



# alumni.

2024 • Issue 3



# Letter from the secretary-treasurer

In 1931, William J. Mayo, M.D., said: “I look through a half-opened door into the future, full of interest, intriguing beyond my power to describe, but with a full understanding that it is for each generation to solve its own problems and that no man has the wisdom to guide or control the next generation.”

What a timely quote to introduce Mayo Clinic’s Bold. Forward. Unbound. plan to reimagine its digital and physical infrastructure across campuses. Some of this plan has already been realized, with other exciting developments (and buildings!) yet to come.

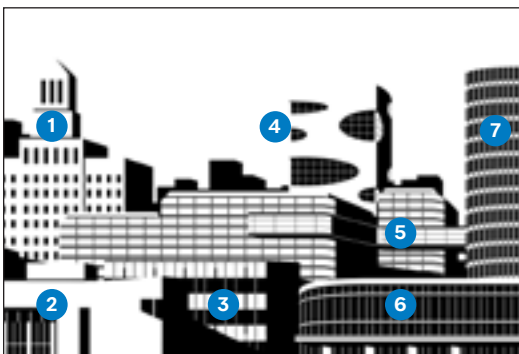
Beginning with the stunning artistic representation on the cover, this issue offers an expansive look at Bold. Forward. Unbound. Read about the Rochester \$5 billion plan that will blend hospital, clinic and digital care; the Arizona vision to more deeply integrate medical education and research; the Florida strategy to enhance services via additional patient beds, intelligent systems and advanced cancer treatments; and Mayo Clinic Health System state-of-the-art expansions in Minnesota and Wisconsin that set the standard for community health systems nationwide. Through all these changes, you’ll see that people are at the heart of Bold. Forward. Unbound., staying true to Mayo’s commitment to the patient — and to its staff.

You’ll recognize that same patient-centered mentality and dogged pursuit of excellence in all six of our first-ever Early and Mid-Career Award recipients. They’ve made lasting marks on the practices of medicine and research in their careers, sometimes in the span of just a decade. Watching their careers evolve will be interesting — so stay tuned.



*M. Molly McMahon, M.D.*

**M. Molly McMahon, M.D.** (ENDO '87)  
Secretary-Treasurer  
Mayo Clinic Alumni Association  
Division of Endocrinology, Diabetes,  
Metabolism and Nutrition  
Mayo Clinic in Rochester



**About the cover:** Bold. Forward. Unbound. is transforming Mayo Clinic campuses by creating innovative, digitally integrated and patient-centered spaces that are optimized for healing. This effort includes the construction of new buildings across the Mayo Clinic enterprise.

1. Plummer Building, Rochester, Minnesota
2. Integrated Education and Research Building, Phoenix, Arizona
3. Mayo Clinic Discovery and Innovation Building, Jacksonville, Florida
4. Anna-Maria and Stephen Kellen Building, Rochester, Minnesota
5. Bernard E. and Edith B. Waterman Building, Rochester, Minnesota
6. Integrated Oncology Building, Jacksonville, Florida
7. Gonda Building, Rochester, Minnesota

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A rendering of the Bernard E. and Edith B. Waterman Building, coming to Mayo Clinic's campus in Rochester, Minnesota



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Sandy Pobanz and one of her therapy dogs

Illustrations: Federico Gastaldi (cover, pages 4–5); Peter Sucheski (pages 12–13); Nazario Graziano (page 17); Yeni Kim (pages 32 and 38).

Photography by Mayo Clinic staff. Select photography by: Ivan Apfel (Jacoboco Kirsch, M.D., pages 17 and 20); Julia Dunin (Matthew Griffin, M.B., B.Ch., B.A.O., pages 17 and 19); Rick Peterson (Lang Wu, Ph.D., pages 17 and 23); Ali Hall (Rebecca Schmidt, Ph.D., page 27); Hannah White (Justin Peters, Ph.D., page 28); Clara Rice (Poorval Joshi, Ph.D., page 29); Chona Kasinger (Paul Belmonte, Ph.D., page 30).

# BOLD. FORWARD. UNBOUND.

Transforming healthcare spaces for the future of care

**Mayo Clinic is leading patient-centered healthcare transformation through its Bold. Forward. strategy.**

Launched five years ago, the strategy has three goals: Discover more cures for patients, connect people and data to create new, scalable knowledge, and transform the healthcare system from a linear pipeline to a scalable, highly collaborative platform model.

Bold. Forward. Unbound. is Mayo's plan for reimagining its own infrastructure by seamlessly blending inpatient, outpatient and virtual care to deliver the next level of Category-of-One healthcare. Efforts are focused on creating innovative, digitally integrated and patient-centered spaces that are optimized for healing, cultivating measurably better experiences and outcomes for patients and staff.

