Winter 2001

mayo

Inside Mayo Clinic

News and information for patients and friends of Mayo Clinic

Low Vision Service patient Ken Trebelhorn

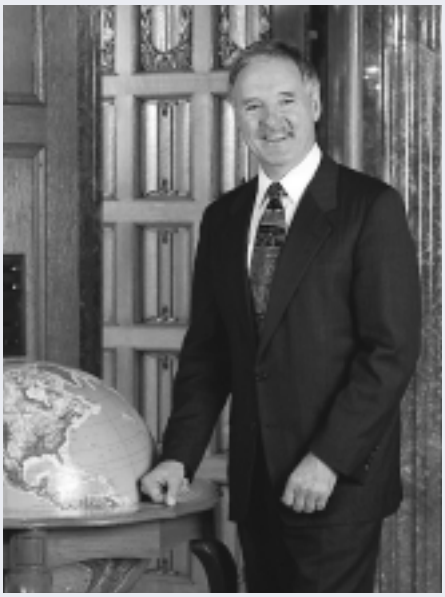
coverStory 3

Low Vision Service at Mayo Clinic

Mayo Clinic offers a range of resources to patients whose vision can no longer be corrected with standard contact lenses or eye glasses.

Meeting patients' needs: today and tomorrow

With an antique steam shovel leading the way, the Gonda Building groundbreaking ceremony in June 1998 began a new chapter in Mayo Clinic history. Now, three years later,



the scene in downtown Rochester has changed tremendously. The exterior of the 20-story Gonda Building is complete and the subway and lobby levels are open. Throughout the next several years, additional patient care activities will move into the new building, creating the largest interconnected medical facility of its kind in the world.

But, being the biggest wasn't the goal of this project. Our most important consideration as we grow and change always has been how we can best serve patients. The Practice Integration Projects, of which the Gonda Building is a significant part, will allow Mayo Clinic doctors, researchers, teachers and allied health staff to come together in the same physical space to provide the highest quality care. By connecting the Mayo Building, Gonda Building and Rochester Methodist Hospital, Mayo Clinic will have exam rooms, procedure rooms, operating rooms, hospital rooms and areas for education and clinical research all within easy access of one another.

In addition to the advances in our clinical practice, there will be a variety of new services available in the Gonda Building. This issue of *Inside Mayo Clinic* gives you a glimpse of a few of these, including a Patient Communication Center and a Cancer Education Center.

All the elements of this project, from conception to completion, are grounded in our firm belief that by expanding in this way, we are carrying on the values of Drs. William and Charles Mayo who instructed us to remember that the best interest of the patient is the only interest to be considered.

Hugh C. Smith, M.D.
Chair, Mayo Clinic
Board of Governors

Inside Mayo Clinic

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Mayo Clinic Low Vision Service: Offering a different view on sight

As we go through our day-to-day activities, most of us rarely take time to consider the ease with which we accomplish our tasks. Writing a grocery list; reading a newspaper; enjoying a walk outdoors; engaging in our favorite hobbies: all of these might seem simple. But, for an individual experiencing vision loss, each of these seemingly uncomplicated items can turn into a frustrating, and often disappointing, experience.

Dennis Siemsen, O.D., spends his days helping patients with low vision get beyond this frustration. His focus is to help them achieve self-determined goals so they are better able to enjoy life.

Assessing the situation

Dr. Siemsen is the optometrist for the Mayo Department of Ophthalmology's Low Vision Service. The service is available to patients whose vision no longer can be corrected with standard contact lenses or eye glasses. "I take the vision a person has and help the patient use it in ways he or she would like," Dr. Siemsen says.

Often individuals with low vision are not aware of the services optometrists like Dr. Siemsen can provide, and they may not realize their vision can be helped with vision aids. "Many patients are told nothing else can be done – I often have to overcome that mindset," he says.

Some of Dr. Siemsen's patients are nearly blind, but others may have less severe conditions. Patients may be visually challenged for a variety of reasons, including glaucoma, cataracts or macular degeneration. Patients can be referred to the Low Vision Service through ophthalmologists, optometrists, other physicians and vision-rehabilitation counselors, or they may make an appointment on their own.

"When a patient comes to the Low Vision Service, they first go to a patient education specialist," Dr. Siemsen explains. Next, an eye test is performed to determine the patient's peripheral vision and reading ability with his or her current vision. Following the eye test, a social worker meets with the patient to explain resources that are available, such as services for the blind and home health care. Dr. Siemsen then examines the patient. He assesses the patient's vision and refraction and determines how much magnification an individual needs.

