



Spring 2001

Mayo Alumni

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*How Mayo uses supply expense
management to reduce costs
without affecting quality of care*

Mayo Alumni

Spring 2001 Volume 37 Number 2



Features

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The Executive Committee of Mayo Foundation approved the Supply and Expense Coordinating Committee in 1997 to start a foundation-wide supply expense management effort. Working closely with Mayo staff, the SECC has helped realize an aggregate cost savings of more than \$36 million for Mayo's multifaceted health care delivery system.



Change in Washington – the outlook for health care legislation in 2001

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The closeness of last fall's presidential election and the tight margins in the U.S. House and Senate means there will be minimal change in the nation's health care legislation, predicts Mayo Foundation's director of government relations. Mayo Foundation CEO Michael Wood, M.D., says it won't change Mayo's legislative agenda.



Common lessons: two father-son pairs reflect upon values instilled at Mayo Clinic

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Drs. Jordan and Albert Cheskes and Raymond and Harold Stein are among a long line of alumni child and parent partnerships. The Steins and Albert Cheskes are partners in the Bochner Eye Institute in Toronto. Jordan Cheskes, an ophthalmology resident at Mayo Clinic may join the practice once he finishes a fellowship, making it a unique group linked by family, Mayo and medical specialty.



Recognizing alumni excellence

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The Mayo Medical Alumni Association has developed two awards to expand the recognition of the contributions and accomplishments of alumni. The Mayo Medical Alumni Humanitarian Award and the Mayo Medical Alumni Professional Achievement Award will be presented for the first time in 2003 at the Mayo Medical Alumni International Meeting.

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A profile of Dr. Lin, who initiated the acupuncture program at Mayo Clinic Jacksonville.

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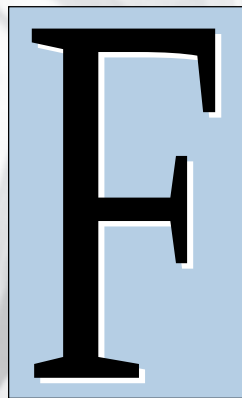
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Although it's long been a part of managing the practice, supply expense management has become a critical tool in today's competitive health care environment. The future of medicine depends on the ability to provide cost-effective care, and Mayo now utilizes an array of old and new supply expense management strategies to reduce costs throughout the foundation.

Supply expense management: a key strategic priority

*"No one is big
enough to be
independent
of others."*

— William Worrall Mayo



From 1830 to 1840, railroad track in the United States grew from 13 miles to more than 3,000 miles — and tripled again over the following decade. The explosion of growth gave rise to an impressive national railroad map. However, nobody had looked at the big picture. The railroads were built by private companies who

chose their track widths according to their own needs. By 1850, a network of 12 different gauges meant freight had to be unloaded and reloaded at every track junction. The inefficient system cried out for collaboration that would standardize gauges, increase efficiency and benefit all partners.

In the last two decades, Mayo Foundation has also experienced phenomenal growth. In 1986, it was a relatively isolated large specialized health care center. Today, it is a multifaceted health care delivery system that includes three clinical practice sites, four major hospitals and Mayo Health System — now a family of 13 clinics, hospitals and other health care facilities serving 60 communities in Minnesota, Iowa and Wisconsin.

As the foundation grew, the number and diversity of supplies and purchased services exploded, leaving Mayo with its own version of varied gauge railroad tracks. In 1985, the

foundation's supply and purchased services expense of \$74 million represented 16 percent of total expenses. By 2000 the figure had grown to \$920 million and was also taking a bigger slice of the operating expenses pie — 28 percent.

"Each Mayo health care facility purchased its supplies and services separately," says Bernard Morrey, M.D., chair of Mayo Foundation's Supply and Expense Coordinating Committee (SECC). "Mayo's vision is to provide quality care at reasonable cost — something that's increasingly difficult to do in today's competitive health care environment. We saw supply expense management as an opportunity to reduce costs without affecting quality of care."

SECC overview

In 1997, the SECC was appointed by the Mayo Foundation Executive Committee to initiate a foundation-wide supply expense management effort. It is composed of physician, administrative and materials management leaders from across the foundation.

The SECC has already brought to fruition many projects with the potential to reduce supply costs — and results are impressive. Without compromising Mayo's model of care, aggregate cost savings of more than \$36 million have been realized.

Dr. Morrey credits James Francis,



Dr. Bernard Morrey and James Francis help lead Mayo Foundation's supply expense management efforts.

SECC secretary, for making the greatest contribution to the committee's success. Francis was recruited in 1999 to direct the newly created Foundation Materials Management Office (FMMO).

"We knew we could realize cost savings by using the foundation's size to aggregate volumes," says

Dr. Morrey. "But, with Jim's knowledge and expertise, we have been far more successful than we could ever have anticipated."

Francis spearheads collaboration between the committee and the FMMO to pursue specific strategies. The first step is to analyze data to find where the organization is

spending large amounts on supplies and purchased services. Components such as medical-surgical supplies, pharmaceuticals and laboratory medicine are broken down into product categories to identify potential projects. A list is then presented to the committee for prioritization according to scope, projected savings and ease of implementation. Savings strategies for the new project are next discussed and agreed upon.

"A key requirement for our success is to have the support of upper level physician and administrative leadership throughout Mayo Foundation as well as the input and commitment of major stakeholders in the particular process," says Francis. "From 1999 through September 2000, we entered into 51 agreements. None of those would be effective without the collaboration of staff at each Mayo facility to identify product choices and new services or processes."

Strategies to manage expenses

■ Selecting a GPO

To assist in its supply-chain management efforts and enable Mayo to purchase high-quality supplies at a better value, Mayo Foundation began partnering with VHA Inc. and its subsidiary, Novation, last year. VHA Inc. is a group purchasing organization (GPO). It is a nationwide health care network of 1,900 members and includes 27 percent of the nation's not-for-profit health care systems. VHA members range from 50-bed facilities to integrated health care centers with multiple hospitals and clinics.

In collaboration with Novation, Mayo Foundation will take



Expense management at smaller health care facilities

Even health care facilities without the collective size and reputation of Mayo Foundation have opportunities to improve the cost of supplies and purchased services. Both Mayo Clinic Scottsdale and Mayo Clinic Jacksonville initiated supply expense management projects prior to the Mayo Foundation initiative and were successful in realizing substantial savings.

"We started examining our prosthetic costs seven years ago and agreed to limit our vendors for total joint prosthetics to four or five brands," says Kurt Blasser, M.D., an orthopedic surgeon at Jacksonville. "St. Luke's Hospital then entered a contract to purchase ninety percent of our prosthetics from a sole vendor. That contract is about to expire and, with the full weight of Mayo Foundation behind us this time, we anticipate even greater savings."

"The whole future of medicine lies in the ability of the medical community to deliver efficient care at reasonable cost," says Dr. Morrey. "Any physician who is in a private group practice or who is affiliated with a hospital has no doubt been asked to participate in cost management."

For such facilities, Dr. Morrey suggests the following strategies:

- Partner with a GPO to increase your institution's bargaining power by combining with other smaller group practices and hospitals.
- Check inventory lists for the possibility of standardizing functionally equivalent products.
- Look for opportunities to reduce product variation to reduce the number of vendors and increase leverage.
- Be aware of opportunities for increased savings available through contract enhancements.
- Improve utilization management.
- Utilize e-commerce.

The Foundation Materials Management Office welcomes calls from Mayo alumni to discuss expense management opportunities.

advantage of consolidated contracting systemwide, and will use such strategies as price parity, new contract awards and contract enhancements to reduce supply and service costs.

■ Price parity for hips and knees

Price parity occurs when the same low price is paid for an item at every location throughout the foundation.

"Traditionally, individual sites within Mayo Foundation have done a good job meeting their institutional needs," says Francis. "Price parity is about consolidating our purchasing volume, leveraging our collective strength and ensuring maximum value is obtained for purchases. It is a supply expense initiative that helps us bring value to all Mayo sites."

A May 2000 initiative illustrates the degree of success possible with such a strategy.

"Many Mayo facilities were paying different prices for the same orthopedic hips and knees, and the difference in price was often greater than 100 percent," explains Dr. Morrey, an orthopedic surgeon. "On the other hand, Medicare reimbursement for an orthopedic procedure remained constant. We appointed the Orthopedic Prosthetic Subcommittee to take on the project."

After examining the current high costs for prosthetics and the potential for savings, the subcommittee developed a solution that focused on patient care, significantly reduced expenses and maintained physician choice. They collaborated with orthopedic surgeons across the foundation to select five manufacturers to supply hip and knee prosthetics to Mayo Foundation.

Not only do smaller sites get price parity but also the improved

agreement reduces Mayo Foundation's supply expenses by \$2 million each year. Mayo Health System's medical center in Austin, Minn., is projected to achieve almost 50 percent savings on hip and knee prostheses over the next year.

"A similar project involving cardiovascular stents selected four vendors," says Dr. Morrey. "Projected savings total well over \$1.5 million and every entity in the foundation benefits from the contract."

■ New contract awards

"Choice is costly and variation is expensive"

Dr. Morrey's precept is well known in Mayo's expense management circles. It refers to the importance of standardization in Mayo's arsenal of expense management strategies.

Many supplies are essentially duplicated when different manufacturers produce functionally equivalent products. By choosing one product and a sole vendor to supply it, Mayo can use the increased volume to leverage a better price. For example, Mayo Foundation saved \$1.5 million in 2000 by awarding a contract for all intravenous fluids to one vendor.

Even without standardization, a new contract that consolidates product orders from throughout the foundation greatly increases volumes and, therefore, leverage.

■ Contract enhancements

Like the 1850 railroad map, the big picture is not immediately obvious — not all contracts contain such clear-cut savings. Members of the FMMO



The Mayo Inventory Center in northwest Rochester is the scene of constant activity as supplies arrive for stocking and depart for use at many of Mayo Clinic's sites.

strive for additional value by negotiating terms and conditions such as sign-on and completion bonuses, favorable payment terms, participation rebates, additional warranties, inventory buybacks, prepaid freight, performance rates and growth rebates, and higher marketing and administrative fees that all flow back to Mayo Foundation as additional revenue.

"Technology clauses are another contract enhancement of particular importance to Mayo because our mission is to provide the best care to every patient every day," says Francis. "Manufacturers of supplies, such as cardiac stents, pacemakers and orthopedic prostheses that are constantly being upgraded by technological advances, understand our need to be able to offer our patients the latest technological advances. So we negotiate a technology clause that gives them the first opportunity to provide us with a new product and, if they cannot, they agree to release us from that portion of the agreement."

"Many Mayo facilities were paying different prices for the same orthopedic hips and knees, and the difference in price was often greater than 100 percent."

— Dr. Bernard Morrey

Long-term strategies for supply expense management

■ Product utilization

The advantages of a favorable contract for a suture kit are quickly undermined when someone opens them because they need scissors to cut tape.

There is a great deal of potential for further savings if supplies and purchased services are used in a cost effective and efficient way. But getting people to realize that individual action is consequential is a much more difficult process than negotiating a favorable contract.

"So far we have concentrated most of our energy on developing better strategies for purchasing supplies

and services," says Dr. Morrey. "We are developing agreements with three-to-five-year terms so that we can focus on other aspects of supply management."

Product utilization is part of the strategic planning process initiated by the SECC last year to establish an overall supply chain management strategy.