This article explores how Bold. Forward. Unbound. is revolutionizing Mayo Clinic's campuses and setting a new standard for healthcare everywhere.





*“We must completely **reimagine** our approach to medicine, both digitally and physically.”*

— Gianrico Farrugia, M.D.,  
president and CEO of Mayo Clinic



**H**ealthcare has seen remarkable advancements in recent years, but Mayo Clinic President and CEO **Gianrico Farrugia, M.D.** (I '91, GI '94), says there's much more to do.

"The gap between the best and worst in healthcare is widening," Dr. Farrugia notes. "To bridge this divide, we must completely reimagine our approach to medicine, both digitally and physically."

Mayo Clinic has responded by developing transformational digital and physical solutions to close the gap.

For example, Mayo Clinic Platform is a digital ecosystem that uses de-identified patient data and new technologies to scale and share knowledge that enhances healthcare. This innovative solution is ushering in a new era of possibilities at the intersection of healthcare digitization and artificial intelligence (AI), enabling better care and outcomes for patients across all care settings. (See "Digital advancements with human connection" on page 11 in this issue for more information about Mayo Clinic Platform.)

Dr. Farrugia emphasizes that this groundbreaking platform is just one part of a bigger picture. "While

digital advancements are crucial, we can't overlook the importance of physical infrastructure in delivering superior care. This calls for urgent, innovative thinking about global healthcare facilities."

Supporting the need for physical transformation, **Bold. Forward. Unbound.** is Mayo Clinic's strategy to revolutionize healthcare spaces, optimized by flexible design and advanced digital capabilities.

"This vision is about creating healthcare environments that adapt, heal and inspire — setting a new standard for patient care and medical innovation in the years to come," says Dr. Farrugia.

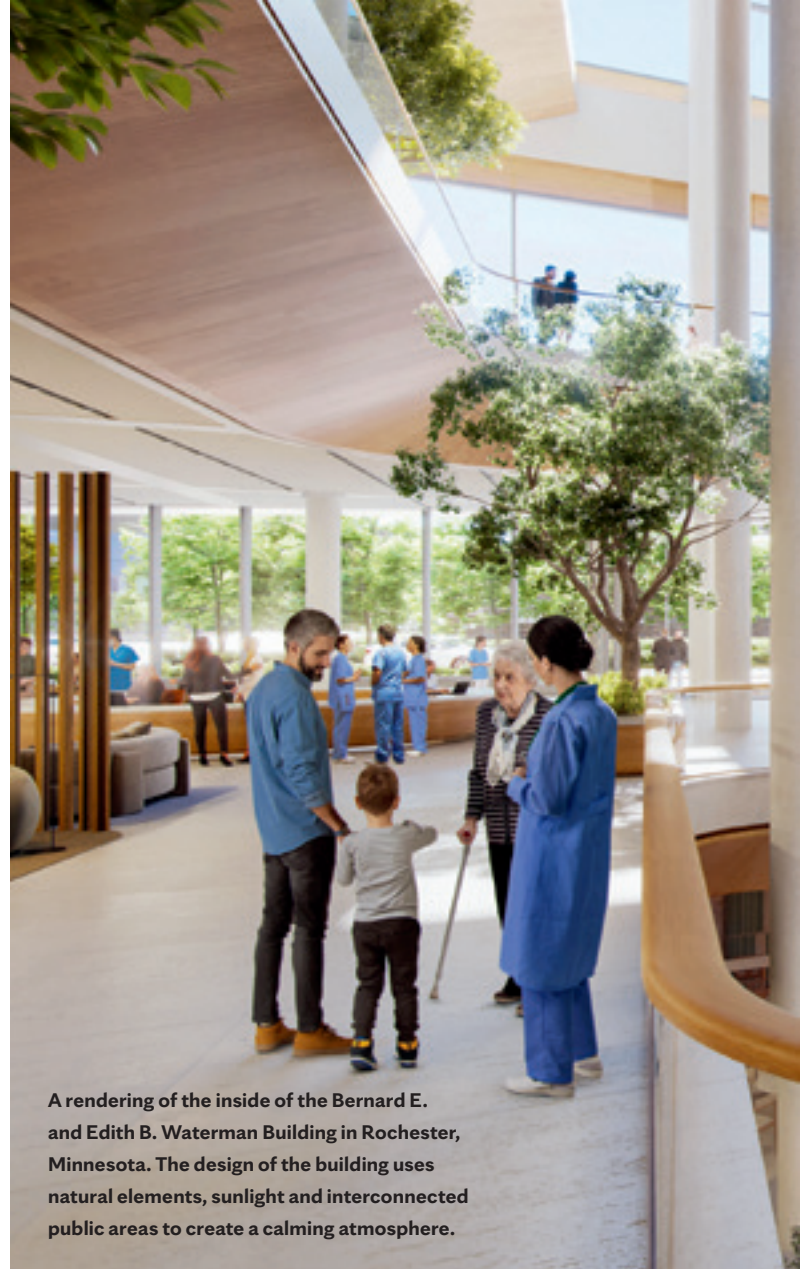
New construction is already underway across all of Mayo Clinic. Last fall, a further \$5 billion plan to transform Mayo Clinic in Rochester was unveiled, with initial site work beginning this year. It will build and revitalize physical spaces to optimize exceptional patient care, conduct research and train future healthcare leaders.

