermott, M.D., lives in Novato, Calif., with his wife of seven years, Marie. He has two children and one grandchild. Dr. Dermott retired from pediatrics in 1996.

12 S. Kendrick Eshleman III, M.D., lives in Paradise, Pa., with Judith, his wife of 49 years. They have one daughter and one grandchild. He retired from a busy Lancaster psychiatry practice in 1997. He was chairman of the Department of Psychiatry in a local hospital for 20 years and consulted at other institutions, including the local V.A. hospital. Dr. Eshleman is a Distinguished Life Fellow of the American Psychiatric Association. He is actively involved in many community organizations and speaks to groups regularly. His hobbies include natural and cultural history.

13 James M. Fenstermacher, M.D., lives in San Antonio with his wife of 16 years, Sara. Dr. Fenstermacher retired from anesthesia in 1992. He has two children and two stepchildren.

14 Richard P. Gotchel, M.D., Woodbury, N.J., and his wife of 50 years, Betty Lou, have four children and 11 grandchildren. Partially retired from ob-gyn, he remains on the active staff of the Underwood-Memorial Hospital. He is medical director of FamCare, Inc. Chair of the Department of Obstetrics and Gynecology at Underwood-Memorial from 1978 to 1981, he was also a clinical assistant professor at Philadelphia General Hospital, Jefferson University Medical Hospital, and Hahnemann Medical College. In 1959, Dr. Gotchel won the Phil Williams Award for the best paper by a medical resident in the Delaware Valley. His interests include photography and film printing, fishing, and genealogy.



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15 Frank C. Greiss Jr., M.D., retired from obstetrics and gynecology in 1989. From 1960 to 1981, he was the principal investigator on an NIH-supported study of uterine circulation that resulted in the definition of the appropriate treatment of hypertension-complicating regional anesthetics in obstetrics. In 1960, he joined the faculty at the Bowman-Gray School of Medicine in Winston-Salem, where he served as chairman of the Department of Obstetrics and Gynecology. Dr. Greiss is a former president of both the North Carolina Obstetrical and Gynecological Society and the Southern Gynecological and Obstetrical Society. He was a recipient of the AAOG Foundation Prize in 1968. Dr. Greiss and his wife of 50 years, Bobbie, live in Mooresville, N.C. They have four children and four grandchildren. Dr. Greiss reports that he enjoys woodworking and private and radio-controlled flying.



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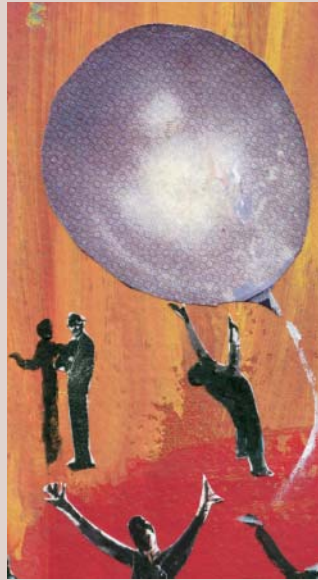


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16 Robert L. Hall, M.D., lives in State College, Pa., with his wife of 49 years, Jacqueline. They have three children and six grandchildren. Dr. Hall is still practicing internal medicine full time. He serves as chief of staff and chief of medicine at Centre Community Hospital, as well as president of the Centre County Medical Society. From his medical school days, he fondly recalls Dr. O. H. Perry Pepper's medical clinics, I. S. Ravdin's surgical clinics, and anatomy class. Among his hobbies, Dr. Hall plays in a banjo band.

17 Donald F. Heiman, M.D., Warminster, Pa., retired from the practice of cardiology in 1997. He has three children and four grandchildren. He fondly recalls his work with Dr. William Rashkind from his medical school days. An avid hiker, Dr. Heiman has hiked in Switzerland and Austria.

18 Hugh Joseph Hughes Jr., M.D., and his wife, Betty Ray, live in Birmingham, Ala. Married since 1952, they have three children and seven grandchildren. He retired from internal medicine in 1997, but remains a volunteer faculty member at the University of Alabama School of Medicine. In addition to teaching, Dr. Hughes volunteers for Habitat for Humanity. He enjoys golf, opera, keeping fit, and spending time with his grandchildren.



19 H. Alan Hume, M.D., Sidney, Maine, and his wife of 33 years, Dorothy, have three children and three grandchildren. He retired from general surgery in 1990, but continued as a staff physician at the Colby College Health Center until 2000. He taught clinical surgery at Penn and biomedical engineering at Swarthmore College. He was chief of the surgical service at Presbyterian Medical Center as well as chief of staff at Taylor Hospital, Riddle Hospital, and the Mid-Maine Medical Center. A founding member of the American Trauma Society, he served as a consultant for the National Center for Health Services Research in Washington, D.C. He is director of the Colby-Hume Center and an instructor of furniture making at Colby College.

20 David P. Jacobus, M.D., Bryn Mawr, Pa., has owned Jacobus Pharmaceutical Company since 1977. Before that, he was a vice president at Merck & Co. He received the Army's Citation for Meritorious Civilian Service as well as a Certificate of Achievement from Walter Reed Army Institute of Research. A former trustee of Cold Spring Harbor Laboratory, Dr. Jacobus is a member of numerous organizations and societies, including American Men of Science and the American Society for Information Science. He and his wife of 47 years, Claire, have five children and four grandchildren.

21 William Johnson, M.D., Wilmington, Del., has three children and five grandchildren. A specialist in obstetrics and gynecology, he is an associate professor at Jefferson University and a senior attending at Christiana Hospital in Delaware. Dr. Johnson enjoys skiing, golf, squash, and sailing.

22 Charles L. Johnston, M.D., Richmond, Va., retired in 1991 from a career in hematopathology. In 1959, Dr. Johnston was awarded a Fulbright research fellowship, which he used to study in Norway. He also received a USPHS Research Career Development Award from 1960-1965. He was a professor at University of North Carolina from 1960 to 1990. He and his wife of 51 years, Marjorie, a HUP nurse on Ward B when they met, have three children and four grandchildren. His hobbies include golf, refinishing furniture, gardening, and travel.