"This is a major initiative for the foundation, and we can only continue our effectiveness if individuals are aware that it is an important activity and that they play an important role in its success," says Dr. Morrey. "One of the major responsibilities of the SECC is to heighten awareness on each of our campuses."

■ Standardizing systems and processes

There are multiple and incompatible information systems and processes across the foundation that prevent aggregation of purchasing data. One SECC objective for 2000 was to identify and begin implementation of an information technology solution to this problem.

With common language and definitions, the FMMO will be able to enhance and continuously improve supply chain performance by monitoring price disparities, identifying standardization opportunities and improving management of supply and vendor bases. They can also directly monitor

compliance with contracts — an important asset when agreements such as orthopedic prosthetics contracts stipulate that each facility must purchase 90 percent of their hip and knee prosthetics from one manufacturer.

■ E-commerce

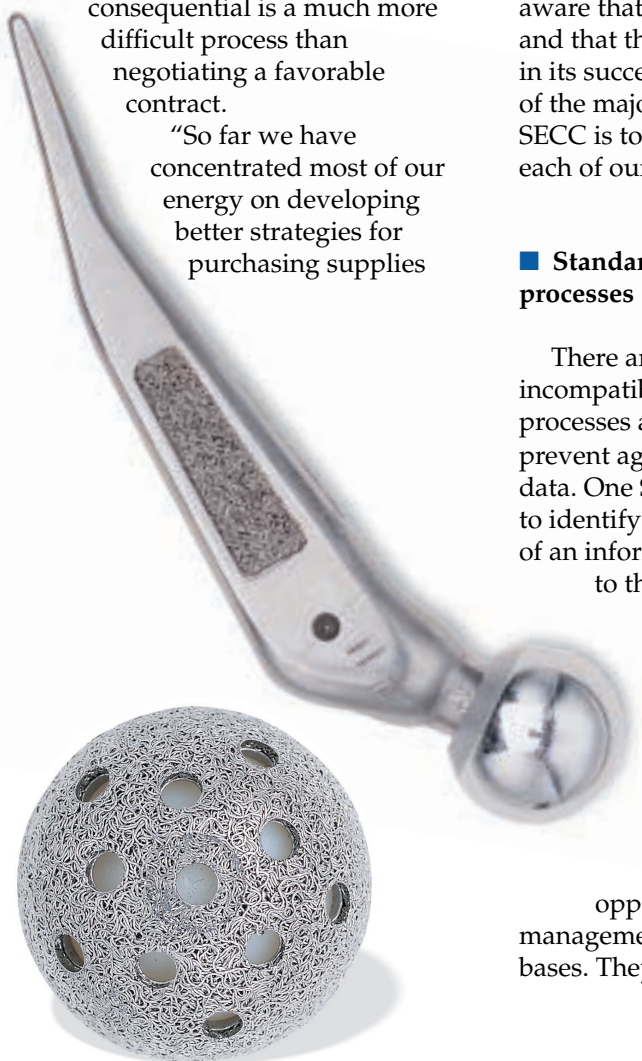
E-commerce is gaining significant attention as a promising cost-reduction and efficiency catalyst for conducting business transactions. There are concerns about how suppliers, GOPs and distributors will be able to work together given the number of anticipated e-commerce transactions. However, ultimately, e-commerce will simplify supply-expense management and improve timeliness by automating the acquisition, inventory management and delivery processes.

The end ...of inefficiency

With its commitment to continually monitor supply expense in order to ensure the greatest value, Mayo Foundation will not build any more varied gauge railroad track.

"Our alumni can rest assured that we are doing everything we can to keep our institution viable," says Dr. Morrey. "Our success with expense management can only serve to strengthen Mayo's established reputation for providing quality care at reasonable cost."

— Yvonne Hubmayr





Change in Washington — *the outlook for health care legislation in 2001*

Prescription drug
coverage, Medicare
reform, a patient bill

**of rights — these were hot topics
during the presidential election.**

**The question is what sort of
health care legislation can we
expect from this new Congress
and new administration?**

Incremental change, if any change, is the prediction of Bruce Kelly, director of government relations for Mayo Foundation in Washington, D.C.

“The incredible closeness of the 2000 election, both the Presidential race and the ultimate makeup of the Congress, provide no cushion of votes to advance either party’s agenda without significant bipartisan cooperation,” he says. “The likely result will be one of two things — incremental bipartisan initiatives or total gridlock.”

It might be easiest to start with what likely won’t happen, namely, two major issues talked about in the 2000 campaign: broad Medicare coverage of prescription drugs and long-term Medicare reform. The critical importance of Medicare to seniors, the huge potential costs of drug coverage, and the controversy over different reform proposals, make it unlikely that any agreement on these programs will be forthcoming in the next few years, says Kelly.

More likely, he says, are hearings and perhaps “blue ribbon” advisory groups appointed to make recommendations on fundamental reforms for Medicare, which Mayo



"Medicare has made marvelous contributions to society. But it is a 1965 model and needs fundamental change to continue to serve us into the future."

— Dr. Michael Wood

"This is a personal issue (confidentiality of medical information) that touches almost every American, with strong views on both sides. It will therefore be a very difficult issue for politicians to deal with, and gridlock may well be the outcome."

— Bruce Kelly



regards as the nation's most important health care issue. "With a huge number of baby boomers becoming eligible for Medicare beginning in 2010, the current system is just not sustainable without major reform," says Kelly.

Michael Wood, M.D., president and chief executive officer of Mayo Foundation, notes that between now and 2030, the American population over age 65 is expected to double.

"Recognizing that the per capita health care costs for seniors is, on average about fourfold greater than for individuals under age 65, the cost pressures on the Medicare program will be exceedingly great," says Dr. Wood. "It is for this reason that fundamental restructuring of this important program for seniors is at the top of Mayo Foundation's health care policy list. We believe this important program can be sustained to meet the needs of future generations, but not with its present structure."

Some assistance for low-income seniors and seniors with major prescription drug costs is a more likely possibility, says Kelly. President George W. Bush supported such a first step in his campaign. The model he proposed would build on programs already in place in some states.

Reducing the complexity of Medicare regulations is another change that appears more promising under a Bush administration.

Some action is also likely regarding a "patient bill of rights." Such a bill failed to pass in the last session of Congress, but there was agreement on 90 percent of the provisions, so this issue is a likely candidate for some degree of bipartisan compromise in 2001. Areas of agreement included direct access to pediatric and obstetric and

gynecological services, coverage for emergency room services if the patient reasonably thought an emergency existed, and the right of the patient to obtain outside independent medical review of a denial of insurance coverage for a particular service. The major point of disagreement relates to patients' rights to bring lawsuits against health plans or employers who sponsor the plans.

Both political parties have also identified the uninsured as a problem that needs to be addressed, and compromise is therefore likely. Some combination of tax credits to low-income workers and small employers, and allowing more risk pooling by small employers will likely garner bipartisan support. The number of Americans without health insurance rose significantly through most of the 1990s despite the strong economy. There is great concern that an economic downturn could precipitate a sharp rise in the number of uninsured.

A sleeper issue on the health care agenda in 2001 may be the confidentiality of medical information. A law passed in 1996 required the Department of Health and Human Services to establish rules to protect medical data that is exchanged electronically. Final rules were published late last year and are due to take effect in 2003. The rules — more than 1,500 pages of them — in effect, cover just about all medical information.

Some groups have criticized the rules for not being protective enough of patient information, while others contend they are not flexible enough to support medical research, patient safety initiatives and health care operations of providers and health plans. "This is a personal issue that touches almost every American, with

strong views on both sides. It will therefore be a very difficult issue for politicians to deal with, and gridlock may well be the outcome," says Kelly. Mayo Foundation will continue to play an active role in seeking a balanced approach that protects patients' privacy while allowing important medical research to go forward.

Two other issues that will continue to be important to Mayo and other health care providers are:

- Reducing cuts in payments to doctors and hospitals resulting from the Balanced Budget Act of 1997
- Adequate funding for biomedical research

Despite a hard-fought election, the lack of a strong majority for either party will hinder any sweeping changes. Individuals and groups will continue to try to guide the change in health care even with the small majority margins.

— Michael O'Hara



Speak out to influence the discussion on health care legislation

Call or write your congressional representatives to express your thoughts or concerns about current or pending legislation. Contacts by constituents are effective in informing and educating individual lawmakers about specific issues. Many medical professional organizations are involved in lobbying efforts. They should be up to date on the issues and able to assist.

For online information about contacting your federal legislators visit <http://thomas.loc.gov/>

Rx for Medicare Reform

Fundamental reform of the Medicare system will continue to be at the top of Mayo Foundation's legislative agenda. Mayo advocates a new model based on the following principles (which Kelly says are similar to ones advocated by President Bush during the presidential campaign):

■ Patient-Centered

Model a system on the Federal Employees Health Benefits Plan, which allows individuals to choose from a variety of private plans, with a defined government contribution.

■ Choice

Offer multiple providers and insurance options, and the freedom to purchase care outside of the plan.

■ Competition

Competition based on value is the best way to ensure quality improvement and cost containment.

■ Innovation

Research and education are the underpinnings of innovation, and should be supported by society as a whole with tax dollars and philanthropy.

■ Government Role

The role of government should be to coordinate competition among health plans, not operate an insurance business. It also should continue to support hospitals serving rural and low-income populations as well as research and education.

"Medicare has made marvelous contributions to society," says Michael Wood, M.D., president and chief executive officer of Mayo Foundation. "But it is a 1965 model and needs fundamental change to continue to serve us into the future."

Common lessons:

*two father-son
pairs reflect upon
values instilled at
Mayo Clinic*



Mayo Clinic's education tradition is perhaps most visible in the annual matriculation and graduation of its students. But it also is evident as men and women follow parents into a career in medicine.

Less common are children who follow their parents to the same academic medical center for graduate education. Although not rare, it is a much smaller group of children who pursue a career in the same medical specialty as their parent. Such is the case for Mayo Graduate School of Medicine alumnus Raymond Stein, M.D., (*Ophthalmology*, '88) and Jordan Cheskes, M.D., an ophthalmology resident currently in his last year at Mayo Clinic Rochester.

For Raymond and Jordan and their fathers, Harold Stein, M.D., (*Ophthalmology*, '58) and Albert Cheskes, M.D., (*Ophthalmology*, '66), the experience of a Mayo Graduate School of Medicine education taught them common lessons grounded in Mayo Clinic's values. They are but an example of many families throughout Mayo's history whose children have followed their parents' career paths into medicine. In one sense, it's following perhaps the first tradition set by the Mayos.



Drs. Jordan and Albert Cheskes and Harold and Raymond Stein all share the bond of Mayo Clinic graduate education and the practice of ophthalmology.

"At Mayo, we all learned to listen to the patient. We learned to treat the whole person, not just a pair of eyes. That's essential in providing the best care possible."

— Dr. Albert Cheskes

The practice of ophthalmology — a family pursuit

The practice of ophthalmology is a shared pursuit for these two families from Toronto, Canada.

In 1958, after his residency, Harold Stein joined the Bochner Eye Institute, the busy practice of his father-in-law Maxwell Bochner, M.D., one of Canada's first surgeons to specialize in eye diseases. After his father-in-law's death in 1967, the elder Stein invited Albert Cheskes to join the practice. Harold Stein had earlier recommended a residency at Mayo Clinic to Albert Cheskes. Twenty years later, the two close friends again expanded their practice when Dr. Stein's son, Raymond, finished his own Mayo residency and joined the practice.