The following is a summary of **Bold. Forward. Unbound.** projects across the Mayo Clinic enterprise.



*“The new healthcare spaces in Rochester will embody **a fundamental shift toward flexibility and patient-centered design.**”*

— Amy Williams, M.D., executive dean of Practice



A rendering of the inside of the Bernard E. and Edith B. Waterman Building in Rochester, Minnesota. The design of the building uses natural elements, sunlight and interconnected public areas to create a calming atmosphere.

## **BOLD. FORWARD. UNBOUND. IN ROCHESTER: SEAMLESS, PATIENT-CENTERED DESIGN**

Bold. Forward. Unbound. in Rochester represents Mayo Clinic’s most ambitious vision for healthcare infrastructure. With five new structures comprising 2.4 million square feet of space and parking, the project is designed to blend hospital, clinic and digital care to meet patients’ needs, wherever they are.

“The new healthcare spaces in Rochester will embody a fundamental shift toward flexibility and patient-centered design,” says **Amy Williams, M.D.** (I ’87, NEPH ’90), executive dean of Practice.

In a typical hospital building, certain floors and spaces are permanently designed for surgery, hospital beds or imaging. The new spaces in Rochester, however, will feature a universal, flexible grid.

“This flexibility will allow spaces to be modified for future needs — for example, an operating room can adapt to become an ICU or imaging suite,” says Dr. Williams.

As part of this flexible model, dynamic, digitally enabled “neighborhoods” will centralize care teams

and services around the patient while creating a warm, welcoming home for them while they’re at Mayo Clinic. They will improve synergies among adjacent practices in ways that better support Mayo Clinic’s multidisciplinary collaborative model of care — fostering team-based collaboration, staff well-being, continuous innovation, and integration of Practice, Research and Education. These spaces will also use natural materials, sunlight, winter gardens and interconnected public areas to create a calming atmosphere.

By bringing patients and staff together in new ways, Bold. Forward. Unbound. will advance teamwork, transform the patient experience, create more cures and improve outcomes.

Bold. Forward. Unbound. in Rochester also will employ digital technologies to create personalized, data-driven patient experiences that incorporate AI, automation, predictive analytics and robotics to provide next-generation care. The building itself will serve as an additional member of the care team, as digitally enabled spaces with ambient intelligence gather and curate data, generate





new insights, and provide the latest knowledge to care teams in real time so that they can spend more time with their patients.

“We’re seeking to connect patients to Mayo Clinic in new ways while enhancing convenience and satisfaction for both patients and staff,” says **Craig Daniels, M.D.** (I ’01, CI ’03, THDC ’04), physician leader of Bold. Forward. Unbound. in Rochester.

Notably, data provided by patients through apps or devices will customize patient and visitor transportation options and provide recommendations for activities between appointments. AI will automate routine staff tasks like documentation and scheduling. Predictive analytics, drones and robotics will ensure care areas are stocked with supplies for upcoming appointments, allowing staff to focus on complex, fulfilling work. AI-powered tools will also create a real-time, self-learning, proactive care environment that anticipates patient needs.



*“We’re seeking to connect patients to Mayo Clinic in new ways while **enhancing convenience and satisfaction for both patients and staff.**”*

– Craig Daniels, M.D., physician leader of Bold. Forward. Unbound. in Rochester

The Integrated Education and Research Building at Mayo Clinic's campus in Phoenix, Arizona



*“Through Bold. Forward. Unbound. in Arizona, we can ... ensure digital solutions needed to **scale our care and enhance the patient experience** are in place.”*

— Richard Gray, M.D.,  
CEO of Mayo Clinic in Arizona

### **BOLD. FORWARD. UNBOUND. IN ARIZONA: ENHANCING SYNERGIES AMONG PRACTICE, RESEARCH AND EDUCATION**

Bold. Forward. Unbound. in Arizona is designed to meet the growing complex care needs of patients in the Southwest. This ambitious project more than doubles the size of the Phoenix campus, transforming care delivery and enhancing research and education capabilities.

The first phase of the plan is the new Integrated Education and Research Building (IERB), designed to tightly integrate medical education and research activities and bring them closer to the patient bedside. The facility opened in the fall of 2024, bringing scientists and learners together to advance discoveries and train future healthcare leaders

## Digital advancements with human connection

**As Mayo Clinic redesigns its physical spaces**, it's employing human-centered design, an approach that seeks to deeply understand users' needs to create design-based solutions.

