Transition in leadership

Current and former president and CEOs
John Noseworthy, M.D.
and Denis Cortese, M.D.
at Mayo Clinic Alumni Association 66th Meeting
Features

2 Mayo Clinic Alumni Association 66th Meeting
Profile of new Alumni Association president Dr. S. Mark Laney
Opening remarks from MCAA and Mayo Clinic leaders
Speakers — Dr. John Hardman, Dr. Robert Kyle, Dr. Denis Cortese
Award recipient profiles — Dr. William Manger, Dr. John Woods, Dr. Nicholas LaRusso, Dr. Edward Rosenow III, Dr. Travis McKenzie, Dr. Rory Smoot, Dr. C. Daniel Smith

15 Successful conclusion to The Campaign for Mayo Clinic

16 Dr. Denis Cortese’s leadership contributions

20 A conversation with Dr. John Noseworthy, new Mayo Clinic president and CEO

23 What’s ahead for Health Policy Center

Mayo Update

24 Obituaries

A Letter from the President

O utgoing president and CEO Dr. Denis Cortese established a road map for the future and helped make words like transformation, health care delivery and individualized medicine part of everyday language at Mayo Clinic. Those concepts and many more were front and center at the 66th meeting of the Mayo Clinic Alumni Association in Scottsdale, Ariz. Both Dr. Cortese and his successor, Dr. John Noseworthy, attended the meeting. A transition in leadership is a time for reflection and thanks as well as interest and anticipation. This issue of Mayo Alumni includes a retrospective of Dr. Cortese’s contributions and an interview with Dr. Noseworthy.

Thank you to all who attended the 66th meeting. It was a wonderful opportunity to connect with friends and colleagues and be immersed in medical and scientific updates. I am grateful to my friend Dr. David Teegarden for the smooth transition of leadership in the presidency of the Mayo Clinic Alumni Association. I look forward to the honor of serving you.

Mark Laney, M.D.
President, Mayo Clinic Alumni Association

The Doctors Mayo Society
Did you know ... ?

• Alumni younger than 40 can join The Doctors Mayo Society by committing to annual gifts of $500 toward a total pledge of $10,000.
• Alumni 40 and older can join The Doctors Mayo Society with gifts and pledges totaling $10,000 or more over 10 years.
• Mayo Alumni Laureates recognizes alumni who make a gift, pledge or irrevocable estate gift of $100,000 or more.

See page 15 for more information on the Doctors Mayo Society
New Mayo Clinic Alumni Association president

Another Texan at the helm

S. MARK LANEY, M.D. (PDN '89), the new president of the Mayo Clinic Alumni Association, has much in common with his friend David Teegarden, M.D., the immediate past president. Both are native Texans who trained at Mayo Clinic and returned to practice in the Lone Star State. Both received master’s degrees in medical management from the University of Texas at Dallas, and became involved in leadership roles at health systems. Both have served on the Alumni Association’s board of directors. And both were influenced by a favorite childhood physician. In Dr. Teegarden’s case, watching his family physician inspired his career choice. Dr. Laney’s inspiration came from his maternal uncle, Kenneth Matthews, M.D.

“From the time I was in elementary school, I thought I’d be a small town pediatrician,” says Dr. Laney. “In high school, I followed my uncle during school breaks. He loved his work and gave back to his community, and that was an irresistible combination to me.”

After his pediatric training, Dr. Laney sought a fellowship in pediatric neurology. “Mayo Clinic neurology was top-ranked for many years, so I applied there and was offered a position,” he says. “I couldn’t pass up the adventure of living in a different part of the country, working in a neurology department with an international reputation. The cold weather was fun for this Texan, and the teaching and mentoring were second to none.

“Mayo had a huge, lasting effect on me. I learned to practice team medicine and the advantages of a multispecialty group practice. I learned the importance of physician leadership in medicine and why the needs of the patient should come first.

“Mayo-trained physicians have influenced the practice of medicine and replicated the Mayo model of care around the world. I’ve applied the Mayo principles in building and maturing the practices I’ve been involved with.”

Dr. Laney says he is honored to give back to Mayo Clinic via leadership of the Alumni Association. “Mayo is a national treasure, and it has invested time in me,” he says. “Everyone who trained at Mayo takes a bit of it wherever they go. The values the brothers Mayo built the clinic on are alive and well around the world, through Mayo alumni. What a wonderful story.”

S. Mark Laney, M.D.
President and CEO, Heartland Health, St. Joseph, Mo.

Fellowship: Mayo School of Graduate Medical Education
Residency: Arkansas Children’s Hospital, University of Arkansas for Medical Sciences
Medical school: University of Texas Medical Branch, Galveston
Undergraduate: University of North Texas, Denton
Native of: Denton, Texas
Family: Wife, Mary Margaret; daughter, Jordan

Dr. Laney at the 66th Alumni Association meeting (top) and with family (above) — wife, Mary Margaret, daughter, Jordan, and twin brother, Jim, a college professor at the University of North Texas in Denton.
The biennial meeting of the Mayo Clinic Alumni Association — a tradition dating back to 1917 — conducts the business of the organization and brings alumni from around the world back to a Mayo Clinic location. The 2009 meeting assembled almost 500 alumni and their guests from 28 U.S. states, the District of Columbia and five other nations.

In convening, alumni help perpetuate Mayo Clinic’s standards of excellence in the practice of medicine, research and education at the leading medical schools and scientific organizations where they serve and in their communities around the world. In addition to the exchange of scientific knowledge among alumni, these meetings facilitate connections with mentors, colleagues and friends.

The biennial meetings help alumni maintain scientific and social contacts with the people and programs of Mayo Clinic. From all accounts, the 66th meeting at Mayo Clinic Arizona was a success.
Dr. Teegarden (I ’74, GI ’75) welcomed alumni back to Mayo Clinic and thanked them for being ambassadors for the organization. “As always, the course offerings are a fine array of the latest information about medicine and led by clinicians whose training at Mayo Clinic places them in the forefront of medical advances,” he said.