23 Allan R. Law, M.D., Rochester, N.Y., retired from obstetrics and gynecology in 1988. He was a clinical associate professor at the University of Rochester. In 1999, Dr. Law traveled to India as a Rotary Paul Harris Fellow. He and his wife have three children and nine grandchildren. He enjoys sports, travel, and volunteering at a community health center and nursing home.

24 Francis A. Locke, M.D., Adrian, Mich., retired from his private practice in obstetrics and gynecology in 1995 and now serves as a consultant to the State of Michigan at a juvenile detention center in Adrian. During his tenure at Bixby Medical Center, he has served at various times as chairman of the Department of Obstetrics and Gynecology and of the Department of Surgery, as well as chief of the medical staff. Former president of Lenawee County Medical Society, he served for more than 25 years on the Michigan State Medical Society Committee of Maternal and Perinatal Health.

25 Samuel C. Marty, M.D., lives in San Mateo, Calif., with his wife, Julie. Married for 51 years, they have four children and nine grandchildren. Still practicing psychiatry, Dr. Marty was an instructor in the Department of Psychiatry at Stanford University from 1959 to 1965 and was on the faculty of the San Mateo County Psychiatric Residency Program from 1962 until 1999. A former president of the San Francisco Psychoanalytic Society, he served on the board of directors of the San Mateo Medical Association. He enjoys tennis, bridge, singing, piano playing, and Dixieland jazz.

26 Stanley P. Mayers Jr., M.D., State College, Pa., retired from preventive medicine in 1997. He taught at several universities, including Johns Hopkins University School of Public Health, Georgetown University School of Medicine, and the Penn State University College of Health and Human Development, where he was associate dean from 1989 to 1995. He is a former president of the Virginia Association of Public Health Physicians and the Centre County Medical Society. His honors include the Welbourne Award from the Arlington County Medical Society; the Outstanding Achievement Award from Georgetown University's Department of

Community Medicine; and the Saubel Award from Penn State, which also inducted him into the Mt. Nittany Society. Dr. Mayers has established two endowed scholarships at Penn State and is active with the United Way. His first wife, Virginia, to whom he was married for 39 years, passed away in 1990. He has been married to his second wife, Patricia, for 10 years. He has four children and seven grandchildren.

27 James B. McClements III, M.D., Dover, Del., retired from obstetrics and gynecology in 1992. Dr. McClements has five children and his hobbies include gardening.

28 Thomas V. McKee, M.D., lives in Wallingford, Pa., with his wife of 54 years, Dorothy. On the staff at Riddle Memorial Hospital, Dr. McKee retired from obstetrics and gynecology in 1996. He fondly recalls rounds with Dr. Wood from his medical school days. Dr. McKee enjoys exercise and reading.

29 Paul G. McKelvey Jr., M.D., Greensburg, Pa., retired from family practice in 1995. He enjoys duplicate bridge and fishing. He and his wife of 50 years, Helen, have four children and nine grandchildren.

30 J. Darrell Miller, M.D., lives in Port St. Lucie, Fla., with his wife of 33 years, Sherry. He has three children and four grandchildren. Dr. Miller retired from pediatrics in 1996. A former president of the medical staff at Denver Children's Hospital, he was a board examiner and a member of the board of directors of the American Board of Pediatrics. Dr. Miller enjoys golf, bridge, and reading.

31 Albert H. Niden, M.D., Los Angeles, is associate chief of pulmonary and critical-care medicine at the University of Southern California. From 1973 to 1990, he was director of the pulmonary section and respiratory ther-

apy department at King-Drew Medical Center. He has received Faculty Recognition Awards for his teaching. In 1999, he received the David Salkin Award from the Trudeau Society/American Lung Association of Los Angeles County. He and his wife of 48 years, Frances, have three children and two grandchildren.

32 Lewis D. Polk, M.D., M.P.H., lives in Philadelphia with his wife of 25 years, Phyllis Polk. He plans to retire from the Bucks County Health Department in late 2003; he has been its director since 1986. He had a private pediatric practice in Philadelphia from 1956 until 1960. Dr. Polk has been on the faculty of Penn and several other local schools. A former commissioner of public health for Philadelphia, he has been president of the Philadelphia Board of Health, the American Academy of Health Administration, and the Pennsylvania Public Health Association. He received the Cristol Award from the Philadelphia County Medical Society; the Carl More Leadership in Public Health Award from the Philadelphia Health Management Corporation; and the Public Health Recognition Award from the College of Physicians of Philadelphia. Dr. Polk reports that he enjoys photography, classical music, opera, and live theater.





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33 John G. Pontius, M.D., Lancaster, Pa., and his wife of 49 years, Jeanne A. Pontius, have four children and 10 grandchildren. Dr. Pontius, who retired from general surgery in 1997, served as chief of general surgery at Lancaster General Hospital. He is a member of the Priestly Surgical Society and a former president of the Eastern Pennsylvania Chapter of American College of Surgeons.



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34 Harold A. Rashkis, M.D., Gladwyne, Pa., and his wife of 55 years, Shirley, have three children. Dr. Rashkis has a private practice in psychiatry. An honorary staff member of Pennsylvania Hospital, he is a Distinguished Life Fellow of the American Psychiatric Association.



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35 Robert P. T. Reeves, M.D., lives in Spring Lake Heights, N.J., with his wife of 12 years, Sally. He has four children and eight grandchildren. Dr. Reeves retired from the practice of radiology in 1997; he was an attending physician at Jersey Shore Medical Center. His interests include hummingbirds.



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36 Baird S. Ritter, M.D., Ardmore, Pa., is semi-retired



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from the specialty of child psychiatry. One of his interests is the study of autism in children.

37 Theodore Rodman, M.D., lives in Ardmore, Pa., with his wife of 52 years, Ruth. They have three children and six grandchildren. An emeritus professor of medicine at Temple University Medical School, Dr. Rodman retired from pulmonary critical care in 1999. In addition to some 60 scientific papers, he has published two textbooks, on chronic obstructive lung diseases and on the care of critically ill patients with heart disease. Dr. Rodman's interests include photography, dancing, and classical music.