Bold. Forward. Unbound. in Rochester teams conducted hundreds of interviews with patients and staff to uncover the pain points, daily stressors and challenges that could be addressed through design. A prime example of a human-centered, design-based solution is the care neighborhoods planned for the Rochester campus, which will simplify patient experiences by locating needed care services around the patient.

**As Mayo Clinic incorporates technological advances** like artificial intelligence (AI), robotics, predictive analytics and automation into patient care, a steady focus remains on prioritizing trust and human connection.

"Mayo Clinic Platform enables digital solutions that provide administrative support and augment the work our

care teams do, such as critical thinking, making decisions and showing empathy," says **Sonya Makhni, M.D.** (HIM '21), medical director for Mayo Clinic Platform.

"We have developed a robust strategy to ensure that AI solutions transparently address bias and are appropriately validated," Dr. Makhni adds. "We also have developed a comprehensive series of technical and clinical guardrails and validation requirements, and we build our processes, policies and technology infrastructure to make certain that new solutions transparently communicate their appropriate use, safety and fairness."

**As Mayo Clinic creates new care delivery models**, it's expanding its capacity to serve the needs of patients everywhere — not just those on its campuses.

That's the mission of Mayo Clinic Platform, which uses de-identified data and technology to enable personalized, predictive and proactive medicine for people around the world.

Mayo Clinic is leading the way with initiatives like Advanced Care at Home, Clinical Trials Beyond



**Sonya Makhni, M.D.,**  
medical director for  
Mayo Clinic Platform

Walls and Cancer Care Beyond Walls, Dr. Makhni says. These programs use virtual healthcare, wearables, machine learning and AI to improve access to quality care and research, no matter where patients live.

"As an example, Cancer Care Beyond Walls allows some patients to receive intravenous chemotherapy from the comfort of their own homes and incorporates digital technology and remote patient monitoring

capabilities to improve clinical outcomes," says Dr. Makhni. "The program will give more people access to cancer care and clinical trials, reduce their financial burden, and improve their quality of life.

"Technology and innovation are enabling new models of care delivery," she adds. "We have many new tools that enable us to advance our mission and extend high-quality care to more people around the world."

with technologies like augmented and virtual reality and 3D-model rendering. The IERB also added new research space to the Phoenix campus in four areas of focus — disease simulation, immuno-ecology, genomics and celllectics.

Patient care progress through Bold. Forward. Unbound. in Arizona includes advanced remote care platforms and AI protocols to predict and treat complex illnesses. Additional clinical spaces — including an enhanced emergency department, patient tower, operating rooms and a fully automated laboratory — provide novel approaches to the care of patients with serious and/or complex conditions and much-needed capacity to serve more patients.

Bold. Forward. Unbound. in Arizona also fosters a more collaborative environment dedicated to medical

innovation and workforce development with Discovery Oasis — a developing 120-acre biotech innovation hub — and the adjacent Arizona State University Health Futures Center.

"Through Bold. Forward. Unbound. in Arizona, we can continue to grow our nationally recognized clinical care, bring our Research and Education shields closer to the patient, and ensure digital solutions needed to scale our care and enhance the patient experience are in place," says **Richard Gray, M.D.** (S '00), CEO of Mayo Clinic in Arizona. "Next, we will invite innovative collaborators to co-locate and co-create with us through Discovery Oasis."

# Mapping the transformation of medicine

Take a closer look at how **Bold. Forward. Unbound.** is changing Mayo Clinic campuses.

## ROCHESTER, MINNESOTA

-  **2.4 million square feet** of new construction, including **1.8 million square feet** across two new clinical buildings
-  **Uninterrupted, horizontal connectivity** from the Gonda Building through each of the two future clinical buildings
-  First deployment of Mayo Clinic's **neighborhoods philosophy**



## PHOENIX, ARIZONA

-  **Doubled** the size of the Phoenix campus to accommodate rapid growth in the Southwest region
-  **99** new inpatient beds; **2 more floors** of outpatient space; **35-bed** observation unit added
-  **40% increase** in research space with the Integrated Education and Research Building






## JACKSONVILLE, FLORIDA

-  **750,000 additional square feet** added to the campus by 2026, including a **\$432 million hospital expansion**
-  **112 new inpatient rooms**; Designs will increase sunlight in new patient rooms by **over 80%**
-  New Integrated Oncology Building with **North America's first carbon ion therapy unit**



## MANKATO, MINNESOTA

-  A **\$155 million bed-tower expansion** completed in 2024; **160,000 additional square feet**
-  **3 new floors** modernize the patient care environment, adding flexible spaces combined with digitally integrated tools
-  **41 ICU/PCU beds and 45 med/surg beds and 38 birth center beds**, including OB triage, postpartum, labor and delivery, C-section and special care nursery



## LA CROSSE, WISCONSIN

-  A new, **96-bed, 6-level hospital** to replace the existing hospital building; **287,000 square feet** including **50,000 square feet** of shell space
-  **8 labor, delivery, recovery and postpartum rooms** with **4 special care nursery suites**
-  A **\$200+ million project** opened in 2024

A rendering of the new Integrated Oncology Building at Mayo Clinic in Florida. It will provide access to advanced cancer treatments, including North America's first carbon ion therapy facility.