“My memories of Mayo are filled with interactions with fine teachers and influential mentors, thoughtful colleagues and good friends, and my training was clearly shaped by the constancy of Mayo Clinic’s people and its core value. I learned the importance of placing the needs of the patient before everything else, and I’ve not forgotten it.

“This is the 94th year of the Alumni Association, and across all those years the goal of the association has remained the same: sustaining collegial relations among our members. This meeting is one way to ensure that, and I am pleased to see so many here.

“My tenure as your president is ending, and I want to thank you for this wonderful experience. I have had the opportunity to meet old friends and forge new relationships with physicians who share the same enthusiasm and patient-centered philosophy that we all learned from our training at Mayo.”

Dr. Teegarden thanked William Stone, M.D., the meeting’s scientific chair, and Victor Trastek, M.D., general chair of the meeting and CEO of Mayo Clinic Arizona, and presented them with medallions for their efforts to ensure the meeting’s success.

Dr. Cortese (I ’72, THD ’76) described the transition as he prepared to retire and John Noseworthy, M.D., assumes the role of president and CEO of Mayo Clinic. “Dr. Noseworthy knows Mayo needs to come together as a single organization that will be seamless to patients no matter where they receive care,” he said. “He also knows that we need a global presence. I doubt it will be bricks and mortar, but I guarantee it will be virtual.

“We need to care for our patients whenever and wherever they need it. We can bring our incremental value to the rest of the world, and that value means keeping people well and out of our offices and hospitals. Now we need to find more ways to reach patients.

“We anticipate Mayo will have to weather a five- to seven-year crisis in health care, but we are positioned to do that. Our capital campaign hit our goal for education and research. Our endowment is now $1.6 billion, and we are funding research at about $250 million annually. As Mayo Clinic moves forward, it is imperative that we continue to fulfill our three-shield mission. We will cease to be Mayo Clinic if we ever lose sight of that.”

Dr. Cortese discussed Mayo Clinic’s Health Policy Center and its participation in the health care reform debate. “Our message to Washington has been: Hold us [health care providers] accountable, not the legislators. Make them function as a board of directors,” he said. “A lot of people are listening to us, but we aren’t seeing much action. We need to keep reminding the Congress to keep patients at the center of their reform discussions.”
Dr. Trastek (S ’82, TS ’84) welcomed attendees, invited them to explore the facilities and meet the staff, and outlined the growth of Mayo Clinic in Arizona.

“The story of Mayo in Arizona goes back much further than the time the current facility was established 22 years ago,” he said. “Drs. Will and Charlie and their wives recognized early on the value of leaving Minnesota during the winter to spend time in the warmth of Arizona. For many years, they packed up their things and drove to Tucson for the winter months. Their fondness for this place made building a clinic here many years later a natural move for the organization. Now, based on the traditions of the Mayo brothers, we have a flourishing integrated medical group practice in the Phoenix area — the fifth-largest city in the nation.

“I came from Rochester because of the passionate staff and great opportunities to build with them something special. People before me created a stable platform from which the Mayo model of patient care, education and research could flourish in the desert. Especially important to this stability were Dr. Richard Hill and Dr. Michael O’Sullivan, both of whom are here today and deserve to be recognized.

“Gradually, we are migrating patient care from our Scottsdale campus to the hospital campus in Phoenix to be close to the growth areas of the city. Our goal is to care for patients in a single location on our Phoenix campus, similar to Rochester and now Jacksonville. This dream has been slowed by the current economic downturn, but we have not forgotten what we want to do as we move forward.”

Dr. Stone (S ’88) thanked Dr. Teegarden for his successful term as president of the Alumni Association.

“It has been a privilege to help provide direction for this meeting,” said Dr. Stone. “To those who helped make the sessions possible, I know how much work it is to prepare a thoughtful presentation in the midst of so many pressing patient care and research responsibilities. I’m grateful to all who responded with typical Mayo enthusiasm to share what they know with the rest of us.

“A particular honor for me is to introduce Dr. Victor Trastek, who graduated from Mayo Medical School and became a professor of surgery at Mayo Clinic in Rochester and chair of its Division of Thoracic Surgery. Later, he came to Arizona, became chair of surgery here and is now our chief executive officer.

“Dr. Trastek is the kind of leader you hope to work with at some time in your career. He is genuinely liked by all our staff — something very few CEOs can say. Among Dr. Trastek’s most-appreciated qualities are an unwavering support for all the staff and his willingness to mentor younger physicians. I have seen him as a leader in the OR, hospital wards and administrative meetings, and he is always the same—thoughtful and respectful. I believe he is one of the best assets of Mayo Clinic.”
John Hardman, M.D.
President/CEO, The Carter Center
Not Neglecting Neglected Diseases for 24 Years and Counting …

The tradition of scientific presentations at Mayo Clinic Alumni Association biennial meetings is complemented by a lecture program that highlights individuals who have expertise in medical specialties or areas of research.

Raymond D. Pruitt Lectureship

Honors Raymond D. Pruitt, the first dean of Mayo Medical School
Lecturer demonstrates qualities admired in Dr. Pruitt — integrity, scholarship, humility and the empathy of the truly concerned

Dr. Hardman (P’71) provides leadership for The Carter Center and its program initiatives. The Carter Center is a not-for-profit nongovernmental organization, founded in 1982 by former U.S. President Jimmy Carter and his wife, Rosalynn, in partnership with Emory University to advance peace and health worldwide. Dr. Hardman’s lecture focused on the Center’s work to prevent diseases in the world’s poorest countries in Asia, Africa and Latin America.

The Guinea Worm Eradication Program, The Carter Center’s leading global campaign since 1986, has resulted in a reduction of Guinea worm disease from approximately 3.5 million cases in 20 countries to fewer than 3,500 cases in four countries in 2009. The World Health Assembly has declared that Guinea worm disease should be eradicated, and many involved in international health efforts believe it may be the first parasitic disease to be eradicated and the first disease in history to be eradicated through changes in human behavior — without a vaccine or a cure. Because this painful disease occurs when a person drinks stagnant water contaminated with Guinea worm larvae, educating people about disease-prevention measures is critical.