38 Harry B. Roitman, M.D., Merion Station, Pa., and his wife of 46 years, Leonore, have seven children and nine grandchildren. A former clinical associate professor of obstetrics and gynecology at Penn, he retired from Pennsylvania Hospital in 1993. He received the Briscoe Award for excellence in teaching and practice as well as a Lifetime Achievement Award for teaching obstetrics and gynecology from Pennsylvania Hospital. He enjoys photography, classical music, and travel.

39 Stuart A. Schneck, M.D., lives in Greenwood Village, Colo., with his wife of 47 years, Ida I. Nakashima. They have two children and two grandchildren. An emeritus professor of neurology at the University of Colorado School of Medicine, Dr. Schneck retired in 1996. He has been president of the board of directors of the American Board of Psychiatry and Neurology. He received the Sewall Award from the University of Colorado Health Sciences Center in 1990. In 2002, he and wife published *The Geezers' Guide to Colorado Hikes* (University Press of Colorado). Dr. Schneck serves on the admissions committee for the University of Colorado medical school.

40 Richard B. Shepard, M.D., Birmingham, Ala., and his wife, Winyss Acton Shepard, have been married for 48 years and have four children. He retired from thoracic-cardiovascular surgery in 1996, but continues his research as an emeritus professor of surgery at the University of Alabama at Birmingham. His current research centers on scar formation. He went through a one-year graduate course in molecular biology and enjoys working out electrophysiology problems.

41 Ellis P. Singer, M.D., lives in Edison, N.J., with his wife, Tama Schenk. Married for 50 years, they have three children and five grandchildren. He retired from internal and pulmonary medicine in 1998, having been in private solo practice since 1958. He was on the staff of Muhlenberg Regional Medical Center in Plainfield, N.J., where he was senior attending physician, chairman of the division of pulmonary disease, and co-director of Pulmonary Function Laboratory and Respiratory Services and of the Bonnie Kaplan Pulmonary Rehabilitation Center. He is a former president of the New Jersey Chapter of the American College of Chest Physicians. He was voted Outstanding Teacher of the Year by the resident staff of the Department of Internal Medicine at Muhlenberg Regional Medical Center in 1977. Dr. Singer currently does administrative work as a volunteer for the Solaris Hospital System. He enjoys playing tennis and bridge, traveling, swimming, theater, ballet, concerts, and philately.

42 Forrest Moseley Smith Jr., M.D., lives in San Antonio, Texas, with his wife of 50 years, Betty. He has four children and 11 grandchildren. Dr. Smith still practices pediatrics and developed a diaper ointment called "Dr. Smith's" that is carried at Walgreen Stores throughout the United States. His future plans include testing grade-school pupils

for learning disabilities, including ADD. He is an elder in the First Presbyterian Church of San Antonio and enjoys his grandchildren's reading and writing interests.

43 Richard S. Stemler, M.D., Bainbridge Island, Wash., retired from internal medicine in 1992.

44 Albert D. Wagman, M.D., Melrose Park, Pa., continues to practice neurology and specializes in sleep disorders. He is a clinical associate professor at Temple University School of Medicine. His fondest memory from medical school is the cancellation of the final dermatology exam ("I would still be taking re-exams otherwise"). He and his wife of 49 years, Lynn, had five children and four grandchildren. Dr. Wagman enjoys gardening and fishing and looks forward in the future to reading all the books that he has waiting for him.

45 James E. C. Walker, M.D., lives in Avon, Conn., with his wife of 38 years, Audrey. He has two children and five grandchildren. Dr. Walker retired from internal medicine/public health in 1992, but remained active through 2002. An emeritus professor of medicine at the University of Connecticut Health Center, he has served in numerous administrative positions at Peter Bent Brigham Hospital – Harvard Medical School and at the University of Connecticut School of Medicine. He is a former president of the board of the American Heart Association of Hartford and former chairman of the board of the Committee on Community Health of the Hartford County Medical Association. From 1976 to 1987, he was president of the Canadian/American Health Council. He has also been chairman of the Alzheimer's Coalition of Connecticut. "Just beginning to retire," he enjoys photography, sailing, and woodcrafting.

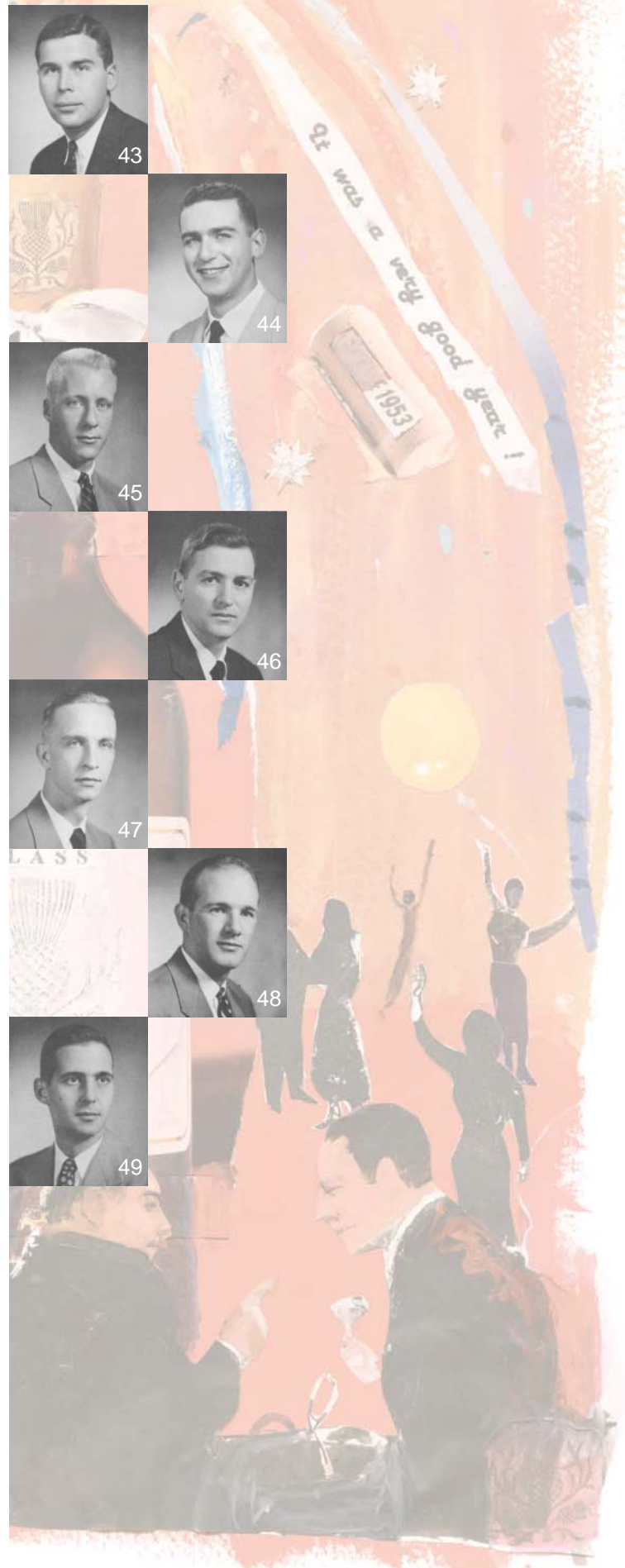
46 Dene T. Walters, M.D., retired from family medicine

