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### Letter from the president

This will be an exciting year for the Alumni Association as we celebrate the 50th anniversary of Mayo Clinic Alix School of Medicine. In this issue of the magazine, you will find the very interesting history of the formation of the medical school, going back to the 1940s. Careful planning and brilliant execution have led to the highly ranked medical school we know today. We will celebrate 50 years of excellence in medical student education at the 2023 Alumni Association Biennial Meeting, Sept. 28–30 in Rochester.

This issue shares stories about alumni supporting our mission statement: Connecting our alumni and bringing Mayo Clinic values to the world. One article focuses on a Mayo alum helping to start a new medical school in Lebanon. The process was slowed, but not stopped, by the massive fertilizer explosion in Beirut harbor. Mayo's mission also is reflected in the story about a couple who trained at Mayo Clinic and are doing their part to foster that mission wherever they go — now to Seattle. It's heartwarming to see how alumni from all backgrounds, parts of the world, experiences and specialties embrace the Mayo Clinic and Alumni Association missions.

The Mayo Alumni German Speaking Chapter continued to host its very well attended annual meeting in 2022. I hope to get to this year's meeting in Innsbruck, Austria, June 16–18. And in September 2022, the Alumni Association held a very successful international meeting in Lisbon, Portugal. This meeting was a perfect combination of educational opportunities, social interaction and immersion in the amazing culture of Portugal. We were truly able to connect with alumni from around the world. I am already looking forward to our next international meeting — see the back cover of this issue for the location.



Carl Backen

**Carl Backer, M.D.** (MED '80) **President, Mayo Clinic Alumni Association** Chief, Section of Pediatric Cardiothoracic Surgery Professor of surgery UK Healthcare Kentucky Children's Hospital Lexington, Kentucky

Mayo Clinic Alumni

About the cover: The coastline of Portugal just north of Cascais, location of the 2022 Mayo Clinic Alumni Association International Meeting.

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Highlights of fall 2022 International Meeting in Lisbon

# Obrigado, Portugal

Regis Fernandes, M.D. (CV '02), Department of Cardiovascular Diseases at Mayo Clinic in Arizona, surveys the hills of Sintra.



Alumni and guests gather for the President's Dinner at Casa dos Penedos in Sintra, a villa built in 1922.



#### **Course co-directors**



Elizabeth Cozine, M.D. (MED '11, FM '14) Department of Family Medicine Mayo Clinic in Rochester



Atul Jain, M.D. (GIM '14) Division of General Internal Medicine Mayo Clinic in Arizona

#### John Wilkinson, M.D. (MED '78, FM '81) Department of Family Medicine Mayo Clinic in Rochester

he September Mayo Clinic Alumni Association International Meeting in Lisbon, Portugal, drew 110 alumni and their guests from five countries and 11 U.S. states. In a post-meeting survey, attendees said they were attracted by the location, opportunity to connect and network with other alumni, and multidisciplinary course content.

Course co-director **Atul Jain, M.D.** (GIM '14), Division of General Internal Medicine at Mayo Clinic in Arizona, summed up the feelings of many attendees: "I enjoyed networking with like-minded colleagues from near and far, sharing our perspectives on the enduring vision at Mayo past, present and future."

The pages that follow highlight the program's speakers.



#### Gina Suh, M.D., and Colin Bucks, M.D. Crossroads: Emergencies and Infections

- Phages, the most abundant organisms on earth, can be harnessed for antimicrobial resistance therapy and have an excellent safety record. There's been a global explosion of case reports.
- Mayo Clinic has used phage therapy in compassionate use cases, with a 50% success rate. Mayo is enrolling for two clinical trials using phage therapy for pressure injuries and for chronic prosthetic joint infection. Mayo Clinic has the collaboration, infrastructure and teamwork to make this a common treatment that's more accessible in the future.
- Much is still unknown about the efficacy, dosing and optimal delivery of phages as well as concurrent antibiotic therapy.
- Responding to disasters involves treating entire populations.
- Dr. Bucks used his experience as volunteer medical coordinator with the International Medical Corps responding to the Ebola crisis in Liberia in 2014 to advise the U.S. government and civilian military coordinators plan for future medical disasters, including the COVID-19 pandemic.



**Gina Suh, M.D.** (INFD '14), Division of Infectious Diseases, Mayo Clinic in Rochester



Colin Bucks, M.D. (EM '18), Department of Emergency Medicine, Mayo Clinic in Rochester

"The **feeling of camaraderie everyone developed was amazing**. It also was great to learn about disciplines other than my own."

– Carl Backer, M.D. (MED '80), president, Mayo Clinic Alumni Association, Winnetka, Illinois

#### Robert Bright, M.D. Psycho-oncology

- There's high incidence of psychiatric comorbidities in cancer patients.
- 16% of cancer patients have major depression.
  Its prevalence dissipates over several years to be comparable to that in the general public.
- Androgen-deprivation therapy can cause depression.
- Antidepressant noncompliance increases mortality.
- Cognitive decline in cancer patients is common and isn't only attributed to chemotherapy.
- 30%-40% of cancer patients have cognitive impairment before chemotherapy compared to 15% of people in the general public, indicating that chemotherapy isn't the only cause of "chemo brain." Perhaps chemo brain should be rephrased as "cancer-related cognitive impairment."
- Evaluate and treat patients who report chemo brain for depression, anxiety and distress. Cognitive rehabilitation may help with symptoms.



**Robert Bright, M.D.** (P '07), Division of Adult Psychiatry, Mayo Clinic in Arizona

- Modafinil may help cognitive dysfunction in breast cancer survivors.
- Memantine helps slow cognitive decline associated with whole brain radiotherapy.

#### George Pujalte, M.D.

#### Lifestyles of the Kicked and Famous: **Diet and** Lessons from Elite Taekwondo Athletes



George Pujalte, M.D. (FM '03), Department of Family Medicine, Mayo Clinic in Florida

- Taekwondo athletes often need to rapidly decrease body weight to compete in weight-specific categories — up to nine times a year for elite-level fighters.
- Inappropriate weight loss strategies include severe food and fluid restriction, which may compromise fighters' performance and nutritional goals. Such strategies can lead to medical problems, including severe dehydration.
- The goal is for sports medicine physicians and their medical teammates to help taekwondo fighters safely achieve their desired weight and maintain healthy diets, especially the younger athletes. This includes focusing on low-residue and nutrient-dense foods 24 to 48 hours before competition and employing safe sweating techniques.

#### Elizabeth Fogelson, M.D.

#### Emergency Telemedicine: Challenges and Opportunities

- Mayo Clinic has been involved in tele-emergency medicine since 2018, helping to have an impact beyond the walls of the traditional emergency department. Care is provided in rural hospitals and pre-hospital.
- Telemedicine is used 38% more than it was pre-pandemic.
- Data about tele-emergency medicine is sparse. In skilled nursing facilities, it has been demonstrated that a telehealth program can decrease transfers to EDs by 20%.
- Tele-emergency medicine reduces the burden on the local care team by helping it place orders, monitor vitals, coordinate transfer, talk with family members, guide procedures, recommend mediations and assume responsibility for the patient when requested. "We're not taking over; we're here to help you."
- Mayo Clinic offers 24/7 telemedicine care for cardiology,



**Elizabeth Fogelson, M.D.** (EM '15), Department of Emergency Medicine, Mayo Clinic Health System, Southeastern Minnesota and Rochester

neonatal, neurology, critical care, obstetrics, palliative, ICU and stroke. Tele-emergency medicine care includes nursing documentation service and sexual assault nursing exam expertise. It's expected that, in the future, tele-emergency medicine will reach patients before they enter an ED — in patients' homes, on athletic fields and elsewhere.



John Bois, M.D. (MED '09, I '12, CV '16, CVAD '17), Division of Ischemic Heart Disease and Critical Care, Mayo Clinic in Rochester



Melanie Bois, M.D. (MED '12, PATH '16, CPTH '17, CPAT '18), Division of Anatomic Pathology, Mayo Clinic in Rochester

#### John Bois, M.D., and Melanie Bois, M.D. Cardiac Sarcoidosis: **A Heart on Fire**

Drs. Bois discussed pathophysiologic findings of cardiac sarcoidosis, how advanced imaging can aid in management of the condition and the Mayo Clinic approach to it.

- 100 years after cardiac sarcoidosis was established as a disease, its cause is still unknown. The disease is often silent and lethal. Fewer than 10% of patients have symptoms.
- Cardiac biopsy has a limited diagnostic yield.
- Due to advanced cardiac imaging, there's been a 20-fold increase in detection of the disease over a 25-year period.
- When PET data is added to MRI, 45% of patients are reclassified with higher or lower likelihood of having cardiac sarcoidosis. Therapy recommendations were significantly more likely to change when patients were in the high likelihood category.



Alumni, guests and entertainers at Casa dos Penedos in Sintra

Bottom: Santa Marta lighthouse





"As a trainee, I got Mayo's attention to trainees not being able to feed their kids. Later, Mayo Clinic recognized that I could help feed Mayo Clinic through philanthropy."

> – Carl Soderstrom, M.D. (I '70, DERM '72) Peoria, Illinois

#### Carl Soderstrom, M.D. What Mayo Clinic Means to Alumni Working Outside Mayo Clinic

- Dr. Soderstrom's personal experience and observations as a resident in the 1970s inspired his later actions as president of the Mayo Fellows' Association. He learned a lot about management and dealing with people with integrity.
- He successfully achieved approval from the Mayo Clinic Board of Trustees for pay raises and life insurance for residents, assistance for trainee studying and tutoring, and a moonlighting policy that allowed trainees to earn extra money.
- His successful practice in Illinois (he loved seeing patients) was attributable to his training and experiences at Mayo Clinic. That allowed him to help fund the Mayo Clinic Dermatology 90-year history book, start the Mayo Clinic O'Leary Society and help with Mayo Clinic philanthropic campaigns.
- His philanthropic efforts expanded further, starting a trust fund for Mayo Clinic and funding a seminar room for residents and fellows in dermatology at Mayo Clinic in Rochester. He's now a Mayo Clinic major benefactor.