- The Carter Center has worked to control or, in some cases, eliminate trachoma, the world’s leading infectious cause of blindness, from six countries in Africa. A preventable disease eliminated from much of the developed world, trachoma persists in developing areas where water access and sanitation are challenges. Carter Center efforts include providing surgery to treat advanced cases, distribution of antibiotics, health education and new latrines. As a result, a 55 percent reduction in the disease occurred from 2003 to 2007.
in Amhara, Ethiopia, one of the world’s most trachoma-endemic regions. In 2008, with support from The Carter Center, Ghana became the first sub-Saharan African country to eliminate trachoma as a public health problem.

- The Carter Center has led efforts to eliminate the world’s second-leading infectious cause of blindness, river blindness (onchocerciasis), in the Americas since 1996 and strives to stop all transmission of the disease in the Americas by 2012.

- The Carter Center has assisted Ethiopia in combating malaria with a complete bed net coverage program by integrating malaria interventions into already established river blindness and trachoma prevention activities in endemic communities. This involved assisting the country’s Ministry of Health in free distribution of long-lasting insecticidal bed nets to protect all 50 million Ethiopians at risk for malaria — an effort completed in 2007.

- After malaria, the most socioeconomically devastating parasitic disease is schistosomiasis. This chronic disease is found where water contains freshwater snails infected with the parasite. In Nigeria, the most schistosomiasis-endemic country in Africa, The Carter Center provides critical health education and treatment. Studies of those treated show that within six months of receiving a dose of praziquantel, as much as 90 percent of the damage due to schistosomiasis infection can be reversed. In 2008, The Carter Center-assisted Schistosomiasis Program treated more than 1 million people. Since 1998, The Carter Center, in partnership with the government of Nigeria, has worked to eliminate lymphatic filariasis from two Nigerian states. This effort interrupted transmission of the disease in 10 of 30 districts. This parasitic, infectious disease has been declared one of six potentially eradicable diseases.

Dr. Hardman summed up Carter Center efforts in the last 24 years as having achieved:
- 81 million Guinea worm episodes averted
- 125 million Mectizan® treatments for onchocerciasis
- 31 million Zithromax® treatments for trachoma

- 25 million Mectizan/albendazole treatments of lymphatic filariasis
- 4 million bed nets distributed
- 3 million treatments for schistosomiasis
- 1 million household latrines constructed

“Before The Carter Center began its work, diseases like Guinea worm and river blindness were seen as intractable — a fact of life in the world’s poorest countries. The Carter Center has turned conventional wisdom on its head and reminded the world that seemingly impossible obstacles can be overcome with the right combination of innovation, dedication and community involvement.”

Nils Daulaire, M.D.  
President and CEO  
Global Health Council
In his decades of studying protein abnormalities, Dr. Kyle has identified the abnormalities that can lead to development of multiple myeloma and related conditions. Almost all patients diagnosed with multiple myeloma have a preceding monoclonal gammopathy of undetermined significance (MGUS). This protein is found in 3 percent of people age 50 and older and in 5 percent of people age 70 and older. While unlikely that the abnormality will develop into cancer or that the cancer will cause the patient’s death, knowing a patient has the protein abnormality can assist the physician in monitoring the patient’s health over time.

“Even with a protein abnormality, the likelihood of developing multiple myeloma is very low,” said Dr. Kyle. “In a population of 100,000, one would expect to find only four new cases of multiple myeloma each year. The patient with MGUS has a much greater risk of dying from an unrelated cause than of multiple myeloma. However, when an MGUS does progress, 65 percent of the time it is to multiple myeloma. Typically, multiple myeloma often is not detected until the patient has compromised kidney function or a fracture of the spine or an extremity. For these reasons, all patients with an apparently benign monoclonal gammopathy must be followed indefinitely.”

Dr. Kyle’s work throughout the last half-century has assisted clinicians in monitoring the status of patients who have an MGUS. If their protein level increases, intervention can occur before fracture occurs or kidney function is affected.

Dr. Kyle (I ’59) joined the Mayo Clinic medical staff as a consultant in Internal Medicine and Hematology in 1961. He served as a section head and chair of the Division of Hematology. He coined the term monoclonal gammopathy of undetermined significance and is recognized for landmark contributions on the epidemiology of MGUS. He also coined the term smoldering multiple myeloma, described the syndrome of idiopathic Bence Jones proteinuria, and was the first to publish prospective randomized studies on the treatment of amyloidosis.

He received the Henry S. Plummer Distinguished Internist Award, Distinguished Mayo Clinician Award and Distinguished Alumni Award from Mayo Clinic. He also is the recipient of the David Karnofsky Award and Lecture from the American Society of Clinical Oncology, and the Wallace H. Coulter Award from the American Society of Hematology. His career has been marked by numerous honors, awards and editorial posts. Dr. Kyle exemplifies the spirit of Mayo Clinic and the attributes of The Doctors Mayo Society Lifetime Achievement Distinguished Lecture.
Addressing current efforts in health care reform, Dr. Cortese noted that health care, like transportation and energy, is complex and requires a long-range plan to bring about necessary changes. “We cannot fix a major problem such as health care with a one-year plan,” he said.

“Health care delivery needs to be examined from a scientific point of view — the science of engineering. When we systematically deliver care to our patients, it leads to improved outcomes, which improves patient and provider satisfaction.

“We must factor value into health care delivery. We can define and measure outcomes, safety and service, which are the components of value and quality. This means we have the tools to measure value, and we must. Then we need to make sure that we deliver high-value care to our patients.”

Dr. Cortese described his thoughts about a possible future for health care — a simple plan with three domains:

- **Knowledge**: the sector of health care that generates new knowledge through research and investigation. This is the source of research that can transition to the bedside. The barrier between this domain and the care of patients is the length of time it takes to gain approval to use new treatments. In the United States, it takes 17 years on average for new research to translate to patient care, and, even more discouraging, the new treatments are applied correctly only 50 percent of the time. Breaking the barrier between the knowledge domain and patient care requires our full attention because this is where innovation in health care begins.