in 1984. A former clinical professor at Jefferson Medical College, he is emeritus chair of the Department of Family Medicine at Christiana Care Health Systems. He is also former director of the family practice residency program at Christiana and continues to teach part time. He received the Family Doctor of the Year Award from the Delaware Academy of Family Physicians in 1996, as well as an Outstanding Preceptor Award from the family practice residency program at Christiana in 2000-2001. Dr. Walters lives in Wilmington, Del., with his wife of 26 years, Marsha. He has four children and five grandchildren. He enjoys travel, furniture making, and classical and jazz music.

47 Richard J. Watkins, M.D., Wooster, Ohio, and his wife of 45 years, Kimball, have one child and one grandchild. Dr. Watkins retired from orthopaedic surgery in 1996 and currently enjoys skiing, hiking, and ice skating.

48 Michael F. Wilson, M.D., Buffalo, N.Y., specializes in cardiology and is currently a professor of medicine and a professor of nuclear medicine at SUNY/Buffalo. He has been the recipient of NIH grants for 30 years. Former chief of cardiology at Kaleida Health/Millard Fillmore Hospital, he was president of a local chapter of the American Heart Association. Dr. Wilson and his wife of 49 years, Clare, have five children and four grandchildren. His hobbies include squash, golf, sailing, skiing, and swimming.

49 Robert A. Wingerd, M.D., lives in Chambersburg, Pa., with his wife of 49 years, Jane H. Wingerd. They have three children and four grandchildren. Dr. Wingerd retired from family practice in 1998. He is involved in community health initiatives and enjoys tennis, golf, skiing, photography, and spending time with his family, especially his grandchildren. ■



Taking a Reading

Nuggets from books that have recently come to Penn Medicine



The Alternative Medicine Hoax (Garev Publishing International, 2003)
By Carl E. Bartecchi, M.D. '64
Distinguished Clinical Professor of Medicine, University of Colorado Medical School; Physician, Internal Medicine Specialists, Pueblo, Colorado

On a daily basis, I see patients with real complaints but without true physical disease. Often they have already experienced the course of treatment suggested by a well-meaning friend or relative, the Internet, a popular magazine, television, or a health-food store clerk. Within the past five to ten years, however, we are seeing more patients who are seeking "alternative medicine" treatments such as

acupuncture, homeopathy, herbal remedies, mind cures, dietary supplements, etc., etc.

In the past, we have presumed that the occasional instances when these practices appeared to be effective were a result of the placebo benefit. As scientific-based (some would call us orthodox) physicians, we have not felt the need for the unscientific approaches to the problems that are presented to us by our patients. This does not mean that we always have the answer or the cure for every problem. We make every effort to have the patient understand that fact, though we know that such revelations will surely encourage a small percentage of patients to pursue what we know to be unscientific approaches to their

Khaki in a Long White Coat
(Dorrance Publishing Co., 2002)
By William Weiss, M.D. '44
Emeritus professor of medicine, Hahnemann Medical College

At this point David began to learn about the significance of military rank. Hierarchy is a quiet sort of organization among physicians, but it has considerable rigidity. The ranks are roughly delineated by dress. The intern wears white pants, a white button-at-the-neck tunic, and a short white coat. The residents replace the tunic with a shirt. The assistant chief wears civilian clothes and covers them with a long white coat lest he lose his sense of distinction, but the chief has attained enough self confidence that he needs no such badge and so he walks around with

a stethoscope dangling out of his coat pocket. In this pyramid there is an unwritten deference to rank.

The military hierarchy differs only in that the rules are clearly laid down in print and called regulations. It has no subtlety, and there is a remarkable chasm between the enlisted men and the commissioned officer. The latter is surrounded by an aura akin to kingship. The chasm may not be crossed, on or off duty. Although the importance of rank is understandable as a mechanism of discipline, it is somewhat difficult for a physician to acclimate to the gulf between the enlisted man and the commissioned officer. This is probably due to the great leveling influence of sickness. A sick person demands the doctor's personal attention regardless of rank.

problem. The patient with real complaints but undetectable physical disease is not as great a dilemma as it might suggest. A thorough examination, one that instills confidence in the patient as to my grasp of their problem, reassurance that disease is not present, and recommendations for managing their complaints, is often all that is required. Reminding them of the value of "tincture of time," exercise, rest and relaxation, proper nourishment, and a recognition and modification of bad habits (smoking, alcohol, overeating) that they might address, often proves helpful. A "sugar pill," herbs, needle sticks, magnets, supplements, and a variety of other exotic and unproven practices are not needed and at times have proven harmful.

For those without documented physical disease, who do not respond to my practical suggestions, it behooves us as physicians trained in the art as well as the science of medicine to search further for the cause of the patient's distress. We must look for depression, anxiety, the possibility of drugs or alcohol, or even herbal preparations which themselves – or that with which they are compounded – can cause adverse effects.