#### Jon Tilburt, M.D. Hot Topics in **Biomedical Ethics**

- Biomedical ethics involves examining what we are doing and why we are doing it and working through the questions in conversation to attempt to make sense of doing the right thing.
- Principles that guide the American College of Physicians ethics manual include: Beneficence — duty to promote

good and act in the best interest of the patient

**Nonmaleficence** — duty to do no harm to the patient

Respect of patient autonomy duty to protect and foster the patient's free, uncoerced choices Justice — equitable distribution of life-enhancing operations afforded



Jon Tilburt, M.D. (I '07), Division of General Internal Medicine, Mayo Clinic in Arizona

#### Rebecca Johnson, M.D.

by health care

#### The Centennial of Epidural Anesthesia: Its Birth on the Battlefields of Iberia to Current Controversies

- Epidural anesthesia, which has revolutionized surgery and obstetrics, has roots in the Iberian peninsula and in military medicine.
- Charles H. Mayo, M.D. (Dr. Charlie) met the forebear of regional anesthesia, **Gaston Labat, M.D.** (ANES '20, died 1934), in Paris. Dr. Labat went to Mayo Clinic in 1920, shared his techniques and became head of the Section on Anesthesiology in the Division of Surgery for a year.
- Modern catheter techniques of administering anesthesia were developed by **Edward Tuohy, M.D.** (ANES '35, died 1959), who was in the Army Medical Corps and returned as a Mayo Clinic consultant. Dr. Tuohy introduced the use of the catheter (at the time, a urinary catheter) placed in the spine for continuous anesthesia. He also learned from dentists overseas about how to curve the end of a needle (eventually developed into the Tuohy needle) for use in directing a catheter within the epidural space.
- Two-thirds of women in the U.S. request an epidural during labor. Drawbacks of epidurals include lengthening the stages of labor and contributing to hypotension, urinary retention, epidural fever, more frequent oxytocin augmentation and postural headache. However, epidurals aren't independently associated with poor maternal or neonatal outcomes.
- There is no strong evidence to support an association between labor epidurals and autism.



Rebecca Johnson, M.D. (MED '07, ANES '11, REG '12) Department of Anesthesiology and Perioperative Medicine, Mayo Clinic in Rochester



#### Nathan Delafield, M.D. (I '19), Division of Community Internal Medicine, Mayo

Clinic in Arizona

#### Nathan Delafield, M.D.

# Social Determinants of **Health and Health Disparities**

- Social determinants of health are nonbiological factors that influence the ability to achieve health — conditions into which people are born, grow, live, work and age; and social, physical and economic factors. Social and economic factors and physical environment account for 50% of health burdens and predict health outcomes.
- ZIP code is more influential in determining health than biology.
- Social factors including low education, low social support, income inequality and racial segregation also affect death rates.
- Interventions can make a difference and improve community health and wellness. They include urban planning and community development, housing availability, employment, early childhood education and, of course, health care disparities.
- Health care disparities are preventable differences in the burden of disease, injury and violence. Reducing those burdens and barriers is a matter of justice.
- We must improve awareness, screening, advocacy and policy to move toward culturally and socially competent care as the standard of care.

#### Niloy Jewel Samadder, M.D.

#### Inherited GI Cancer: **New USPSTF Colon Cancer Screening Guidelines** — **How to Implement, Options**

- Colorectal cancer screening is now recommended starting at age 45 because incidence of the disease is rising in those who are younger than 50. The increase in early-onset colorectal cancer, especially rectal cancer in women younger than 50, has been happening since the early 2000s. Today, 11% of cases are considered early onset.
- Causes of colorectal cancer include sporadic (70%), familial (25%–30%) and genetic (15%–17%).
- The highest rates are in Appalachia and the Mississippi Delta area, where obesity, poverty, poor nutrition and low access to preventive health care prevail.
- Gen X has higher rates than Baby Boomers. Overall, incidence and mortality are decreasing, mostly in people older than 65.
- There are pros and cons to introducing screening at an even younger age. We're unsure what age to start at, we may find things that don't affect mortality, injury from colonoscopy can occur, and we'd be shifting resources from other areas where they're needed. However, initiation of testing at age 45 is likely to have benefits in life years gained and deaths averted.
- Genetic testing is now available for more people to request.



**Niloy Jewel Samadder, M.D.** (GIAE '11), Division of Gastroenterology and Hepatology, Mayo Clinic in Arizona





Alumni and guests at Casa dos Penedos

Bottom: Rocks at Praia da Ursa





#### Mark Ereth, M.D.

#### The Greatest Airborne Threat to Humanity: **Particulate Pollution, Your Family, Your Patients and Global Health**

- Combustion, consumption, air pollution and climate change have led to a crisis point.
- There is no safe level of air pollution. We are breathing in millions of fine and ultrafine particles that affect our biology. Once microparticles are in your body, they never leave. They affect all of us at every stage of our lives.
- Culprits include power generation, wood stoves, industrialized farming, heavy fuel oil, coal and manufacturing.
- Carbon particulates are present in developing brain, lung and liver tissue in babies of mothers exposed to air pollution and lead to low birth weight and lung problems.
- Air pollution contributes to stroke, heart attacks, dementia, COPD, lung cancer, breast cancer, allergies, asthma, congestive heart failure, vascular disease, bone disease, inflammation, and kidney and endocrine dysfunction.
- Air pollution takes 10 million lives each year, costing the world's economy \$8 trillion.



**Mark Ereth, M.D.** (ANES '89), Emeriti Staff, Mayo Clinic in Rochester

- The Clean Air Act is a success story that resulted in a reduction by half of carbon monoxide levels, air pollution by 75% from 1970, and hospitalizations for heart and lung problems — and saved lives.
- Eliminating leaded gas in the U.S. saved lives and preserved IQ points in children.
- Electrifying transportation is a developing story given the environmental impact of generating electricity and battery production,

which remain environmentally unsustainable.

- Mayo's anesthesiology practice has an environmental footprint from the volatile organic anesthetic gases delivered to patients. Approximately 9% of Mayo Clinic's greenhouse gas emissions come from anesthesia. Recent conservation and regional anesthesia efforts have significantly reduced this footprint.
- Physicians can learn to monitor air quality and encourage families and patients to do the same. When there's a spike in air quality alerts, keep kids indoors.
- We're too comfortable thinking the other person, country, industry or political party is at fault for air pollution. We all play a part in reducing combustion drive one less mile, use one less degree of heat or cooling, take one less flight, use one less paper towel, turn on one less light, use one less volatile anesthetic.
- The health of people, preservation of our planet and survival of our species depend on it.

"Not only is it **great to see long-time friends who are widely scattered around the globe**, it is just as great to see fellow staff members in a setting away from the daily demands of the practice, in a relaxed setting with time to catch up and share ideas."

– John Wilkinson, M.D. (MED '78, FM '81), Department of Family Medicine, Mayo Clinic in Rochester

#### Jennifer Westendorf, Ph.D.

#### **Regenerative** Medicine

- Regenerative medicine isn't a new idea. Rather, it dates back to the ancient Greeks. The name was coined in 1992.
- Aims of regenerative medicine are to restore form and function to diseased and degenerated tissues and heal underlying causes of diseases — a move from fighting disease to building health and lives, from care to cure.
- Regenerative science discovers and designs therapeutics, and includes the fields of cellular and developmental biology, biochemistry and molecular biology, biomedical engineering, immunology and neuroscience.
- Human health span is nine years less than the lifespan. Every day, 13,000 people in the U.S. alone turn 65. The demand for regenerative and personalized therapies is high and will grow.



**Jennifer Westendorf, Ph.D.** (IMM '96), chair, Department of Biochemistry and Molecular Biology, the Margaret Amini Professor of Orthopedic Regenerative Medicine Research, Mayo Clinic in Rochester

- Focus areas at Mayo Clinic include musculoskeletal, islet, liver and lung, neuro, valve and vascular, and cancer immunotherapy. Mayo has clinical trials underway with novel biotherapeutics prioritized.
- Technologies include engineered CAR-T cells, macrophages, RNA and cell products, gene and viral therapy, biomaterials and progenitor cells. CAR-T cell

therapy dominates the market because its efficacy has been demonstrated.

 Mayo Clinic aims to be a globally recognized leader in advancing regenerative medicine and science education and connecting learners. All schools in the Mayo Clinic College of Medicine and Science have regenerative medicinerelated courses.



Brian Kim, M.D. (S '06), Division of Trauma Critical Care and General Surgery, Mayo Clinic in Rochester

#### Brian Kim, M.D.

#### Behind the Knife — Lessons Learned by a Mid-career Surgeon

- Being comfortable isn't part of surgical training. You must be comfortable being uncomfortable. We push trainees beyond what they think they're comfortable with so they're prepared for what could happen.
- Always do more than what's expected.
- Tips for trainees: Start the day with a task completed, training isn't always fair move on, find a mentor, take (calculated) risks, don't give up, take all the training you can get be present.
- Medical directors should create a culture that helps everyone become their best.
- Personal protective factors to help prevent burnout among surgeons include grit and perseverance, recognition of the need for cultural changes in surgery, self-awareness and self-reflection as part of self-care.
- Organizational and operational change are needed, along with early teaching and training, and healthy mentorship.
- Find your why and don't forget it.









Alumni and guests around Lisbon, including a catamaran cruise

Right: A turret of Belém Tower, a UNESCO World Heritage Site



#### Abd Moain Abu Dabrh, M.B., B.Ch., and Adam Perlman, M.D.

#### **Beyond Burnout:** Ancient Challenges, New Perspective, and Thoughtful Evidence-based Approaches to Support the Well-being of Physicians and Scientists

- Physician burnout is now an official occupational diagnosis or syndrome in ICD-11 per WHO.
- Burnout worsened during the pandemic. In 2021, 63% of physicians and scientists reported experiencing burnout, compared to 38% in 2020.
- It was previously suggested that 50% of burnout is due to individual reasons and 50% organizationally based. However, more research shows this trending and shifting significantly toward more systemrooted causes.
- It is never too late to personally invest in and improve any aspects of our well-being.
- The science of forming new habits involves moving toward a goal in meaningful steps that may include finding a well-being partner, wellness coach or mentor; nurturing resilience and mindfulness; belonging to a community; managing self-talk and temptation; and addressing person-centered sources of friction to well-being.
- Individually focused interventions are important to cultivate. However, they alone will not eliminate or address the continuous systembased issues that drive burnout.
- Systemically, physicians and scientists are overburdened with complex tasks and policies in a demanding environment.

