‘to-day the spirit of medicine is international’
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Charles H. Mayo, M.D., led hundreds of North American physicians in a seminal visit to Europe in 1925. The London Times reported on the trip and the growing movement to share medical knowledge for the benefit of all: “They have thought it worth while to travel to Europe because, to-day the spirit of medicine is international. …” The Mayo brothers believed in the advantages of seeing new discoveries and methods of treatment in other countries — a lasting tradition at Mayo Clinic.
A Letter from the Secretary-Treasurer

I grew up on the East Coast, mostly in or around big cities. Seeing Rochester for the first time was startling. Fortunately, Larry Miller, M.D. (I ’76, GI ’79), a college and medical school classmate who was on staff at Mayo Clinic (and is now on staff in Arizona and the Karl F. and Marjory Hasselmann Professor of Research), encouraged me to read The Doctors Mayo by Helen Clapesattle. I am still energized by the giant blast of inspiration that came from reading the book and from witnessing that the Mayo brothers’ ideals were (and are) very much alive and guide all we do here. Ever since then, Mayo has been home to me.

Of course, my experience is not unique. Giant blasts of inspiration happen every day among colleagues and between teachers and trainees at Mayo Clinic. This magazine’s new feature, “On the shoulders of giants,” illustrates how the ideals of our founders flourish today.

And, for a giant blast of camaraderie with fellow alums, you need look no further than the Mayo Clinic Alumni Association. The MCAA’s international meeting in Ireland and Scotland is fast approaching. I’ll be in attendance and hope to see many of you there. The story in this issue about the 1925 European trip that Dr. Charlie led is a reminder of the importance of seeking and sharing information across borders, oceans, institutions and departments.

This issue is packed with valuable information — developments in cancer care at Mayo Clinic in Arizona, our Referring Physician Office and how it facilitates alumni referrals and helps you stay informed about your patients while they’re in our care, and Mayo Clinic Preferred Response. This service, which is designed to help patients no matter where they are in the world, would not be possible without the participation of our alumni. I hope you will consider responding to the request to be part of this worldwide network of ad hoc consultants.

Peter Amadio, M.D.
Secretary-Treasurer
Mayo Clinic Alumni Association
Lloyd A. and Barbara A. Amundson Professor of Orthopedics

Sponsorship Board is now Values Council

The Saint Marys Hospital Sponsorship Board became the Mayo Clinic Values Council on Jan. 1. The Values Council is charged with preserving and promoting the vision and intent of the original Mayo physicians and the Sisters of Saint Francis who founded the clinic.

Robert Brown Jr., M.D. (MMS ’87, N ’92), chair of the Department of Neurology and the John T. and Lillian Mathews Professor of Neuroscience, is the new medical director for the Values Council.

The administrative home for the council is the Program of Professionalism and Ethics, where Dr. Brown also serves as an associate medical director. Sister Tierney Trueman is the coordinator for the Values Council and Dr. Brown’s administrative partner.

The Values Council collaborates with departments throughout the institution to infuse Mayo values in their work and perpetuate the Franciscan legacy at the Mayo Clinic Hospital.
“We are here to learn and study.”

So said William Peck, M.D., founder of the Interstate Postgraduate Medical Association about its first international congress in spring 1925. Hundreds of physicians, reportedly from every U.S. state and Canadian province, traveled to the British Isles for a weeklong opportunity to learn from English-speaking peers.

Leading the group as president and spokesperson was Charles H. Mayo, M.D. (Dr. Charlie). The physicians filled two ocean liners, which news reports described as veritable sailing medical conferences, with active research and daily lectures.

According to London’s Daily Telegraph, Dr. Charlie said the group wanted to learn all it possibly could about the extraordinary advances in surgery during and since World War I to study the results of the latest discoveries in medical research and to investigate the British system of voluntary hospitals (hospitals that, before the National Health System was established, relied on philanthropy and were staffed largely by physicians working in honorary and unpaid posts).

Dr. Charlie described the purpose of the trip:

A remarkable programme has been arranged for us, covering all types of medical work, and it is most gratifying to all of us. Medicine is making constant progress, and while the news of new discoveries and methods of treatment rapidly pass from one country to another, it is a great advantage to see at first hand,

“...To see at first hand...”

Dr. Charlie Mayo led hundreds of physicians in 1925 European visit.
as we hope to see in the British Isles and later on the Continent, the methods and techniques adopted in the Old World; to study the latest investigation and research work in medicine on this side, and to hear lectures from those who are connected with your great hospitals, and who are able to speak with authority from their wide experience. We are all hoping to gain valuable information in the conduct of those hospitals, and in the care and treatment of the sick, and we look forward to the many lectures on various topics by men of note which we have been promised. But it is not only the scientific events of the week that we are looking forward to; there is the social program as well. At various functions we are to have the pleasure of meeting many of the men prominent in England’s affairs.

William J. Mayo, M.D., didn’t accompany his brother on the trip but provided a message to the congress:

While science has no country, the interpretation of science varies in different countries. Herein has the value of foreign travel to medical men. The purpose of this journey is to receive instruction and to study those scientific procedures that are carried out differently or better abroad than at home. The tour, in a way, is an event of international importance. It gives American citizens an opportunity personally to carry expressions of good will to the people of other countries,

“... we look forward to the many lectures on various topics by men of note which we have been promised.” – Charles H. Mayo, M.D.
and on their return home to interpret sympathetically conditions in Europe, thus promoting a better understanding between great peoples that may help to lead to international peace and amity.

The North American physicians visited 33 London hospitals, and participated in demonstrations and lectures, including “The Combating of Venereal Disease in Great Britain by the Free Treatment of the Infected” (Col. L.W. Harrison) and “The Speed of Life and Disease” (Lord Dawson of Penn).

Many of the physicians on the trip joined Dr. Charlie in visiting leading medical centers on the Continent. Dr. Charlie, accompanied by his wife, Edith, and daughters Louise and Esther, remained in Europe for more than two months, visiting at least 28 cities and presiding at clinical and discussion meetings.