The Bochner Eye Institute, founded in 1929, is one of a few private Canadian clinics approved by its provincial government to operate a full-service surgical suite. The clinic includes the Stein-Cheskes Laser Centre, a wing devoted to working with refractive surgery patients.

Drs. Stein, Cheskes and Stein each bring subspecialty

clinical and surgical experience to the institute. Harold Stein is accomplished in cataracts, contact lenses and oculoplastics. Albert Cheskes is an experienced cataract surgeon. Raymond Stein specializes in corneal surgery. They were among the first surgeons in Canada to perform laser eye surgery using the Excimer laser. Recently, Raymond Stein was among a handful of surgeons to use the insertion of an intracorneal ring and a phakic intraocular lens to correct refractive errors.

All three Bochner Eye Institute physicians look forward to the time when Jordan Cheskes may join the practice. He will finish his residency this spring and begin a fellowship in retinal surgery at the University of Toronto in July.

In the meantime, however, all four physicians try to live out those lessons they learned at Mayo Clinic — respect for the patient, the value of teamwork and a belief in the importance of medical education.



Dr. Albert Cheskes



Dr. Jordan Cheskes

Lesson one — the primacy of the patient

"I consider myself lucky to have trained at Mayo Clinic. Mayo Clinic instills in staff and students a belief that patients come first," says Albert Cheskes. "At Mayo, we all learned to listen to the patient. We learned to treat the whole person, not just a pair of eyes. That's essential in providing the best care possible."

This belief in the primacy of the patient is demonstrated in many ways at Mayo Clinic, says Jordan Cheskes. It's seen in the time physicians spend with patients, but also in the lessons taught to residents and medical students, many of which are passed down in a kind of physician oral history that underpins medical education.

"Physicians have a wealth of experience and knowledge about interacting with and treating patients, much of which can't be taught from a book," says Jordan Cheskes, who notes three important things he will take away from his time at Mayo. "There's no substitute for a thorough physical exam and history. There's no substitute for knowing the literature. And it's important to be intellectually honest."

These things, and a willingness to seek out answers, ensure that patients are well cared for.

Lesson two — the value of teamwork

The notion of intellectual honesty, of being able to say to patients "I don't know, but I'll find out," strengthens the spirit of teamwork at Mayo Clinic. Mayo patients benefit from having a network of physicians available for quick consults and referrals.

But learning in a culture where teamwork is encouraged helps to boost teamwork and open communication in the practices of Mayo's alumni. That spirit of teamwork is present in the work of the Bochner Eye Institute, too, according to Drs. Albert Cheskes and Raymond Stein.

"We are believers in the kind of teamwork taught at Mayo. In addition to our clinical association, we have co-authored books on laser eye surgery, ocular emergencies and ophthalmic assisting," says Albert Cheskes. "We work together as a group. This is fundamental."

Mayo Clinic's organizational systems also contribute to teamwork, a teamwork that continues through the years as physicians meticulously add notes to patient records. By noting observations, conclusions and details of care delivered, today's physicians assist future physicians in the care of patients. Consultants and residents benefit from insights accumulated over the years, according to Raymond Stein. During his time at Mayo, he was grateful for the experience of reading others' careful notes, including those of his father and Albert Cheskes.

"It was special for me to meet the patients my father treated at Mayo Clinic," he says. "I recognized his handwriting in their records right away. I learned a lot from his work."

"It's one thing to learn from your father. But to learn from your father in your profession, in your chosen specialty, is unusual. I relished that during my time at Mayo and still do," says Raymond Stein.

Lesson three — the importance of medical education

Each of the physicians believes strongly in the tradition and value of medical education. Having benefited from the shared knowledge of Mayo staff and witnessed the prominence of education at Mayo Clinic, they view medical education as a responsibility.

Dr. Harold Stein is credited in helping to develop the role of the ophthalmic assistant and ophthalmic assistant education in Canada and the United States. Recognizing a need for ancillary professionals in ophthalmology, he developed in the early 1960s an in-office ophthalmic assistant role. Later, working with the

Centennial College of Applied Arts in Toronto, he began the world's first ophthalmic assistant education program. He also co-wrote the program's first textbook, *The Ophthalmic Assistant*, which is now in its seventh edition.

Drs. Stein, Cheskes and Stein all hold faculty positions at the University of Toronto and give seminars and lectures at clinics and conferences around the world.

"At Mayo, we learned much from others," says Harold Stein. "We can share much of our own experience in return."

Medical education at Mayo Clinic is indeed steeped in tradition, a tradition that propels forward the practice of medicine. For Drs. Stein and Drs. Cheskes and other Mayo alumni, the lessons learned and values instilled at Mayo will no doubt help ensure the delivery of high quality patient care in the years to come.

"A Mayo medical education, rooted in the clinic's history,

provides a continuity of care and service provided to patients by transferring skills from generation to generation," says Harold Stein. "We hope our grandchildren will follow this tradition when they select their avocation."

Editor's Note: Many other children have followed their parents to Mayo Clinic. If you would like to share other examples or stories, please write to *Mayo Alumni*, Mayo Clinic, 200 First Street S.W., Rochester, MN 55905

— Jenna Rosenberg



Dr. Harold Stein



Dr. Raymond Stein

Recognizing alumni

Mayo Foundation takes great pride in the diverse contributions and accomplishments of its alumni. The Mayo Foundation Distinguished Alumni Award is one way in which Mayo has and will continue to recognize alumni excellence.

Now, two new Mayo alumni awards have been created to recognize professional achievements by physicians and researchers and also acknowledge the contributions made by alumni in their communities.

The awards — Mayo Medical Alumni Professional Achievement Award and Mayo Medical Alumni Humanitarian Award — will first be presented in 2003 at the Mayo Medical Alumni International Meeting. Thereafter, they will be awarded biennially at the international alumni meeting.

"These are awards that not only recognize the contributions our alumni make within their profession, but also the contributions they make in the communities where they live," says Susan Wynn, M.D., (*Allergy, '88*), a private practice physician with Fort Worth Allergy and Asthma Associates, who chairs the Mayo Medical Alumni Award Committee that developed the awards.

The awards will further strengthen Mayo's alumni recognition program and complement the Mayo Foundation Distinguished Alumnus Award that is presented each year at the Mayo Foundation graduation ceremonies in May.

The Mayo Medical Alumni Professional Achievement Award acknowledges significant contributions by an alumnus or alumna of Mayo Foundation's education programs. Accomplishments may be in a clinical program, a research program, an

educational program or an administrative field and must be exceptional in nature. Alumni who have demonstrated the commitment of the Mayo brothers to practice, education and research will be sought for this honor.

The Mayo Medical Alumni Humanitarian Award acknowledges significant contributions by an alumnus or alumna of Mayo's education programs to the welfare of a community, country or humanity, beyond any volunteer service to Mayo. The recipient(s) will have demonstrated the commitment of the Mayo brothers to service of humanity.

Dr. W. J. Mayo once said, "...any person who had physical strength, intellectual capacity or unusual opportunity held such endowments

in trust to do with them for others in proportion to his gifts." This award is intended to recognize the significant contributions of individuals who enrich the lives of people through service to the community. The award acknowledges contributions in the areas of public health or public service.

While such awards are never the primary motivation for the outstanding contributions and achievements of alumni, they do serve to provide us all with models of excellence and inspiration and remind us of our pledge to serve humanity, Dr. Wynn says.

If you have questions about any of the awards or would like additional information, please call the Mayo Alumni Center at 507-284-2317.

Mayo Medical Alumni Professional Achievement Award

Criteria

A Mayo Medical Association Alumni member in active practice who meets one or more of the following:

- Provides exceptional leadership in clinical medicine
- Promotes the art and science of medicine through education
- Has attained exceptional leadership positions
- Is recognized for contributions to the research community

Nomination Process

To be considered for this award, a completed nomination form, supporting information and letters of recommendation should be submitted. Supporting information may include letters of commendation, awards, journal articles or other information to support the nomination. The nomination should include specific examples of how the nominee has exceeded expectations in their area.

A committee comprised of representatives from the Mayo Medical Alumni Association, the Mayo Alumni Center administrator and the secretary-treasurer of the association will review the applications and select the recipient(s).

Mayo Medical Alumni Humanitarian Award

Criteria

A Mayo Medical Association Alumni Member who meets one or more of the following criteria:

- Provides exceptional service (through volunteerism)
- Promotes the art and science of medicine
- Is recognized for contributions to underserved populations or provides services in challenging situations
- Provides a lifetime of service to a population

Nomination Process

To be considered for this award, a completed nomination form, supporting information and letters of recommendation should be submitted. Supporting information may include letters of commendation, awards, newspaper articles or other information to support the nomination. The nomination should include examples of how the nominee has contributed to public health or service.

A committee comprised of representatives from the Mayo Medical Alumni Association, the Mayo Alumni Center administrator and the secretary-treasurer of the association will review the applications and select the recipient(s).

"These are awards that not only recognize the contributions our alumni make within their profession, but also the contributions they make in the communities where they live."

— Susan Wynn, M.D.
Chair, Mayo Medical Alumni
Award Committee

Mayo Foundation Distinguished Alumnus Award

Criteria

- Nominee must be a Mayo alumnus from Mayo Graduate School of Medicine, Mayo Graduate School or Mayo Medical School.
- Recipients must be able to attend the Mayo Foundation graduation ceremonies in Rochester in mid-May.
- The criteria to be taken into consideration when selecting your nominee include:
 - National or international peer recognition of accomplishments in education, research, clinical practice or administration
 - Leadership in their field
 - Community service
 - Integrity

Nomination process

- Each alumnus of the Mayo Medical Alumni Association may nominate one candidate each year. Individuals may resubmit the name of a previously nominated candidate.
- The institution selection process will be coordinated and supervised by the Mayo Medical Alumni Association and the Mayo Foundation Director for Education.
- Each nomination packet must include a letter of nomination along with curriculum vitae and bibliography of the nominee. Materials must be received at the Mayo Alumni Center office by mid-December.
- Support letters — three to five recommended — need not be written by Mayo alumni. Support letters must be received at the Mayo Alumni Center office by Dec. 31.

Note: Nomination deadline has passed for this year's award.



Dr. Siong-Chi Lin initiated the acupuncture program at Mayo Clinic Jacksonville in 1996. It has grown steadily since its start and now provides therapy for many Mayo patients seeking pain relief.

Dr. Siong-Chi Lin: offering an alternative for patients in pain

A patient in chronic pain. A physician out of treatment options. Siong-Chi Lin, M.D., found himself facing this frustrating scenario far too often as a psychiatrist. From his point of view, it was an unacceptable situation. So, he decided to do something about it.

As a Mayo Clinic psychiatrist, Dr. Lin saw many referral patients who suffered from chronic pain and needed to be treated for depression due to their difficult condition. "I could treat

the depression. But all I could do for the pain was tell them how to manage their lives around it — to try not to think about it or dwell on it. After that, there wasn't anything else to offer. To me, it felt like benign neglect," says Dr. Lin, who became a member of the Mayo Clinic Rochester staff after completing his residency in psychiatry in 1986, and, in 1993, joined the Department of Psychiatry and Psychology at Mayo Clinic Jacksonville.