- Long-term systemic interventions are necessary, and systems should think beyond one-sizefits-all approaches.
- The roles of leadership in health care systems and policy fields should consider countercurrent styles, including bottom-top, top-bottom, sideways, emotional, visionary, delegative and transformational, whether at the unit, division, department or institution level.
- Leadership should proactively cultivate and nurture a participatory culture of well-being, integrating meaningful belonging, trust, psychological safety and diversity of thinking to truly achieve the quadruple aims.
- Physicians and scientists are perfectionists who are unlikely to seek support. Thus, there is a need for health care systems to address this culture of perfectionism threat in medical education, training and practice years as a continuum.
- An example of these systemic challenges includes the licensing restrictions that can prevent or delay seeking support for mental health problems.
- We need to invest in research and technology to address burnout along with improved health care delivery; redesign inefficient practices and frameworks; align



Abd Moain Abu Dabrh, M.B., B.Ch. (PREV '14), Division of General Internal Medicine, Mayo Clinic in Florida



Adam Perlman, M.D. (GIM '18), Division of General Internal Medicine, Mayo Clinic in Florida

- intentions and visions with actions through collective input; and dedicate resources to meaningful practices to support the individualized and systemic well-being.
- Health care policies ought to integrate the well-being of the health care workforce as an integral measure of institutional success and viability.
- Physicians and scientists are crucial leaders and partners with other health care professionals to drive the success of the mission of healing to deliver thoughtful, meaningful and humanistic care to patients and care partners.
- Burnout is here to stay if we do not seriously, thoughtfully and collectively address this pandemic.
- We are all worthy of being well with our well-being.

"It was a unique opportunity to network with alumni across locations and specialties and **feel rejuvenated in a way I haven't in a long time**." – Anonymous conference participant

#### José Fragata, M.D., Ph.D.

# Emerging Values for Healthcare Leadership — **Humility, Resilience and Humanity**



José Fragata, M.D., Ph.D., Cardiothoracic Surgery and Transplantation Hospital Santa Marta, Lisbon, Portugal

- Health care is at a crossroads of complexity, uncertainty and change. It has always been changing, but today's change is more intense, dramatic and fast.
- The global health scene features aging, comorbidities, care asymmetries, global crises, pressure on health systems and complex processes.
- Unwanted variation in health care leads to 20% waste and 10% errors.
- The leadership portfolio for the 21st century includes humanity, humility and resilience. Those can result in health care sustainability. We must embrace innovation while also humanizing.
- Humanity means humanizing technology, staff, teams, management, leadership and health care at large. Humanity is personal and the difference between curing and healing.
- The digitalization of health care means using technology in service of humans with humanity.
- Resilience in health care is the capacity to adapt successfully in the face of threat or disaster, learning from the experience and emerging even stronger.
   Winston Churchill said, "Never let a crisis go to waste."

#### Donald Zimmerman, M.D. Early Puberty and the **Obesity Epidemic**

- Puberty onset has occurred earlier since the 1830s.
- Body mass index has increased over time, and obesity is increasing among children in the U.S.
- Body weight is related to pubertal timing.
- The hormone leptin, identified in 1994, is likely a factor responsible for earlier puberty.
- Leptin is generated in adipose tissue and stimulates pubertal onset. As body fat increases, so does leptin. Lack of leptin is associated with delays in puberty.



**Donald Zimmerman, M.D.** (ENDO '78, PDE '79, PHYS '80, PD '81), Ann and Robert H. Lurie Children's Hospital, Chicago, Illinois

#### SAVE THE DATE Sept. 28-30

# 2023 Biennial Meeting

Rochester, Minnesota

#### **CONFERENCE HEADQUARTERS**

Hilton Rochester Mayo Clinic Area

#### THURSDAY, SEPT. 28 Welcome event: Mayowood Stone Barn

FRIDAY, SEPT. 29 CME program Program director: Darryl Chutka, M.D. (MED '78, I '82) Mayo Clinic Alix School of Medicine 50th anniversary Dinner and program

#### SATURDAY, SEPT. 30

SCHOOL

ALD

MAY

Mayo Clinic Alix School of Medicine activities Surgical Society in Honor of James T. Priestley CME sessions Mayo Clinic Alumni Association Women Physicians and Scientists Group sessions Young Investigators Research Symposium President's Gala

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# BERICHT AUS **BONN**

he Mayo Clinic Alumni Association German Speaking Chapter held its annual meeting in Bonn, Germany, in June. The event included a reception at the Hotel Königshof on the Rhine River and a tour of the life and work of Ludwig van Beethoven at the Beethoven Haus. The scientific program at Universitätsclub Bonn included presentations about the

Above: Participants at the Alumni Association's German Speaking Chapter were treated to a tour of the Beethoven Haus in Bonn, Germany. history of the isolation of cortisone at Mayo Clinic and advances in the treatment of neurofibromatosis. **Michael Muders, M.D.** (BIOC '07, U '09), hosted the meeting.

#### **HISTORY**

The German Speaking Chapter hosted its first scientific meeting in 1996 — also in Bonn. The chapter was founded by **Hans (Rudolf) Juchems, M.D.** (I '61), a cardiologist who specialized in intensive care medicine. Dr. Juchems was a member of the Doctors Mayo Society and Mayo Clinic Plummer Society. He received the Bundesverdienstkreuz am Bande, one of the highest civil orders of the Federal Republic of Germany. Dr. Juchems died in 2008.

#### **AWARD OPPORTUNITY**

The German Speaking Chapter offers the Rudolf Juchems Scientific Award for recent or ongoing scientific projects conducted at Mayo Clinic in Rochester, Arizona or Florida by a German-speaking alum. Cooperative projects with departments of Mayo Clinic will be considered. The award is endowed with unrestricted prize money of 1,000 Euros. The award recipient must accept the prize and present a paper at the group's next annual meeting. Application deadline is April 1.

#### SAVE THE DATE

The 2023 German Speaking Chapter meeting is June 16–18 in Innsbruck, Austria. Meeting hosts are **Michael Schirmer, M.D.** (RHEU '97), Medical University of Innsbruck, Austria, and **Ivo Graziadei, M.D.** (HEPT '97), Tirol Kliniken, Hall, Austria.

> Members of the German Speaking Chapter of the Alumni Association gathered at Universitätsclub Bonn.

#### Leadership



Kajetan von Eckardstein, M.D. (NS '08), chair, Neurosurgical Department, Westpfalzklinikum-Kaiserslautern, Kaiserslautern, Germany; chair, German Speaking Chapter Burkhard Wippermann, M.D. (BIOM '87), chief of Orthopaedics and Trauma, Helios Klinikum Hildesheim, Hildesheim, Germany; vice president, Mayo Clinic Alumni Association

#### **Fun fact**

Meetings of the German Speaking Chapter are conducted in English in acknowledgement of the time alumni spent training in English at Mayo Clinic.

Membership is open to German-speaking alumni who have participated in a Mayo Clinic residency or fellowship program or the equivalent research time in a Mayo Clinic research laboratory.

Visit alumniassociation.mayo.edu/societies/ mayo-alumni-german-speaking-chapter-magsc





Alexandre Nehme, M.D., looks toward the Port of Beirut two years after the city was devastated by an explosion.

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# Like a phoenix rising from the ashes

Alum spearheads new medical school in Beirut — despite tragedy and with a hand from Mayo Clinic

# Never underestimate the effect a year can have on a person's life and career and the lives of others they will touch.

**Alexandre Nehme, M.D.** (ORAL '04), spent the 2003–2004 academic year at Mayo Clinic in Rochester completing a fellowship in adult lower limb reconstruction. He describes that year as life changing.

"When I was chief resident in orthopedic surgery at Université Toulouse III–Paul Sabatier in Toulouse, France, I attended a biennial hip meeting that **Franklin Sim, M.D.** (I '66, OR '70, Mayo Clinic Emeriti Staff), co-organized with our department," says Dr. Nehme. "In addition to Dr. Sim, I met Mayo team members **Mike Cabanela** (OR '73, Mayo Clinic Emeriti Staff and a 2022 Mayo Clinic Distinguished Alumni Award recipient) and **Dan Berry** (ADLT '91, the L. Z. Gund Professor of Orthopedics). Getting to know them and having an opportunity to train at Mayo Clinic was a major game-changer.

"At Mayo, I trained with Drs. Cabanela and Berry, **Robert Trousdale** (OR '91) and **Dave Lewallen** (OR '83). I saw things in a different perspective — that the patient comes first and that patient care must be supported by education and research. I try to apply those principles to my day-to-day patient encounters. And I still contact those mentors about difficult cases."

Since completing training, Dr. Nehme has been on staff at Saint George University Medical Center, the oldest hospital in Lebanon, established in 1878 by the Greek Orthodox Archdiocese of Beirut. From 2015 to 2022,



Alexandre Nehme, M.D. (second from left), performs reverse shoulder replacement surgery at Saint George University Medical Center, Beirut.

he served as chair of orthopedic surgery, and from 2017 to 2022 as chief medical officer.

"When I became chief medical officer, I tried to infuse the Mayo Clinic values into the practice of physicians here," he says.

Given Dr. Nehme's fondness for Mayo Clinic values, it was natural that he turned to Mayo during the next phase of his career. He was appointed as interim dean when Saint George University obtained government licensure to start a medical school. Thinking Mayo could help, he enacted his connections.

"I am close friends with **Joe (Youssef) Maalouf** (CV '92), who was at Mayo Clinic in Rochester when I was there and is now chief of cardiology at SSMC (Sheikh Shakhbout Medical City in Abu Dhabi, United Arab Emirates — a joint venture between Abu Dhabi Health Services Company and Mayo Clinic)," says Dr. Nehme. "I asked him if and how Mayo Clinic could help us launch our new medical school, which we hoped would emulate Mayo Clinic School of Graduate Medical Education."