His agenda included:
• Being received by King George V of England
• Conferring honorary membership in the Interstate Postgraduate Medical Association to the Duke of York (who would become King George VI in 1936), Madame Marie Curie and prominent English surgeons
• Addressing the Section of Surgery at the Royal Society of Medicine and a meeting of the Laryngological Section in London
• Distributing prizes to honor students at London Hospital Medical College and Dental School
• Receiving honorary degrees at the University of Edinburgh (Scotland) and Queen’s College (Belfast)
• Receiving an honorary master of surgery degree at Trinity College in Dublin during its commencement exercises, and watching surgical demonstrations at Mater Misericordiae Hospital
• Speaking at the Royal Academy of Medicine in Rome, visiting hospitals and assisting in several surgeries
• Visiting clinics and hospitals in France

Although the trip’s intent was learning, sharing of information undoubtedly occurred — and was solicited. In Paris, the minister of public instruction addressed the North American physicians, commenting on their contributions to medical science:

“We want to borrow from you, and don’t be afraid of this word borrow — your boldness and your teaching. You must tell us, for instance, how you have constituted your unrivalled corps of nurses. Tell us how the liberalism of your institutions provokes the liberalism of your patricians. Tell us how to be prodigal with our money in order to save lives.”

According to The Doctors Mayo (1941) by Helen Clapesattle, Dr. Charlie, who turned 60 soon after returning home, was exhausted from the trip. The following year, his Mayo Clinic colleague Louis B. Wilson, M.D., led the group’s second international tour — to central and southern Europe.
They have thought it worth while to travel to Europe because, to-day the spirit of medicine is international, and because the greatest foe of that spirit is a narrow parochialism.” – The London Times, June 2, 1925

The 1925 trip was only the third visit to England by large groups of American physicians since the turn of the century and the first since World War I. Physicians from the two countries had, however, collaborated on battlefields and in military hospitals in the years leading up to the Interstate Postgraduate Medical Association’s inaugural international congress.

The London Times (June 2, 1925) reported on the trip and the growing movement to share medical knowledge for the benefit of all:

“They have thought it worth while to travel to Europe because, to-day the spirit of medicine is international, and because the greatest foe of that spirit is a narrow parochialism.”

Medical knowledge recognizes no territorial frontiers, and there exists in this country a strong sentiment in favour of a worldwide campaign against disease, nourished and supported by a continuous interchange of ideas and information. In the furtherance of such a campaign there has grown up here in Great Britain a widespread public recognition of the benefits to humanity which must accrue from a sharing of knowledge by British and American medical men. … The professions of both countries realize that they have much to give and much to receive, and both are eager to offer and to accept, for the sake of their common faith and ideals, the lesson of a common enterprise.

Interstate Postgraduate Medical Association

• Founded in 1916, the Interstate Postgraduate Medical Association (IPMA) is a physician-led 501(c)(3) organization that designs and provides independent education for physicians, physician assistants, nurse practitioners, registered nurses and other health care professionals. The IPMA, accredited by the Accreditation Council for Continuing Medical Education, provides needs assessment, education via conferences and online courses, and outcomes assessment.

• The Interstate Postgraduate Medical Association recognizes the Mayo brothers as being among its early leaders.

• Rodney Erickson, M.D., a family medicine physician at Mayo Clinic Health System — Franciscan Healthcare in Tomah, Wis., is on the Board of Directors of the Interstate Postgraduate Medical Association.
On the Shoulders of Giants

“If I have seen further it is by standing on the shoulders of giants.”

This expression attributed to Sir Isaac Newton is often quoted at Mayo Clinic. Mayo Clinic’s origin is unique, with founders whose names, faces and stories are familiar to all staff members and trainees. It’s a history rich with physicians who were giants in their fields and who dedicated their lives to serving patients, training the next generation and searching for answers about diseases.

That history didn’t end with the Mayo brothers’ generation or the generation after that. Mayo Clinic still is rich with giants in their fields. The lessons the original giants imparted are taken to heart by new Mayo Clinic physicians every day and enriched with lessons from new giants.

In The Doctors Mayo (1941), Helen Clapesattle detailed resolutions the surgical society of the Clinic adopted after the deaths of the Mayo brothers:

There is left for us their precedent — that immortal part of them — to cherish and hand on. Portions of that precedent seem particularly left in trust to us, the surgeons of the institution which our great preceptors founded. They worked for something even greater than themselves, which lies in the future and which must be effected by their successors. … They insisted that each surgeon have a full hand on his own service and that he shoulder the responsibility thereof. Guidance without pampering; help without meddling; these are the principles by which we were trained. Let us then train others thereby and as we close ranks for the months and years ahead as our great mentors would have had us do, let it be said of us: “They helped everyone his neighbor.”

New ‘giants’ feature

In this issue of Mayo Alumni, we introduce a new feature, “On the shoulders of giants.” We will share vignettes of Mayo Clinic physicians and trainees who describe the influence of mentors in that unique Mayo way — active ideal of service, primary and sincere concern for the care of the individual patient, unselfish interest in every member of the group, guidance without pampering, help without meddling.
Morning reflection is time to thank mentor

Robert Spinner, M.D. (MMS ’89, NS ’00), a consultant in the Department of Neurologic Surgery at Mayo Clinic in Rochester and the Burton M. Onofrio, M.D. Professor of Neurosurgery, says every morning when he shaves, before it’s light outside, he thanks his mentor Stephen Carmichael, Ph.D., D.Sc. (ANAT ’82).

“My early morning routine — showering and shaving — is one of the few times of day when I have a chance to reflect; it’s when I contemplate all the decisions of life,” he says. “I’m away from my pager, work and kids and have time for creative thoughts. I own this time of day.

“I have known Stephen since my first class at Mayo Medical School in 1985. If it were not for him, I would not be at Mayo and my research would not have been what it is. Stephen always sees the bigger picture. He gave me opportunities that I didn’t ask for and made things happen when I did ask for them. When I prepare for the day and look ahead and look back, I think about him, thank him and remind myself to incorporate his values into my day. Simply put, I wouldn’t have what I have without him. I’m indebted to him and to Mayo Clinic for what they’ve given me and my family. We’re true Mayo citizens.”
Sheri Crow, M.D. (PD ’07), a consultant in Pediatric Critical Care Medicine at Mayo Clinic in Rochester, had just joined the staff and was looking for research mentors. Based on recommendations from key players in Cardiac Surgery, Anesthesiology and Cardiology, William Oliver Jr., M.D. (ANES ’87), a consultant in the Department of Anesthesiology at Mayo Clinic in Rochester, was at the top of her list.