Matching goals, lifestyles and aids

One question Dr. Siemsen always asks patients is: what are your visual goals? "Our objective is to help patients achieve their individual goals," he says. "They vary from person to person. One individual may want to be able to read a recipe, and another may want to drive a car.

Still another could just want to walk around."

Based on his assessments, Dr. Siemsen offers a variety of aids to the patient. These aids can vary from magnifying glasses to electronic devices. The final step in the process is key to a patient's success – training with the aids. At Mayo, this is done through occupational therapy.

"After a stroke, patients go through therapy. Similarly, once patients with low vision have the tools for improving vision, they need to come back for therapy to learn how to use them," Dr. Siemsen explains.

"Much of what we do through this process is educational," Dr. Siemsen says. "I let these patients and their families know what is available to them, and then we help them use these tools, so they can go back to doing what they want to do."

continued on page 4

Through the eyes of a patient

Imagine fitting parts of a computer together. You have the motherboard on a table in front of you, and you are carefully placing the tiny, individual pieces in the correct positions. Sound challenging? Now imagine trying to complete this task with impaired vision. This is the situation Ken Trebelhorn faces every day.

Ken is legally blind in his left eye, and the vision in his right eye is weak. When Ken was six years old, he was diagnosed with rheumatic fever, although his actual illness later was found to be rheumatic arthritis. At the age of 18, he began to have vision problems. There were cataracts and scarring, and he was diagnosed with secondary glaucoma.

Doctors told Ken he would be completely blind in a few years. But Ken did not give up. "I found an ophthalmologist who was willing to give me a chance," Ken says. "Thirty years later, I've lost one eye, but I still have my other eye."

Ken's doctor helped him find medications to reduce the pressure the secondary glaucoma was applying to his eyes. And, even though he has lost most of the vision in one eye, he is thankful for the vision he has in his right eye.

"It is what it is," Ken says. "I was feeling bad when I was 18, but my father made me realize that we all have a cross to bear, and this was mine. It must have been a difficult thing for my dad to say, because I know a parent would give their eyes to their child if they could."

For years, Ken lived what he thought was his normal life. He took medication and worked through his low vision. But, that changed two years ago when he made an appointment to see an ophthalmologist at Mayo Clinic. After the exam, the doctor recommended Ken visit the Low Vision Service.

"I walked into the room, and the first questions Dr. Siemsen asked me were about my lifestyle and my hobbies," Ken says. "He wanted to get to know me before he did the physical exam."

Along with answering those questions, Ken also told Dr. Siemsen about his goals. Ken enjoys taking cruises with his wife, and one of his goals was to be able to see land when the ship passed by shore. Another goal Ken listed was to be able to see his stepson's soccer matches.

Low-vision aids from Mayo Clinic have allowed Ken Trebelhorn to become an avid spectator at his stepson Joe's high school soccer matches: an activity he hadn't been able to enjoy previously because of his reduced vision.

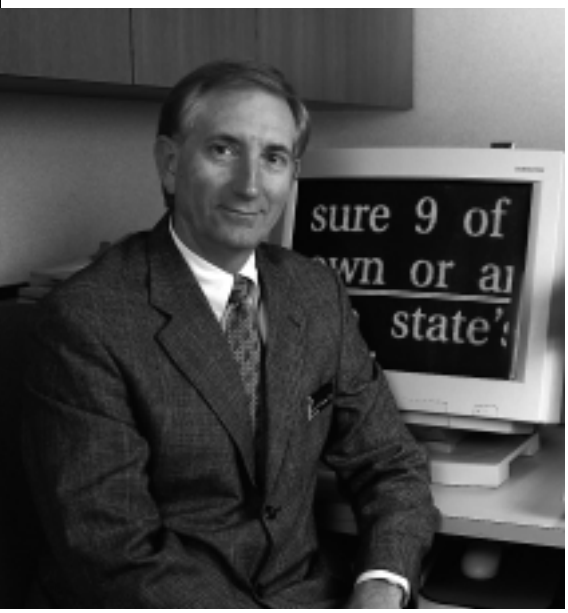
After assessing Ken, Dr. Siemsen fitted him with four pairs of glasses. One pair allows Ken to see the computers more clearly and closely while he works on them. "Dr. Siemsen is the one who linked everything together," Ken says. "He tweaked everything he knew about my vision and my goals, and he made it work."