Dr. Maalouf put Dr. Nehme in contact with **Fredric Meyer, M.D.** (NS '88), the Juanita Kious Waugh Executive Dean of Education and the Alfred Uihlein Family Professor of Neurologic Surgery; and **Mohamad Bydon, M.D.** (NS '15), executive medical director of International Academic Affairs — medical director for Europe, Middle East and



The scene at the Port of Beirut on Aug. 4, 2020. Saint George University Medical Center is 800 meters from the epicenter of the blast. Mikhail Alaeddin/Sputnik via AP

Africa corridor, Mayo Clinic International, and a Charles B. and Ann L. Johnson Professor of Neurosurgery.

"Saint George University Medical Center had never had its own medical school, and our leadership had wanted to create our own for many years," says Dr. Nehme. "There are 4 million people in Lebanon and seven medical schools. Our request to start a medical school was granted in 2018 based on our legacy in medical education exemplified by our residency training in collaboration with the University of Balamand. We wanted to create a smaller school that could attract talent to Lebanon, with a new framework of education featuring active learning and modern learning theories. We aspire to graduate students according to international accreditation standards, allowing them to be prepared to practice in the U.S.

"Of course, the Mayo model of education was our goal. Educated people in the Middle East know that Mayo Clinic is ranked No. 1 in the U.S., and many executives from this region go to Mayo for checkups. The name has meaning in medical care and education."

To get the ball rolling in early 2019, Dr. Nehme, university president Tarek Mitri, Ph.D., and university board chairman Archbishop Elias Audi visited Mayo Clinic to see the College of Medicine and Science and its medical school and discuss a consultative relationship with Mayo Clinic Academic Solutions (page 33). The Mayo Clinic



Devastation in Beirut days after the explosion, which killed more than 170 people and wounded thousands. Marwan Naamani/picture-alliance/dpa/AP Images

team, in turn, visited Saint George's to understand its medical and academic environment and determine what the university could accomplish on its own and where it needed assistance.

"We look to the institution we're consulting with to take care of regulatory requirements and in-country matters," says **Lois Krahn, M.D.** (MED '89, P '93, PCON '94), medical director, International Academic Affairs — Education at Mayo Clinic. "We advise on the academic model and structure needed — the fundamental areas of admissions, student affairs, administration and faculty development."

The two parties had regular virtual meetings to keep the school's development on track.

#### DERAILMENT

One year into the relationship, disaster struck Saint George's. At 6:04 p.m. on Aug. 4, 2020, an explosion of almost 3,000 pounds of improperly stored chemicals at the Port of Beirut rocked the city. Saint George's is 800 meters from the epicenter — right in the eye of the storm. The windows of most of the hospital's 400 patient rooms were blown out, and the electricity, interior sprinkler system and elevators ceased functioning. More than 80% of the hospital was destroyed down to the frame. Worse, though — four nurses and 13 patients and visitors were killed in the blast and more than 160 members of the medical and nursing staff and others were injured.











Clockwise from top: The Port of Beirut seen through damaged windows at Saint George's; before and after the explosion images from the entrance to the emergency department at Saint George's; a fifth floor patient room destroyed in the blast.



Mayo Clinic Alumni

Employees who hadn't been on duty rushed to the hospital to assist with evacuation, climbing nine flights of stairs using lights from cell phones. With help from the Lebanese Red Cross, 300 patients were moved by 1:30 a.m.

For the first time in the hospital's history, its doors closed to patients. "We've weathered wars and great unrest and remained open," says Dr. Nehme. "But this time, the damage was too great."

Ordinarily, Dr. Nehme would have been in his ground floor office in the hospital for a Tuesday leadership meeting when the blast occurred. He had left early to run an errand and was 4 kilometers away at the time of impact. His office was completely destroyed. He and six other physicianleaders scheduled to be in the meeting likely would have perished.

It took Dr. Nehme 90 minutes to get back to the hospital due to destruction and debris on the roads. During that time, his wife called to tell him their house was damaged and she was injured. He told her he'd send help. He also had multiple calls from hospital personnel, causing him to wonder what he'd find upon arrival.

"The closer I got, the more horrible it was," he says. "The emergency department was destroyed, and the staff had begun to set up an improvised field hospital outside, performing CPR on employees. I don't know how I found the strength to remain calm and lead evacuation efforts. I went home at 2 a.m. My wife's cousin was missing, and we found her at a different hospital where she was being treated for an open brain trauma from a house collapse. I took my wife there to have her knee X-rayed. I got to sleep at 4 a.m. and went back to Saint George's a few hours later. I worked like that, without collapsing, for 21 days. I didn't have time to grieve because I was so busy wearing many hats."

In the days after the blast, hundreds of volunteers helped remove debris from the hospital, clean floors and assess damage as part of a plan to recover the outpatient areas first. Partial outpatient service was resumed within three weeks. Dr. Nehme performed a hip arthroscopy four weeks after the blast. Recovery efforts continued, with patient areas opening room by room. Three and a half years later, the hospital is at 50% capacity.

"Lebanese people are resilient. When I was 5, a civil war started and we had to flee our home for three years. When I went to university in Beirut, another episode of war broke out. We're acquainted with dealing with uncertainty and traumatic events. We find ways to be happy despite misery in our proximity. I'm 52 and have been through three or four wars in our country. I spent 14 years in France for education and training and a year in the U.S. at Mayo, but my heart is in Lebanon." "Lebanese people are resilient. ... We're acquainted with dealing with uncertainty and traumatic events. We find ways to be happy despite misery in our proximity."

– Alexandre Nehme, M.D.



#### **BACK ON TRACK**

Dr. Nehme's Education consultants at Mayo Clinic assumed that plans for the medical school had stalled during the hospital's rebuilding. For a time that was true but, like a phoenix that rises from the ashes, Saint George's persevered and the medical school plans moved ahead.

"When we checked in later and found that everything was on track for them to meet their projections for starting the first class despite the devastation, we were quite surprised," says Nell Robinson, senior division chair, Education, Academic Solutions, Mayo Clinic. "When they showed us their curriculum map, we could tell they'd listened to everything we'd shared. It was like Mayo medical school 2.0." The first class of 50 students of the Saint George University of Beirut Faculty of Medicine started in September 2022. The students were selected from 300 applicants.

"We wanted to replicate the Mayo Clinic standard in our system and university, and it seems we've succeeded in that respect," says Dr. Nehme, who is now dean of Saint George's medical school.

Dr. Nehme's eyes are on the future. The hospital is making improvements as it rebuilds.

Remarkably, Saint George's also will introduce a residency program under its own name and will start first-year residents this summer. Dr. Nehme estimates



Alexandre Nehme, M.D., dean of the Saint George University of Beirut Faculty of Medicine, interacts with students in the first class. The medical school is modeled on Mayo Clinic's.

that the transition for the almost 200 residents will take four or five years. He hopes to continue the relationship with Mayo Clinic Academic Solutions to help bring the residency program to international standards and enable students to pursue fellowships in the U.S. Other consulting projects between the two institutions include a quality program, and faculty and simulation center development.

"I like standards and was really influenced by Mayo's standards," says Dr. Nehme.

Never underestimate the effect a year can have on a person's life. Or the resilience of the Lebanese people. •

#### Mayo Clinic Academic Solutions

After 150 years of fine-tuning medical education and becoming the largest provider of graduate medical education in North America, Mayo Clinic has formalized consultancy services of its education best practices, knowledge and materials to help health care institutions and academic centers create the workforce of tomorrow.

Mayo Clinic Academic Solutions applies Mayo Clinic's unmatched expertise and reputation to advance the science of education. Services include undergraduate and graduate medical education program development and enhancement, faculty development, health care quality education consulting and medical simulation consulting.



# The birth of Mayo Clinic Alix School of Medicine

Debate, division, caveats & decisions a school 'dedicated to the purpose of revolution in the academic spirit'

2023 • Issue 1

rom the 1940s through the 1960s, various factions at Mayo Clinic discussed the concept of a Mayo medical school. In 1966, the Mayo Foundation Board of Trustees appointed extra- and intramural committees to study the issue. The extramural committee recommended Mayo take a much broader, more intensive role in education and research, surmising that more research in basic and clinical sciences would improve patient care. The committee said that full participation in medical education — undergraduate, graduate, residency and continuing — would provide the most satisfactory matrix for Mayo's development.

The intramural committee concluded that the centers responsible for medical education in the future would essentially control all phases of medicine, including patient care, which would likely change markedly in the future and reflect the education of those who provide care. "Since undergraduate will be an integral part of these centers, the position of leadership of Mayo Clinic, without undergraduate education, may be difficult, if not impossible, to maintain."

Mayo's governing bodies and staff members were deeply divided over the issue, and multiple task forces were formed to assess advantages and disadvantages of a medical school and related matters.

The Mitchell Student Center, pictured in 1978, is home to Mayo's medical students in Rochester. Built in the 1930s by the Depression-era Public Works Administration, the Student Center is a former public library. Mayo Clinic purchased the building, which is now on the National Register of Historic Places, when the library moved in the early 1970s.



"The students will be bright, energetic, ambitious young people who will challenge the resources of our institution and our faculty to **realize the potential of these students and to produce the finest possible group of physicians** from among them."

- Raymond Pruitt, M.D.

Dean Raymond Pruitt, M.D., announcing the intent to open Mayo Clinic's medical school.

#### **CAVEATS**

Mayo's Committee on Financial Aspects of Medical School concluded: "We recommend that a theoretical model of a school be established for further analysis."

Given the physician shortage in the state, the regents of the University of Minnesota supported Mayo Clinic in this endeavor and entered into an affiliation agreement with Mayo Foundation. The medical school would be a unit of the university but owned and operated by the trustees of Mayo Foundation. The dean would be appointed by the university regents on recommendation of Mayo. The legislature also mandated that Mayo Clinic establish a Department of Family Medicine and work with the Minnesota Academy of Family Practice to develop undergraduate and graduate educational resources to familiarize medical students with the responsibilities of family practice. With this act, the legislature required that Mayo Clinic help expand the number of physicians who would provide primary care in the state's rural communities.