“I left his office knowing that I had made the right decision to come to Mayo, if only for the opportunity to work with this one individual,” says Dr. Crow. “Those who know Dr. Oliver will agree that talking to him is like sitting across from one of the Mayo brothers.

“Dr. Charlie Mayo once said, ‘There are two objects of medical education: to heal the sick, and to advance the science.’ Dr. Oliver’s approach to medicine is directly in line with this philosophy as demonstrated by his tireless devotion at the bedside and his commitment to evaluating the clinical approaches we use at the bedside through research. His dedication stems from his desire to ensure that we not only prolong a patient’s life but that we also enhance the quality of life future generations can anticipate despite the intrusion of disease. He models what he believes — that being a physician is a calling, not a job. To Bill Oliver, fulfilling that calling requires an all-consuming, patient-comes-first approach to research and clinical practice.

“I think that’s what is incredible about Mayo. Those who have trained or practice here adopt the principles of the founding fathers as their own — that we must constantly learn from each other and our patients, and that the greatest contribution we can make to medicine is to teach the next generation the principles we learn. The values of the institution’s founders are alive and well — in Dr. Bill Oliver and so many others.”

‘Like sitting across from one of the Mayo brothers’
Early in 2015, Mayo Clinic in Arizona will debut the first cancer facility it has built from the ground up. The new building on the Phoenix campus will house the consolidated Cancer Center practice and include a new proton beam therapy program. The four-story facility — with four proton beam treatment rooms on the concourse (lower) level — could grow to as many as 15 stories above ground in the future.

The need
Today, cancer services are located at both Arizona campuses — Phoenix and Scottsdale, 25 minutes apart. Many cancer patients require services at both locations.

“Our patients will soon have the convenience of seeing all their cancer specialists at one state-of-the-art location,” says Wyatt Decker, M.D. (MMS ’90, I ’93), vice president, Mayo Clinic, and CEO, Mayo Clinic in Arizona. “We are striving to create a peaceful, healing environment focused around those we serve — our patients.”

Ruben Mesa, M.D. (MMS ’95, I ’98, HEMO ’02), deputy director, Mayo Clinic Cancer Center, and chair, Division of Hematology/Medical Oncology, Mayo Clinic in Arizona, points out another benefit of a consolidated practice. “By being closer to one another, our physicians, oncologists, surgeons, radiologists and pathologists will be able to interact better with each other and with our scientists and researchers — sharing knowledge from our extensive research efforts,” he says.
The patient-centered design

Mayo Clinic in Arizona worked with Mayo Clinic’s Center for Innovation to design the facilities that will consolidate the Cancer Center practice. The Center for Innovation fuses design principles with the scientific method to uncover human needs in the health care environment.

“We wanted to design the facility from the patient’s perspective, not what providers think is best or rely on our preconceived ideas,” says James Yiannias, M.D. (DERM ’92), associate medical director, Mayo Clinic Center for Innovation, and a consultant in the Department of Dermatology, Mayo Clinic in Arizona. “Working with the Center for Innovation, we shifted the conversation from square footage to patient needs and ensured that we truly deliver on providing patient-centered health care.”

Service designers from the Center for Innovation interviewed and surveyed patients about their oncology experiences and accompanied them on their oncology care visits.

Examples of features based on Center for Innovation involvement include:

• **CHECK IN** — This process will follow the airport model. Check-in options include using a kiosk, engaging with a roaming staff person to check in with an iPad or approaching a staffed check-in desk. Patients will be able to make co-payments with all options. Eventually, patients will be able to check in at home with digital devices.

• **WAITING AREAS** — These will have quiet work areas with outlets to charge computers and phones, and other areas with seating conducive to conversations with family and friends. Patient education kiosks will be embedded in practice area lobbies.

• **INFUSION CENTER** — This will include private areas for work and sleep, communal areas with opportunities for socialization and activities, and space for loved ones to work and make phone calls.

“We wanted to design the facility from the patient’s perspective, not what providers think is best or rely on our preconceived ideas.”

— James Yiannias, M.D.

The space

Cancer care will be delivered in one integrated space where 200 cancer physicians, scientists and other team members can interact, collaborate around patient care, and brainstorm about opportunities in cancer care and research. This space includes the first three floors of the building and the concourse level — home to the proton beam therapy program. The first patients will be treated with this technology in spring 2016.

The new facility features:

• **Concourse (lower) level:**
  - 165,000-square-foot proton beam therapy center and radiation oncology center
The opportunity
The new center will help cancer research flourish.

“Our divided Arizona campus has caused some challenges in making our research enterprise function as smoothly as possible,” says Donald Northfelt, M.D. (HEMO ’02), Division of Hematology and Medical Oncology and associate medical director, Breast Clinic. “Increasingly, research involves many disciplines coming together. Clinical trials may have a surgical component and involve medical oncology and radiation. When everyone involved with cancer is under one roof, including our researchers, we’ll have a more functional cancer program and enhanced collaborative efforts.”

Dr. Northfelt cites the example of Mayo Clinic’s Breast Cancer Genome-Guided Therapy (BEAUTY) study that involves collaborators across all three Mayo Clinic sites. Funded by Mayo Clinic’s Center for Individualized Medicine, the study focuses on understanding why standard chemotherapy eradicates breast cancer in some women but fails in others. Patients in the study have genomic sequencing and chemotherapy before surgery.

“Participation in the BEAUTY clinical trial is challenging for Arizona patients,” says Dr. Northfelt. “Medical oncology visits to discuss the study are in Scottsdale, surgical consultation and radiation oncology could be at either the Phoenix or Scottsdale campus, breast imaging is in Scottsdale and surgery is in Phoenix. Understandably, patients often decline participation because they don’t want extra running around while they’re dealing with a new diagnosis and treatment.