- **Care delivery**: the sector that should focus on the needs of patients and how to deliver high-value care at a reasonable cost over time. However, now this domain is filled with hundreds of approaches to patient care; some are good but many are not. It is here that systems engineering can lead to consistent care processes that result in consistent, positive outcomes — where value is recognized, measured and reimbursed. The barrier between this domain and that of payers is a complete lack of consistency and connectivity, where providers are most often paid for volume instead of value.

- **Payers**: the sector of health care that is in utter chaos. The business model needs to change completely so that patient outcomes drive payments. Many providers are underpaid, and some are overpaid because there is no consistent standard that links value and reimbursement. Again, systems engineering can support a relationship between providers and payers that keeps patient care at the center.

“The country needs a shared vision of what we want health care to be in the future,” said Dr. Cortese. “We need real commitments to make this happen, and patient-centered, integrated care organizations can lead the way.”
Dr. Manger (I ’55) was awarded the 2009 Mayo Clinic Alumni Association Humanitarian Award for his exceptional contributions, dedication and achievements in improving public health, especially in the prevention of childhood obesity.

Dr. Manger has a history of emphasizing prevention as the first course of action with chronic illnesses. In 1977, he founded the National Hypertension Association, which has conducted groundbreaking research. In 2002, he established VITAL (Value Initiative Teaching About Lifestyle) as a humanitarian health measure to educate children in the prevention of unhealthy lifestyles. VITAL has been implemented in 11 states and Washington, D.C., with 300 schools and 30,000 children (kindergarten through second grade).

Dr. Manger has written and co-authored five medical books and more than 240 scientific publications. Since 1983, he has served in the Department of Medicine at New York University Medical Center. He is a Lecturer in Medicine (emeritus) at Columbia Medical School.

In 1992, Dr. Manger received the Mayo Clinic Distinguished Alumni Award in recognition of his exceptional contributions in hypertension for having achieved national and international distinction in research, medical practice and education.

Dr. Manger received his medical degree from Columbia College of Physicians and Surgeons in New York City and an undergraduate degree from Yale University. He completed a fellowship in medicine at Mayo Clinic and received the Mayo Foundation Alumni Award for Meritorious Research for his work on the quantitation of epinephrine and norepinephrine in plasma. He received a Ph.D. from the University of Minnesota.
Humanitarian Award

John Woods, M.D., Ph.D.
Professor Emeritus, Mayo Medical School

Dr. Woods (S ‘66, PLS ‘68) was awarded the 2009 Mayo Clinic Alumni Association Humanitarian Award for his lifelong dedication and tireless devotion to helping vulnerable people in the clinic, in the community and around the world.

Dr. Woods grew up in Beijing, China, where his parents were missionaries. He says the context of his life has been as a person of faith. He volunteers for humanitarian efforts in the community and is the co-founder and chair of HELP (hunger elimination program); board member, chair and volunteer physician for Seasons Hospice in Rochester, Minn.; and co-founder and chair of the Rochester Medical Relief Mission Group. He has volunteered for short-term surgical groups in underserved areas around the world.

Dr. Woods joined the medical staff at Mayo Clinic in 1969 as a consultant in Plastic Surgery and coordinator of the Mayo Clinic Organ and Tissue Transplant Program. Positions he held include vice chair of the Department of Surgery; head of the Section of Plastic Surgery; Stuart W. Harrington Professor of Surgery; director, secretary/treasurer and chair of the American Board of Plastic Surgery; president of the Plastic Surgery Educational Foundation; and member of the board of directors for the American Society of Plastic and Reconstructive Surgeons.

Dr. Woods received the Distinguished Mayo Clinician Award in 1991 and the Mayo Clinic Distinguished Alumni Award in 1999.

Dr. Woods received his medical degree from Western Reserve University School of Medicine in Cleveland; and an undergraduate degree from Asbury College in Wilmore, Ky. After completing an internship and a one-year surgical residency at Gorgas Hospital in Panama City, Panama, Dr. Woods spent two years in Ecuador as a medical missionary. He completed residencies in general surgery and plastic surgery at Mayo Clinic and earned a Ph.D. in surgery. He had additional training in plastic surgery and organ transplantation at Peter Bent Brigham Hospital at Harvard.

Legacy Professor

Presented by The Priestley Society to a retired surgeon for outstanding work in his or her field, as nominated by the Executive Committee

John Woods, M.D., Ph.D.
Professor Emeritus, Mayo Medical School

Dr. Woods was selected for this award in recognition of his decades-long surgical work. See Dr. Woods’ profile above for information about his impressive career.

“The meeting was a fabulous weekend for my wife, Lena, and me. It was a privilege to be with Dr. John Woods as he received his honors.”

Kenneth White, M.D.
PLS ‘90
Wilmington, N.C.
Dr. LaRusso (I ’72, GI ’75) was awarded the 2009 Mayo Clinic Alumni Association Professional Achievement Award for his outstanding accomplishments in research, clinical practice and mentorship in gastroenterology.

Dr. LaRusso is internationally known for his research in and clinical contributions to the understanding, diagnosis and treatment of the cholangiopathies. His scientific awards include a MERIT award from the National Institutes of Health, Distinguished Achievement awards from the American Gastroenterological Association and American Association for the Study of Liver Disease, and the Research Career Achievement Award from the Mayo Clinic Department of Medicine.

Dr. LaRusso, medical director of Mayo’s Center for Innovation, joined the Mayo Clinic medical staff in 1977 as a consultant in Internal Medicine and gastroenterology. He has held administrative appointments at Mayo Clinic including vice chair for research of the Department of Medicine, chair of the Division of Gastroenterology and Hepatology, and chair of the Department of Medicine. He is past president of the American Gastroenterological Association (AGA) and American Association for the Study of Liver Disease. He is a past editor of Gastroenterology, and president elect of the AGA Foundation.

At Mayo Clinic, Dr. LaRusso has mentored 76 national and international postdoctoral fellows, visiting scientists and students.