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#### Mayo Clinic Alix School of Medicine by the numbers

#### All medical school alumni





#### Employed at Mayo Clinic



graduates have been employed with Mayo Clinic as associate consultant, senior associate consultant or consultant at some point in their careers

#### Current medical school students

478 current students at three locations





#### Age of current students







Has a significantly life-altering disability

minority

country

college student

military

Military veterans

#### **DIVISION, DECISION**

While discussions continued about a proposed medical school, Raymond Pruitt, M.D. (I '43, died 1993), became the director for medical education of Mayo Foundation and Mayo Graduate School, University of Minnesota. He led a study to determine the possible size of the school, curriculum, goals, faculty requirements, physical needs, capital and operating expenditures, administrative arrangement, sources of funds and schedule for development. A model resulting from that study was presented to the Mayo Foundation Board of Trustees in 1968. When the model was presented to the staff and faculty, months of discussion and arguments followed, with deep-seated division about almost every aspect of the proposal. Department chairs were asked to present a position statement to the Board of Governors, which concluded that the overall staff position was favorable to initiate the medical school.

The Minnesota legislature agreed to fund \$8,000 per student from Minnesota; additional funding for the initiative came from the Mayo Clinic Department of Development and the Health Manpower Act, which offered start-up capitation and federal funding. The funds were sufficient to cover the anticipated \$33 million cost for the first decade of the school's operations.



Thomas Schattenberg, M.D. (I '63, died 2012), makes rounds with medical student David Daugherty, M.D. (MED '76, S '77, P '79, CAP '81).



Joseph Kiely, M.D. (I '53, died 2013), instructs class of 1976 medical students Stephen Kimbrough, M.D. (MED '76, N '80), and Barbara Kimbrough, M.D. (MED '76, OPH '80).

#### RESOLUTION

After years of speculation, debate and planning, the intent to admit the first class of students was announced on Nov. 12, 1971, in Balfour Hall on the Rochester campus. Board of Governors chair L. Emmerson Ward said: "Mayo has undertaken this responsibility to establish an undergraduate medical school for two main reasons. First, there is a serious and growing need and growing shortage of health manpower, particularly of physicians. We believe that any institution that can produce physicians ought to do so, and we feel that Mayo is uniquely fitted to develop a new undergraduate medical school. Second, the addition of undergraduate medical education will strengthen other Mayo programs in medical education and research. ... The Mayo Medical School will be an integral part of our institution. It will not be conducted as an isolated separate function."

#### Original Mayo Medical School leadership (now Mayo Clinic Alix School of Medicine)



**Raymond Pruitt, M.D.** (I '43, died 1993), dean



Fowler, M.D. (PHYS '52, died 1982), associate dean for Academic Affairs



Gerald Needham, Ph.D. (M '47, died 2018), dean of Students



A. Russell Hanson, chair, Administration (died 2020)

Mayo Clinic Alumni



Prophetically, Dr. Pruitt, appointed as dean, said, "There are some from without who tell us the uniqueness and excellence of our medical care will not survive the presence of the medical student. We shall meet that challenge, or so we believe, and patient and student alike will be enriched by this encounter.

"The students will be bright, energetic, ambitious young people who will challenge the resources of our institution and our faculty to realize the potential of these students and to produce the finest possible group of physicians from among them."

Members of the class of '76 in study mode: (left) Christopher Fletcher, M.D. (MED '76); (below) Eric Evenson, M.D. (MED '76), and James Davison, M.D. (MED '76, OPH '80).





#### **START**

Students in the first class — 34 men and six women — registered on Sept. 5, 1972, in what was the 110th accredited medical school in the U.S. Thirty-six of the students were from Minnesota.

At the school's 1972 convocation, Dr. Pruitt said: "Know this: That this school at its inception was dedicated to the purpose of revolution, a revolution in the academic spirit uniting faculty and students alike into a professional elite. Together, they cherished an imperative for the humane in an age made rich by technology and science. And this was their covenant of their ordination: that with the eyes of compassion, they assessed the brilliance of their technologies and with the yardstick of the humane, they measured the benefactions of their science."

"Those words carried us, the first class, through the ups and downs of four long years," says **Barbara Chamberlin Daugherty, M.D.** (MED '76, I '77, P '80), who retired from practice in 2017.

Dr. Pruitt developed a curriculum that allowed students to become involved with patient care early in their training. This creative approach to medical education included a course schedule that kept students in class almost year-round. To give students a space all their own, Mayo purchased the former Rochester public library and outfitted it with a learning resource center, seminar rooms, a lecture theater, a recreational area and faculty-student lounge, student lockers and an administrative area. Above: Carol Juergens, M.D. (MED '76), and Bradley Bringgold, M.D. (MED '76), in the library.

Below: Donald McIlrath, M.D. (S '62, died 2019), lectured medical students in 1975.



#### **YEAR ONE**

As the first year came to a close, Dr. Pruitt said: "Year one has ended with 40 students and triple that number of faculty all intact — many of them wiser and stronger for the stimulating ordeal they had been through. ... Survival, in this instance, has demanded a great deal of learning as we went along by both faculty and students. ... We emerge from this first year's experience convinced that creation of Mayo Medical School was an enterprise worthy of all past efforts, worthy of our determination to make the second year a worthy successor to the first. We shall strive to bind the processes of undergraduate medical education into the very life of this institution. ... If we can, indeed, effect union between the parent institution, with its primary mission in the delivery of the finest of medical care, and the processes of undergraduate medical education, we shall have created a model of excellence among academic medical centers of the world, a model worthy of our institution's past and a model designed to meet the challenges which the future inevitably will provide." •

Mayo Clinic's medical school marked its 50th anniversary in 2022. Each issue of the magazine this year will explore a facet of the school, known as Mayo Clinic Alix School of Medicine since 2018.

The class of 1976, the first students to graduate from Mayo's medical school.



# Mayo Clinic training a 'powerful springboard' to success

From Texas & Zimbabwe to Washington, with stops in Minnesota, Florida & Massachusetts

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Alumni Nicole Mazwi, M.D., and Thabele (Bay) Leslie-Mazwi, M.D., at the University of Washington in Seattle. "Nicole and I have held Mayo Clinic as the professional standard-bearer in terms of the impact we would like to have. We're mission-driven, our new institutional home is mission-driven and we're inspired by the Mayo Clinic mission that's infused in us."

- Thabele (Bay) Leslie-Mazwi, M.D.

he COVID-19 pandemic changed many people's perspectives on life. "We abruptly had to slow down. Our elective cases were canceled. Everything we did came to a halt," says **Thabele** (Bay) Leslie-Mazwi, M.D. (TY '05, N '08). "With the pressures of work suddenly gone, family time took center stage. This led to a perspective reset that allowed us to be open to things we might not otherwise have considered."

Dr. Leslie-Mazwi was working as a busy endovascular neurologist in the departments of neurology and neurosurgery at Massachusetts General Hospital (MGH) in Boston, Massachusetts, at the time. His wife, **Nicole Mazwi, M.D.** (MED '07), was a physiatrist in the Physical Medicine and Rehabilitation Department at Spaulding Rehabilitation Hospital and the neurologic critical care unit at MGH.

The couple wasn't looking to leave Boston, and Dr. Leslie-Mazwi wasn't seeking a chair position. For the couple to make a move, they had to do it in tandem. Serendipity is a strange thing. UW Medicine and the University of Washington in Seattle were seeking a neurology chair and a physiatrist with stroke and traumatic brain injury expertise and experience in the acute care setting and reached out to assess the couple's interest.

In August 2021, the Mazwis packed up their three children — now ages 12, 10 and 3 — and embarked on a monthlong road trip to their new home in Seattle, stopping to explore along the way.

"It was a very tangible way to show the kids how far we were moving," says Dr. Mazwi.

#### **MISSION-DRIVEN**

Dr. Leslie-Mazwi says he and his wife were drawn to the UW Medicine mission. "When I was at Mayo Clinic, I saw its mission play out in every part of the institution. The same ethos is true here — to improve the health of the public. Because our patient population is much more complex and varied, including urban Seattle, a huge rural population, migrant workers and indigenous peoples, achieving the mission is more complicated. And that requires a creativity and energy that we both find very stimulating."

Dr. Leslie-Mazwi calls UW Medicine a well-kept secret, with one of the highest levels of NIH funding in the country, having produced five Nobel laureates, and serving a patient population that ranges from tech billionaires to the unhoused. UW Medicine, which spreads across five hospitals in Seattle, is the destination

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The Mazwi family checks out its new home city. See Elle

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"Mayo represented a shift from anything I was used to — vocationally, geographically and culturally. And it helped to sustain me during a difficult time in my life. **It's an impressive and truly unique place.**"

- Nicole Mazwi, M.D.

center for the WWAMI (Washington, Wyoming, Alaska, Montana and Idaho) region — a geographic area that encompasses 27% of the U.S. land mass.

"I don't know any other health system in America that deals with the urban-rural dichotomy at such a scale," says Dr. Leslie-Mazwi. "We're the shining city on the hill for medical care for many people with such varied needs."

#### **NEW OPPORTUNITIES**

Dr. Leslie-Mazwi's new position is a departure from his prior, heavily clinical role. "This is an exciting time for neurosciences — and neurology in particular — because of the therapeutic promise on the near horizon. We will be able to intervene more directly to modify neurological disease. As an endovascular neurologist, I had a front row seat to the impact a powerful therapeutic option (thrombectomy for stroke patients) had on our entire cerebrovascular field. To imagine and prepare for similar change across the neurosciences is incredible."

As director of neurorehabilitation, Dr. Nicole Mazwi provides physiatry consult services to the entire hospital, has a neurorehabilitation clinic at two sites and has protected time for research. She's the PI for a large stroke rehabilitation trial and is involved in UW's Traumatic Brain Injury Model Systems, funded by the NIH. She also works with colleagues in the departments of neurology and neurosurgery on other funded studies and clinical initiatives. Her research interests are in early rehabilitation interventions in the intensive care setting for patients with stroke and other neurologic conditions.