*“Our expansion and digital transformation reflect **our commitment to exceptional care for patients and outstanding experiences for our staff.**”*

– Kent Thielen, M.D., CEO of Mayo Clinic in Florida

#### **BOLD. FORWARD. UNBOUND. IN FLORIDA: CREATING A SMART, HUMAN-CENTERED CAMPUS**

Bold. Forward. Unbound. in Florida is transforming the campus into a smart, human-centered environment that expands patient care capabilities, biomedical research and education — all seamlessly connected through integrated technology. By 2026, the campus will add 750,000 square feet, five hospital-tower floors and 112 inpatient rooms, significantly enhancing its capacity to serve patients.

Patient rooms have been meticulously designed to promote healing and adaptability, featuring intelligent patient care systems and wireless vitals monitoring. These technologies allow care teams to gather clinical information with minimal disruptions. Patient rooms will have 80% more sunlight than before and respond to voice commands for adjusting lighting and temperature. Behind the scenes, added automation will support clinical documentation, supply needs and fall-risk notifications.

A new Integrated Oncology Building will provide access to advanced cancer treatments, including proton beam therapy and North America's first carbon ion therapy facility, enhancing the seamless and coordinated care experience for cancer patients.

“Our expansion and digital transformation reflect our commitment to exceptional care for patients and outstanding experiences for our staff,” says **Kent Thielen, M.D.** (RD '94, RNEU '97), CEO of Mayo Clinic in Florida.

An innovative feature allows staff to use robots to bring linens and supplies to patient rooms. This reduces the need for staff to retrieve medications and supplies, saving care teams valuable time that can be instead used to comfort and support patients.

## MAYO CLINIC HEALTH SYSTEM EXPANSIONS ADD CAPACITY, NEW CAPABILITIES

Mayo Clinic Health System's Bold. Forward. strategy is to achieve Category-of-One status in community and rural healthcare nationally by 2030. "Building forward-looking healing spaces that provide a compassionate, seamless and integrated digital and physical Mayo Clinic experience close to home, improving patient outcomes and fostering healing in its truest sense, is a top priority in the strategy," says **Prathibha Varkey, M.B.B.S.** (PREV '02), president, Mayo Clinic Health System.



**Prathibha Varkey, M.B.B.S.**

In 2024, Mayo Clinic Health System celebrated the opening of the expanded and modernized facility in Mankato, Minnesota, and the new six-level, 96-bed hospital in La Crosse, Wisconsin. Both

expansions combine state-of-the-art, flexible care spaces with integrated telehealth, digital health and AI technologies, and include design efficiencies to support innovative care models and collaboration among staff. With these new spaces, patients have enhanced connected care experiences tailored to their unique needs, including virtual access to subspecialty clinicians at hub hospitals, such as Mayo Clinic in Rochester, allowing them to get the answers they need without leaving their communities.

## REIMAGINING HEALTHCARE

Bold. Forward. is rooted in Mayo Clinic's commitment to patients everywhere and is a strategy to cure, connect and transform healthcare globally. By seamlessly blending digital innovation with physical transformation and underpinning it all with a human-centered design, Bold. Forward. Unbound. is creating a healthcare infrastructure that is more responsive, efficient and focused on the needs of patients and staff.

"This strategy is fundamentally reimagining how we deliver care," says Dr. Farrugia. "By integrating our digital and physical capabilities, we're creating a new paradigm for healthcare — one that will allow us to provide better care to more people, advance medical knowledge faster than ever before, and ultimately, improve and save countless lives.

"The impact of Bold. Forward. Unbound. will be felt not just by Mayo Clinic patients, but by people around the world," he continues. "Our alumni, who are ambassadors for Mayo Clinic's values and patient-centered model of care, are part of this future as these innovations ripple across the healthcare ecosystem. Mayo Clinic is not just adapting to the future of healthcare — we're creating it." •



**Top:** The new six-level Mayo Clinic Health System hospital in La Crosse, Wisconsin.

**Bottom:** Mayo Clinic Health System in Mankato, Minnesota, underwent a \$155 million expansion, completed in 2024.



### SHARE YOUR PATIENT-CENTERED INNOVATION EXPERIENCES

As a member of the Mayo Clinic Alumni Association, your commitment to patient care and innovation is at the heart of your profession. How are your innovation efforts transforming the future of healthcare? We invite you to share your story by emailing [mayaolumni@mayo.edu](mailto:mayaolumni@mayo.edu). Your experiences will inspire and lead the way for others.