Dr. LaRusso received his medical degree from New York Medical College and an undergraduate degree from Boston College. He completed residencies in internal medicine and gastroenterology at Mayo Clinic, a National Institutes of Health fellowship in the Gastroenterology Research Unit at Mayo, and was a Mayo Foundation Scholar at the Rockefeller University in the laboratory of the Nobel laureate Christian De Duve.

CALL FOR NOMINATIONS

It’s time to nominate fellow Mayo Clinic alumni for the Distinguished Alumni Award, which is the highest honor given by Mayo Clinic to alumni, in recognition of exceptional contributions.

For information about the award, including criteria, nomination form and past winners, visit:

mayo.edu/alumni/awards-distinguished.html

Nominations for this award are due March 5, 2010.
Dr. Rosenow (I ’65, THD ’65) was recognized with The Plummer Society Award for Excellence for his leadership in Internal Medicine and subspecialties in the education of future physicians and his exemplary care of patients.

As assistant professor, associate professor and professor of medicine at Mayo Medical School, Dr. Rosenow influenced the education of many young physicians. He was the Arthur M. and Gladys D. Gray Professor of Medicine. Two professorships in Internal Medicine bear his name, the Edward W. and Betty Knight Scripps Professorship is awarded in his honor, and the Edward C. Rosenow III, M.D., Professorship in the Art of Medicine was endowed in his name by the Bruce Clinton family. In addition, the Department of Medicine established the Edward C. Rosenow Trainee Teacher of the Year Award in his honor.

Dr. Rosenow was recognized as Teacher of the Year in Internal Medicine five times during his career at Mayo Clinic. He was nominated to the Mayo Fellows Hall of Fame of Outstanding Teachers in 1986. He was later honored with The Henry S. Plummer Distinguished Internist and Distinguished Mayo Clinician awards. He also received the Karis Award from Mayo Clinic.

Dr. Rosenow is a master fellow of the American College of Physicians and the American College of Chest Physicians (ACCP) and past president of the ACCP.

Dr. Rosenow joined the medical staff of Mayo Clinic in 1966 as a consultant in Internal Medicine (Thoracic Diseases). During his 31-year career, he held positions that included president of the Mayo Clinic staff and chair of the Division of Pulmonary and Critical Care Medicine.

Dr. Rosenow received his medical degree from Ohio State University Medical School and an undergraduate degree from Ohio State University. He completed a residency in internal medicine at Mayo Clinic.

Edward Rosenow III, M.D.
Emeritus Consultant, Internal Medicine
Mayo Clinic Rochester
Professor Emeritus of Medicine, Mayo Medical School

The Plummer Society is for Mayo Clinic physicians who have trained in internal medicine and subspecialty residencies at the Mayo School of Graduate Medical Education or who are current or former members of the Mayo Clinic Department of Internal Medicine.
**Priestley Society W. Deprez Inlow Award**

Presented by The Priestley Society to a general surgery resident for excellence in research

On Resident Education Day in February, six general surgery residents from Arizona, Florida and Rochester compete in an academic competition. Each resident presents a research project via teleconference to staff physicians, who ask questions and rate the presentations. The resident with the highest score wins the W. Deprez Inlow Award — an all-expenses paid trip to the Priestley Society meeting and the honor of presenting the first paper at the event.

**Travis McKenzie, M.D.**

*Resident, Division of General Surgery, Department of Surgery, Mayo Clinic, Rochester*

Dr. McKenzie is a National Institutes of Health-sponsored research fellow at Mayo Clinic in Rochester. He studies the molecular pathophysiology of acute liver failure with Scott Nyberg, M.D., Ph.D., a consultant in the Mayo Clinic Transplant Center. Dr. McKenzie received his medical degree from Tufts University School of Medicine in Boston, and an undergraduate degree from Gustavus Adolphus College in St. Peter, Minn.

The Priestley Society is a Mayo Clinic Alumni Association society for surgeons who trained at Mayo Clinic or who are current or former members of the Mayo Department of Surgery staff. The society was named for James T. Priestley, M.D., a prominent Mayo Clinic surgeon who had significant enthusiasm for teaching residents the care of patients and the craft of surgery.

The W. Deprez Inlow Award was established in 2004 by a gift from the extended family of Robert and Robbie Inlow in honor of Dr. Robert Inlow’s father, W. Deprez Inlow, who trained in surgery at Mayo Clinic from 1919 to 1921.

**Rory Smoot, M.D.**

*Resident, Division of General Surgery, Department of Surgery, Mayo Clinic, Rochester*

Dr. Smoot is in the clinician-investigator program at the Mayo School of Graduate Medical Education. He studies cell death signaling in cholangiocarcinoma with Gregory Gores, M.D., a consultant in the Division of Gastroenterology and Hepatology. Dr. Smoot received his medical degree from Mayo Medical School, and a continuing education fellowship from the Howard Hughes Medical Institute-National Institutes of Health Research Scholars Program. He has an undergraduate degree from the University of Kansas.
Dr. Smith (S ’93) is active in research of esophageal and gastric diseases and laparoscopic surgery, and a leader in developing virtual reality simulation for surgeons in training. He has authored or co-authored more than 100 articles and 25 book chapters. He is editor-in-chief of the Journal for Laparoendoscopic & Advanced Surgical Techniques. He serves on the board of governors and is president of the Society of American Gastrointestinal and Endoscopic Surgeons; and chair of the board of directors for the Fellowship Council, which oversees non-ACGME accredited fellowships in gastrointestinal, bariatric, minimally invasive and hepatopancreatobiliary. He serves on the American College of Surgeons committees for Education Institute Accreditation and Bariatric Centers Accreditation.

Prior to joining the Mayo Clinic medical staff in 2006, Dr. Smith was chief of general and gastrointestinal surgery and director of the Endosurgery Unit and Emory Simulation, Training and Robotics Center at Emory University. Dr. Smith received his medical degree from the University of Minnesota Medical School and an undergraduate degree from Saint John’s University in Collegeville, Minn. He completed a residency in general and gastrointestinal surgery at Mayo Clinic in Rochester.