"I have found my clinical role as well as education, administrative and research opportunities here immensely fulfilling," says Dr. Mazwi.

As chair of neurology and the Warren and Jermaine Magnuson Endowed Chair in Medicine for Neurosciences, Dr. Leslie-Mazwi reflects on lessons learned about Mayo Clinic's institutional culture. "One striking memory from my time at Mayo Clinic is the strong and healthy institutional culture. That empowered everyone and encouraged us to present our best selves. That's difficult to cultivate, especially in the post-pandemic workplace. Our systems generally weren't built to prioritize the wellness of the workforce. We are constantly in evolution, and I hope to use what I learned at Mayo to benefit our mission here at UW Medicine.

"Nicole and I have held Mayo Clinic as the professional standardbearer in terms of the impact we would like to have. We're missiondriven, our new institutional home is mission-driven and we're inspired by the Mayo Clinic mission that's infused in us."

#### **CHANGE OF PACE**

The Mazwis say that Seattle has exceeded their expectations.

"Our colleagues are fantastic and extraordinarily collaborative," says Dr. Mazwi. "The city is beautiful, and we enjoy the cleanest air in the country, incredibly warm people, and an outdoorsy lifestyle that we appreciate and are embracing. The pace in the Pacific Northwest feels less intense than the East Coast but still productive, which was a big adjustment but wonderful in many ways."

No doubt, the change of pace is a welcome reset for two physicians who have been achieving — and moving — since childhood.

Dr. Mazwi was raised by a single parent in Houston, Texas. At a college fair, a well-meaning representative told Dr. Mazwi that she would never be able to cobble together enough private scholarships to pay for college. She was determined, staying after school every day to use a typewriter to apply for scholarships. "I applied for and received so many scholarships that my education was fully funded in excess. I even had enough remaining to start a savings account!"



Photos through the years show the couple's journey.

Mayo Clinic Alumni

She had long considered a career as a physician, having attended the Michael E. DeBakey High School for Health Professions, but only thought of Mayo when she attended a medical school fair in Texas. "I met someone from Mayo Clinic who encouraged me to apply to medical school. I had never heard of Mayo and certainly hadn't been to the Midwest. But I did apply and, when I visited Mayo in Rochester, everyone was so kind. It seemed like a wonderful place to learn.

"When I was preparing for the MCAT, my father died after a short battle with lung cancer. I scheduled the exam and then my mother was killed by a drunk driver just a few months later. I knew I needed to take some time off, but I also had to support myself financially. My father's family was in education and I had exceptional teachers growing up, so I taught science in a school with children from disadvantaged backgrounds — the same district in Houston where I'd gone to school. I worked in a field I respected and gave back to the community. By the end of the year, children who had a distaste for science loved it. It was one of the best years of my life."

Having lost both of her parents within a year and being away from

"I'm so grateful to those who took a chance on me and had confidence in me. I remain touched that Mayo felt I was a product worth investing in."

– Thabele (Bay) Leslie-Mazwi, M.D.

her relatives, Dr. Mazwi leaned on Mayo Clinic supports during medical school. Barbara Jordan, Mayo Clinic Office for Education Diversity, Equity and Inclusion; former medical school dean **Keith Lindor, M.D.** (MED '79, GI '86), now at Mayo Clinic in Arizona; **Lonzetta (Loni) Neal, M.D.** (GIM '00), Division of General Internal Medicine; and **Eddie Greene, M.D.** (NEPH '00), Division of Nephrology and Hypertension, were prominent mentors to her during those years.

Dr. Mazwi's perseverance paid off professionally and personally. She did a rotation at Mayo Clinic



in Florida during her third year of medical school and met her future husband, then a junior resident, in the emergency room.

Like his future wife, Dr. Leslie-Mazwi had lived through significant change. He grew up and was educated in southern Africa (where his father was from), attending medical school in Zimbabwe. He wanted to continue his medical training in the U.S., where his mother was from.

"Figuring out what was required to train in the U.S. and then taking the necessary exams and applying to training programs was a real adventure," says Dr. Leslie-Mazwi. "Finances also were a challenge it was costly to travel to the U.S. for interviews.

"My mother grew up on the Iowa-Minnesota border, and many of her family members had care at Mayo. My aunt introduced me to someone from Hennepin Healthcare in Minneapolis who arranged an observership. That lifeline allowed me to rotate clinically in the U.S. health care system. It's difficult to get into a U.S. training program if you are an international graduate. I was lucky to have strong USMLE scores, a U.S. passport and excellent letters of recommendation from the physicians I rotated with in Minneapolis."

Dr. Leslie-Mazwi decided on Mayo Clinic in Florida for neurology residency, influenced by then program director **David Capobianco, M.D.** (N '91). "He's one of the finest people I've ever met. He was so thoughtful, genuine, interested and enthusiastic. I remember thinking how amazing it would be to be his resident. And it was a phenomenal experience."

Dr. Leslie-Mazwi next embarked on a fellowship in neurologic critical care at MGH. "I was tempted to stay at Mayo Clinic with Drs. (Eelco) Wijdicks (N '92) and (Alejandro) Rabinstein (CCMN '02) (both in the Department of Neurology at Mayo Clinic in Rochester), with whom I'd rotated as a resident. But I'd spent four years in the Mayo system and thought it might further broaden my horizons to train somewhere else. It was a very difficult decision." After that fellowship, he completed another in interventional neuroradiology and endovascular neurosurgery, also at MGH. Dr. Mazwi soon joined him in Boston for a residency in physical medicine and rehabilitation at Spaulding Rehabilitation/Harvard Medical School in Boston — the first time they'd lived in the same city since meeting. They started a family during her year as chief resident and had their second child while she was a fellow.

The couple has been from one end of the country to the other but still harkens back to their training at Mayo Clinic, describing themselves as very proud Mayo alumni.

"Mayo represented a shift from anything I was used to — vocationally, geographically and culturally," says Dr. Mazwi. "And it helped to sustain me during a difficult time in my life. It's an impressive and truly unique place."

Dr. Leslie-Mazwi says he greatly admired the collaborative professional interactions at Mayo. "Everyone at Mayo Clinic carries themselves with such professionalism. And as a trainee, I was struck by how often I heard, 'The best interest of the patient is the only interest to be considered.' I came to realize that people truly believe it, and that belief directly influences their planning and thinking. I've carried that with me my whole career.

"Out of all the transitions in my life, getting a residency in the United States was the biggest, most fraught and most uncertain. My mindset at the time was, 'If I can just get into a program anywhere, I'll take it.' And instead, I got exactly what I wanted matching to my top choice at Mayo Clinic in Florida. Growing up in a part of the world with limited resources and various obstacles, I came across the Atlantic with the goal of further training to become a better physician. Mayo Clinic was a welcoming place for me as an international graduate. I felt very much at home there welcome, valued and included. Mayo Clinic does a wonderful job of finding people from everywhere. There is no geography for motivation, but there is a geography of opportunity. I'm so grateful to those who took a chance on me and had confidence in me. I remain touched that Mayo felt I was a product worth investing in. It has been such a powerful springboard." •

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"And as a trainee, I was struck by how often I heard, **'The best interest** of the patient is the only interest to be considered.' I came to realize that people truly believe it, and that belief directly influences their planning and thinking. I've carried that with me my whole career."

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– Thabele (Bay) Leslie-Mazwi, M.D.

#### Steven Rose, M.D., and David O. Warner, M.D., recognized by American Society of Anesthesiology

he American Society of Anesthesiology recognized **Steven Rose, M.D.** (MED '81, ANES '84), with its Excellence in Education Award for his exemplary leadership in physician and graduate medical education, and **David O. Warner, M.D.** (ANES '87), with its Excellence in Research Award for his extensive research efforts to improve patient care before, during and after surgery. Dr. Rose is in the Department of Anesthesiology and Perioperative Medicine at Mayo Clinic in Rochester, and Dr. Warner is a member of the Emeriti Staff.



Steven Rose, M.D.



David O. Warner, M.D.

The annual Excellence in Education Award recognizes significant contributions to anesthesiology through excellence in teaching, development of new teaching methods or implementation of innovative educational programs.

The annual Excellence in Research Award recognizes outstanding achievement in research that has or is likely to have an important impact on the practice of anesthesiology.

Most recently, Dr. Rose served as Mayo Clinic School of Graduate Medical Education dean and the school's designated institutional official (DIO) to the Accreditation Council for Graduate Medical Education (ACGME). He also served as the Department of Anesthesiology and Perioperative Medicine vice chair for Education and residency program director, associate dean for surgery and surgical specialties for Mayo Clinic School of Graduate Medical Education, and vice dean. He is a professor of anesthesiology in the Mayo Clinic College of Medicine and Science.

Dr. Rose oversaw more than 1,800 physician trainees in 184 ACGMEaccredited and 141 nonaccredited residencies and fellowships on three Mayo Clinic campuses. The ACGME recognized him with its Courage to Lead award in 2016 and appointed him as chair of its Institutional Review Committee in 2020 — the first anesthesiologist to hold the position. The committee is responsible for overseeing more than 850 American institutions that sponsor graduate medical education.

Dr. Warner served as associate dean for Faculty Affairs, Mayo Clinic Alix School of Medicine. He also served as associate director, Mayo Clinic Center for Clinical and Translational Sciences, overseeing efforts to train the next generation of researchers to make discoveries that improve human health. Dr. Warner is an emeritus professor of anesthesiology in the Mayo Clinic College of Medicine and Science.

Dr. Warner's early research focused on the basic mechanisms of how anesthesia affects the respiratory system. He is recognized as a leading investigator and advocate for controlling the use of tobacco before and after surgery. Based on his efforts, anesthesiology, surgery and pain medicine practices have adopted tobacco use interventions. He also conducted an extensive series of studies on the potential long-term effects of anesthesia on the brains of young children and co-authored a series of studies to evaluate the potential impact of anesthesia on the cognitive function of older patients.



# Mayo Clinic researchers identify drug-resistance factors for advanced prostate cancer

ayo Clinic researchers identified critical genomic changes in response to abiraterone acetate/ prednisone, a standard treatment option for men with progressive, incurable and castration-resistant prostate cancer.