7aking the initiative for patients

A physician with a reputation for compassion, Dr. Lin searched for a way to help these people who seemed to have exhausted all their medical alternatives. John Huxsahl, M.D., chair of Mayo Clinic Rochester's Division of Child and Adolescent Psychiatry, and a colleague and friend of Dr. Lin's for more than 15 years, attests to Dr. Lin's caring attitude toward his patients. "He is a wonderful physician and person who is a true advocate for patients. He will always go the extra mile when it comes to making certain they are well cared for."

In this case, "the extra mile" extended all the way to California.

In 1994, the Food and Drug Administration (FDA) approved acupuncture for clinical use. Dr. Lin, who was familiar with acupuncture from his family's roots in Taiwan and his father's experience as a psychiatrist, was immediately interested in the applications it could have for chronic pain patients. Several major medical centers in the United States were beginning programs using the technique, and Dr. Lin saw the opportunity for Mayo to get involved, as well. The University of California–Los Angeles (UCLA) Medical School was among the first to offer an acupuncture training program for physicians. In 1996, Dr. Lin enrolled in the program and traveled to UCLA to complete the school's 200-hour continuing medical education course "Medical Acupuncture for Physicians." He also drafted a proposal to the Clinical Practice Committee (CPC) to start an acupuncture program at Mayo Clinic Jacksonville.

"You don't need to believe in the Chinese theory of acupuncture for it to work for you. This is not quackery. People are becoming more and more interested in this procedure because it works. Acupuncture has proven medical benefits."

— Dr. Lin



Acupuncture is another treatment option for patients, who, many times, have run out of options, says Dr. Lin.

7ntroducing a new option

The Chinese theory that serves as a foundation for acupuncture posits that the body is a microcosm of the universe with energy flowing from top to bottom, just as it does from heaven to earth and back to heaven. If the flow of energy is blocked, it can

cause problems in the body. These problems often manifest themselves through pain. Needling acupuncture points can unblock the obstructions and reestablish the regular flow of energy, thus relieving the pain.

To some, using this type of technique at Mayo Clinic, a bastion of Western medicine, may seem out of place. To Dr. Lin it makes perfect sense. "You don't need to believe in the Chinese theory of acupuncture for it to work for you," says Dr. Lin. "This is not quackery. People are becoming more and more interested in this procedure because it works. Acupuncture has proven medical benefits."

According to the American Academy of Medical Acupuncture, the technique works to diminish pain by stimulating the nervous system. The body then releases chemicals in the muscles, spinal cord and brain that either change the experience of pain or trigger the release of other chemicals and hormones, which influence the body's own natural healing abilities.

In his quest to establish an acupuncture program at Mayo in Jacksonville, Dr. Lin naturally encountered some skepticism. According to Paul Fredrickson, M.D., chair of Mayo Clinic Jacksonville's Department of Psychiatry and Psychology, questions were raised about the wisdom of providing resources to such a non-traditional program. However, aside from administrative issues, members of the CPC were supportive of a year-long pilot program.

A year later, after receiving a positive outcome study, the CPC approved an acupuncture program. Gordon Moore, M.D., chair of Rochester's Department of Psychiatry and Psychology during Dr. Lin's time on staff there, attributes the success of

the proposal to Dr. Lin's focus on the patient. "Although Dr. Lin is interested in what might be considered alternative medicine, he's a very mainstream type of physician," he says. "He looks at these things from a rational, scientific standpoint to see how they might benefit our patients."

*A*chieving success

In 1996, when the program began, Dr. Lin was the only physician at Mayo Clinic Jacksonville to have completed the medical acupuncture course and to be certified by the American Academy of Medical Acupuncture. Four years later, the program has three physicians certified to perform acupuncture, and soon will add one more. Acupuncture treatment is also available at Mayo in Rochester and Scottsdale.

Dr. Lin's group works hand-in-hand with pain clinic physicians, as well as multiple surgical and medical subspecialties, and all patients are referred from within Mayo. Overall, the patient response has been very positive. Demand currently outstrips appointment availability, and there is a long waiting list to get into the program. "Dr. Lin has done an excellent job leading the program with creativity, innovation and enthusiasm," says Dr. Fredrickson.

Dr. Lin reports that a majority of patients seen in the acupuncture program receive some measure of pain relief, making the procedure a useful adjunct to traditional pain management. It is particularly successful with patients who suffer from muscular-skeletal pain. "Acupuncture offers another option for patients who, often times, have run out of other alternatives," says Dr. Lin. "Although it's not a cure-all, it is effective for many people."



Dr. Lin's family, from left, son, Jeffrey; wife, Jennifer; and daughter, Vanessa. Jeffrey, 22, is a senior at the University of Florida. Vanessa, 17, is a junior at Episcopal High School in Jacksonville.

In addition to pain relief, there are several other benefits to using acupuncture, including a low incidence of side effects; little risk of infection or other complications; and avoidance of the side effects patients may experience when they are on multiple pain medications.

But, even as the benefits of acupuncture are becoming clearer, Dr. Lin sees that there are still hurdles to overcome. "This is considered a new technique, and mainstream medicine has historically been very skeptical of unique or non-traditional therapies," he says. "In addition, there are people out there practicing acupuncture who are not licensed to do so. Just like most other medical treatments, in order to receive reliable care, patients need to go to a practitioner who is appropriately trained and certified to provide acupuncture."

In an effort to further bolster the scientific validity of acupuncture, Dr. Lin and his colleagues currently are conducting open clinical trials

that examine the effectiveness of acupuncture in the treatment of some orthopedic and neurological conditions.

"This work is so rewarding because I finally get the chance to see patients relieved from their pain," says Dr. Lin. "Many of these patients languish in pain for years. Whatever we can do to relieve their suffering, we should do."

*F*ollowing an alternate path to medicine

That Dr. Lin receives such satisfaction from seeing his patients improve is understandable, considering his path to becoming a physician.

Born in Taiwan, he was a teenager when his family moved to Europe. "My father worked with the World Health Organization, which for a time took our family to Switzerland, where I completed my last two years of high school." Dr. Lin came to the

United States to attend college, after which he taught middle school in New York City for five years.

Reflecting the idealism of the times, he says "It was the early 1970s and I thought I could change the world." What he discovered through teaching, however, was an inner desire to affect change through healing. "There is a long tradition of medicine in my family," notes Dr. Lin. Eventually, his path led him to medical school and then to Mayo.

Following his fascination in human behavior, Dr. Lin focused on psychiatry for his specialty training. Psychiatry, he explains, plays a very important role in medicine that is not always fully appreciated.

"Understanding human behavior is most valuable in patient care," he says. It is essential in accurately evaluating the needs of the patient and establishing the physician-patient bond. Dr. Lin, who serves as assistant professor of psychiatry for Mayo Medical School, believes his training as a psychiatrist has greatly helped him in teaching medical students and residents to better understand and care for patients. He tries to impress upon them the idea that "medical patients, with or without psychopathology, come to us for help to achieve a better quality of life. Our role is to facilitate this process."

Psychiatry, however, is not a field that always provides practitioners with the sense of satisfaction of seeing patients immediately cured, observes Dr. Lin. Often, psychiatric patients have complex, long-term illnesses. Treatment may last years, and while results are continuously improving with each new generation of psychotropic medication they still are not assured. This challenge, together with his desire to see more immediate improvements in the lives of his patients, has motivated Dr. Lin

to pursue sub-specialty training and certification in sleep medicine, addiction psychiatry and geriatric psychiatry, in addition to acupuncture.

Cultivating peace

His compassionate attitude toward others is reflected in Dr. Lin's world outside his Mayo practice, particularly in his family life — which includes his wife, Jennifer, and two children, Jeffrey and Vanessa.

"Being outdoors, gardening and fishing, is my therapy for myself. It gives me a sense of peace."

— Dr. Lin



Dr. Lin's garden contains a variety of citrus and sub-tropical fruit trees. Here, he shows off some of the rewards of his labor.

"He is a caring and proud father who takes pride in his children and family," says Dr. Huxsahl. "In many ways, the importance of family comes through in the care he provides to his patients. It's consistently thoughtful and concerned. He treats them as people, not just clients."

In addition to his family, Dr. Lin takes pride in being a person who loves the outdoors. Visitors can often find him tending to his elaborate garden: a haven for a wide variety of fruit trees, including five kinds of orange trees, two types of grapefruit trees, and a sampling of other sub-tropical fruits such as loquats and pineapple/guava. "I'm an earthy kind of guy," he says. "I'm the only one in my neighborhood who has a compost heap in the back yard."

Indulging in another of his outdoor pursuits, he will often venture to the ocean to fish in the morning. "I stand on the shore and cast out while watching the sun come up. It's beautiful: a great way to start out my days," says Dr. Lin. "Being outdoors, gardening and fishing, is my therapy for myself. It gives me a sense of peace."

Through his work in the acupuncture program, as well as in his contributions to the Department of Psychiatry and Sleep Disorders Center, Dr. Lin goes a long way toward conveying peace to his patients, as well.

— Tracy Reed Will

Mayo Update

News briefs

Four physicians named Distinguished Educators

The boards of governors and education committees at Mayo Clinic's three sites have named Distinguished Educators for 2000. The award is given to individuals who have provided excellence in education at Mayo over time, have demonstrated leadership in areas of education, establishment of teaching innovations, or education administration, and have been recognized by students.

The award provides a unique opportunity to recognize the women and men of the Mayo staff who have contributed in a substantial and sustained way to the education mission.

The awardees are: Ronald Faust, M.D., and Kathleen Rhodes, M.D., Mayo Clinic Rochester; Joseph Kaplan, M.D., Mayo Clinic Jacksonville; and Donald Novicki, M.D., Mayo Clinic Scottsdale.

Dr. Faust directed and developed Mayo's anesthesiology residency program from 1976 to 1991, with the

program more than doubling in size. He also is a founding member of the Society for Education in Anesthesia, an organization devoted to helping academicians become better teachers and program directors. A graduate of the Louisiana State University Medical School, Dr. Faust has won a number of Mayo awards, including Distinguished Educator/Teacher of the Year Award in Anesthesiology in 1992, Society for Education in Anesthesia Distinguished Service Award in 1993 and Mayo Distinguished Career Award in 1996.

Dr. Kaplan has been program director for internal medicine residency at Mayo Clinic Jacksonville since 1993, and is co-director of the Mayo Sleep Disorders Clinic there. He received his medical degree from University of Illinois School of Medicine in Chicago. Dr. Kaplan has won several awards, which include the Award for Outstanding Teaching at Mayo Clinic Jacksonville in 1995, the Mayo Career Educator Award in 1998 and the Mayo Medical School Faculty Service Award in 2000.

Dr. Novicki is a professor of urology with Mayo Medical School, and was an educator with the U.S. Air Force prior to entering private practice that preceded his joining the Mayo Clinic Scottsdale staff. He is a graduate of the University of

Maryland, School of Medicine. In the Air Force, Dr. Novicki was chair of the Urology Department and director of residency training at Lackland Air Force Base in Texas. At Mayo Clinic Scottsdale, Dr. Novicki serves as director of the transitional year residency and as chair of the Education Committee.

Dr. Rhodes is a noted pioneer in the evaluation of student performance and has been a key contributor in the creation of objective evaluation of clinical skills using simulated patients at Mayo Medical School. She helped develop the Section of Pediatric Infectious Diseases at Mayo Clinic Rochester. A graduate of the University of Wisconsin Medical School, Dr. Rhodes has received numerous academic awards. She has won Teacher of the Year, Mayo Clinic Fellows Association three times and the Teacher of the Year Hall of Fame twice from the group. Dr. Rhodes also was named the Mayo Medical School Teacher of the Year in 1992.