“In the new facility, research will be woven into patient care in a way we can’t do now because of our separate campuses. Patients will walk into the new Breast Center, and physicians and researchers will come to them. One door, one chair — all of the care comes to her and revolves around her and surrounds her there. It will be a revolutionary change in how we care for patients.”

The new element
The proton beam therapy center also will be a hub for research activity.

“Not a lot of robust science has been performed around proton beam, which has impeded wider acceptance of this therapy,” says Dr. Northfelt. “Philanthropy from Richard O. Jacobson funded proton beam therapy construction and research activities in Arizona and Rochester. Mayo Clinic will be a source of tremendous knowledge generation in proton beam therapy. Since the facility was announced in 2010, our radiation oncologists have been brainstorming about clinical trial opportunities once our facility opens.”

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First floor:
- Multidisciplinary breast center with medical oncology, surgeons, diagnostic mammography and social work
- Pharmacy
- Services to help patients overcome the challenges of cancer:
  - Physical medicine and rehabilitation
  - Integrative medicine
  - Nutrition
  - Cancer patient education and research center with dedicated classroom
  - Clinical trials information office

Second floor:
- Dedicated to procedures — cancer and noncancer — including outpatient surgery

Third floor:
- 67,000 square feet dedicated to cancer care
- 50-bay infusion center with abundant natural light and desert views
- Caregiver lounge
- Pharmacy

Exam rooms designed to be more interactive, with patient education videos available to make waiting time more productive

Cafeteria that focuses on healthy living cuisine

Patient check-in options including digital kiosks

In the new facility, research will be woven into patient care in a way we can’t do now because of our separate campuses.”

– Donald Northfelt, M.D.
Breast cancer patient likes idea of physicians under one roof discussing cases

Suzy Underhill of Scottsdale was treated for inflammatory breast cancer at Mayo Clinic in 2011. She had tests, radiation and chemotherapy at the clinic five minutes from her house, and surgery at the hospital 15 minutes away.

“The clinic is very close to my house, which was convenient for me. But a lot more people will benefit when everything is in one location,” says Underhill. “I like the idea of breast surgeons, plastic surgeons, radiation specialists and oncologists all being concentrated in the same building and talking about patient cases during the course of their day.”

Former San Franciscan commends patient coordination despite physical separation of campuses

When Richard Rubenstein and his wife, Jacie, moved from the San Francisco Bay Area to Scottsdale in 1998, a major consideration was to be near a top-quality medical facility. Rubenstein became a Mayo Clinic patient in 2007 when he was diagnosed with stage 3 colorectal cancer. Throughout that year, he traveled back and forth between the Scottsdale campus clinic and Phoenix campus hospital and specialty building for care. He had radiation in Phoenix, clinic appointments in Scottsdale, chemotherapy in both locations and surgery in Phoenix.

“The campuses are gorgeous and convenient but physically separated. At the time, I was focused on beating cancer, so the logistics didn’t matter that much,” says Rubenstein. “Mayo is shockingly well-coordinated — the way they handle the details such as scheduling, getting lab results and moving you from one place to another.

“My care team tried to keep me at one location as much as possible, but bringing cancer care together in the new facility will be advantageous to a lot of people, including doctors. I’m very indebted to Mayo Clinic for saving my life. They have me for life.”

‘If they’d had proton therapy when I needed it, I could have stayed home’

Barry Whipple, a retired pilot from Scottsdale, relocated to Oklahoma City for nine weeks for daily proton beam therapy. Each treatment for his prostate cancer took only minutes, so he spent his days exercising, playing golf, and visiting his daughter and son-in-law.

Whipple spent years traveling for work in the military and commercial airlines and now prefers to stay closer to home.

“I can almost see Mayo Clinic from my house,” he says. “If they’d had proton beam therapy when I needed it, I could have stayed home with my wife and taken care of my dogs, Ruby, Lulu and Bella. It can be a burden to have to be away from home for so long.”
George Welder, physician liaison, Mayo Clinic in Rochester

Jill Buck, director, Referring Physician Office, Mayo Clinic in Rochester

Marlana Beck, director, Referring Physician Office, Mayo Clinic in Florida

Anne Roberts, director, Referring Physician Office, Mayo Clinic in Arizona
Referrals made easy

Referring Physician Office

All patients are treated ‘like VIPs’

At any given time, Connie Mariano, M.D. (PREV ’01), has patients being cared for at Mayo Clinic in Arizona. Today, it’s a coronary issue, a cardiac procedure and kidney cancer.

“I refer through the Referring Physician Office website and always get a quick response,” she says. “For urgent cases, I phone or email. Yesterday, I called the ER for urgent evaluation of a patient with angina. A recent patient was worried about an upcoming procedure, so I emailed the Mayo physician about the patient’s concern. The doctor responded in a few minutes, and I alleviated the patient’s worry. Mayo doctors are very responsive. Together, we use technology for the benefit of our patients.”

Dr. Mariano says the communication about patients she refers is prompt. “I check online for lab work and clinical notes. Immediately accessing information about patients’ care is very valuable,” she says. “My patients are tech savvy and often use the patient portal. Sometimes they access their test results before I’ve had a chance to. The Referring Physician Office and online services are wonderful assets.”

From 1992 to 2001, Dr. Mariano was the White House physician and director of the White House Medical Unit and served as physician to three sitting American presidents. From 2001 to 2005, she was a consultant in the Executive Health Program at Mayo Clinic in Arizona and then founded the Center for Executive Medicine in Scottsdale, Ariz., a medical concierge practice that provides presidential-quality medical care to CEOs and their families.

“Mayo Clinic treats all patients as if they are VIPs,” says Dr. Mariano. “Routinely, patients I refer tell me, ‘The doctor took the time to sit down and talk to me for an hour to make sure I understood everything.’ How my patients are treated reflects back on me. I greatly appreciate that they are well taken care of and that information about their care is conveniently available to me online.”