And, Dr. Siemsen hasn't forgotten about Ken or his goals. "He called me the other day because something new is out that may help me see

soccer games better," Ken says. "They are a pair of standard glasses with binoculars on the top, similar to bifocals."

Although Ken's vision will never improve, the aids the Low Vision Service offered to him have helped tremendously. "I would have been satisfied with what I had before," Ken says. "What I've been given over the years through the Low Vision Service is more than I ever expected."

– Kara Peterson



With a wide variety of tools available to him, Dr. Dennis Siemsen focuses on matching patients with vision aids that will help them best achieve their individual goals.

LOW VISION SERVICE AT MAYO CLINIC

The following are steps patients go through when they visit the Low Vision Service at Mayo Clinic:

1) Patients meet with an education specialist to ask questions and learn about the process at the Low Vision Service.

2) Patients' peripheral vision and reading ability with their current vision are checked during a preliminary eye test.

3) A social worker meets with patients to help them learn about resources that are available. These services can assist with daily activities.

4) Dr. Siemsen meets with patients to determine what visual aids are needed. He demonstrates a variety of aids that are available to help patients with daily life.

5) Occupational therapy is the final step patients take. This step helps them learn how to use the aids they were given through the Low Vision Service.

*for*Information

If you would like to receive a brochure about Mayo Clinic's Low Vision Service, fill out the enclosed, postage-paid reply card and drop it in the mail.

Armed with knowledge:
Mayo's Cancer Education Center offers a host of resources to those fighting cancer

As a 17-year survivor of breast cancer, Bev Swancutt of Rochester, Minn., understands how many cancer patients and their families think and feel. "Cancer is not only a disease of the body; it also affects a person mentally and emotionally," Bev says. "It makes a lot of patients and families feel isolated, afraid – many want to know all they can about the cancer affecting them."

That understanding prompted Bev to serve as a volunteer in the Mayo Clinic Cancer Center's new Cancer Education Center. "I want to help patients fulfill their need to know about their cancer. And, maybe in the process they can come to better accept and live with it," she says.

Opened in October, the Cancer Education Center is located in the west lobby of the Gonda Building; its hours are 8 a.m. to 5 p.m., Monday through Friday. The education center is contained within a 5,500-square foot area designated as the hub for the Mayo Clinic Cancer Center.

"Cancer presents many challenges to patients and families," says Amy Deshler, team leader for Mayo Clinic's Cancer Education Program. "We believe patients with knowledge about cancer can deal better with those challenges. Our goal is to help them gain that knowledge by providing reliable and relevant information about all aspects of cancer."

As one of the largest cancer resource centers in the country, the Cancer Education Center provides information on topics ranging from prevention, diagnosis and treatment to end-of-life care, from nutrition, clinical trials and care-giving to alternative and complementary therapies and family cancer issues.

Mayo's new Cancer Education Center, one of the largest cancer resource centers in the country, provides information in a wide range of formats to fit visitors' individual needs.

The center's collection of information includes brochures, consumer health books, magazines and newsletters, CD-ROMs on specific types of cancers, health-education videos, professional medical journals, medical reference books, children's books, and news files with recent cancer stories. All materials have been reviewed and selected by the cancer center staff. Internet access also is available for additional health research.

Mayo Clinic cancer educators and volunteers, along with staff of the American Cancer Society, help patients and visitors find information and answer their questions. In cooperation with the American Cancer Society, the education center also hosts classes and support groups for patients, families and friends.

Bev is one of 12 volunteers, most of them cancer survivors, giving of their time and understanding to patients and visitors seeking information in the education center.

"Nobody knows about cancer like somebody who has been there," Bev says. "Because of my experiences, I can listen, share and hopefully help patients and families as they go through their own journey with cancer."

– Mary Lawson

*for*Information

If you would like to receive a brochure about Mayo Clinic's new Cancer Education Center, fill out the enclosed, postage-paid reply card and drop it in the mail. For more information about Mayo Clinic Cancer Center, log on to the Web site **www.mayo.edu/cancercenter**.

Predicting prostate cancer recurrence:
Mayo Clinic research helps identify men at risk

"Will it come back?" For cancer survivors, this question about their disease can be a daunting one. Now, for men with prostate cancer, the answer may be easier to predict. In the most comprehensive study of its kind to date, Mayo Clinic urologists found that a series of simple blood tests is the single most important predictor to determine which men are most likely to experience recurrence after undergoing surgery for prostate cancer.

The predictor is called prostate-specific antigen (PSA) doubling time. PSA is produced in the prostate gland and can be measured by a blood test. The study found that in men whose PSA levels increased quickly – doubling in six months or less following surgery – 62 percent developed cancer recurrence. Cancer recurred in only 13 percent of men with a calculated PSA doubling time of ten years or more.