# The inaugural **Early and Mid-Career Awards**

**Honoring alumni who have already accomplished so much — and still have more to give**

**T**raditionally, the Mayo Clinic Alumni Association (MCAA) has given awards to current residents and fellows — such as the Balfour and Kendall awards — and to individuals at or near the culmination of their careers — including the Humanitarian and Distinguished Alumni Awards.

But the vast majority of alumni fall between these career bookends. So in 2024, the MCAA created the Mayo Clinic Early and Mid-Career Alumni Awards to recognize the important accomplishments of this group. Six outstanding individuals were chosen as the inaugural recipients of the Early and Mid-Career Alumni Awards. These recipients have made robust contributions to their areas of expertise in the realms of education, clinical practice, clinical and scientific research, and administration. Beyond their professional output, they demonstrate selfless community service and have consistently acted in a manner that is aligned with Mayo Clinic values.

**Early Career**

Working in their area of expertise for 10 to 15 years

**Mid-Career**

Working in their area of expertise for more than 15 years





The 2024 Early and Mid-Career Awards were presented to the following recipients (from top, clockwise): LaPrincess Brewer, M.D., Lang Wu, Ph.D., Jacobo Kirsch, M.D., Joseph Maleszewski, M.D., Matthew Griffin, M.B., B.Ch., B.A.O., Carmen Terzic, M.D., Ph.D.

**LaPrincess Brewer, M.D.**

## Change through **community collaboration**



**B**efore **LaPrincess Brewer, M.D.** (CV '16), knew the term “racial health disparities,” she witnessed them firsthand. Growing up in the Black church in Charlotte, North Carolina, Dr. Brewer watched congregants around her struggle with heart health and cardiovascular risk factors, with some dying at early ages.

“They were family to me. I carried that with me on my journey to become a cardiologist,” she says.

But these experiences also showed her that faith communities could act as trusted institutions to enhance the health of their congregations. So, years later, in her mission to address cardiovascular health in Black populations, she went back to the church.

Dr. Brewer is the founding director and principal investigator of FAITH! (Fostering African-American Improvement in Total Health), a research and cardiovascular health and wellness program formed in collaboration with Black churches and community centers located around Rochester, Minneapolis and St. Paul, Minnesota.

This pioneering work as an interdisciplinary investigator has led Dr. Brewer to receive national and international recognition, competitive grants from the American Heart Association and National Institute on Minority Health and Health Disparities, and a slate of impressive awards like the National Institutes of Health Rising Star award.

“She is committed to translating her scientific breakthroughs into clinical applications to ultimately have a significant impact on community health and health equity,” says **Gregory Gores, M.D.** (I '83, GI '86), Division of Gastroenterology and Hepatology at Mayo Clinic in Rochester and the Reuben R. Eisenberg Professor of Medicine and Physiology. “She represents the future of preventive cardiology as well as minority and population health research.”

Dr. Brewer is a preventive cardiologist at Mayo Clinic in Rochester, Minnesota. She chose a career as a physician-scientist because she wanted to combine her analytical nature, love of discovery and desire for social impact.

She's stayed true to that desire — but been careful to avoid a top-down approach, instead encouraging social change in an intentionally collaborative way. Community members are equal partners in the creation, direction and implementation of Dr. Brewer's programs and research — an approach known as community-based participatory research (CBPR).

FAITH! is Minnesota's only CBPR program focused on improving cardiovascular health in African-Americans.

“She truly has patients and the community at the center of her heart and engages with our communities with the utmost respect, humility and authenticity to impact underserved, marginalized and, frankly, forgotten communities,” says Clarence Jones, co-chair of the FAITH! Community Steering Committee.

Originally a face-to-face education program, the scope of FAITH! has expanded to include a culturally-tailored, lifestyle intervention mobile health app. Preliminary findings from a recent randomized clinical trial (FAITH! Trial) published in *Circulation* assessing the app's efficacy found significant improvement in overall cardiovascular health scores. The study also showed improvement in metrics of diet and physical activity — behaviors that one colleague noted are “extremely challenging to modify.”

Additionally, an ancillary study funded by the Mayo Clinic Executive Office (FAITH! Heart Health+) examined the biobehavioral mechanisms of structural racism, stress and cardiovascular health within the FAITH! Trial cohort. This study also used Mayo Clinic Department of Cardiovascular Medicine-developed, AI-enhanced electrocardiography (AI-EKG) for community-based screening of cardiovascular disease.