Dr. Mariano is one of thousands of alumni who refer patients each year to Mayo Clinic campuses for specialty care. >>
“Mayo alumni are our extended work family, caring for patients in the ‘Mayo way,’” says Dawn Marie Davis, M.D. (PD ’03, DERM ’06), chair of the Referring Physician Office and a consultant in the departments of Dermatology and Pediatrics, Mayo Clinic in Rochester. “Mayo Clinic is always there as a resource for alumni when needed, with the goal of keeping patients with their local providers as much as possible.”

Dr. Osborn saw a patient who he thought had a neurological condition. However, neurologists in the community who had seen the patient had diagnosed her problem as psychological. Dr. Osborn referred her to a neurologist at Mayo Clinic, who diagnosed the patient with dentatorubral-pallidoluysian atrophy (DRLPA), a rare disease.

“The Mayo neurologist sent me a letter saying he appreciated that I persevered despite the recommendations of other specialists,” says Dr. Osborn. “The patient’s therapy options were limited, but at least she had a specific diagnosis. The feedback from Mayo to this then-resident motivated me to work even harder to do what’s best for my patients, including collaborating with specialists I refer to. That first experience with Mayo was definitely a factor when I chose where to go for my fellowship.”

More recently, an older patient had shortness of breath and swollen feet. An EKG showed abnormalities, but Dr. Osborn wasn’t sure if they were pre-existing. A cardiologist at Mayo Clinic in Florida determined that the patient didn’t need to be referred at that visit. Several months later, the patient had significant changes, and Dr. Osborn consulted with the cardiologist again. This time, the patient was hospitalized and seen by Cardiology the same day.

“When I refer to Mayo, it feels collaborative — ‘Thanks for calling. Let’s work together to take care of people,’” says Dr. Osborn. “It’s patients first and a team approach. It’s my favorite thing about referring to Mayo Clinic. You don’t get that feeling everywhere.”

‘Can you get me in?’
John Robertson, M.D. (FM ’11), saw a patient with exceptionally high hypertension. Other physicians she’d seen couldn’t get her blood pressure under control, and she ended up in the emergency room every week. Dr. Robertson contacted the Mayo Clinic Referring Physician Office via its website and secured an appointment for the patient the following week.

The patient was hospitalized for four days at Mayo Clinic in Rochester.

“She told me the Mayo doctors told her, ‘We don’t know what is causing your hypertension, but we will figure it out,’” says Dr. Robertson, who owns the Family Medical Clinic of Harrogate in Harrogate, Tenn.

The patient had genetic tests and specialized scans, saw hypertensive specialists and was diagnosed with Liddle’s syndrome, a rare genetic form of hypertension.

First referral made a powerful impression
Ross Osborn, M.D. (FM-SM ’06), first referred a patient to Mayo Clinic in Florida when he was a second-year family medicine resident at Halifax Health Medical Center in Daytona, Fla. Today, he’s a family medicine and sports medicine physician at the Center for Health & Sports Medicine clinic he founded in Jacksonville. He refers patients across specialties to Mayo Clinic in Florida. His clinic’s electronic medical record generates a referral to Mayo Clinic’s Referring Physician Office fax line.

“My first impression in referring was powerful,” he says.
“My patient would still be suffering today if not for Mayo Clinic,” says Dr. Robertson. “Every time she mentions Mayo, she cries, in gratitude.

“We don’t have access to a lot of specialists in this area. People here tend to view health care as a luxury and don’t see doctors until they are very ill. They know I trained at Mayo Clinic, and that’s appealing to them. Without exception, my patients who have gone to Mayo have been satisfied. Now, they say to me, ‘Here’s my Mayo Clinic patient number. Can you get me in?’ They’re patients for life.

“Sometimes physicians think it’s hard to get patients in to Mayo Clinic or presume patients have to have strange diseases. I haven’t found that to be the case at all. It’s easy to refer, and they’re making it even easier. There’s a liaison to talk to 24 hours a day. Recently, I saw a patient with cancer on a Friday, got him an appointment at Mayo the following Monday, and he went home and packed a bag and started driving toward Minnesota. People in this area are starving for good, efficient health care. I model the way I was trained at Mayo Clinic in my practice and refer patients to ‘the best’ when they need more help.”

It’s easy to refer, and they’re making it even easier. There’s a liaison to talk to 24 hours a day.” – John Robertson, M.D.

Referring Physician Office
is the referral gateway

The gateway for referrals is the Mayo Clinic Referring Physician Office at each Mayo location. Services of the Referring Physician Offices include:

- Online 24/7 referral portal — Advantages of referring on the secure website include immediate access to patients’ records, clinical notes, lab test results and radiology reports; and a messaging capability with treating physicians.
- Telephone consultation request.
- Records request for patients previously treated at Mayo Clinic.
- Assistance arranging referrals, appointments, transport and consultation with Mayo Clinic physicians.

To enhance alumni interactions, Mayo Clinic offers online services for referring physicians. This is a secure web portal for patient referrals and viewing clinical notes, radiology reports and test results while patients are at Mayo Clinic.

The web portal requires secure login credentials and validation prior to use. To enroll in this service:

- Visit http://medprof.mayoclinic.org or
- Contact referring physician enrollment coordinator, 855-515-1308

ROCHESTER
800-533-1564

FLORIDA
800-634-1417

ARIZONA
866-629-6362
Since 2002, select individuals have been members of Mayo Clinic Preferred Response (MCPR), a service that provides benefits including access to a network of physicians with a Mayo Clinic connection around the world. Members have included trustees, benefactors, and corporation’s executives, employees and clients.