The significance of rank is perhaps best pointed out by the quaint military custom which requires that a man of lesser rank salute a superior officer first. One must at all times be alert for the approach of officers. A quick evaluation of relative rank is required to make a decision whether one should salute first or wait for the adversary to raise his hand to his cap. Reaction time, visual acuity, and awareness are all factors in the proper execution of military courtesy. Knowing this, it is easy to understand why the physical standards of our armed forces are high and so many young men fail to measure up. Given enough lousy salutes per unit of time, the very foundations of the Pentagon could be shaken.

Progress Notes

compiled by Erin Hennessy

Send your progress notes to:
Penn Medicine
 Development and Alumni Relations
 3535 Market Street, Suite 750
 Philadelphia, PA 19104-3309

40's

Sylvan H. Eisman, M.D. '41, G.M.E. '45, the Distinguished Professor of Clinical Medicine at the University of Pennsylvania, became Emeritus in June. In a letter acknowledging Eisman's long service to the institution, Arthur H. Rubenstein, M.B., B.Ch., executive vice president of the University of Pennsylvania for the Health System and dean of the School of Medicine, wrote, "We are proud that the Sylvan H. Eisman Professorship in Medicine and the Sylvan Eisman Outstanding Primary-Care Physician Award recognize and support those who embody your high ideals."

Richard T. James Jr., M.D. '43D, a long-time primary-care clinician in Charlotte, N.C., is founder and president of Practical Pointers Inc., a public-service corporation that publishes abstracts each month of current articles of clinical importance for primary care clinicians on the Internet (www.practicalpointers.org). James has served as an editor at Practical Pointers since 1986. He received a National Jefferson Award for exceptional public service in 1993.

50's

E. Ralph Heinz, M.D. '55, was honored by Duke University, where he serves as professor of radiology, for his contribution to Duke medicine. The University established the annual E. Ralph Heinz Lectureship in Neuroradiology. This year, the visiting lecturer was R. Nick Bryan, M.D., Ph.D., professor and chair of Penn's Department of Radiology.

60's

H. Douglas Barnshaw, M.D. '61, Springfield, Mass., a retired psychiatrist, was named Senior Volunteer Physician of the Year by the Hampden District Medical Society. He writes that he is "particularly proud of my work in the school system, and would like to give a hand to all the volunteer work that other physicians are doing."

Richard Harding III, M.D. '63, M.P.H., retired in June 2002 after completing 10 years with the United Mission to Nepal. While in Nepal, he served as director of a comprehensive community health and development project and as a senior health consultant. Harding was honored with a Lifetime Achievement Award from the Nepal Medical Association in 1998 and from the Nepal Public Health Association in 2001.

Michael S. Brown, M.D. '66, and **Joseph Goldstein, M.D.**, both of the University of Texas Southwestern Medical Center at Dallas, received the 2003 Albany Medical Center Prize; at \$500,000, the cash award is second only to that of the Nobel Prize. Brown and Goldstein received the 1985 Nobel Prize in medicine for their work in determining how much cholesterol circulates in the blood. Their research laid the groundwork for other scientists to develop cholesterol-lowering drugs called statins.

Adam M. Myers, M.D. '67, is chief of oncology/hematology at Denver Health (formerly Denver General Hospital). He is principal investigator for a recent \$200,000 grant from the Denver Metropolitan Affiliate of the Susan G. Komen Breast Cancer Foundation to cover breast-cancer treatment services to underinsured and uninsured patients in the Denver area. He notes that many Denver Health patients who had previously been unable to have breast conservation surgery and subsequent radiation will benefit from the grant.

Yaovares Thatsneyakul, M.D., G.M. '68, is a consultant in medical administration for the Medicaid program of the New Jersey State Department of Health.

Doris Gorka Bartuska, M.D., G.M.E. '68, emeritus professor at the Medical College of Pennsylvania, has received two prestigious honors. The Philadelphia County Medical Society presented her with the annual Strittmatter Award, its highest honor, presented to a physician who has made the most valuable contribution to the healing arts. She is a former president of the society. Bartuska also was inducted into the International Women in Medicine Hall of Fame of the American Medical Women's Association.

Michael A. Sullivan, M.D., G.M.E. '69, has been awarded a Gold Medal by the Radiological Society of North America for his outstanding leadership and devotion to research and education in the science of radiology.

70's

Gerald M. Paluska, M.D., G.M.E. '71, a general surgeon at Jefferson County Hospital in Fairfield, Iowa, has been elected president of the board of directors of the Iowa Foundation for Medical Care. He has served on the board since 1992.

Andrew P. Feinberg, M.D., G.M.E. '77, the King Fahd Professor of Molecular Medicine at Johns Hopkins School of Medicine, is senior author of a study appearing in the journal *Science*. The study found a biological marker that can be detected in a blood test and could one day be used routinely to screen for colon cancer.

Judith A. Fisher, M.D. '78, assistant professor in Penn's Department of Family Practice and Community Medicine, was chosen as Philadelphia's 2003 "Practitioner of the Year" by the Philadelphia County Medical Society. The award is presented annually to a physician who

"demonstrates dedication to the profession in the areas of quality patient care and community service." Fisher is the director of the department's community programs and sees patients at Penn Family Care, based at University of Pennsylvania Medical Center - Presbyterian.

Abdolmohamad Rostami, M.D., G.M.E. '78, Ph.D. '81, has joined Jefferson Medical College as professor and chair of neurology. He has also become chair of neurology at Thomas Jefferson University Hospital. An expert in multiple sclerosis, Rostami served most recently as professor of neurology at Penn and was director of the Penn Center for Excellence for Autoimmune Diseases.

80's

Michael D. Feldman, M.D. '87, has returned from six months of active-duty military service in Baghdad, where he served as an orthopaedic surgeon attached to a 20-man Forward Surgical Team. Feldman is now back in practice in Rhode Island, where he holds a clinical appointment in orthopaedic surgery at Brown University School of Medicine and is the team physician at Bryant College. In addition, he is co-author of a chapter entitled "Fracture Management and Fixation of Elbow Fractures," to be published in the forthcoming *Textbook of Arthroscopy*.