“To our knowledge, this community-based AI-enhanced validation and screening effort is the first of its kind, providing a proof-of-concept model for application of AI-enhanced technology in a medically underserved community,” says **Paul Friedman, M.D.** (CV '96, CVEP '97), Norman Blane and Billie Jean Harty Chair, Mayo Clinic Department of Cardiovascular Medicine Honoring Robert L. Frye, M.D., at Mayo Clinic in Minnesota. Dr. Friedman is also the Edward W. and Betty Knight Scripps Professor of Cardiovascular Medicine in Honor of George M. Gura Jr., M.D.

And as an associate professor of medicine at Mayo Clinic College of Medicine and Science, Dr. Brewer is also lauded for her work as an educator and mentor. She was honored as a 2022 highest-rated educator by the Mayo Clinic Department of Medicine and Internal Medicine Residency Program.

“She has become a ‘go to’ faculty expert for health disparities, health equity and authentic community engagement-related questions, input and collaborations,” says Dr. Gores.

**Matthew Griffin, M.B., B.Ch., B.A.O.**

## Bridging basic research and **clinical care**



**D**uring his internship in his native Ireland, **Matthew Griffin, M.B., B.Ch., B.A.O.** (I '94, NEPH '96), became fascinated with nephrology.

"I realized that I enjoyed working with complex patients and applying basic knowledge of physiology and pathology directly to their care," he says.

He's done just that over the course of his career, repeatedly proving his ability to bridge the research-clinical gap across multiple areas of nephrology and transplantation.

"The arc of his research has been what we all aspire to: achievements in basic science that lead to preclinical studies, clinical trials, consortia and diverse collaborations with the potential to benefit patients," says **Vesna Garovic, M.D., Ph.D.** (NEPH '99), chair of the Division of Nephrology and Hypertension at Mayo Clinic in Minnesota and The Penske Foundation Professor of Clinical Medicine in Honor of Ian D. Hay, M.D., Ph.D., and J. Eileen Hay, M.B., Ch.B. Dr. Garovic is also the director of the Mayo Clinic Center for Clinical and Translational Science.

Dr. Griffin trained and worked in nephrology and transplant medicine at Mayo Clinic in Rochester from 1992 to 2008 and is currently head of the Discipline (Department) of Medicine and a professor of transplant biology at the University of Galway's School of Medicine in Ireland.

His career has been marked by impactful, original and translational research including new contributions to polycystic kidney disease and basic T-cell immunology, vitamin D and its impact on immunity, the immunological basis of kidney disease, kidney and pancreas transplant outcomes and complications, and immunomodulatory allogeneic stromal cell therapies. To date, he has generated over 200 peer-reviewed publications — including 148 original research reports and 94 publications as senior author — which have garnered over 18,000 citations.

An example of the diversity of his research contributions: From 2014 to 2021, Dr. Griffin led and coordinated a multidisciplinary, five-country European consortium focused on improving knowledge and care of high-risk corneal transplants. Among the consortium's results, it produced multi-site clinical cohorts and regulatory approval for a novel cell therapy product for corneal transplantation.

"Matt led this consortium in an outstanding manner to help lay the groundwork for clinical translation of immune-modulating cell therapies

***"The arc of his research has been what we all aspire to: achievements in basic science that lead to preclinical studies, clinical trials, consortia and diverse collaborations with the potential to benefit patients."***

— Vesna Garovic, M.D., Ph.D.

in high-risk corneal transplantation," says **Tim O'Brien, M.D., Ph.D.** (ENDO '93), an established professor of medicine at the University of Galway and recipient of the Mayo Clinic Distinguished Alumni Award.

In addition, Dr. Griffin has made significant contributions in the realms of peer review, postgraduate education, research supervision and career mentorship. Notably, he was a deputy and associate editor for the *Journal of the American Society of Nephrology* for over a decade and is currently an associate editor for *Mayo Clinic Proceedings*.

Throughout his career, Dr. Griffin has provided compassionate patient care, valuing, in particular, the long-term relationships that a practicing nephrologist develops with patients as they navigate the many challenges of life with kidney disease. Dr. Griffin's commitment to patient care came to the fore during the COVID-19 pandemic as his long-time colleague Dr. O'Brien attests.

"Although a physician-scientist in Galway, he volunteered to take on full-time clinical activity on the hospital service for general internal medicine during the first wave of the pandemic," says Dr. O'Brien.

Despite all Dr. Griffin has accomplished in his career, he shows no signs of slowing down.

"My goals are to play a role in establishing disease-modulating cell therapies as a new option for people with kidney disease and to contribute to the advancement of medical education, research training and early-stage career development at the University of Galway," he says.

Jacobo Kirsch, M.D.