New procedure makes kidney transplant an option for patients with high antibody levels

A team of Mayo Clinic kidney transplant specialists has developed a new kidney transplant procedure that could make transplants possible for thousands of people who previously were unlikely to have a successful transplant.

The advancement, called positive crossmatch transplants, greatly reduces the chance of organ rejection in patients with elevated antibody levels. Previously, these elevated antibody levels made tissue rejection



Ronald Faust, M.D. Joseph Kaplan, M.D. Donald Novicki, M.D. Kathleen Rhodes, M.D.

almost certain.

Mayo Clinic is one of three medical centers in the United States that offer this procedure.

About 45,000 people are waiting for a cadaver kidney in the United States; about 8,000 kidneys are available every year. About 7,000 of those waiting are affected by this elevated antibody level.

"The only option available for these people was to stay on dialysis," says Mark Stegall, M.D., a Mayo Clinic kidney and pancreas transplantation surgeon. "It was very unlikely they would ever get a transplant."

Physicians aren't certain what causes patients to have elevated antibody levels that make traditional transplants likely to fail. Many of those with elevated antibody levels have had a previous failed kidney transplant. Others have had multiple pregnancies or multiple blood transfusions. Many are young or middle-aged adults who are otherwise healthy.

Prior to a positive crossmatch transplant, patients undergo plasmapheresis, where the antibodies that cause tissue rejection are removed. The risk of rejection is also reduced by new medicines that specifically target cells that make the antibodies, and removal of the patient's spleen.

The positive crossmatch process is similar to the process used for ABO-incompatible living-donor kidney transplants — another recent advancement in transplants — where patients can receive kidneys from living donors with blood types different from their own.

So far, Mayo surgeons have performed 20 ABO-incompatible kidney transplants and four positive crossmatch kidney transplants.

"The results and recovery time for



Letter from the Secretary-Treasurer

Although it is January and the temperature is hovering around zero as I write this, spring does not seem far off. The last piece of structural steel was added recently to the Gonda Building, and we are preparing to move into the new building as the seasons move toward fall. Watch for information regarding the grand opening activities in the summer issue of *Mayo Alumni*.

We at the Mayo Alumni Center are making the final plans for the 62nd International Alumni Meeting in Atlanta in April, and are looking forward to seeing old friends, making new acquaintances, and learning some skills and information we can take back to our practices. Please plan to join us for this exceptional program.

Mayo Foundation had a successful year in 2000, due to the commitment of our staff and the clarity of our mission. The Mayo Mission is articulated: "Mayo will provide the best care to every patient every day through integrated clinical practice, education and research." Each year new challenges are added to fulfilling this mission, but the support of our patients, colleagues and alumni helps us meet these challenges. We look forward to your thoughts, suggestions and support during the coming year as the Mayo Medical Alumni Association continues to provide a valuable link among alumni and between the alumni and Mayo Foundation.

Sincerely,
David Herman, M.D.
Secretary-Treasurer
Mayo Medical Alumni Association

both positive crossmatch and ABO-incompatible transplants are similar to other living-donor kidney transplants," says Dr. Stegall. "That's remarkable, especially for the positive crossmatch patients."

Living donors are used for both ABO-incompatible and positive crossmatch transplants. About 150 of the 200 kidney transplants performed this year at Mayo Clinic Rochester

will use living donors.

Positive crossmatch kidney transplants move medical science one step closer to xenotransplantation. "The barrier to putting a pig kidney into a human is the presence of antibodies," says Dr. Stegall. "With positive crossmatch transplants, we have crossed that antibody barrier in a human-to-human transplant."

Mayo Update

Mayo Foundation names new professors

The Mayo Foundation Board of Trustees honored Michael Camilleri, M.D., as the Atherton and Winifred W. Bean Professor and Joseph Szurszewski, Ph.D., as the Bernard Pollack Professor at their annual meeting Feb. 16 in Jacksonville.

The Atherton and Winifred W. Bean Professorship is named in recognition of Mr. and Mrs. Atherton Bean of Minneapolis, longtime patients, friends and supporters of Mayo Clinic. Mr. Bean served as chair of the Board of Trustees when Mayo Medical School was established.

Dr. Camilleri is a member of the departments of Gastroenterology, Physiology and Biophysics at Mayo Clinic Rochester. He is a professor of medicine and physiology at Mayo Medical School, and a member of the faculty in the Master's Degree in Clinical Research Program at Mayo Graduate School. Dr. Camilleri received his medical degree from the University of Malta Medical School and completed his residency at St. Luke's University Hospital in Malta. He completed his research fellowship and his clinical fellowship in internal medicine and gastroenterology at Hammersmith Hospital in London. He was also a research fellow at Mayo Graduate School and a special clinical fellow at Mayo Clinic. Dr. Camilleri has been instrumental in translating basic physiology and pharmacology of the neuromuscular component of the GI tract to diagnosis and treatment of patients with motility disorders.

The Bernard Pollack Professorship was established in 1988 by George M. Eisenberg of Chicago in honor of his nephew who worked with him for 47 years in building American Decal &



Michael Camilleri, M.D.



Joseph Szurszewski, Ph.D.

Manufacturing Company.

Mr. Eisenberg was a longtime Mayo Clinic patient and benefactor.

Dr. Szurszewski is a member of the Department of Physiology and Biophysics at Mayo Clinic Rochester. He is a professor of physiology and an associate professor of pharmacology at Mayo Medical School, and a physiologist at Mayo Graduate School of Medicine.

Dr. Szurszewski received his doctorate in physiology from the University of Illinois in Urbana, and his degree in pharmacology from the University of Oxford in England.

Dr. Szurszewski's major research emphasis is in the physiology of gastrointestinal smooth muscle in health and disease, and physiology of the peripheral autonomic nervous system.

Mayo trustees select officers and Executive Committee members

The Mayo Foundation Board of Trustees have confirmed officers and members for the board and for the Executive Committee of Mayo Foundation.

Named as officers for the Board of Trustees were Frances Fergusson, Ph.D., chair; Michael Wood, M.D., president; Robert Hattery, M.D., vice president; John Herrell, vice president; Robert Smoldt, vice president; David Ebel, treasurer; Jill Beed, assistant secretary; Fredrick Schick, assistant treasurer; and Harry Hoffman III, assistant treasurer.

Officers of the Executive Committee for 2001 are Dr. Wood, chair and John Herrell, secretary.

Members of the Executive Committee for 2001 are Thomas Berquist, M.D.; Denis Cortese, M.D.; Michele Halyard, M.D.; Dr. Hattery; Michael O'Sullivan, M.D.; Franklyn Prendergast, M.D., Ph.D.; Patricia Simmons, M.D.; Hugh Smith, M.D.; Robert Smoldt; Sylvester Sterioff, M.D.; and Dr. Wood.

Mayo Foundation names new trustees

Mayo Foundation named Jim Barksdale, A. Dano Davis, Louis Gonda and Marilyn Carlson Nelson to the Mayo Foundation Board of Trustees at their quarterly meeting in Jacksonville.

Jim Barksdale is a partner of The Barksdale Group. He served as president and CEO of Netscape Communications Corporation from 1995 until the company merged with America Online (AOL) in 1999. In addition to the AOL Time Warner Board of Directors, Barksdale is a member of several boards including Federal Express and Sun Microsystems, Inc.

A. Dano Davis is chair of Winn-Dixie Stores, Inc. in Jacksonville. He began his career at Winn-Dixie as a

part-time employee in 1961 and moved up through the corporation until being elected president and principal executive officer in 1982 and chair in 1988. Davis is also a member of the boards of First Union Corporation of Charlotte, N.C.; Jacksonville Zoological Gardens and Florida Tax Watch. He is a member of the Board of Trustees of Jacksonville University and the National Executive Board of the Boy Scouts of America.

Louis Gonda is a prominent business leader and philanthropist who, through The Gonda Family Foundation and The Gonda Arts and Education Foundation, is an active supporter of numerous charitable organizations and programs that promote quality education for children, especially those with learning disabilities. He is a co-founder of International Lease Finance Corporation, which is today the largest commercial aircraft leasing business in the world. The company was sold to American International Group, Inc. in 1990; Gonda remains on the board of Lexington Commercial Holdings, a diversified investment company headquartered in Beverly Hills, Calif. He sits on the board of the American Place Theater, served by Presidential appointment on the United States Holocaust Museum Council, and was the founding chair of the Los Angeles Regional Board of Directors.

Marilyn Carlson Nelson is chair and chief executive officer of the Carlson Companies, Inc. The Carlson Companies, Inc. family of brands include Carlson Wagonlit Travel, Regent International Hotels, Radisson Hotels & Resorts, Radisson Seven Seas Cruises, Country Inns & Suites By Carlson, T.G.I. Friday's restaurants and Carlson Marketing Group, the largest relationship marketing

services company in the United States. Nelson also is a member of the boards of directors of Exxon Mobil Corporation and Qwest Communications International, Inc. and a past member of the board of directors of First Bank System. She is currently a member of the Council of World Economic Forum and the World Travel and Tourism Council. Nelson is a recognized civic leader and is involved in the leadership of several regional and national not-for-profit and civic organizations.

The Mayo Foundation Board of Trustees, a 30-member group of public representatives, Mayo physicians and administrators, is responsible for patient care, medical education and research activities at Mayo Clinic in Jacksonville, Rochester and Scottsdale.

Mayo researchers discover cause of fatal myasthenic syndrome affecting children

A Mayo Clinic study published in the Feb. 12 edition of the *Proceedings of the National Academy of Sciences* has identified a gene mutation in children who suffer from congenital myasthenic syndromes (CMS) associated with episodic respiratory distress and apnea.

The gene mutation affects the enzyme that produces acetylcholine, the chemical that transmits impulses from nerve to muscle, so that the mutated enzyme becomes inefficient or is not produced in adequate amounts.

While this form of CMS is rare, it often results in sudden death in the affected children. Confirming this condition in children who show other risk factors (including a family

history) allows physicians and parents to provide treatments that will prevent the attacks.

CMS with episodic apnea cause patients, most often young children, to experience episodes in which they have a sudden loss of ability to breathe or swallow. Episodes are often preceded by exertion, fever or excitement but also can occur spontaneously or during the night. As children grow older, the episodes become less frequent and milder, and are rarely fatal after age 15. The condition is hereditary and more than one child in a family can have the condition.

"What we have developed is a way at the molecular level to confirm a diagnosis that a child has this condition," says Andrew Engel, M.D., a Mayo Clinic neurologist and researcher. "This is not a routine screening test, but rather a test that confirms what is suggested by a careful clinical history, neurologic evaluation and clinical electrophysiologic studies. It will be another tool to assist physicians and families in caring for young children with CMS."

Free smoking cessation clinic initiated by medical students helps patients

Mayo Medical School students who staffed a free smoking intervention clinic reported abstinence rates comparable to other treatment programs and they believed they improved their smoking cessation counseling skills.

The clinic was established in conjunction with the Salvation Army Free Acute Care Clinic in Rochester. A report describes the smoking

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intervention clinic's first 13 months of operation during which 88 patients were seen. Thirty student volunteer counselors were involved in the project. The six-month, self-reported, smoking abstinence rate was 18 percent.