Offering premier service to consumers

Now, Mayo Clinic Preferred Response is available to all. An application for families and individuals is available on the Mayo Clinic Store website (http://store.mayoclinic.com/MCPR/). This premier medical support service requires an annual fee and includes:

- **24-hour medical support and triage** — Connects members to registered nurses for timely advice and intervention as needed
- **Appointment assistance** — Coordinates medical appointments that require assistance outside of customary channels
- **Pre-trip travel planning** — Creates customized travel plans based on destination and itinerary including region-specific health risks, vaccinations, information and local care options
- **Coordination of local medical care** — Helps members locate quality medical services appropriate for any medical issue anywhere in the world
- **Medical evacuation** — Coordinates air medical evacuation at no extra cost for members who need transportation to a medical facility for treatment of a serious injury or illness
- **Access to Mayo Clinic physicians and alumni around the world** — Connects members to Mayo Clinic-trained physicians and alumni around the world

“We’re offering Mayo Clinic Preferred Response (MCPR) to everyone because we’ve learned there is a desire for connectivity to our world-class institution,” says Clayton Cowl, M.D. (THDCC ’00), medical director, Mayo Clinic Preferred Response, and consultant in the divisions of Preventive, Occupational, and Aerospace Medicine and Pulmonary and Critical Care Medicine. “Many people,

“...
including those who travel a lot or have a family member abroad, want Mayo Clinic knowledge and Mayo Clinic-trusted clinics, hospitals and providers wherever they may be, anywhere in the world.

“Members who have gone on once-in-a-lifetime trips to multiple countries and remote locations with activities such as safaris and cliff diving have inquired who we have available in those places should they have a medical requirement. If that need arises, our coordinators contact alumni in those areas whenever possible to determine their willingness to help.”

Creating a robust network of alumni around the world
A key component of MCPR is alumni. MCPR relies on a robust network of alumni interested in helping its members. Alumni may complete a form, providing current information and indicating their desired level of participation (http://mayo.edu/prpnform).

“To date, we’ve contacted alumni when our members have had needs,” says Dr. Cowl. “We’d like to develop a strong database of alumni who are interested in serving MCPR members in this worldwide referral network of Mayo-trained physicians. Sometimes this involves seeing patients. Other times, it involves being a resource and recommending hospitals, clinics or providers in a particular geographic area.”

A day in the life of MCPR

- A member traveling in **Eastern Europe** breaks his leg and is taken to a local emergency room. He doesn’t know the language and is confused about the treatment decisions the physician wants him to make. The MCPR member calls a Mayo Clinic in Rochester-based care coordinator for help. MCPR contacts an alumnus who is originally from the country where the patient is and now lives in Florida. The alumnus is from the same town where the patient is traveling. MCPR arranges a conference call between the alumnus and treating physician. The alumnus has concerns about the patient possibly developing compartment syndrome if treated with a hard cast. The treating physician follows the recommendation of the alumnus, and the member-patient is treated and discharged. MCPR arranges for an air ambulance to take the member to London, where a nurse meets and escorts him back to the United States.

- A member in **California** wants help with a referral for a primary care provider/gynecologist for his daughter. MCPR contacts a California-based alumna, who recommends her own provider.

- A member visiting **La Paz, Honduras**, calls MCPR for a provider contact. A care coordinator contacts an alumnus who practices there and agrees to see the patient.

- A member wants to schedule an appointment with a **specialist** at Mayo Clinic in Rochester. A care coordinator reviews the member’s request, works with the Central Appointments Office to secure an appointment and communicates the information to the member.

- A member calls MCPR, complaining of abdominal pain. A nurse speaks with the member and provides guidance about **self-care** and when to seek medical care.
Mayo Clinic Preferred Response in action

Alumni connections and willingness to help save a young life

"Who do we have in Bangkok?" An emergency call came in to Mayo Clinic Preferred Response the afternoon of Jan. 18, 2012, initiating a search for alumni practicing in Bangkok, Thailand.

George Love III, a 19-year-old from Pittsburgh, had been seriously injured when his motorbike was hit by an 18-wheel truck in Phuket, the southernmost island in the Gulf of Thailand. Love has severe hemophilia B.

By the time his family in the United States learned about the accident, Love was bleeding badly and desperately in need of coagulation factor IX. The facilities caring for him in Thailand didn’t have a hematologist or enough of this vital medication needed for clotting. Love’s family began a frantic mission to get factor IX to him and get the medical care he needed. They reached out to everyone they knew.

“We are world travelers, but we did not know a soul in Thailand,” says Jane McGraw, Love’s aunt. "We felt completely helpless. We didn’t even know for sure where George was because they continued to move him from place to place.”

A lead about a familiar place
A friend told McGraw that Mayo Clinic had international connections. The family was familiar with Mayo Clinic. Their patriarch, Howard “Pete” Love, had been treated at Mayo for Parkinson’s disease and had recently died. He was the chairman and CEO of National Steel Corp. of Pittsburgh, and he and his wife, Jane, had been Mayo patients for more than 20 years.

Mayo locates the critically ill patient
Two hours after McGraw contacted Mayo, Elliot Riggott, a coordinator with Mayo Clinic Preferred Response, had located her nephew, who had been moved several times, with each facility unable to care for his traumatic injuries and hemophilia. Riggott had even spoken to a physician at Love’s current location — a hospital in Phuket.

The hospital told Riggott that they were in short supply of factor IX. Without it, Love would bleed to death. Time was of the essence.

Riggott had sent an email to Mayo Clinic alumni in Bangkok — the capital and most populous city — asking for help. “Who do we have in Bangkok?”

“Elliot reported that George was unconscious, on a respirator, both his right kidney and his spleen were removed. He had lost a lot of blood, and they couldn't stop his bleeding,” says McGraw, who lives in New Jersey. “With Mayo in control, we finally knew George’s location and condition. By the time George's sister and father arrived in the country with a supply of factor IX, they knew where to deliver it and who to see. Elliot reassured us that Mayo had alumni that can be called upon everywhere and could arrange for medical transportation to get George to a hospital that could handle his critical condition. They made us feel like there was hope for George.”

Love's uncle, Howard Love of San Francisco, says that Mayo's strong recommendation that his nephew be transported by air from Phuket to Bumrungrad International Hospital in Bangkok — about 500 miles away — saved his life. Bumrungrad is an internationally accredited multispecialty hospital and the largest private hospital in Southeast Asia.
Riggott arranged for air transportation along with three medical technicians from Bumrungrad International Hospital to accompany Love, whose heart stopped beating twice on the flight. Mayo Clinic arranged for the intensive care unit at Bumrungrad to accept Love immediately upon his arrival — no small feat in a hospital that serves 8.5 million people.