C. Daniel Smith, M.D.
Chair, Department of Surgery,
Mayo Clinic Florida
Professor of Surgery, Mayo School of Graduate Medical Education

The ReMine Lectureship was established in 2005 to honor William J. ReMine, M.D., a gastrointestinal surgeon who practiced at Mayo Clinic in Rochester for 31 years.
The Campaign for Mayo Clinic, a five-year initiative to raise $1.25 billion to support practice, research and education, concluded at the end of 2009. The Campaign was a success, raising approximately $1.35 billion. Mayo Clinic alumni contributed approximately $31 million of this total.

“The loyalty alumni showed in their giving is very inspiring, and we are most grateful for their continued support,” said Carl Soderstrom, M.D., chair of the Alumni Philanthropy Leadership Council of The Campaign for Mayo Clinic. “It is apparent that they see Mayo Clinic as a treasure that needs to be preserved for generations to come.”

Funds from this initiative will allow Mayo to continue making medical discoveries that save and improve lives.

According to Miguel Cabanela, M.D., most of the alumni contributions were from members of The Doctors Mayo Society. “The Doctors Mayo Society has a long history of giving to Mayo Clinic and is one of the top 10 benefactors in Mayo history,” said Dr. Cabanela, chair of The Doctors Mayo Society and a consultant in Orthopedic Surgery at Mayo Clinic in Rochester. “There is no question that due to The Campaign for Mayo Clinic, alumni now have a better understanding of the need for philanthropy. We hope this is just the start and that alumni will continue this generosity through membership in The Doctors Mayo Society.”

Because of heightened awareness of philanthropy during The Campaign for Mayo Clinic, The Doctors Mayo Society gained 500 new members. Currently, 11 percent of alumni belong to The Doctors Mayo Society.

During the course of the Campaign, Mayo Clinic received its largest alumni gift ever. Moon Park, M.D. (PATH ’71), and his wife, Marilyn, gave $5 million to support multiple sclerosis research and name the directorship of the newly established Mayo Clinic Multiple Sclerosis Center.

“In the last year, we also saw an increase in alumni who gave to Mayo using more complex gift arrangements, such as real estate, charitable gift annuities, charitable remainder trusts, IRA charitable distributions and estate planning,” said Robert Giere, director of Alumni Philanthropy. “We welcome this diversity of ways of giving and are glad to discuss with individual alumni how they might make a gift as part of their long-term financial planning.”

For information about philanthropic support for Mayo Clinic, contact Robert Giere, director of Alumni Philanthropy, giere.robert@mayo.edu, 800-297-1185 (toll-free).
Denis Cortese, M.D.

‘Respectful of our heritage, radical in consideration of our potential’ — leadership that helped Mayo Clinic take its place in the 21st century

The seven years Denis Cortese, M.D., was president and CEO were marked by an abundance of contributions that prepared Mayo Clinic for the future, yet never lost sight of its tremendous venerable history.

“Denis’ vision for Mayo Clinic has been as lofty as it has been practical, as respectful of our heritage as it has been radical in consideration of our potential,” said John Noseworthy, M.D., now president and CEO, Mayo Clinic. “Our horizons have been extended. And I believe Mayo Clinic’s future as the pre-eminent leader in all things health care is assured.

“Dr. Cortese helped us make words like transformation, health care delivery and individualized medicine part of our everyday language. We were doing great things across Mayo. Innovative things. But we needed a shared approach, a plan to effectively drive transformation at Mayo — from bench to bedside.”

“Many have known Denis as a national figure in health care reform,” said Shirley Weis, chief administrative officer. “And he’s done a remarkable job representing the interests of patients on a national stage. But to do him full justice, to do justice to his service, it’s important to look at Mayo’s achievements under his leadership.”

Notable advancements and achievements under Dr. Cortese’s leadership include:

• Promoting a vision for one Mayo Clinic, irrespective of site, practice or service line
• Raising more than $1.25 billion through The Campaign for Mayo Clinic to build long-term, planned support for the three shields
• Establishing the President’s Discovery Translation Program to accelerate the translation of discovery to patient care, as well as support efforts to improve safety, quality and efficiency of the clinical practice
• Creating the Health Policy Center in 2006 to work toward national, patient-centered health care reform that promotes value
• Building the $254 million, 21-bed Mayo Clinic hospital in Florida
• Continuing the care and nurture of happy, healthy employees through wellness, benefit and retirement plans
• Establishing MayoExpert (formerly the Enterprise Learning System), a Mayo-designed online software system that helps physicians stay in touch with Mayo expertise
• Promoting electronic medical record convergence with Florida, Arizona and Mayo Health System
• Enhancing patient care through the establishment of Mayo Clinic Express Care and strategic improvements to primary care, including disease management and e-consults; these efforts have resulted in high-value care that is cost-effective and convenient

“I believe that I can speak for tens of thousands of members of Mayo staff when I say thank you — not just for 40 years of dedicated service, but for Dr. Cortese’s vision and leadership during a crucial time in Mayo’s history,” said Weis. “He has helped us deal with today’s challenges and establish a road map for the future.”

Continued on page 18
Christopher Camp, a student from Mayo Medical School, addressed Dr. Cortese at a November 2009 farewell reception in his honor. Camp spoke on behalf of his fellow students.

Camp’s remarks are excerpted here and are available in their entirety on the Mayo Clinic Alumni Association Web site, mayo.edu/alumni.

On the shoulders of a giant: medical students thank Dr. Denis Cortese

President John Quincy Adams once described a leader as someone who meets the following criteria: “If your actions inspire others to dream more, learn more, do more, and become more, you are a leader.” Dr. Cortese, you certainly fit that definition. Not only have you inspired the members of this medical school, but your work has undoubtedly touched the lives of your patients, co-workers and prominent leaders across the globe.

For the class of 2010, our first interaction with Dr. Cortese was during the early weeks of orientation when he spoke to us regarding the United States health care system. We were looking forward to seeing the man that led this great institution. We were convinced that Mayo Clinic was one of the greatest places on earth, but none of us really knew why. After the first few days of orientation, Will and Charlie Mayo had begun to feel more like our own siblings rather than deceased physicians, and Helen Clapesattle had become everyone’s new favorite author. But it wasn’t until we were fortunate enough to meet the CEO that we’d all be willing to sell out to the program entirely.