For most men with prostate cancer, surgery to remove the prostate gland, called radical prostatectomy, provides a cure. An absence of PSA after surgery is the best indicator that the cancer is gone. But, in about one-third of the men, PSA levels increase after surgery.

"It's a significant source of concern because no major studies have conclusively demonstrated the best treatment options for these men," says Michael Blute, M.D., a Mayo Clinic urologist and lead investigator on the study.

The researchers analyzed the medical records of 2,809 men who had radical prostatectomies at Mayo Clinic from 1989 to 1993. As expected, about one-third of the men showed increasing PSA levels after surgery. Although other researchers have looked at PSA doubling time as a predictor of cancer, this is the largest single study of men treated by surgery and followed until cancer recurred.

"This study provides solid information to help patients and their doctors make informed decisions about care after surgery ."

– Dr. Michael Blute

"This study was designed to learn more about the significance of PSA levels," says Dr. Blute. "We wanted to better determine which men needed continued, aggressive treatment after surgery."

With the results of this study in mind, men with PSA doubling times of six months or less now have a good indication that additional treatment may be beneficial. Men with slower rates may want to take a wait-and-see approach or participate in clinical trials with less aggressive treatment options.

"We confirmed that the presence of PSA after a radical prostatectomy doesn't always mean that prostate cancer will progress rapidly, and this should lessen anxiety felt by the patient," says Dr. Blute. "This study provides solid information to help patients and their doctors make informed decisions about care after surgery."

– Ronda Willsher

Opening our new front door:
The Gonda Building represents the future of care at Mayo Clinic

If your next visit to Mayo Clinic brings you to Rochester during the winter, you'll appreciate the amenities of the new Gonda Building from the moment you arrive. The building's covered, drive-through entrance allows visitors to get in and out of their vehicles without having to face Minnesota's snow and ice. And, that's just the beginning.

Once you enter the Gonda Building, you'll see that attention to patients' needs is evident throughout this new space: from the large, heated entrance area to the quiet spaces set aside for rest. According to Dr. Kerry Olsen, chair of the building's oversight group, that was all part of the plan. "Much of the planning for this facility has gone into trying to make things easier for our patients," he says. "We wanted to convey the sense that everyone is welcome here, and that Mayo is a place of compassion and caring."

Open for business

In October, patients got their first look inside the Gonda Building as the subway and lobby levels opened for business. One key area now in the Gonda lobby is Admissions and Business Services, formerly located in the Mayo Building lobby.

Although in a new location, the services of this area remain the same. Patients who have not registered by phone or through the mail prior to their arrival at Mayo Clinic should report to Admissions and Business Services to complete registration before their first appointment. Also, the staff are available for hospital pre-admissions or to assist patients with financial questions. The hours are Monday through Thursday, 6:30 a.m. to 6:30 p.m.; and Friday 6:30 a.m. to 6 p.m.

The Cancer Education Center also is open on the lobby level, offering an array of educational materials for patient and visitors interested in cancer prevention and treatment. (See the article on p. 6 for more details.) An area for electrocardiography (ECG) testing and the hospital pre-admissions exam area are housed in the subway level.

Also in the subway level, you can take advantage of the Patient Communication Center. This area contains computer data ports, a printer and fax machines. Several banks of phones are located on the subway level as well, including two private phone booths, both of which are wheelchair accessible.

Beyond October

Although the surroundings of Gonda's lobby are comforting and inviting, and the subway level's amenities represent enhanced convenience, the heart of the building will be located in the floors above. Patient care activities will fill floors two through ten in the next two years – bringing to life the vision planners have for Mayo's Practice Integration Projects.

With the interconnectedness of the Gonda Building, Mayo Building and Rochester Methodist Hospital, Mayo Clinic will be able to provide care in a way that wasn't possible before. "We are redesigning certain aspects of our medical practice to include the concept of integrated centers," says Dr. Olsen. "For example, in one area, patients will see physicians from multiple specialties who can deal most effectively with complicated problems. Within that same area, they'll be able to complete their required tests. It's going to make the process much more convenient for patients."