John S. Burr, M.D. '89, is entering his third year on the faculty in the Pulmonary and Critical Care Division at Washington University School of Medicine in St. Louis.

Paul J. DiMuzio, M.D. '89, an attending vascular surgeon and assistant professor of surgery at Thomas Jefferson University, was named the 2003 Wylie Scholar in Academic Vascular Surgery by the Pacific Vascular Research Foundation. The award recognizes vascular surgeon-scientists who are engaged in research projects that

have the potential to revolutionize how vascular diseases are treated or cured. The objective of DiMuzio's research is to help patients in need of bypass surgery who do not have enough of their own natural tissues to have it performed. Wylie Scholars receive a \$150,000 multiyear grant to support their investigations.

Jay Mulaney (Moolchandani), M.D., G.M. '89, was appointed president of the medical staff at Lakeland Regional Medical Center in Florida, where he also serves chairman of the Quality Improvement and Risk Management Committee. Mulaney is also clinical assistant professor in the Department of Ophthalmology at the University of South Florida, vice president of the Polk County Medical Association, and president of the Central Florida Eye Associates.

90's

Annette C. Douglas-Akinwande, M.D. '91, is an assistant professor of radiology at Indiana University School of Medicine.

Brian A. Grus, M.D. '92, O'Fallon, Missouri, was elected a Fellow of the American College of Physicians for achievements in internal medicine. The awards ceremony took place during the society's Annual Session in April, in San Diego. He is an internist with BJC Healthcare.

Robert Christopher King, M.D. '93, is chief of cardiac surgery at Harrison Memorial Hospital, in Bremerton, Washington, as well as assistant professor of cardiac surgery at the University of Washington Medical Center.

David R. Beanland, M.D. '95, completed five years in the United States Army and is now in private practice for oral and maxillofacial surgery in Massachusetts.

Santosh Kesari, M.D. '95, Ph.D., is working at the Center for Neuro-Oncology at the Dana-

Farber Cancer Institute in Boston.

Aaron Shiloh, M.D. '97, Philadelphia, works as an interventional radiologist at Frankford Hospital.

Ernest Braxton Jr., M.D. '01, writes that after serving with the U.S. Air Force in South Korea as an ER physician, he joined Allegheny General in Pittsburgh this summer for a residency in neurosurgery.

OBITUARIES

Norman R. Ingraham, M.D. '33, G.M.E. '39, State College, Pa.; September 25, 1997.

Walter O. Goehring, M.D. '36, Allison Park, Pa.; December 28, 2002. A surgeon, he was a member of the Allegheny County and Pennsylvania medical societies and the American College of Surgeons.

Philip A. Marden, M.D. '36, G.M. '40, Somerset, N.J.; June 4, 2003. A specialist in otolaryngology, Marden was an emeritus professor at the University of Pennsylvania School of Medicine. He served as chairman of the Department of Otolaryngology from 1959 to 1972 and received an award in 1998 for his meritorious service to the School. During World War II, he served in the U.S. Army as a physician, stationed at the 20th General Hospital in India.

John J. Sayen, M.D. '39, G.M.E. '43, Haverford, Pa.; June 4, 2003. A retired professor of medicine and pathology at Penn, Sayen had remained active in research, education, and clinical practice. He was the principal investigator on research studies on the treatment of heart disease and practiced cardiology at HUP. During World War II, he was awarded a Bronze Star for his research on controlling the spread of scrub typhus in India. A fellow of the American College of Physicians and of the American Cardiology Society, he served on several

boards of the Philadelphia County Medical Society.

Alvin R. Carpenter, M.D., G.M. '39, Vestal, N.Y.; January 24, 2000.

Merrill O. Dart, M.D., G.M.E. '39, Littleton, Colo.; December 26, 1988.

Robert H. Pilgram, M.D. '40, Frederick, Md.; April 10, 2003. After serving as a lieutenant colonel in the Medical Corps of the U.S. Army for four years, he began his practice in general surgery, which he ran from 1950 until 1981.

John Trenton, M.D. '42, Somerset, Pa.; May 12, 1999.

James G. Kehler, M.D. '43D, Woodbury, N.J.; March 16, 2003.

Mary Redner Eichman, M.D. '45, Merion Station, Pa.; April 24, 2003.

Leon L. North Jr., M.D. '46, Harleysville, Pa.; November 21, 2002.

Norman J. Foit, M.D., G.M. '46, Kenmore, N.Y.; June 8, 2001.

Ralph Rhind, M.D., G.M. '46, Hermosa Beach, Calif.; February 18, 2002. He had a private practice in obstetrics and gynecology in Manhattan Beach and later in Torrance; he also served as chief of staff at Little Company of Mary Hospital. Dr. Rhind fought in World War II as a lieutenant commander in the U.S. Navy.

Paul J. Sullivan, M.D., G.M. '46, Billings, Mont.; April 4, 1996.

William T. Sichi, M.D., G.M. '47, Oxford, Miss.; December 4, 2001.

Elmo E. Erhard, M.D., G.M. '48, Boca Raton, Fla.; April 22, 2003. A general surgeon, he had been chief of surgery at Clearfield Hospital in Pennsylvania.

Donald B. Hull, M.D., G.M. '48, Hanford, Calif.; March 24, 2002.

Joseph P. Long, M.D., G.M. '48, Martinsburg, Pa.; August 29, 2002.

Douglas B. Nagle, M.D., G.M. '48, Erie, Pa.; November 7, 2000.

Barbara M. Sachs, M.D., G.M. '48, Wynnewood, Pa.; May 20, 2003. She was a general physician and surgeon who had practiced in Center City and Narberth since 1945. She and her partner, the late obstetrician-gynecologist Sylvia Maser, M.D., were considered pioneers in caring for female patients.

Mario V. Troncelliti, M.D., G.M.E. '48, Haverford, Pa.; November 8, 2001.

August Carl Herman, M.D. '49, Tampa, Fla.; June 17, 2001.

Martha T. Schipper, M.D., G.M.E. '49, Frederick, Md.; January 22, 1992.

William J. Regan, M.D. '49, G.M. '56, Athens, Greece; February 20, 2003.