We had high expectations for his lecture, and they were absolutely met and exceeded. What he articulated in that one short hour regarding health care in the United States, Congress has had a difficult time capturing in more than six months of deliberation and thousands of pages of bills. From him, we learned that the U.S. doesn’t really have a health care system at all, that health care was headed for trouble in the next few years and that there were steps we could take to repair things before they broke.

Looking back at his remarks three years later, what he passed on that day seemed not only poignant but almost prophetic. Not only have his words greatly influenced our realm of thinking at Mayo Medical School, but his wisdom is sought by some of the most powerful leaders in this country.
As everyone at Mayo Medical School knows, there are very few people who have been as influential and successful as Dr. Cortese in the world of health care, but he has maintained a profound and graceful sense of humility.

Recently, in a letter outlining what makes a business successful, economist Warren Buffett wrote, “If a business requires a superstar to produce great results, the business itself cannot be deemed great. A medical partnership led by your area’s premier brain surgeon may enjoy outsized and growing earnings, but that tells little about its future. The partnership’s moat will go when the surgeon goes. You can count, though, on the moat of the Mayo Clinic to endure, even though you can’t name its CEO.”

Shortly after this was published, Dr. Cortese took the opportunity not to claim his well-deserved position on top of the castle that is Mayo Clinic, but rather to state that he agreed with the writer and take time to thank those who made up the moat. His response: “Mayo Clinic does not depend on one or two superstars, or even 100 superstars. Mayo Clinic’s moat — what keeps us a leader in health care — is 50,000 staff members committed to the idea that the needs of the patient come first and that the best way to meet those needs is by working cooperatively. At its core, Mayo Clinic is about the strength of a team. Mayo Clinic has 50,000 superstars committed to our mission, vision and values.”

That may be true. Mayo Clinic’s team model may be one of the best in health care, but we all know that all great teams require a great team captain. You’ve been the team captain that has made us who we are today. We consider it an honor to have been a part of your moat. Whether it was while you led lectures and discussions throughout our didactic training, or when you calmed the spirits and elevated blood pressures of first-year students losing their minds in the anatomy laboratory during dissection of the thorax, or your impressive willingness to allow one of us to latch on for a week during selectives, or simply taking the time to chat with us when we annoyingly flag you down in the hallways, you have always been a leader and role model to the students of this medical school.

Isaac Newton once uttered the famous line: “If I have seen further it is by standing on the shoulders of giants.” I can think of no bigger giant that has ever allowed the students of this medical institution to stand on his shoulders. On behalf of Mayo Medical School, thank you for your time, teaching and phenomenal leadership. You have been a tremendous shoulder for all of us to stand on and see further from.

“Not only have his words greatly influenced our realm of thinking at Mayo Medical School, but his wisdom is sought by some of the most powerful leaders in this country.”
On Nov. 20, John Noseworthy, M.D. (N’90), succeeded Denis Cortese, M.D., as president and CEO of Mayo Clinic. Dr. Noseworthy took a break from his schedule to chat with Mayo Alumni about his new position.

1. What have you learned from working with Dr. Cortese over the years and in this leadership transition?
   The importance of clarity and consistency of message. Stakeholders, including employees and alumni, want to know the vision, the strategy to achieve the vision, and what is required of them for the organization to succeed. Currently, our message is that we are working to reduce the cost of care, which will increase the value of what we do. We will be relevant when we are affordable.

2. What do you bring to the leadership position?
   Mayo Clinic has a tradition of physician leadership. I’m a physician and was a department chair for eight years, medical director of Development and chair of the Management Oversight Group.
   I’m a good listener and am not afraid to make executive decisions. I have a well-developed business sense and a vision for our organization. Mayo Clinic is a treasure, but it’s also a business. The difference between Mayo and others is that our business is our mission — providing the best care to every patient every day.

3. What are you most excited about in this new role?
   We do important work at Mayo Clinic, and we have a chance to continue to refine it and do it better than anyone else. That involves providing answers for our patients in a timely manner, having active research programs, and training the work force of tomorrow with our world-class education programs.
   All of our more than 50,000 employees are focused on the patient at the center of what we do. The challenge is in doing this in a weak economy amidst government regulations, an aging population, an aging work force and consumer-driven health care.
   Strong institutions should be able to emerge from periods of crisis stronger than when they went in. We have the advantage of a culture in which everyone wants to do the right thing. We will succeed if we stay focused on the important things.

4. What do you most want to accomplish in the next several years?
   We’re moving as quickly as possible toward a single Mayo Clinic practice. That means patients seen at any Mayo Clinic or Mayo Health System site will receive a similar, standardized approach to care. That process will be a platform for innovation and comparative research and will help us reduce the expense of care.
takes 5
Increasingly, we are trying to unify how we approach and treat diseases.

Additionally, we would like to provide care not only to those who come to us but also to those who do not come to our sites. We want to share what Mayo Clinic knows globally—from MayoClinic.com to AskMayoClinic, from electronic consultations to home monitoring of chronic conditions. Complete worldwide access to information, experts and care. This could lead to reaching out to alumni and networks of providers who want to affiliate with Mayo Clinic and be part of integrated care delivery systems.

Finally, we need to improve diversity at Mayo Clinic. We don’t have many minorities, including women, in leadership positions, and our patient population is rather homogeneous. We need to create an environment that is more representative and nurturing of diversity of experience. We have the potential for great diversity, and that will help to strengthen our organization.

5 What message do you have for Mayo alumni around the world?
Mayo Clinic is a strong organization that is doing well. We remain focused on our core mission — providing the best care to every patient every day. This core value hasn’t changed, and our commitment to staff hasn’t changed. We had a successful year after a rough start. Harry Harwick, the iconic Mayo Clinic administrator from the 1920s and 1930s, said, “Look after your staff, and your staff will look after your patients.” Our employees are our most precious resource.