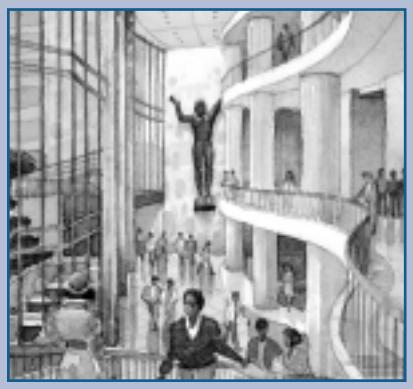
Medical floors in the building also will improve coordination of inpatient and outpatient activity by providing space for exams and procedures, as well as operating rooms, and education and research areas.

As these projects move toward completion, Mayo Clinic is well-positioned to continue its commitment to healing the sick and advancing medical science in the 21st century. Says Dr. Olsen, "The Gonda Building helps Mayo to be at the cutting edge of today's medicine, and will keep it at the forefront of medicine in the years to come."

– Tracy Reed Will

*for*Information

If you would like to receive a fact sheet about the Gonda Building, fill out the enclosed, postage-paid, reply card and drop it in the mail.



Living-donor kidney transplants at Mayo Clinic:
Giving patients a new lease on life

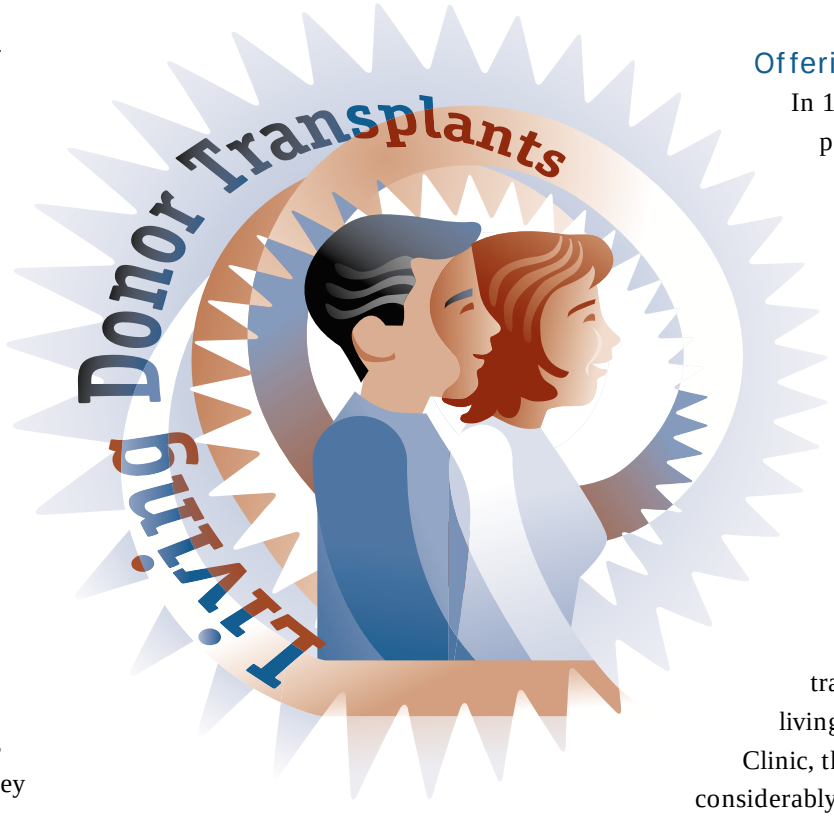
Morning is Debbie Rich's favorite time of day.

"I love getting up in the morning and not feeling sick," says Debbie, who underwent a successful cross-match kidney transplant from her brother in October 2000 at Mayo Clinic. "I have a whole new life. I can do whatever I want now."

Debbie's story as a living-donor kidney recipient mirrors those of others who have had living-donor kidney transplants at Mayo Clinic. And, her successful case is not a rarity at Mayo. Mayo Clinic has taken the process of living-donor kidney transplants and improved it, opening the door to more patients who have been waiting for a kidney transplant. Today, Mayo is one of the 10 largest kidney transplant programs in the United States.

Searching for a solution

Until her transplant, Debbie's life was declining and had become a world of thrice-weekly dialysis sessions and blackouts from insulin reactions. Debbie, 42, of Terre Haute, Ind., has had diabetes since she was 10 years old. After giving birth to a son in 1985, her kidneys weakened and eventually quit functioning five years later.



Then Debbie received a kidney transplant from a cadaver donor in 1990. It lasted three years until she took anti-inflammatory drugs for a broken ankle and lost the kidney. For the next seven-and-a-half years, she endured dialysis treatments and insulin reactions. Both her father and her brother were tested, but they didn't match for a transplant.