The authors note that a free smoking intervention clinic operated by medical students under the guidance of physicians is feasible, if it has proper funding. It provides a treatment resource to people who might be unable to afford such support. And it helps medical students who participate in such clinics by giving them confidence to assist future patients in stopping smoking by using both counseling techniques and pharmacological therapy.

"This proved to be an excellent example of how medical schools can provide a unique educational opportunity to future physicians and still provide a quality service to a population in need," says Lowell Dale, M.D., associate director, Mayo Clinic Nicotine Dependence Center, and one of the report's authors. "We hope this report will encourage other schools to consider similar programs."

Mayo Clinic researchers use Fast CT to see human kidney function

Mayo Clinic researchers have discovered a new application for Fast CT scanning technology that enables physicians for the first time to non-invasively see detailed kidney function in humans.

According to Mayo Clinic physiologist Juan Romero, M.D., this novel technique will prove useful in the diagnosis and evaluation of kidney disease in general, and in

kidney-related hypertension in particular. The ability to identify malfunctioning kidneys may help direct proper prevention and therapy in patients with kidney disease, according to Dr. Romero.

Fast computed tomography or CT scanners such as electron beam CT now enable detailed observation of the kidney's subtle functions, such as blood flow and filtration.

The CT's ability to digitize and sequence images helps physicians see and analyze blood flowing through both kidneys, different areas within kidneys, how much blood is filtered to form urine and the urine formation process, according to Dr. Romero.

"We can even locate problems and potentially diagnose kidney disease before symptoms appear," says Dr. Romero, whose findings were published in the September issue of *Seminars in Nephrology*.

"Now, for the first time, we also may be able to see which kidney is impaired," Dr. Romero adds. "Previously, individual kidney function was impossible to evaluate non-invasively."

Mayo researchers performed early studies using Fast CT in animals and later in humans. Through a grant from the National Institutes of Health, additional study in human patients began in December at Mayo. The study focuses on individual kidney function in situations of impaired blood flow.

Dr. Romero says that Fast CT has the potential to eliminate up to half of conventional kidney-related laboratory tests, in addition to expediting a patient's time spent being evaluated and waiting for results by two to five days. The full potential of this technique will not be known until further patient evaluation, he adds.

Mayo Clinic study finds cellular telephones may interfere with medical devices

A study by Mayo Clinic researchers found that cellular telephones interfered with the operation of external devices that monitor the heart and lungs; however, in most instances, the interference was not sufficient to meaningfully hinder interpretation of data.

The most severe interference occurred when the cellular telephone was held one to two inches from the most vulnerable area of external cardiopulmonary monitoring devices. Interference of some extent was measured in seven of the 17 devices (41 percent). Among the 526 tests, interference was deemed clinically important in 7.4 percent. Researchers recommend that additional testing be conducted. Clinically important was defined as any interference that might hinder interpretation of data or cause the equipment to malfunction.

"When additional testing is completed, policies regarding cellular phone usage within the hospital environment can be constructed objectively," concluded David Hayes, M.D., a Mayo Clinic cardiologist and one of the study's authors.

The banning of cellular telephones within hospitals has not been based on objective experimental or clinical testing, but on theoretical concerns that wireless technology could interfere with medical equipment, the study's authors said. Considerable research has been done on the potential interactions of wireless technology and implanted devices.

Research on the interaction of the cellular telephone and external equipment in a hospital has been general and inconclusive.

The study appears in the January issue of *Mayo Clinic Proceedings*.

If a cellular phone is used at some reasonable distance (60 inches in the study) from electrical equipment within the patient's room or central nursing stations, it is unlikely that any serious malfunction would occur, the researchers hypothesized.

David Herman, M.D., a Mayo Clinic ophthalmologist and John Abenstein, M.D., a Mayo Clinic anesthesiologist, wrote the editorial that accompanies the study's findings. They write, "it would seem reasonable either to limit or to ban the use of cellular phones in the vicinity of medical electronic devices where patients are particularly vulnerable, such as the intensive care unit and operating unit, until safety of these devices can be reasonably proven." Banning the use of the devices in a patient's room or procedure area would be a modest precaution, the editorialists wrote.

The Mayo researchers said cell phone-related interference was seen in the electrocardiographic (ECG) tracings displayed on the physiologic monitor. It occurred at six to 33 inches from the monitor. If the cellular telephone was held beyond a radius of five feet, these researchers hypothesize ECG interpretation would not be compromised. The most disturbing interference related to cell phones causing a mechanical ventilator to malfunction. Specifically, when the phones were held two inches away from a communication port on the back of the ventilator, the ventilator shut down and restarted.

Digital phones tested in the study tended to produce noise on the baseline readings, while analog phones primarily produced movement on the baseline readings of the monitors. Digital phones produced some movement on the baseline.

Study links diabetes and high blood pressure to decline in mental ability

A six-year study of people age 40 to 70 years old has found that people with diabetes and high blood pressure are more likely to experience cognitive decline as compared to people of that age who do not have the conditions. The study results are leading researchers to believe that controlling hypertension and diabetes that begin before age 60 might lessen the burden of cognitive impairment later in life.

The study is published in the Jan. 9, issue of *Neurology*.

"While the participants in the study may not have noticed any decline in their mental ability, the decline was statistically significant," says David Knopman, M.D., a Mayo Clinic neurologist and the senior author of the study. "The results point to the fact that there are things some people may be able to do during middle age to help preserve our mental abilities later in life."

Dr. Knopman conducted the study while at the University of Minnesota.

The study also compared the results between two age groups: those under age 58 and those 58 and older. Diabetes was associated with greater cognitive decline in both age groups when participants who have diabetes were compared to participants without the disease. High blood pressure, however, was found to be associated with greater cognitive decline in only the age 58 and older group of participants. The study, which enrolled a substantial number of African Americans, found no substantial racial differences in risks for cognitive decline.

The study found no association between cognitive decline and

smoking, high cholesterol or use of non-steroidal anti-inflammatory medications such as ibuprofen.

Physicians can do more to ensure quality of life for terminally ill patients

The Mayo Clinic authors in a special article in the December *Mayo Clinic Proceedings* note that physicians as a group may prolong the end-of-life suffering with aggressive approaches to "cure" the patients' underlying disease rather than acknowledging that the time has come to provide the patient with palliative care services.

Strategies can be taken to reduce the suffering of a patient by orchestrating a multidimensional approach to helping ensure the quality of life at the end, say the authors.

The special article was written for the Mayo Clinic Cancer Center Quality of Life Working Group.

Before the 1900s, most Americans died at home surrounded by their loved ones. Currently, as many as 60 percent will die in hospitals, and up to an additional 25 percent will die in health care-related facilities such as nursing homes. The role of the physician has had an ever-expanding role in the manner in which people die, with so many Americans dying in hospitals and other health care facilities.

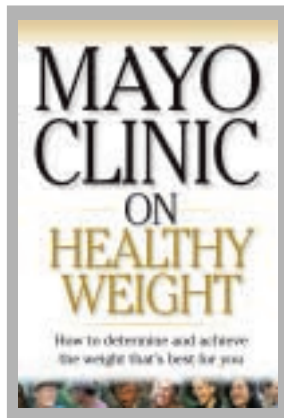
"With modern medicine emphasizing genetic manipulations, high technology, and cure at all costs, we often neglect what was once the most sacred aspect of being a physician: alleviating suffering," the authors write. "Therefore, we contend that the approach to a person dying

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in the hospital must change from simply postponing death to focusing medical interventions on maintaining quality of life to the end."

The term quality of life was defined as the physical, psychological, social and spiritual domains of health that are influenced by a person's experiences, beliefs, expectations and perceptions.

The Mayo Clinic authors conclude their article: "We believe that the principles that have been so successful in improving the quality of life for hospice patients must be adopted in hospitals and related facilities such as nursing homes, so that suffering can be relieved where the vast majority of Americans continue to die."



New Mayo Clinic book helps to achieve and maintain optimal weight

Being overweight has become a national epidemic. Mayo Clinic's new book aims to help readers achieve and maintain the weight that is healthiest for the individual — and reduce the risk for weight-related diseases such as cancer, high blood pressure, stroke and osteoarthritis.

Mayo Clinic on Healthy Weight discusses how weight is an issue of health as well as appearance. This

easy-to-understand book will help readers determine, achieve and maintain the weight that's healthiest for them physically and emotionally.

The information in the book is based on techniques that doctors, dietitians, exercise physiologists and other health care professionals at Mayo use everyday in caring for patients.

The book includes information on:

- How to make lifestyle changes in eating and physical activity
- The new Mayo Clinic Healthy Weight Pyramid with guidelines for losing weight as well as maintaining it
- Great tasting recipes from the award-winning *Mayo Clinic / Williams-Sonoma Cookbook*
- Eating well to feel well
- Shopping smarter
- Restaurant dining tips
- Fine-tuning your cooking routines
- Devising a workable fitness plan
- Why fad diets seldom work

Mayo Clinic on Healthy Weight is available in most bookstores for \$14.95, or by calling 1-800-291-1128 and mentioning order code 212. Book revenues are used to help support Mayo Clinic programs, including medical education and research.

Mayo Clinic study finds definitive evidence relating to the role of estrogen in elderly males

A Mayo Clinic study, published in the December edition of the *Journal of Clinical Investigation*, provides new evidence that estrogen is dominant in the regulation of bone resorption in elderly men. Based on the study's conclusions, men also need to be concerned about the long-term effects of osteoporosis.

The investigators studied 59 elderly men, with a mean age of 68 years. They were studied first under conditions of estrogen and testosterone replacement. After a baseline was established, they were divided into four subject groups and restudied: the absence of both hormones, the supplement of both hormones, the addition of estrogen alone and the addition of testosterone alone.

The findings were surprisingly clear. Using this study design, the investigators found that estrogen played the key role in preventing the increase in bone resorption that occurred when both testosterone and estrogen were withdrawn. The findings also indicated that both estrogen and testosterone were important for the maintenance of bone formation in men.

"We wanted to answer the question: In elderly men with a mature skeleton, which was more important to bone resorption — estrogen or testosterone?" says Sundeep Khosla, M.D., a Mayo Clinic endocrinologist and principal investigator of the study. "There have been cases of young males who could not produce or respond to estrogen and suffered from decreased bone mass. This suggested that there may be a link between estrogen and bone turnover in men.

"Men should begin thinking about osteoporosis prevention for themselves," says Dr. Khosla. "Straight estrogen therapy for men has to be very strictly controlled because of its feminizing effects," he explains. "But there are other treatments out there, which have an 'estrogen-like' effect on the skeleton without the feminizing side effects such as breast enlargement."

The National Institute on Aging funded the study.



Completion of Gonda Building structural frame celebrated

The final structural steel beam was placed in January for the 20-story Gonda Building on the Mayo Clinic Rochester downtown campus. The event was celebrated with a traditional “topping-out” ceremony for the steelworkers, who have built the building’s structural frame.

The traditional ceremony commemorates the completion of the structural portion of a building and is symbolized by the placement of a pine tree on the highest beam.