Henry A. Sloviter, Ph.D., M.D. '49, G.M.E. '53, Ph.D., Philadelphia; May 28, 2003. An emeritus professor of surgical research at Penn, he worked at the Naval Shipyard in Philadelphia as a chemist and physicist during World War II. He also spent three years at the National Institute for Medical Research in London before joining Penn's Department of Biochemistry and Biophysics. His research focused on brain metabolism and artificial red blood cells.

Joseph A. Imbriglia, M.D., G.M. '49, Philadelphia; March 9, 1997.

Salvatore A. Pepe, M.D., G.M. '49, Ocean City, N.J.; April 7, 2003. An ear, nose, and throat specialist and a plastic surgeon, he was on the staff at both Trenton General and St. Francis Hospital, for more than 40 years. He also served as a colonel at the 1607th U.S. Air Force Hospital in Dover, Del. Dr. Pepe was a fellow of the American College of Surgeons.

Julius A. Mackie, M.D. '50, G.M.E. '57, Bryn Mawr, Pa.; July 19, 2003. He had been on the surgical staff at the Hospital of the University of Pennsylvania from the 1950s until his retirement last year. He also served as a captain in the U.S. Army and as chief of general surgery at the Army Hospital at Fort Hood, Texas. From 1972 to 1988, he served as associate editor of the *Journal of Trauma*. In addition, he directed the residency program of the Department of Surgery for 10 years. Mackie was a member of the Philadelphia Academy of Surgery, the Eastern Society of Surgery, the Southern Surgical Association, the American College of Surgeons, and the International College of Surgery.

Walter P. Yarus, M.D. '50, Doylestown, Pa.; March 18, 1995.

Carlos Guzman Acosta, M.D., G.M.E. '50, San Juan, P.R.; March 2002.

Charles E. Aucremann, M.D., G.M.E. '50, St. Petersburg, Fla.; May 26, 2002.

Clinton B. Chandler, M.D., G.M. '50, Arden, N.C.; January 29, 2003.

Frank M. Lippi Jr., M.D., G.M. '50, Champaign, Ill.; April 17, 2003.

Robert J. Lowden, M.D., G.M. '50, Arlington, Wash.; June 11, 2002.

Thomas L. Duncan, M.D., G.M.E. '51, New Orleans; April 18, 2003.

Catherine J. Roett, M.D., G.M. '51, Houston; August 29, 1997.

Boyd L. Mahuron, M.D., G.M. '52, Cordele, Ga.; January 8, 2000.

Robert G. Marquart, M.D., G.M. '53, Lake City, Fla.; August 15, 1988.

Philip B. McGarrity, M.D., G.M. '55, Sarnia, Ontario; February 15, 2003.

Robert B. Hallborg, M.D., G.M. '56, Amherst, N.Y.; August 10, 1998.

Grace A. Bastian Mendel, M.D., G.M.E. '56, Radnor, Pa.; November 4, 2002. She began her medical career as an Army nurse. During the 1950s and 1960s, Dr. Bastian was on the staff at Philadelphia General Hospital and on the faculty at the Hospital of the University of Pennsylvania. For more than 20 years, she was a chief of anesthesiology, first at the former Haverford Community Hospital and then at Presbyterian Medical Center.

Frederick W. Armington, M.D., G.M.E. '57, Ocean Beach, N.Y.; March 14, 1996.

Joseph M. Winston, M.D., G.M. '58, Bernville, Pa.; August 14, 2001.

James G. Dickson Jr., M.D. '60, G.M.E. '73, Portland, Maine; June 9, 2003. At Penn, he had served as assistant director of the Institute for Environmental Medicine and as dive director for a pressure/altitude chamber complex. A clinical anesthesiologist by training, he practiced at HUP, Millville Hospital, and University Hospital at the Boston University Medical Center.

Elizabeth Ann Whitman, M.D. '69, Millbrook, N.Y.; October 14, 2002.

Daniel J. Caldi, M.D. '79; September 20, 2002. He earned his Ph.D. degree in physics from Rockefeller University and taught physics for 20 years. He then decided to resume his medical training, at the UCLA Neuropsychiatric Institute, where he was combining physics and psychiatry in the field of brain imaging. Caldi was in the third year of his psychiatry residency when he was struck down by an aggressive cancer of the spleen. He had completed his 23rd marathon in March 2002.

Thomas J. Durkin Jr., M.D., G.M.E. '80, Fort Washington, Pa.; June 3, 2001.

William Henry Shull, M.D., G.M.E. '95, Philadelphia; July 7, 2003, of malignant melanoma. An assistant professor of rehabilitation medicine and director of neurotrauma rehabilitation in Penn's Department of Rehabilitation Medicine, he was named Teacher of the Year in the department's residency program in 2000 and 2003. He earned his M.D. degree from Duke University School of Medicine and was chief resident of rehabilitation medicine at HUP in 1994. Shull was a member of the American Academy of Physical Medicine and Rehabilitation and the Brain Injury Association and served on the medical/scientific advisory committee of the Brain Injury Association of Pennsylvania.

FACULTY DEATHS

James G. Dickson Jr., M.D. See Class of '60.

Frank Abercrombie Elliott, M.D., emeritus professor of neurology; May 28, 2003. A graduate of the University of Capetown Medical School in South Africa, he became chief of neurology at Charing Cross Hospital in London. In 1959, he joined Pennsylvania Hospital and established its neurology department. The next year, he became a professor of neurology at Penn's School of Medicine. His research focused on preventing stroke and treating episodic rage disorders. His textbook, *Clinical Neurology* (1964; 1974) was considered the classic reference book for students and doctors.

Harold S. Ginsberg, M.D., former chair of the Department of Microbiology; February 2, 2003. His research provided a foundation for the field of virology and expanded knowledge of infectious diseases. In the late 1950s, while on the faculty of Western Reserve University (now Case Western), he demonstrated that atypical pneumonia and pharyngitis as well as acute respiratory disease were infections caused by adenoviruses. Chair of Penn's de-

partment from 1959 to 1973, he later served as chair of the microbiology department at Columbia University. He spent the latter part of his career at the National Institute of Allergy and Infectious Diseases studying the simian ADIS virus called S.I.V., to learn how it injures a host after infecting it.