But, then she heard about Mayo Clinic's success with living-donor transplants in situations that normally weren't successful. Her brother might be able to donate a kidney after all.

Offering a new option

In 1996, Mayo Clinic performed 88 kidney transplants (46 cadaveric and 42 living donors), while in 2001, Mayo expects to complete 249 kidney transplants (189 living donors and 60 cadaveric). Nationally, about 35 percent of kidney transplants come from living donors. At Mayo Clinic, that number is considerably higher: more than 70 percent of the clinic's kidney transplants come from live donors.

"Our group at Mayo believes very strongly that living-donor kidney transplantation is the best option for patients," says Mark Stegall, M.D., surgical director of the kidney/

pancreas program and an associate director of the Mayo Transplant Center.

Dr. Stegall cites these reasons:

- The living-donor kidney is the best quality kidney that a patient can receive because thorough testing can be done on the donor to ensure that the kidney the recipient receives is a good one.
- Living-donor kidneys last longer. Half of the living-donor kidneys transplanted today will still be functioning 25 years from now, whereas half of the cadaveric kidneys will fail in the first 10 years after transplantation.
- The living-donor kidney can be transplanted immediately. The waiting time for a cadaveric kidney ranges from three to five years.
- Most living-donor kidneys function immediately after transplantation, while many cadaveric kidneys have endured a lot of stress and do not make much urine initially.

The process also has become easier for donors. Since August 1999, Mayo Clinic has removed all of the donor kidneys using a minimally-invasive laparoscopic surgical technique. The kidney is removed through an incision in the lower belly the length of an index finger. Donors have less pain than they did with the previous method, and they're out of the hospital in two days.

Debbie says her brother, Jerry Smith, went golfing the weekend after he'd donated one of his kidneys to her.

Overcoming old obstacles

Mayo Clinic has developed special techniques to perform living-donor transplants, such as Debbie's, where the situations were previously thought to be almost impossible. For example, as a result of her previous failed kidney transplant, Debbie had developed antibodies against a wide variety of tissue types, including those of her only possible living donor, her brother. So instead of receiving a living-donor kidney transplant, Debbie faced the possibility of never receiving another kidney. However, new techniques developed at Mayo overcame this difficulty.

"Over the past three years, we have developed ways to perform living-donor transplants in patients with antibodies against the donor," says Dr. Stegall. "These antibodies can either be against the tissue type of the donor or against the A or B blood types when the donor's blood type is incompatible with the recipient."

In both cases, antibodies in the recipient's bloodstream bind and destroy the donor kidney. Mayo removes the antibody prior to transplant and keeps it away during the early period following the transplantation. It's been done in more than 30 cases and only two kidneys have been lost.

Since Debbie's transplant, she's also received a cadaveric pancreas transplant to help her kidneys function. All has continued to go well.

Currently, all transplant recipients need life-long treatment with immunosuppressant medicines to prevent rejection of the transplanted kidney. These medications must be taken daily following surgery.

That doesn't bother Debbie.

"God has blessed me," says Debbie. "I've been given this gift and you take care of a gift."

– Mike Dougherty

*for*Information

If you would like more information about kidney transplants at Mayo Clinic, call the *Inside Mayo Clinic* information line at 1-877-372-1610.

What's in a name:
Patients make their mark on Mayo Clinic's campus

Gonda. Eisenberg. Charlton. Siebens. Although you may recognize these from your visits to Mayo Clinic, did you know that in addition to being building names, they also are all names of clinic patients and benefactors?

George M. Eisenberg Building

The George M. Eisenberg Building is the main building of Rochester Methodist Hospital. Rochester Methodist Hospital was built in 1966 as a tertiary-care facility. With more than 750 beds available for patient care, Rochester Methodist Hospital annually admits more than 15,000 patients.

George Eisenberg

Eisenberg Building

Mayo's new Gonda Building is named for Leslie and Susan Gonda, loyal patients since the 1950s, as well as their son, Lou, and daughter-in-law, Kelly. The Gondas are the latest in a group of patients whose names grace Mayo's buildings in appreciation for the lasting impact they have made on the clinic. Following are the stories of three others: George Eisenberg, Ruth Charlton Mitchell Masson and Harold Siebens. Each traveled a different path to Mayo Clinic, but all left behind a powerful legacy.

A "family man": George M. Eisenberg

A difficult childhood taught George Eisenberg to value family above all else. George's parents, Rose and Morris Eisenberg, fled czarist Russia in the late 1800s to make a new life in Chicago. Their dreams shattered when Morris died in 1902, leaving Rose and their seven children penniless.