It is uncertain how this tradition began, but some historians say the topping-out ritual is adapted from ancient times when Europeans tied a fir tree to the top of a newly completed roof for good luck or to celebrate a successful raising. Another account dates to 2700 B.C., and Egypt, while yet another says the practice is an old timber framer’s tradition. When construction changed to steel, steelworkers adopted the tradition. Other historians believe the tradition dates to the advent of high-rise construction. In early

years, many contractors employed Native Americans on their crews. Native Americans believed that no man-made structure should be taller than a tree, which prompted the practice of placing a tree.

The last beam of the Gonda Building bears the signatures of those who worked on the project, which involved installing 4,000 tons of steel in Phase II. Phase II is the addition of eight floors to the building. The first 12 floors will be finished and prepared for occupancy, while the Phase II portion will be shelled in and ready for finishing when the need for expansion arises. Altogether, the Gonda steel crew installed a total of 14,000 tons of steel.

The 20 floors of the Gonda Building will contain approximately 1,500,000 square feet of space, compared to a total of 1,100,000 square feet in the Mayo Building. A typical floor in the Gonda Building will have 72,000 square feet. On average, a floor in the Mayo Building has 48,000 square feet.

Alumni meetings

Receptions

- The American Association of Neurological Surgeons,**
April 21-26, Toronto, Canada
- American College of OB/GYN,**
April 30, Chicago, Ill.
- American Roentgen Ray Society,**
April 29-May 4, Seattle, Wash.
- American Association of Clinical Endocrinologists,** May 3,
San Antonio, Texas
- American Association of Orthodontics,** May 3-8, Toronto,
Canada
- American Academy of Neurology,**
May 5-11, Philadelphia, Pa.
- American Psychiatric Association,**
May 5-10, New Orleans, La.
- American Society of Clinical Oncology,** May 13, San Francisco,
Calif.
- American Lung Association/
American Thoracic Society,**
May 18-23, San Francisco, Calif.
- Digestive Disease Week,** May 20,
Atlanta, Ga.
- American Urologic Association,**
June 2-7, Anaheim, Calif.
- American Society for Colon & Rectal Surgeons,** June 2-7,
San Diego, Calif.
- American Association for Clinical Chemistry,** July 29-Aug. 2,
Chicago, Ill.

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Postgraduate meetings

Postgraduate meetings

For more information, please complete and return the tear-out card in the front of this issue. You also may call 507-284-2509 (toll free 1-800-323-2688), or send an e-mail request to cme@mayo.edu. Visit the Mayo School of Continuing Medical Education Web site at www.mayo.edu/cme. Unless otherwise noted, meetings are held in Rochester.

10th Annual Urogynecology & Disorders of the Female Pelvic Floor, April 5-7, Scottsdale, Ariz.

Basic Science Update for the Practicing Nephrologist, April 20-21, Scottsdale, Ariz.

Annual Practice of Internal Medicine, April 30-May 4

8th International Practical Surgical Pathology, May 1-4, Barcelona, Spain

Mayo Clinic Nicotine Dependence Seminar: Counselor Training & Program Development, May 20-23

Mayo Clinic OB/GYN Clinical Reviews, June 17-20, Whistler, British Columbia, Canada

Emergency Cardiac Care: State of the Art, June 20-23, Whistler, British Columbia, Canada

Mayo Clinic Internal Medicine Board Reviews 2001 – Certification and Recertification, July 15-21

Cancer Care for the New Millennium, July 26-28, Napa, Calif.

6th Annual Mountain Course

Success with Failure: New Strategies for the Evaluation & Treatment of Congestive Heart Failure, Aug. 19-21, Whistler, British Columbia, Canada

Gastroenterology and Hepatology Board Review, Sept. 9-13

Practical Surgical Pathology, Sept. 13-15

Mayo Clinic Update in Hepatology and Liver Transplantation, Sept. 14-15, St. Paul, Minn.

Mayo Clinic Nutrition in Health and Disease, Sept. 20-22, Minneapolis, Minn.

Mayo Cardiovascular Review Course for Cardiology Boards and Recertification, Sept. 29-Oct. 4

Pediatric Days, Oct. 4-5

Mayo Clinic Nicotine Dependence Seminar: Counselor Training & Program Development, Oct. 14-17

Thyroid: Theory and Practice, Oct. 26-27

Update in Cardiovascular Diseases, Oct. 27-28

Advances in Diagnostic Radiology, Oct. 28-Nov. 1, Palm Springs, Calif.

Mayo Clinic Rochester Clinical Reviews, Oct. 29-31 and Nov. 12-14

Advanced Radiology Life Support, Oct. 31-Nov. 1, Palm Springs, Calif.

Alumni news

1940s

Robison Harley (*Ophthalmology* '42) received the Outstanding Humanitarian Award from the American Academy of Ophthalmology for his work as an independent medical volunteer and his help with the Temple University eye team in China.

1950s

Philip Lee (*Internal Medicine* '55) is teaching at Stanford University and the University of California—San Francisco. He was awarded the Sedwick Memorial Medal by the American Public Health Association in 2000 and the David Rogers Award by the American Association of Medical Colleges in 1999.

William Manger (*Internal Medicine* '55) has published with a co-author the consumer book *100 Questions and Answers about Hypertension*.

Dr. Manger is chair of the National Hypertension Association and professor of clinical medicine at NYU Medical Center.

1960s

Drake Duane (*Neurology* '68) has been named chair of the Medical Advisory Board of the National Spasmodic Torticollis Association. He is currently an adjunct professor at Arizona State University and director of the Arizona Dystonia Institute.

Marvin Kolb (*Pediatrics* '68) is medical director of Kern Medical Center, an academic health system in Bakersfield, Calif. He also was recently elected to the American College of Physician Executives Board of Directors.

Joseph Mazza (*Internal Medicine* '69) has been selected to become a Master in the American College of Physicians/American Society of Internal Medicine.

Charles Ray (*Neurologic Surgery* '64) of United States Surgical Corp., received two awards for his research, development and clinical application of a unique prosthesis to replace the degenerated human spinal disc. He was declared the Gold Winner of the Medical Design Excellence Award for 2000 presented by Canon Communications LLC. He also

received the R & D 100 Award and was among three winners of the Best of the Best.

Peter Van Vliet (*Pathology '67*) has retired from Spectrum Health as its vice president for medical affairs. He was a pathologist and director of laboratories at Butterworth Hospital in Grand Rapids, Mich., for 30 years prior to assuming the position at Spectrum three years ago.

1970s

John Bucchiere (*Urology '70*) is adding a sixth partner to his 30-year community practice in Lynn, Mass.

Jose Pacheco (*Obstetrics and Gynecology '70*) is chair of the post-graduate residency program, faculty of medicine at San Fernando Universidad Nacional Mayor de San Marcos in Peru. He also serves as chief of the Human Reproduction Unit at Edgardo Rebagliati Martins National Hospital.

Petter Steen (*Anesthesiology '77*) was elected chair of the European Resuscitation Council. He holds the Laerdal Chair in emergency medicine at the University of Oslo. Dr. Steen was responsible for a field hospital caring for Kosovo-Albanians during the war in 1999.

Steven Stone (*Dermatology '74*) was installed as president of the Noah Worchester Dermatology Society in February. He is editor of *Dialogues in Dermatology*.

1980s

J. Brian Hancock (*General Surgery '80, Internal Medicine '83*) has been elected secretary-treasurer of the American College of Emergency Physicians. He practices emergency medicine at St. Mary's Medical Center in Saginaw, Mich.

Ian Jackson (*Plastic Surgery '81, Neurologic Surgery '87*) has been appointed a visiting consultant in craniofacial surgery by the Ministry of Health of the Sultanate of Oman. He also will be awarded an honorary degree of Doctor of Science from the University of Glasgow during their 550th anniversary in July.

John Jarstad (*Ophthalmology '88*) has been named president of the Washington Academy of Eye Physicians and Surgeons, and was recognized in Washington state as Small Business of the Year finalist in 2000.

Sheldon Marks (*Surgery '84*) was appointed adjunct assistant professor, Department of Urology, Tufts University School of Medicine, New England Medical Center in Boston. Dr. Marks directs the International Center for Vasectomy Reversal and is author of the consumer book *Prostate and Cancer*.

Alkis Pierides (*Nephrology '83*) has been appointed to the Council of the University of Cyprus. He was co-organizer of an update Nephrology seminar held in Delphi, Greece in February.

Michael Shereff (*Orthopedics '82*) has been named president of the American Orthopaedic Foot and Ankle Society. He is director of the Foot and Ankle Center at Orthopaedic Specialists in Charleston, S.C.

Mark Timmerman (*Family Medicine '89*) was the top-rated family practice physician in the "Best Docs" issue of *Madison* magazine in Wisconsin. The rankings were compiled by surveys of Dane County practicing physicians.

1990s

Howard Chodash (*Internal Medicine '91*) is president-elect of the Sangamon County (Ill.) Medical Society. He is the medical director of clinical nutrition at

Memorial Medical Center in Springfield, Ill.

Staff news

Iftikhar Ahmed was appointed to the North American Melanoma Pathology Study Group.

Steven Altchuler was elected to the National Association of Psychiatric Health Systems Board of Trustees.

Jan Buckner was appointed to the Scientific Advisory Council of the American Brain Tumor Association.

Kevin Bybee was selected a winner in the American College of Physicians national associate member research competition for his research abstract.

Bradford Currier was elected secretary of the Cervical Spine Research Society.

Dennis Dickson and **Michael Hutton** were selected as this year's recipients of the Metropolitan Life Foundation's Medical Research Award for their work with Alzheimer's disease.

Peter Elkin was the principal author of the approved Technical Specification in the International Standards Organization's Technical Committee on Health Informatics.

Gail Gamble was elected president of the American Academy of Physical Medicine & Rehabilitation.

Raymond Gibbons was appointed vice-chair of the Committee on Scientific Sessions Program of the American Heart Association

Peter Gloviczki gave Grand Rounds at the Department of Cardiothoracic and Vascular Surgery, University of Texas, Houston Medical

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School. He was also elected Honorary Member of the Argentinean College of Venous and Lymphatic Surgery.

Joseph Hung was appointed to the Specialty Council on Nuclear Pharmacy, Board of Pharmaceutical Specialties.

James Ingle was recognized at the San Antonio Breast Cancer Symposium as one of the 100 investigators published most frequently in the 20th century and for his contributions to breast cancer treatment.

Thomas Kottke was the keynote speaker at a conference on heart disease and stroke prevention in Vermont sponsored by the Centers for Disease Control and the American Heart Association.

Nicholas LaRusso presented GI Grand Rounds at Massachusetts General Hospital. He also presented Medical Grand Rounds at the University of Pittsburgh School of Medicine.

David McKean was appointed chair of the Cell Biology and Immunology Review Panel of the Howard Hughes Medical Institute Fellowships in the Biological Sciences Program.

Michael Murray was appointed chair of the Department of Anesthesiology, Mayo Clinic Jacksonville.

William Nichols was re-elected as president of the North American Specialized Coagulation Laboratory Association.

David Nielsen has been appointed chair of the Governor's Council on Tobacco Prevention and Cessation by Arizona Gov. Jane Hull.

Lawrence Oliver chaired a session of the Drug Information Association's Symposium "New Approaches for Assessing Efficacy and Safety in Drug Development."

Pasquale Palumbo was awarded a Mastership in the American College of Physicians.

David Patterson is secretary-elect of the North Central Section-American Urological Association for 2001.

William Pavlicek will serve as an adjunct professor in the Department of Bioengineering at Arizona State University.

Udaya Prakash was selected as designated president-elect of the American College of Chest Physicians.