John C. Haselgrove, Ph.D., former research associate professor of biochemistry and biophysics; June 21, 2003. In 1994 he became director of the MRI Research Facility at The Children's Hospital of Philadelphia.

Julius A. Mackie, M.D. See Class of '50.

Philip A. Marden, M.D. See Class of '36.

Grace A. Bastian Mendel, M.D. See Class of '56.

John J. Sayen, M.D. See Class of '39.

William Henry Shull, M.D. See Class of '95.

Henry A. Sloviter, Ph.D., M.D. See Class of '49

Russell J. Stumacher, M.D., clinical associate professor of medicine; June 10, 2003. For more than 25 years, until retiring in 2001, he was chief of infectious diseases and an epidemiologist at Graduate Hospital. He had received awards for excellence in teaching from the School of Medicine and Graduate Hospital. In 1990, he received an honorary degree from the Universidad Nacional Pedro Henriquez Urena School of Medicine in the Dominican Republic for his work in teaching medical personnel and setting up programs there. As an undergraduate at Penn, he was the play-by-play voice of basketball and baseball on WXPB-FM. ■

Strategic Alliances

As PENN Medicine moves forward with its ambitious strategic plan, one of the most important issues is how to support what we want to do. To be sure, we must continue to improve our operating margins, and we are looking to increase our fund-raising from both individuals and philanthropic organizations. We are delighted that Armando L. Chardiet, formerly of the Washington Hospital Center Foundation, recently joined our institution as chief advancement officer. (See "Vital Signs," p. 3.) Given his varied experience and enthusiasm, I am confident that he will lead our development efforts to the next level. Yet the Plan for PENN Medicine also identifies another source of income and support that we have not relied on sufficiently in the past.

As the Plan puts it, although PENN Medicine has become one of the most well-funded research organizations in the nation, "it has been less successful than some of its peers in commercializing discoveries." We believe that PENN Medicine has a significant opportunity to improve the yield from corporate partnerships with compatible firms as well as from technology transfer.

In the area of corporate partnerships, we were delighted to announce in March that GlaxoSmith-Kline, one of the world's leading research-based pharmaceutical and health-care companies, had provided our School of Medicine with an unrestricted grant of \$10 million to support mutual research endeavors. At the time, Tachi Yamada, M.D., chairman of research and development at the company, expressed the hope that the grant will "facilitate scientific interchange between [Penn's] scientists and our own."

To help develop such interchanges, this fall we announced the appointment of Terry J. Fadem as director of corporate alliances. In this new position, he brings more than 20 years of experience in strategic planning and new business innovation, development, and growth. His primary responsibilities are to build commercial relationships that will generate additional support for the School of Medicine and to position PENN Medi-



Robert Chink

cine as the leader in transforming basic medical science into advances in patient care. Ultimately, we want to make PENN Medicine a partner of first choice for pharmaceutical, biotechnology, and medical-device companies that are seeking to strengthen their basic science capabilities.

Like many goals in our Plan for PENN Medicine, this is ambitious. At the same time, given our stellar faculty and the advances they have already brought about, we believe we can achieve it. The new Office of Corporate Alliances will be a vital part of our infrastructure: it will enhance our relationships with the for-profit sector in a professional, systematic fashion. Using football terminology, Fadem says his office will take "that hand-off step," bridging the corporate and academic worlds for their mutual benefit. Fadem will also work collaboratively with the University's Office of Technology Transfer and with the Wharton School. It certainly makes sense to take advantage of some of the shrewdest minds in business management and entrepreneurship.

Most recently a consultant to clients in higher education and the health-care industry, Fadem began consulting with our School in Fall 2002. He has a master's degree in biology and neuroanatomy from Cleveland State University, and that scientific background has served him well in the business world. From 1981 to 2001, he worked for the DuPont Company, eventually becoming director of new business development and a leader of its corporate venture teams.

Fadem will not be on his own, either within PENN Medicine or within the University. This spring, for example, the University created the position of vice provost for strategic initiatives. As vice provost,

Les Hudson, Ph.D., has responsibility for developing and implementing the University's strategy for technology transfer and entrepreneurial initiatives. He also oversees the new Office of Corporate and Industrial Relations. Like Fadem, Hudson has a sterling background in industry. He came to Penn from Pharmacia Corporation, where he served most recently as group vice president and general manager of its worldwide ophthalmology business. He also spent six years with Glaxo Wellcome.

In November, the University appointed Perry Molinoff, M.D., as vice provost for research. He, too, has a wealth of experience in both academe and the corporate world, and he is keenly aware of the opportunities for increasing our licensing and business-development capabilities. A former chair of our Department of Pharmacology, Molinoff has been vice president of neuroscience and genito-urinary drug discovery at the Bristol-Myers Squibb Pharmaceutical Research Institute and, most recently, executive vice president for research and development at Palatin Technologies. There, he was responsible for "early discovery" programs in sexual dysfunction, obesity, neurodegenerative disease, and cancer diagnosis and treatment.

Some recent books and articles have warned about the increasing corporatization of universities. They ask whether alliances with for-profit businesses will compromise the pursuit of knowledge in some way. There are always potential dangers, but Terry Fadem prefers to turn the equation around: what we are seeing, he argues, is the academization of industry. In Fadem's words, "it's a different game completely" now as compared to previous years, and PENN Medicine is better equipped than other academic medical centers to provide the scientific know-how that pharmaceutical firms sorely need. At the same time, we will do our best to impart our values as well. Such collaborations will benefit both parties – and society as a whole. ■

Arthur H. Rubenstein, M.B., B.Ch.
*Executive Vice President of the University of Pennsylvania for the Health System
Dean, School of Medicine*



As treatments for cancer have improved, cancer patients have survived in increasing numbers. Since the mid 1970s, Anna T. Meadows, M.D., professor of pediatrics at Penn, has systematically studied how this special population has responded to radiation, cancer drugs, surgery, and transfusions. Often, they experience second cancers, organ dysfunction, decreased fertility, and emotional problems. Meadows's expertise brought her a three-year stint as the first director of the Office of Cancer Survivorship at the National Cancer Institute.

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