"We defined a potential strategy for both responders and nonresponders of the drug that may help men overcome resistance and prolong survival," says **Liewei Wang, M.D., Ph.D.** (PHAR '03, MPET '03), Department of Molecular Pharmacology and Experimental Therapeutics and the Bernard and Edith Waterman Director, Pharmacogenomics Program, Mayo Clinic Center for Individualized Medicine. Dr. Wang is the corresponding author of the study.

Dr. Wang explains that while several drug choices are available to control disease progression, questions remain about which drugs to use in individual cases. Also, predictive biomarkers for drug resistance and sensitivity remain primarily unknown. The response rate to abiraterone acetate is limited, no known biomarkers predict prognosis, and alternative therapies for those who fail treatment are unavailable.

In the Prostate Cancer Medically Optimized Genome Enhanced Therapy study (PROMOTE), Mayo researchers revealed DNA sequences associated with response to abiraterone acetate to identify treatment options for men with advanced prostate cancer resistant to standard therapies. They identified an 11-gene drug panel that provided a new tool to individualize treatment with abiraterone acetate. The 11-gene panel predicted a worse prognosis for a subset of primary or metastatic patients enrolled in the study.

In the next step of analysis, the researchers analyzed whole-exome sequencing and RNA sequence data from 83 patients with metastatic biopsies before and after 12 weeks of



Liewei Wang, M.D., Ph.D.

abiraterone acetate/prednisone treatment. Researchers identified genomic alterations associated with acquired resistance after 12 weeks of treatment.

"We analyzed the posttreatment genomic landscape of metastatic biopsies in these patients with metastatic castration-resistant prostate cancer to identify mechanisms of acquired resistance," says Hugues Sicotte, Ph.D., Division of Computational Biology at Mayo Clinic in Rochester and lead author of the study. "These results may assist with selecting alternative therapies in a subset of abiraterone acetate-resistant patients who have the highest risk of the poorest outcomes."

Dr. Sicotte says biomarkers based on the stage-specific landscape of genomic changes in prostate cancer are under investigation. "Further studies are needed to test these drug treatments to overcome abiraterone acetate/prednisone resistance and define subgroups of nonresponders. Our goal is to incorporate these into clinical practice for physicians and for patients with castration-resistant prostate cancer."

# Brentuximab vedotin may improve overall survival in patients with Hodgkin's lymphoma

study led by Mayo Clinic researchers found that the addition of brentuximab vedotin to standard chemotherapy treatment improves overall survival in patients with Hodgkin's lymphoma when compared to the current standard of chemotherapy alone.

**Stephen Ansell, M.D., Ph.D.** (I '96, HEMO '99), chair, Division of Hematology at Mayo Clinic in Rochester, and the Dorotha W. and Grant L. Sundquist Professor of Hematologic Malignancies Research, says, "Our randomized study showed that the addition of an antibody drug conjugate brentuximab vedotin to standard chemotherapy in patients with advanced stage classical Hodgkin's lymphoma improved overall survival when compared to patients who received stan



Stephen Ansell, M.D., Ph.D.

who received standard chemotherapy alone."

Dr. Ansell adds that patients who relapse often are given additional treatments, so previous comparative studies of other drug combinations failed to show an overall survival benefit. "The impact on overall survival with brentuximab vedotin plus AVD chemotherapy is somewhat surprising but confirms that the use of novel agents in the frontline treatment of patients with Hodgkin's lymphoma has a long-term impact."

Dr. Ansell and his colleagues also evaluated long-term toxicities of brentuximab vedotin. They found that neuropathy from the addition of the drug to treatment was found to resolve over time. In addition, the number of subsequent pregnancies was not negatively impacted with the addition of the new agent.

#### Mayo Clinic physicians receive Diversity in Clinical Trials Career Development Award

even Mayo Clinic physicians received the Robert A. Winn Diversity in Clinical Trials Career Development Award. The two-year program aims to train, develop and mentor diverse and community-oriented researchers and physicians to help increase the diversity of patients enrolled in clinical trials and enhance the development of therapeutics for all populations.

The participants represent a diverse cross section of races and ethnicities and will bring a varied perspective to the program with the goal to increase diversity in clinical trials. Program scholars will collaborate with communities to facilitate an approach to clinical and translational research that is community-informed, designed and conducted. Awardees will receive training, sponsorship, mentoring and resources needed to conduct clinical trials that will yield new treatments effective in all populations.

The Robert A. Winn Career Development Award Program was created in 2020 with a pledge by the Bristol Myers Squibb Foundation as part of its commitment to health equity, inclusion and diversity.

**Arushi Khurana, M.B.B.S.** (HEMA '21), Division of Hematology at Mayo Clinic in Rochester, will study the impact of clinical trial eligibility criteria based on laboratory parameters on the exclusion of patients and its disproportionate effects on underrepresented minorities. She will work on designing a phase 2 clinical trial aimed at patients



excluded solely determined on lab-based eligibility criteria to optimize their labs, with the goal to bring them back into clinical trials.

#### Trevanne Matthews Hew, M.D.

(HEMO '16), Division of Hematology and Medical Oncology at Mayo Clinic in Florida, will study the feasibility of patient-centered home care to reduce disparities in Black men with advanced prostate cancer. A recent report from the American Association for Cancer Research has found that



Black men have prostate cancer death rates that are more than two times those for men of any other race or ethnicity. Dr. Matthews Hew will evaluate a better design for a patient-centered care delivery system that will provide personalized, equitable health care and foster individual and population health. LaPrincess Brewer, M.D. (CV '16), Division of Preventive Cardiology at Mayo Clinic in Rochester, will investigate the effectiveness of using patient-centric telehealth models that harness virtual world technology to provide patients eligible for cardiac rehabilitation with an alternative to center-based rehabilitation.

Yewande Odeyemi, M.B.B.S. (CCMI '19), Division of Pulmonary and Critical Care Medicine at Mayo Clinic in Rochester, will study how hospitalized patients with pneumonia recover after they receive a combination of inhaled steroids and bronchodilators in addition to antibiotics, compared to patients who receive antibiotics only.





**Ricardo Parrondo, M.D.** (HEMO '21), Division of Hematology and Medical Oncology at Mayo Clinic in Florida, will evaluate alternate doses and schedules of therapeutic agents for patients with multiple myeloma, which affects African Americans in a 2:1 ratio compared to white people in the U.S.

**Pravesh Sharma, M.D.** (P '17), Department of Psychiatry and Psychology at Mayo Clinic Health System in Eau Claire, Wisconsin, will focus on health disparities in chronic disease, especially tobacco-related cardiovascular disease. He will study the improved process of tobacco screening, treatment and increased engagement



#### Lionel Kankeu Fonkoua, M.D.

(HEMO '21), Division of Medical Oncology at Mayo Clinic in Rochester, will extend the reach of his investigations to the immigrant African and Asian communities of Minnesota with high prevalence of hepatitis B- and C-induced hepatocellular carcinoma, an at-risk population that is underrepresented in immunotherapy trials.



# Mayo Clinic Proceedings expansion journal focuses on health care's digital transformation

ayo Clinic has launched a Mayo Clinic Proceedings expansion journal, Mayo Clinic Proceedings: Digital Health. The publication, a digital-only peer-reviewed journal, will commence publication in early 2023.

Mayo Clinic Proceedings: Digital Health focuses on the digital transformation that is reshaping health care. The journal's inaugural editor-in-chief is **Francisco Lopez-Jimenez, M.D.** (CV '01), co-director of Artificial Intelligence (AI) in Cardiology and chair, Division of Preventive Cardiology at Mayo Clinic in Rochester.

"We know it is a matter of time that we will be practicing medicine in an entirely different way, thanks to the use of mobile technology, smart electronic medical records, platform care, artificial intelligence and other advances in digital health," says Dr. Lopez-Jimenez. "My vision for Mayo Clinic Proceedings: Digital Health is to be part of this disruptive transformation by providing investigators, clinicians and innovators a unique platform to share their experiences with a combination of traditional scientific reporting formats and novel formats including vignettes, use cases and immersive experiences using video articles."

Mayo Clinic Proceedings: Digital Health focuses on translation, implementation and adaptation of digital



Francisco Lopez-Jimenez, M.D.

health solutions, with a particular interest in applications and real-life validations. As part of its innovative approach, the journal will go outside the standard scientific paper format and cover groundbreaking case studies, implementation examples and disruptive methods.

The journal welcomes contributions from authors worldwide. Dr. Lopez-Jimenez and the editorial board ensure the highest standards of validity and relevance for published content through rigorous peer review.

For information about how to submit articles, visit **elsevier**. **com/journals/mayo-clinic-proceedings-digital-health**.

#### Mayo Clinic Healthcare in London adds physicians

ayo Clinic Healthcare in London has added several physicians. The outpatient clinic provides personalized health care with specialty care including cardiology, gastroenterology and pulmonary medicine; second opinions; advanced medical imaging; and tailored wellness plans.

Joining Mayo Clinic Healthcare are: Safia Debar, M.B.B.S. — stress management, executive health screenings, women's health and hormone health, tailored medical exams

Helen Mitakidis, M.B., B.Ch. — family medicine, infectious diseases, travel medicine, women's health, preventive medicine, executive health screenings, tailored medical exams Sarmed Sami, M.B., Ch.B., Ph.D. (GIED '18) — esophageal conditions and digestive diseases; procedures including colonoscopy, endoscopic mucosal resection for Barrett's esophagus, endoscopy, screening for gastrointestinal cancer, radiofrequency ablation for Barrett's esophagus, capsule endoscopy

The clinic, located at 15 Portland Place in the Harley Street Medical Area, also serves as a gateway to Mayo Clinic's physicians in the U.S. Mayo Clinic Healthcare's wellness plans include genetic testing and programs tailored to corporations and executives. Patients can expect a preplanned itinerary with most tests performed and analyzed before they see their specialist.