Alumna at top hospital coordinates on the ground, assembles team

Riggott had invaluable help from a physician on the ground — Rosanee Valyasevi, M.D. (ENDO ’00), an endocrinologist at Bumrungrad International Hospital and a Mayo Clinic alumna. She assembled a team of physicians at Bumrungrad to care for Love, including nephrologists, intensivists, cardiologists, infectious disease specialists, hepatologists and surgeons. She also enlisted help from hematologist and fellow alumnus Wichean Mongkonsritragoon, M.D. (PATH ’97).

“Dr. Valyasevi was a phenomenal resource,” says Riggott. “She worked with the Phuket hospital where George was and helped to smooth over processes before they would release him. She helped facilitate air transportation to her hospital and made many phone calls. We worked through the night to arrange the high level of care George needed. With the language barriers, government complications and many other challenges, we could not have succeeded without Dr. Valyasevi’s assistance.”

Dr. Valyasevi had signed up to be part of Mayo Clinic Preferred Response several years earlier but never thought her services would be needed. “Elliot Riggott called me from Mayo Clinic, halfway across the globe, asking for help with George,” she says. “The physicians I work with at Bumrungrad in many specialties were willing to help, regardless of the time required. We arranged the care team in a timely manner. It is amazing how Mayo Clinic can collaborate with hospitals anywhere in the world to help patients in need.”

Love remained at Bumrungrad International Hospital for two months, with six weeks in intensive care. He’d had catastrophic organ failure, and his remaining kidney was badly damaged. He had multiple surgeries.

‘Why you want a relationship with Mayo Clinic’

“My son would not be alive today if not for Mayo Clinic,” says George Love II. “Mayo Clinic did not know us, but they dove right in and went to bat for us. They were in constant contact with us throughout the entire ordeal, asking how they could help. We had red-carpet treatment at Bumrungrad because of the Mayo Clinic connection. Knowing that doctors working on George had trained at Mayo gave us a sense of relief.

“This exemplifies how Mayo is a global hospital. If I ever have a situation where I need a medical opinion or treatment, I will turn to Mayo. This is a great example of why you want a relationship with Mayo Clinic.”

Two years later, George Love III has recovered. He’s a chef in Pittsburgh and runs several miles a day. He’s grateful for the “selfless efforts” made on his behalf.

“While I focused on staying alive, others battled for me,” he says. “It’s remarkable that people who don’t know me went to these lengths. Mayo Clinic’s network is extraordinary.”

McGraw says she travels with greater confidence today, knowing that Mayo Clinic’s international alumni network is available. “It’s incredible that the same medical facility that enhanced my father’s life stepped in to save his grandson’s life,” she says. “My husband and I have put annual physicals at Mayo on our agenda, just like my parents did. We are forever grateful to Mayo Clinic.”
Know your Board

How well do you know the functions of the Mayo Clinic Alumni Association?

The Board of Directors, which first met in 1917, has a peer-nominated membership. Board members:
• Provide leadership
• Make policy decisions
• Decide strategic direction and vision

The makeup of the Board is intended to be diverse in ways that include geography and medical and surgical specialties.

Executive Committee
The operational branch of the Board is the Executive Committee. This Committee’s role is to:
• Ensure the Board’s strategic direction is accomplished
• Ensure the daily management of the Alumni Association runs smoothly
• Ensure alumni programs meet the Board’s strategic direction

Board member profiles
In 2014, Mayo Alumni, will profile Board members. First up are a Mayo Clinic scientist, physician and resident.

Lonzetta (Loni) Neal, M.D. (GIM ’00)

Board Member, Executive Committee
• Assistant Professor of Medicine, Mayo Clinic College of Medicine
• Division of General Internal Medicine – Breast Diagnostic Clinic, Department of Medicine, Rochester
• Residency: University of Minnesota Fairview Hospitals and Clinics, Minneapolis
• Medical School: Medical College of Wisconsin, Milwaukee
• Undergraduate Degree: Carroll College, Waukesha, Wis.
• Native of: Milwaukee

When did you decide to pursue medicine?
I had originally trained to be a medical technologist and, ultimately, worked at a teaching hospital in Milwaukee where I met a lot of residents and medical students. After 10 years as a med tech, I decided to go to medical school — primarily because I wanted more patient contact. I love interacting with, educating and encouraging my patients. I also enjoy mentoring and teaching medical students and residents.

What was your first impression of Mayo Clinic?
My initial impression was of the camaraderie and collegiality of the staff. You could pick up the phone and instantly get advice from world experts — that was fascinating to me.

How does Mayo Clinic influence your practice?
Because we see routine and unusual cases from around the country and world, we are stimulated to keep abreast of the latest research and developments in our areas of interest. Working in an academic medical center keeps the imaginative juices flowing. I find myself constantly researching and reading about various topics of interest in my field of breast diseases.

What do you do in your spare time?
I read, sing, knit, watch sports, walk the dog and entertain friends.

What would people be surprised to know about you?
I was a magician’s assistant part time after college for the Amazing Divad (David spelled backwards). I also auditioned for the Metropolitan Opera (New York City) but didn’t make it.

Louis (Jim) Maher III, Ph.D. (BIOC ’95)

Board Member, Executive Committee
• Professor, Department of Biochemistry and Molecular Biology, Mayo Clinic College of Medicine
• Dean, Mayo Graduate School
• Director, Mayo Clinic Initiative for Maximizing Student Development
• Postdoctoral Fellowship: California Institute of Technology, Pasadena
• Graduate Degree: Ph.D., Molecular Biology, University of Wisconsin–Madison
• Undergraduate Degree: University of Wisconsin–Madison
• Native of: Madison, Wis.

Why did you decide to pursue research?
I had considered an M.D./Ph.D. program but grew to understand that the entrepreneurial life of a basic Ph.D. research scientist best fit my personality.