We are committed to delivering patient care as efficiently as we can, driving out unnecessary redundancy that doesn’t improve value, and proving Mayo has the highest value care and highest value performance.

We greatly appreciate the referrals from our alumni and your generosity during The Campaign for Mayo Clinic. We hope you will continue to support Mayo Clinic.

Dr. Mike Harper named Mayo’s first executive dean of practice

C. Michel (Mike) Harper, M.D. (I ’83, N ’86), has been named executive dean of practice for Mayo Clinic. The executive dean of practice is a new position with responsibility for the leadership and management of the practice at Mayo Clinic.

The executive dean of practice responsibilities include leading the creation and implementation of the overall institutional practice operating plan, chairing the Mayo Clinic Practice Committee, and measuring and optimizing operating performance.

Dr. Harper joined Mayo Clinic in 1986. He is a consultant and vice chair of the Department of Neurology and a professor of neurology. He has served in many leadership positions, most recently chair of the Clinical Practice Committee in Rochester.

“This role will be fundamental to moving Mayo Clinic to a single practice across all sites,” says John Noseworthy, M.D., president and CEO of Mayo Clinic. “In creating this position, it is our goal to see that we realize our full potential to bring the highest value Mayo Clinic model of care to every patient regardless of where they enter our institution.”
Health care reform has dominated national political conversation for many months. Through its Health Policy Center, Mayo Clinic has become a respected leader in convening other influential organizations and individuals in helping to shape patient-centered health care reform. As the nation waits for passage of legislation, the Health Policy Center looks toward its future.

“Our work isn’t finished,” says Jeff Korsmo, executive director of the Mayo Clinic Health Policy Center. “We’re committed to moving forward with our work and the goal of helping our country create the highest value health care system in the world.”

Influencing how legislation is implemented
After passage of legislation, Korsmo says the first order of business of the Health Policy Center is to be an active participant in the pilot projects and studies and their implementation. “We will make sure others who support patient-centered health care are involved in that work, and we’ll provide direction and input to Congress about implementation of the new reform policies, particularly as they involve paying for value,” he says.

In addition to participating in the government’s reform, the Health Policy Center would like to assume a leadership role in developing recommendations for delivery system reform. This will involve working with the provider community to develop and implement delivery system changes to strengthen coordination of care, reduce the cost of providing care and improve the quality of care for all.

Pursuing areas for reform not included in the legislation
Korsmo points out that important aspects of health care reform may not be addressed in the current legislation, and the Health Policy Center will work to push those areas to the forefront of discussion and action. “The payment system must be transformed to pay for value, and the broad area of medical education requires reform,” he says. “For example, we need to change our medical education system so that it is more attractive for those who want to practice primary care. And we must do a better job of training people to work in integrated teams so we use the talents of all providers to their fullest and create better value for our patients.”

Mayo Clinic Health Policy Center
Cornerstones for patient-centered health care reform

I. Create Value: Improve patient health outcomes and satisfaction with U.S. health care. Decrease medical errors, cost and waste.

II. Coordinate Care: To increase value, patient care services must be coordinated across people, functions, activities, locations and time. Patients must actively participate in this process.

III. Reform the Payment System: Change the way providers are paid — pay for value in order to improve health and minimize waste.

IV. Provide Health Insurance for All: Provide guaranteed, portable health insurance for all individuals, giving them choice, control and peace of mind.

continued on page 24
Advocating for tort reform to create a transparent learning environment

Tort reform is another area that requires reform and is important to Mayo alumni, according to Korsmo. “To date, this has not risen to the level of a top priority in the agenda of the Health Policy Center, but it is important to address,” he says. “If we want health care to be a learning environment — one in which we learn from our collective mistakes, we need a better way to deal with errors, similar to how the Federal Aviation Administration investigates aviation errors and makes public recommendations. There are barriers to being able to do that in medicine today, including malpractice laws. Physicians will be more supportive of greater transparency if we have malpractice reform.”

Alumni support has been particularly helpful

Current legislation includes many items the Health Policy Center has advocated, but other items of concern to Mayo are absent from the bills, Korsmo says. “We’ve had an effect and are in a reasonably good position at this time based on what we have recommended,” he says. “We’re grateful to alumni, who have been incredibly engaged on this topic out of concern for what it means for them, their patients and Mayo Clinic. They have been outstanding ambassadors and opened doors for us, showed up at key events and even funded some Health Policy Center activities. This support has been rewarding. We hope our alumni will continue to represent us as we continue with the next phase of helping to change the U.S. health care delivery system and the health of people in America.”

To learn how to become involved with the Mayo Clinic Health Policy Center, visit the Health Care Repair Web site, the Health Policy Center’s grassroots advocacy program:

www.healthcarerepair.org

Obituaries

1940s
Harry Neel (S ’40) died Oct. 21, 2009.
Raymond Scheetz (R-D ’45) died Sept. 22, 2009.

1950s
Owings Kincaid (R ’55) died Nov. 28, 2009.
Don Purnell (I ’56) died Nov. 15, 2009.

1970s
James Dearth (PD ’76, PDHO ’78) died April 5, 2009.

1990s
Elaine Barth VanDeVoorde (P ’92, P-Sub ’93) died Oct. 29, 2009.

John Turner (S ’57) died Nov. 19, 2005. Editor’s note: This obituary was recently submitted to Mayo Alumni.

Steve Fitzgerald (CRS ’94) died Aug. 12, 2009.

Complete obituaries and the Update section, with alumni and staff news, are available on the Mayo Clinic Alumni Association Web site, mayo.edu/alumni.
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Mayo Clinic is committed to creating and sustaining an environment that respects
and supports diversity in staff and patient populations.
The Mayo Clinic Board of Trustees recognized awardees of Mayo Clinic named professorships at its quarterly meeting in November 2009.

Charles Loprinzi, M.D.
Regis Professorship in Breast Cancer Research

Peter Amadio, M.D.
Lloyd A. and Barbara A. Amundson Professor of Orthopedics

Rafael Fonseca, M.D.
Getz Family Professor of Cancer

To read this story in its entirety, visit mayo.edu/alumni.