Richard Robb gave the keynote lecture on "Perspectives of On-Line Medical Imaging" at an international workshop.

Lynwood Smith was elected president of the American Clinical and Climatological Association.

Karen Snow-Bailey accepted a position on the American College of Medical Genetics Board of Directors. She was also elected chair of the Clinical Practice Committee of the Association for Molecular Pathology.

Eric Tangalos was appointed to the National Committee for Quality Assurance new Geriatric Measurement Advisory Panel.

Jonathan van Heerden was appointed to the Advisory Council for General Surgery of the American College of Surgeons as a representative of the Western Surgical Association. He also was made an honorary member of the Costa Rican Association of Surgery.

Dietlind Wahner-Roedler received the Laureate Award from the Minnesota Chapter of the American College of Physicians.

Michael Yaszemski was appointed chair of the Food and Drug Administration Advisory Panel for Orthopedics and Restorative Devices.

Fellow, resident and student news

German Bou (*Immunology*) is a Fulbright Scholar Grant recipient.

Gavin Harewood (*Gastroenterology*) was awarded the American Digestive Health Foundation Endoscopic Research and Outcomes & Effectiveness Award for 2001.

Birgit Kantor (*Cardiovascular Diseases*) was awarded the Outstanding Poster Award at the Mayo Cardiovascular Research Retreat.

Melissa Merideth (*Obstetrics and Gynecology*) was elected to the national governing council of the American Medical Association Resident/Fellow Section.

John Park (*Pulmonary Medicine*) was awarded the Henry Christian Award from the American Federation for Medical Research for the most outstanding abstract in the category of Pathophysiology/Disease Mechanisms. Co-authors of the study are **Drs. Andrew Limper** (*Pulmonary and Critical Care Medicine*), **Charles Thomas** (*Pulmonary and Critical Care Medicine and Thoracic Diseases Research Unit*) and **Vishwajeet Puri** (*Thoracic Diseases Research Unit*).

Pavel Taimr (*Digestive Diseases Research*) is a Fulbright Scholar Grant recipient.

Robert Vassallo (*Bronchoscopy*) received the American College of Chest Physicians Young Investigator Award at the meeting of the ACCP International Meeting. Co-investigators on this study included **Andrew Limper** (*Pulmonary and Critical Care Medicine*).

Obituaries

1930s

Horton Hinshaw, 98, died Dec. 28, 2000. Dr. Hinshaw grew up in Idaho before attending the University of California–Berkeley, where he earned his doctorate in 1927. He taught parasitology and bacteriology at the American University in Beirut, Lebanon, from 1927 to 1931, then returned to the United States. He received his medical degree in 1933 from the University of Pennsylvania. Dr. Hinshaw came to Mayo Clinic in 1933, where he and a colleague investigated streptomycin's role in the treatment of tuberculosis. Dr. Hinshaw also served as head of the Section of Medicine at Mayo Clinic from 1947 to 1949. He moved to California in 1949, where he served as clinical professor of medicine and head of the Division of Chest Diseases at Stanford Medical School from 1949 to 1959. Dr. Hinshaw was nominated in 1952 with a collaborator for the Nobel Prize in Medicine for his work on tuberculosis. He moved to the University of California Medical School in San Francisco where he served as a clinical professor of medicine until 1979 when he was appointed emeritus professor. During his career he worked with Charles Lindbergh on experiments in high-altitude aviation medicine, testing the effects of altitude on pilots. Dr. Hinshaw also served as the president of the American Thoracic Society and was vice president of the National Tuberculosis Association (now the American Lung Association).

1940s

John Hill, 88, died Sept. 17, 2000. Dr. Hill was awarded his medical degree from Ohio State University in 1936 and followed it with an internship and residency in Columbus, Ohio, before entering private practice there. He was a fellow in proctology at Mayo Graduate School of Medicine through 1942. Dr. Hill spent four years in the U.S. Army Medical Corps and returned to Mayo in 1946 to serve as a consultant in proctology. He was the head of Section of Proctologic Surgery from 1967 to 1974. Dr. Hill was president-elect of the American Society of Colon and Rectal Surgeons and editor-in-chief of *Diseases of the Colon & Rectum*.

John Hinchey, 84, died March 3, 2000. Dr. Hinchey was awarded his medical degree from Baylor College of Medicine in 1940. Following an internship and residency in San Antonio, Texas, Dr. Hinchey began an orthopedic surgery fellowship at Mayo Clinic. He interrupted his fellowship to serve in the U.S. Navy during World War II, then returned to Mayo where he finished his fellowship in 1946. He was a founding member of the San Antonio Orthopedic Group, where he worked until he retired in 1995. Dr. Hinchey was among the early pioneers in hip replacement surgery. He was the first Texan to serve as president of the American Academy of Orthopedic Surgery.

John R. Miller, 90, died Aug. 6, 2000. Dr. Miller received his medical degree from Northwestern University in 1936 and served as a Naval doctor on the S.S. Argentina until the beginning of World War II. He then served as doctor in the U.S. Army from 1942 to 1946. After completing a pathology fellowship at Mayo in

1950, he lived in Fresno, Calif., where he worked in the Pathology Department of Community Hospital and later operated his own pathology laboratory.

Robert Nickeson, 79, died Oct. 12, 2000. Dr. Nickeson was a graduate of the University of Pittsburgh Medical School and began his residency at Mayo Clinic in 1944. His training was interrupted by service in the U.S. Army Medical Corps during World War II, where he served as theater ophthalmologist in Italy. He returned to Mayo and completed his residency in ophthalmology in 1949. During his medical career, he served as president of the Pittsburgh Ophthalmological Society, was chief of Eye Service at Allegheny General Hospital and was a professor of ophthalmology at Eye and Ear Hospital in Pittsburgh.

1950s

George Hranilovich, 80, died Jan. 6, 2001. Dr. Hranilovich received his medical degree from the Loyola University School of Medicine and completed his residency training in pathology at Mayo Clinic in 1955. He went on to become an associate pathologist at Akron General Hospital and retired as chair of the Pathology Department of Akron General Medical Center.

Jens-David Henriksen, 91, died Sept. 2, 2000. Dr. Henriksen began his medical career in his native Denmark after receiving his medical degree from the University of Copenhagen in 1938. He completed his residency in physical medicine and rehabilitation at Mayo Clinic in 1958. Dr. Henriksen became the first medical director at the Hawaiian Rehabilitation Clinic and Hospital in Honolulu after completing his

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residency. He was the recipient in 1962 of the U.S. Presidential Citation for his exceptional contribution for the employment of the handicapped. Later, he served as medical director of rehabilitation at the New England Memorial Hospital in Boston. Eventually, he moved to Chattanooga, Tenn., and was the medical director of the Siskin Rehabilitation Center until 1988. He then served in private practice until 1998, when he retired.

Fernand Schmidt, 77, died Feb. 19, 2000. He was born in Switzerland and did his medical training there, while serving in the Swiss Army Horse Cavalry and Medical Corps. Dr. Schmidt completed a surgical residency at Mayo Clinic in 1956. He practiced in Cali, Colombia, through 1970, then in San Antonio, Texas, from 1971 until his retirement in 1991.

Ronald Wilbur, 78, died Feb. 15, 2000. Dr. Wilbur completed medical school at the University of Kansas in 1947 and worked in general practice in Cameron, Mo., until 1955.

Dr. Wilbur served a fellowship in ophthalmology at Mayo Clinic through 1957, upon which he entered the U.S. Air Force. Following his military service, he began a private practice in Fort Lauderdale, Fla., where he served from 1959 to 1984, when he retired.

1960s

Willy Feinzaig, 68, died Aug. 27, 2000. Dr. Feinzaig received his medical degree from the University of Mexico Medical School in 1958 and completed a fellowship in urology at Mayo Clinic in 1965. He operated a private practice in urology at Clinica Americana in San Jose, Costa Rica. Dr. Feinzaig was a founder and staff

member of the Urology Section of National Children's Hospital in San Jose from 1965-1971. From 1991-2000, he served as a professor of urology and chair of the Section of Urology at Hospital San Juan de Dios. He was awarded a special recognition from the National Costa Rican Congress for his efforts toward the advance of medical sciences in the country in 1992. Dr. Feinzaig was president of the Mayo Urologic Alumni Association in 1996.

Ronald Hamilton, 64, died Sept. 14, 2000. Dr. Hamilton was awarded his medical degree in 1963 from the University of Louisville and went on to complete his residency in internal medicine at Mayo Clinic in 1967. He was a charter member of the American Association of Clinical Endocrinologists. He retired in 1996, after 33 years in private practice in Lexington, Ky.

Peter David Kee-Tseng Pan, 70, died July 19, 2000. Born in China, Dr. Pan received his medical degree from the University of Manitoba, Winnipeg, in 1958. He completed a residency in pathology at Mayo Clinic in 1964. In 1965, Dr. Pan became the consulting pathologist and laboratory director of Lake of the Woods District Hospital and the Northwestern Ontario Region, where he served until his death.

1970s

Alan Cunnien, 47, died Oct. 18, 2000. Dr. Cunnien graduated from Mayo Medical School in 1979, after which he completed a psychiatry residency at Mayo in 1983. Following a fellowship in forensic psychiatry at Rush Presbyterian in Chicago, he joined the staff of Mayo Clinic Rochester. In 1987, Dr. Cunnien was named chair of the Division of

Psychiatry and Psychology at Mayo Clinic Scottsdale, where he served until resigning in June 2000.

Emmett Dupree, 59, died Feb. 8, 2000. Dr. Dupree graduated from Emory University Medical School and then served in the U.S. Navy for three years. Following his service, he completed a surgical residency at Mayo in 1972. He practiced as a general surgeon at St. Vincent's Medical Center, Baptist and Riverside hospitals in Jacksonville, Fla. He retired in 1991 for health reasons.

Lawrence Reckles, 58, died June 26, 2000. Dr. Reckles received his medical degree from the University of Chicago, then went on to serve an internship at Marquette University Affiliated Hospitals. He completed a fellowship in orthopedics at Mayo Clinic in 1972. After serving as a lieutenant commander in the U.S. Navy, Dr. Reckles practiced in Florida from 1975 to 1986. He then moved to Phoenix, where he worked for CIGNA Healthplan. In 1991, Dr. Reckles joined the Medical Association of Atlanta, becoming an advocate of medical law and ethics in a collaboration with the Atlanta Bar Association. He also lectured as a clinical instructor in surgery at both Emory University and Morehouse College. In 1997, Dr. Reckles joined Hogan Orthopaedics & Sports Medicine in Cumming, Ga.

Editorial staff

Managing Editor — David Kolbert

Editor — Michael Dougherty

Art director — Mary Ayshford

Feature writers — Michael Dougherty, Yvonne Hubmayr, Michael O'Hara, Jenna Rosenberg, Tracy Reed Will

Mayo Update contributors — Chris Gade, David Herman, M.D., Jane Jacobs, David Kolbert, Carol Lammers, Autumn Latimore, John Murphy, Shelley Plutowski

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Photographers — Joe Kane, Kelly LaDuke, Rick Madsen, Dean Riggott, Randy Ziegler

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Mayo Alumni Center e-mail address: alumni.affairs@mayo.edu

Mayo Clinic Internet address: <http://www.mayo.edu>

Alumni Association Internet address: <http://www.mayo.edu/alumni/alumni.htm>

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