How does Mayo Clinic influence your research?
I direct a basic science research lab. Mayo Clinic has provided a wonderful
and supportive environment for my wide range of research interests and has allowed me to expand my work into collaborations with clinicians. It also has allowed me to grow my passions for mentoring biomedical research scientists during their Ph.D. training — the focus of Mayo Graduate School. My research interests are:

- How are very long DNA molecules folded and packaged inside cells?
- Can we make new kinds of drugs using RNA molecules?
- How is cancer caused by defects in sugar digestion?

What valuable lesson have you learned at Mayo Clinic?
Long-term success at Mayo Clinic often involves the ability to develop alliances and motivate teams.

How do you contribute to the Mayo Clinic Alumni Association?
Charlie Mayo stated that “the chief goals of medical education are to heal the sick and advance the science.” My intended contribution is to familiarize the association with how that second goal is totally dependent on research scientists and the training of Ph.D. students at Mayo Clinic.

What do you do in your spare time?
I spend time with my wife of 30 years, Laura (Mayo Clinic Cancer Education Program), and two grown daughters in Minneapolis. I am an avid bassist in the community and serve the Autumn Ridge Church congregation in Rochester.

I am the proud owner of a pet rabbit and two miniature dachshunds.

What would people be surprised to know about you?
I have been a malignant paraganglioma patient for 35 years. Being a Mayo Clinic patient for part of that time has influenced my research laboratory projects. I am known at Mayo Graduate School for my quote: “History teaches us that most of the breakthroughs that propel revolutions in medicine come through the work of curious people studying problems seemingly unrelated to human health.”

Jeffrey Wang, M.D. (S ’10, U ’14)
Board Member, Executive Committee, MCR-MSGME representative
- Chief Resident, Department of Urology, Mayo Clinic Rochester
- Residency: Urology, General Surgery, Mayo School of Graduate Medical Education
- Medical School: Keck School of Medicine, University of Southern California, Los Angeles
- Undergraduate Degree: University of Southern California
- Native of: Los Angeles

When did you decide to pursue medicine?
I knew I wanted to be a physician at 10 years old. I loved how much doctors could help people. I never dreamed of doing anything else for a career.

Why did you train at Mayo Clinic?
My wife, Amy Wang, M.D. (I ’10) (Division of General Internal Medicine), and I couples-matched at Mayo. We were drawn to the strength of our respective specialties and the opportunity to train at such a historic, renowned institution. We also wanted to gain perspective by experiencing life outside of our comfort zone in Southern California.

How does Mayo Clinic influence your practice?
The core value of Mayo Clinic — the needs of the patient come first — has entrenched itself in my practice and values. It has become my first and foremost principle when practicing medicine.

What valuable lesson have you learned at Mayo Clinic?
Don’t assume that patients understand their condition, diagnosis, prognosis or treatment plan. I always try to explain complex medical problems with common language, drawings and analogies.

How do you contribute to the Mayo Clinic Alumni Association?
As this year’s president of the Mayo Fellows’ Association, I bring the voice of the residents and fellows at the Rochester campus to the organization.

What do you do in your spare time?
I road and mountain bike and play tennis. I surf when I am home in California.

What would people be surprised to know about you?
I am lucky to have a set of twins — a boy and a girl — who keep me and my wife on our toes at all times. ■
Mayo Update

Board of Trustees News

At its quarterly meeting in February, the Mayo Clinic Board of Trustees welcomed a new board chair and member, recognized retiring members and elected new internal trustees.

New board chair
• Samuel A. Di Piazza, retired vice chair, member of Senior Client Executive Group, Citi; former chair, PricewaterhouseCoopers.
  Di Piazza replaces Marilyn Carlson Nelson, who is retiring from the board.

New member
• George Halvorson, retired chair, Kaiser Permanente, Oakland, Calif.; former president and CEO, HealthPartners, Minneapolis

Retiring members (now emeritus trustees)
• James Barksdale, Barksdale Management Corporation
• Patricia Mitchell, president and CEO, The Paley Center for Media, New York
• Lee Raymond, former chair and CEO, Exxon Mobil Corp.
• Anne Tatlock, former chair and CEO, Fiduciary Trust Company International

New internal trustees
• Bobbie Gostout, M.D. (MMS ’86, OBG ’91, BIOC ’93, GYNO ’96), Department of Obstetrics & Gynecology, Mayo Clinic in Rochester
• Eddie Greene, M.D. (NEPH ’00), Division of Nephrology & Hypertension, Mayo Clinic in Rochester
• Charles (Michel) Harper Jr., M.D. (I ’83, N ’86), Department of Neurology, Mayo Clinic in Rochester
• Pam Johnson, chair, Department of Nursing, Mayo Clinic in Rochester

Obituaries

Albert Tin Hong Chan, M.D. (GI ’85), died Oct. 2, 2013.
Robert Hood Jr., M.D., Ph.D. (S ’53), died Nov. 4, 2013.

Joseph D. Wilson, M.D. (S ’52),
died Nov. 10, 2013.

Complete obituaries and the Update section,
with alumni and staff news, are available on
the Mayo Clinic Alumni Association website,
alumniconnections.com/olc/pub/MAYO/.

Mayo Clinic Department of Defense Medical Research Office Debuts

Mayo Clinic has opened the Mayo Clinic Department of Defense (DOD) Medical Research Office to directly link DOD research needs with investigator capabilities.

The office, in Rochester, Minn., oversees Mayo Clinic’s portfolio of DOD-funded research, matches DOD needs with Mayo Clinic expertise, and accelerates the process — from proposal development to funding and delivery of a completed project. A new website (mayo.edu/dod) outlines current Mayo Clinic-DOD initiatives.

Peter Amadio, M.D. (OR ’83), Lloyd A. and Barbara A. Amundson Professor of Orthopedics and dean for Research Academic Affairs at Mayo Clinic in Rochester, is the director of the new office. “Today, dozens of Mayo Clinic researchers receive funding for special projects that use new technologies and innovative solutions to support military readiness, functional restoration and rehabilitation after complex injuries, restore health and improve wellness of military populations,” he says. “The new office and website are designed to strengthen our longstanding relationship with the DOD and provide an easy-to-use single point of contact.”
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Mayo Clinic is committed to creating and sustaining an environment that respects and supports diversity in staff and patient populations.

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