#### Obituaries

Carl Anderson, M.D. (NEPH '77), died Oct. 3, 2022. Robert Brown, M.D. (I '61), died April 21, 2021. Alan Cameron, M.D. (GI '68), died Oct. 16, 2022. Alan Gordon, M.D. (I '61), died Oct. 27, 2022. Norman Hepper, M.D. (1'55), died Oct. 27, 2022. Damir Matesic, M.D. (AIM '06), died Feb. 1, 2022. Robert Miles, M.D. (PDA '82), died Oct. 2, 2022. William Myers, M.D. (1 '61), died Oct. 6, 2022. Charles (C.P.) Newcombe, M.D. (PHYS '59), died Dec. 2, 2022. Adetolu Odufuye, M.D. (MED '10), died June 7, 2022. Alois Scheidel, M.D. (1'55), died Aug. 3, 2022. Sam Thal, M.D. (1'55), died July 25, 2022. Paul Wry, M.D. (U '60), died Oct. 2, 2022.

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If you don't yet have an online profile, create one at alumniassociation.mayo.edu/register. Use your alumni ID on the magazine mailer. Or email mayoalumni@mayo.edu or call 507-284-2317 to update your contact information.

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#### **ABOUT THE MAGAZINE**

Mayo Clinic Alumni magazine is published quarterly and mailed free of charge to physicians, scientists and medical educators who studied and/or trained at Mayo Clinic, and to Mayo consulting staff. The magazine reports on Mayo Clinic alumni, staff and students and informs readers about newsworthy activities at Mayo Clinic.

EXECUTIVE EDITOR Judith D. Anderson

MANAGING EDITOR Melissa Abrams Caulfield

#### **FIND MAYO CLINIC**



mayoclinic.org

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Mayo Clinic Alumni

Mayo Clinic is committed to creating and sustaining an environment that respects and supports diversity in staff and patient populations.

#### LET'S REPEAT HISTORY

The fall 1964 meeting of the Mayo Clinic Alumni Association drew more than 400 alumni to Rochester as reported in MayoVox. The meeting coincided with the Mayo Clinic Centennial - marking the year the Mayo family settled in Rochester - and Semicentennial celebration - marking the founding of the Mayo Foundation.

We'd love to welcome back a similar number at this fall's Alumni Association meeting. Will we see you in Rochester, Sept. 28-30?

#### Officers Elected

The fortieth annual meeting of the Alumni Association of Mayo Graduate School of Medicine brought back to Rochester more than 400 alumni: most of them were accompanied by their wives. This year's program was planned week of which the convocation had particular importance to alumni. On this occasion thirty-tive of their number received Out-standing Achievement A wards from the University of Minnesota.

trom the University of Minnesota. Dr. Howard R. Mahorner, New Orleans, president of the Alumni Association, presided at the busi-ness session on Friday, September 18. At this meeting the Nominat-ing Committee, chairmanned by Dr. D. R. Nichols, presented a slate of nominees for office.

state of nominees for office. New officers are Dr. Edward C. Rosenow, Jr., Philadelphia, pres-ident, Dr. Harrison R. Wesson. Montelair, N.J., first vice president, Dr. Dwight Wilbur, Sr., San Fran-cisco, second vice president and Dr. John A. Higgins, Rochester, secretary-treasurer.

cretary-treasurer. Retiring officer, in addition to

#### **Fellows** Speak At Meetings

The following fellows presented papers at the meeting of the Amer-ican Physiological Society held the week of September 7 in Provi-dence, Rhode Island:

Dr. Natalio Banchero: "Respir-atory Picural Pressure Amplitude in Dogs Studied without Thoracot-omy," (co-authors Drs. W. J. Rutishauser, A. G. Tsakiris and E. H. Wood).

Dr. Jolanta M. Chodakowska: "Comparison of Potassisum Con-centration in Histamine, Urecho-line and Gastrin Stimulated Gas-tric Juice," (co-author Dr. C. F.

Code). Dr. T. P. B. O'Donovan: "Ef-fect of Vagal Stimulation on Atrial Transport Studied in Dogs without Thoracotomy," (co-authors Drs. J. C. P. Williams and Wood). Dr. A. G. Tsakiris: "Effects of Changes in Peripheral Vascular Resistance on Cardiac Performance in Normal and Cardiac Denervated Dogs Studied without Thoracot-omy," (co-authors Drs. Rutishau-ser, Banchero, D. E. Donald and Wood).

Wood). Dr. J. H. Reed, Jr.: "Use of Di-chromatic Earpiece Densitometry for Determination of Cardiac Out-put," (co-author Dr. Wood). Dr. W. J. Rutishauser: "Pleural Pressures in Dogs in Supine and Prone Body Positions Studied without Thoracotomy," (co-authors Drs. Banchero, Tsakiris and Wood).

Wood). Dr. J. C. P. Williams: "Roent-gen Videodensitometric Study of Efficacy of Miral Valve Closure in Dogs without Thoracotomy," (co-authors Dr. O'Donovan, Mr. R-E. Sturm and Dr. Wood). Drs. Russell Vandenberg and J. H. Swallow also attended the meeting.

Dr. L. E. Cerino attended the Dr. L. E. Cernico antenna Institute Utrasonics in Medicine in Bos-

Centennial Alumni Meeting Draws Record Attendance LEEU IN JURK ERRALLERALLERARE A 18.2.2.2.2.2.2.2 \$ 2 2 1.07 ng n NEP SRI IF I B I. A. L'E B 25.00

Two newly elected and two retiring officers of the Alumni Association are shown here, flanked at left by Dr. R. Drew Miller, associate director, Mayo Graduate School of Medicine, and on right by Dr. James B, Bassingthwaighte, recipient of the Donald C. Ballour Alumni Award. Starting second from left are Dr. Howard R. Mahorner, retiring president; Dr. Edward C. Rosenow, Jr., new president; Dr. Howard A. An-dersen, retiring secretary-treasurer and Dr. John A. Higgins, new secretary-treasurer.

Dr. Mahorner, is Dr. Howard A. Andersen who served as secretary-treasurer for seven years. The Donald C. Balfour Alumni Award was presented to Dr. James B. Bassingthwaighte.

B. Bassingthwaighte. Dr. Mahorner, who titled his presidential address, "The Mayo Clinic: Its Image in the Mirror to Man," termed the Clinic "the pro-totype of all that is best for the difficult medical and surgical problems of humanity." The con-cept of group practice — "a sys-tem of experts treating people as: a team" — he sees as the most important contribution of the Mayos.

Mayos. "As alumni we can be justly proud of this great Alma Mater-... a feeling that is becoming be-cause it has no arrogance. Prepara-tion is not all ... there is work, effort, persistent determination, But with the heritage of this insti-tution as a background of training the realization of success in service to our fellow man is usually ac-

Special

#### Programs

A number of special programs were held in connection with the

were held in connection with the alumni meeting. At programs on September 16 podiatric alumni bonored Dr. Had-dow M. Keith and alumni and oleagues who had served in his barker. On the same day a special barker. On the same day a special ric and Gynecology alumni. The Association of Mayo Eye Fellows held its third annual meet-ing on Saturday, September 19.

#### Gagnon Exhibit

An exhibit and sale of bronze sculpture which is the work of Charles E. Gagnon will be held on Saturday and Sanday, October 17 and 18 from noen to 6 p.m. at the home of Dr. and Mrs. Howard P. Rome, 622 Fifth St. S.W. The Gagnon Studio is a carriage house adjacent to the Rome home.



#### Memorial

A plaque honoring the late Dr. John M. Waugh was placed in the office area of the general surgeons at W-6B during the alumni meet-ing by former fellows who had served as his assistants. Arrange-ments for the presentation were made by Dr. Edward C. Tyndal. Memphis. Dr. James Huff, Lub-bock, Tex., Dr. Robert Harp. Springfield, III., and Dr. James J. Monge, Duluth.

**Fellows** Plaque

A replica, in the form of an illuminated scroll, of a plaque pre-sented concurrently to Mayo Foun-dation (Mayo Graduate School of Medicine) was presented by the Association of Fellows to Dr. Vie-tor Johnson during the meeting of the Atumni Association.

Text of the scroll reads: "Pre-sented to the Director and Faculty of the Mayo Foundation for Med-ical Education and Research in profound appreciation of their steadfast devotion to the highest principles of graduate medical in-struction, by past and present mem-ling of the Association of Fellows



The Mayo Clinic Library has been enriched by two gifts present-ed during the Alumni meeting.

ed during the Alumni meeting. A collection of 125 rare medi-cal books from the library of the late Dr. John M. Fallon was given by his family as a memorial to him. Dr. Fallon was a fellow in surgery here from 1927 to 1929 and president of the Alumni As-sociation in 1951.

Among the volumes included in the collection are a first edition of William Beaumont's great classic "Experiments and Observations on the Gastrie Juise" (1883), a valu-hole collection of books on the "De Motu Cordis" (1643), the third edition of Jenner's "Variolae Vac-derine" (1801), Ambroise Pare's "Opera chirurgica" (1593), Also of historic interest is a collection of ancient Chinese medical books on silk depicting tumors. Among the volumes included in

silk depicting tumors. Dr. Erwin O. Strassman, Hou-ston, Texas, Mayo alumnus (ObG '38), who in 1962 gave a first edi-tion Vesalius to the Clinic Li-brary, on this occasion presented a copy of the first Latin edition (1522) of "De Partu Homines et Quae Circa Ipsun," by Eucharius Roesslin, a German obstetrician. This was the first textbook in ob-stetrics in medical history. Dr. C. W. Mayo, Waltman

Drs. C. W. Mayo, Waltman Walters, N. O. Hanson and Mr. T. E. Keys and Dr. Strassman took part in the program related to pre-sentation of the gifts, Mrs. Failo-and three of her children were in-troduced. troduced





Mrs. John M. Waugh was present when the plaque honoring her hushand was placed in the office area of the general surgeons. Dr. James J. Monge, Mayo alumnus and Dr. John S. Welch are at right.

Dr. Erwin Strassman (right) Mayo alumnus, presented a obstetrics to the Clinic Li-brary. Four members of the family of the late Dr. John K-Fallon also came to Ro-entation of a collection of Pictured below, left to right, are William, Francella, Peter and Mrs. Fallon.

June 27-29, 2024

# Save the date

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Mayo Clinic Alumni Association International Program

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