The Eisenberg children did what they could to support the family. At age 8, George was selling newspapers on the street corners of Chicago. He grew up quickly and became resourceful. By age 21, he had founded two successful companies. The poor boy from Chicago soon became a prominent businessman.

George later learned that, during his childhood, support from neighbors and charities kept his family together. Their kindness inspired him to give back to the community that had treated him like family.

In particular, he had a special relationship with Mayo Clinic. At the time of his death, he had been a patient for 23 years and called Mayo Clinic his "extended family." Each person who came in contact with him – physician, nurse, administrator, therapist – he treated as a friend.

George Eisenberg spent his life caring for his many "families" and the greater human community. His gifts to Mayo Foundation benefit humanity now and into the future.

A giving heart: Ruth Charlton Mitchell Masson

Friends and family remember Ruth Charlton Mitchell Masson for her kindness, generosity and zest for life. "She had a passion for helping people less fortunate than herself and a fervent desire to care for the people she loved most," says her nephew, Earle Charlton.

Ruth was born in Fall River, Mass., to Earle and Ida Charlton. Her father was one of the founders of the F.W. Woolworth Co. and taught her that with wealth comes responsibility. Ruth took her father's teachings to heart. "She strongly believed that those fortunate enough to have wealth should return it for the public good," says Hugh Butt, M.D., one of Ruth's Mayo Clinic physicians.

Mayo Clinic remembers Ruth for her lifetime dedication to improving medical care. She started coming to Mayo Clinic in 1928, during her marriage to Frederick Mitchell, president of Mitchell and Pierson Manufacturing in Philadelphia. After Frederick's death in 1960, Ruth married retired Mayo Clinic surgeon, James Masson, M.D.

David Pennington, one of Ruth's close friends, remembers her loving spirit: "She always had a twinkle in her eye and a wonderful sense of the right thing to do. She gave of herself for others and of her resources for medical science."

An entrepreneurial spirit: Harold W. Siebens

Harold W. Siebens' life was a testimony to hard work and business acumen. But Harold also had a softer side. Those who knew him remember a man who believed in sharing his success with others.

Harold spent most of his childhood in St. Louis, but returned to his native Storm Lake, Iowa, for summer vacations. Storm Lake was the site of his first business experience: catching and selling fish to restaurants. This early venture gave rise to a lifetime of business accomplishment.

Harold found most of his success in Canada, where he discovered emerging oil and mineral opportunities. When he retired in 1959, he and his son, William, were central figures in the Canadian oil and mineral business.

Harold shared his gifts with many, but had a special connection to Mayo Clinic. He had been a long-time patient and believed strongly in the institution. At the dedication of the Harold W. Siebens Medical Education Building, William Siebens described his father: "Harold Siebens was a man who felt the blessings he received should be returned to the human community...his energy and passions were directed toward preserving those qualities of American life and character which he believed should be passed on to others."

Leaving a legacy

George Eisenberg, Ruth Charlton Mitchell Masson and Harold Siebens left behind much more than their names. Their stories live on through their generosity.

– Angela Lindell

Ruth Charlton Mitchell Masson

Charlton Building

Charlton Building

Part of Rochester Methodist Hospital, the Charlton Building houses one of the world's largest facilities for cancer radiation treatment. It also includes Transfusion Medicine, Diagnostic Radiology and Obstetrics. Recently, the building was expanded and five stories were added. This addition provides space for Mayo Clinic's Transplant Center, General Clinical Research Center and the Mayo Clinic Cancer Center.

Harold Siebens

Siebens Building

Harold W. Siebens Medical Education Building

The Harold W. Siebens Medical Education Building was the first central facility to provide a focus for Mayo Foundation's education programs and services. The activities of this facility reflect Harold Siebens' wide-ranging interests, including education and new technologies.

A message of sympathy and support

The staff of Mayo Clinic wish to express our whole-hearted sympathy to every person touched by the tragic events of September 11.

healing and easing the burden of human suffering, we feel particularly outraged and saddened by this tragedy.

On Friday, Sept. 14, 2001, the bronze doors to Mayo Clinic's Plummer Building were closed symbolically as part of Mayo's response to the National Day of Prayer and Remembrance declared by President George W. Bush. The doors represent the "front door" of the clinic and remain open as a symbol of our welcome to all people who come here for care.

The doors have been closed only a limited number of times since the building opened in 1928. Several past occasions when they have been closed include the time of the Mayo brothers' funerals in 1939 and the day of President John Kennedy's funeral in 1963. They were closed at 6 p.m. Friday, Sept. 14, and remained closed until Monday morning, Sept. 17.

We also offer our support for those dealing with the aftermath: the rescue teams, medical personnel, law enforcement and government officials.

As the nation grieves and struggles to understand, the Mayo Clinic community, too, seeks solace. As an organization devoted to

866-249-1648

New phone number for Mayo's kidney-pancreas transplant program

Patients who need to contact Mayo Clinic's kidney-pancreas transplant program may now do so through the following toll-free phone number: 866-249-1648. If you are calling from outside the United States, you may call 507-266-7868. Please use these numbers when you need to contact any member of Mayo's kidney-pancreas transplant team.

Convenient preventive care available to Mayo patients and visitors

If you have time between appointments during your next visit to Mayo Clinic, consider using it to keep up with your important annual tests and exams. Located on the 12th floor of the Mayo Building, the Preventive Services Clinic (PSC) provides convenient preventive care to Mayo Clinic patients and their accompanying family and friends. The PSC hours are from 8 a.m. to 4:30 p.m., Monday through Thursday, and 8:00 a.m. to noon on Friday. The clinic is open on a walk-in basis. However, if you prefer to schedule an appointment, call 507-284-5332.

The PSC offers a range of services, including:

- Cholesterol testing
- Blood pressure checks
- Colon exams
- Mammogram/breast examinations
- Influenza vaccinations
- Immunizations

Those who use the clinic must be at least 18 years of age, be in relatively good health, and not be seeking care for an unresolved medical problem through the PSC. The clinic is not intended to replace a patient's primary care doctor, and it does not perform full medical exams. There is a fee for services at the PSC. Prior to visiting the clinic, you may want to check with your insurance provider to find out if your plan covers preventive care.

Mayo Clinic Store Catalog now available for patients

The Mayo Clinic Store, which serves the special health-care needs of Mayo Clinic patients, visitors and staff, now offers a catalog of medical supplies, health-care aids and Mayo health-information products. The catalog allows patients to obtain their medical supplies conveniently and confidentially. Orders are placed by calling a toll-free phone number, and they are delivered to your home through the U.S. mail.

The Mayo Clinic Store Catalog was developed in response to patient requests and is a continuation of the services offered at The Mayo Clinic Store in Rochester, Minn. Products have been selected carefully for serviceability, reliability and value. The catalog features more than 300 products, including:

- Braces and supports
- Diabetic supplies
- Dressings and bandages
- Incontinence products
- Urology and ostomy supplies
- Skin care and podiatry products

To request a free copy of the catalog, please fill out the enclosed, postage-paid business-reply card and drop it in the mail.

Proceeds from The Mayo Clinic Store and The Mayo Clinic Store Catalog support medical research and education at Mayo Clinic. This important work helps enhance the lives and well-being of people around the world.

NEW FINDINGS

from **Mayo Clinic**

Excess weight linked to early heart attack

According to the Centers for Disease Control, obesity among adults in the U.S. has increased nearly 60 percent since 1991. Findings from a recent Mayo Clinic study illustrate why this statistic is cause for concern.

The ten-year study of patients arriving at the emergency room found that, when compared with normal-weight patients, those who were overweight had heart attacks 3.6 years earlier, while the obese patients had heart attacks 8.2 years earlier.

"Obese patients tend to have problems with high blood pressure, high cholesterol and diabetes, and many have believed that those factors are to blame for the increased heart attack risk among obese or overweight individuals," says R. Scott Wright, M.D., a Mayo Clinic cardiologist and author of the study. "This study shows that even when other risk factors are taken into account, obesity is directly linked with early heart attack."

Healthy weight is calculated using the body mass index (BMI), which measures weight in relation to height. People with a BMI over 25 are considered overweight, while those with BMI over 30 are obese. A BMI calculator is available on Mayo Clinic's health information Web site at www.mayoclinic.com in the article "What is Obesity?" (search keyword: obesity).

"It's important for people to determine their BMI," says Dr. Wright. "Individuals may not think of themselves as overweight or obese because they look like their neighbors, friends and coworkers. But as we as a society are putting on excess weight, what looks 'normal' may not be healthy."

People with BMI measurements above 25 should consult their doctors to discuss the relevance of that number to their overall health and other risk factors.

If you received more than one copy of this publication at your home, or if you would prefer not to receive future issues of *Inside Mayo Clinic*, please note that on the enclosed, postage-paid, business reply card and drop it in the mail. We will update our records accordingly. Thank you!

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