## Leading **the field**



To Philip Aroz, M.D. (RD '00), it was obvious that **Jacobo Kirsch, M.D.** (RCAR '07), was destined for leadership.

Dr. Aroz, Division of Cardiovascular Radiology at Mayo Clinic in Rochester, Minnesota, met Dr. Kirsch back in 2006, when Dr. Kirsch was a cardiovascular radiology fellow at Mayo Clinic. The fellowship focused on cardiac and vascular uses of CT and MRI, technologies which were in their infancy at the time, says Dr. Aroz.

In just one year, Dr. Kirsch was the first author on six publications, one of which won the 2007 Radiological Society of North America Roentgen Resident/Fellow Research Award.

"Dr. Kirsch was then, as now, very forward-thinking and enthusiastic, which put him on a course to become a pioneer in the field of cardiovascular radiology," says Dr. Aroz. "I saw at the time that Dr. Kirsch was on a trajectory to become a leader in our field."

Since then, Dr. Kirsch has accumulated a long list of leadership roles not only in the clinical, educational and editorial worlds of cardiovascular radiology, but in hospital administration. In addition to his medical degree from the Universidad de Monterrey School of Medicine, in Monterrey, Mexico, he has a master's in business administration from the University of Massachusetts Amherst. He holds multiple leadership positions within Cleveland Clinic Florida, including chair of the Florida Region Imaging Institute, chair of the Lang Family Department of Imaging and section head of Cardiac Imaging.

"Dr. Kirsch's roles at Cleveland Clinic Florida have grown to match our expanding Florida enterprise, which is a testament to his synergistic success as both a clinical expert and insightful leader," says Peter Liu, M.D., chair of Enterprise Imaging at Cleveland Clinic. "His management style embodies the concept of 'a team of teams,' driving successful achievement by promoting leadership development in others and helping them develop their own successful teams."

Dr. Kirsch's former leadership roles include president of the North American Society for Cardiovascular Imaging (NASCI), president of the American Society of Clinical Radiologists, and chief medical officer and associate chief of staff at Cleveland Clinic Florida. He has served on boards and committees for influential organizations such as the American Board of Radiology and the American Heart Association.

Along with his collaborative leadership, Dr. Kirsch is respected as an international lecturer and enthusiastic educator at several universities. Dr. Kirsch received the 2013 Radiological Society of North America Honored Educator Award, and his teaching evaluations consistently receive "rave reviews," colleagues say. As the cardiac MRI course co-director at the American College of Radiology Education Center, he's at the forefront of MRI education in North America.

But none of these accomplishments should overshadow his clinical and research acumen, with over 80 peer-reviewed publications to his name.

"Dr. Kirsch is a highly skilled radiologist with a fantastic perceptive ability and a strong multidisciplinary, integrative mindset," says Dr. Liu. "His interpretations demonstrate a keen understanding of both key imaging findings and relevant non-imaging clinical data, ultimately resulting in a more precise diagnosis or refined differential diagnosis."

Dr. Kirsch's advice to those early in their careers is to "stay curious and always be hungry for the next thing coming their way" — practices he continues.

"One of my next major goals is to be a part of expanding the Cleveland Clinic radiology residency program to Florida and increasing the academic output of our institute. I also have an interest in implementing augmented reality in the world of cardiac radiology," he says.

*"Dr. Kirsch's roles at Cleveland Clinic Florida have grown to match our expanding Florida enterprise, **which is a testament to his synergistic success as both a clinical expert and insightful leader.**"*

— Peter Liu, M.D.

**Joseph Maleszewski, M.D.**

## A diagnosis detective



In fifth grade, **Joseph Maleszewski, M.D.** (CPH '10, MGP '14), watched a Frank Capra film about the circulatory system titled “Hemo the Magnificent.” He sat in his classroom, awestruck, as a camera inside a beating heart allowed him to watch valves open and close.

He was hooked: He knew he wanted to study the heart for the rest of his life.

That enthusiasm hasn't waned in the course of his career as a pathologist in the Departments of Laboratory Medicine and Pathology, Cardiovascular Medicine, and Clinical Genomics at Mayo Clinic in Rochester, Minnesota.

He is an internationally recognized expert in cardiovascular pathology and is the current president of the Society for Cardiovascular Pathology. His research and writing are prolific, with 256 peer-reviewed publications and 74 book chapters. He is also lead author of the book *Disorders of the Heart and Blood Vessels*, which colleagues call a “1,100-page masterpiece” for the cardiovascular community.

Cardiology or cardiac surgery may have been a more obvious choice for a medical student like Dr. Maleszewski who had his heart set on the heart. But Dr. Maleszewski realized he was most drawn to the detective work of diagnosis involved in pathology — uncovering underlying issues and root causes — more so than treatment. He leverages this detective mindset in his work, which aims to improve the diagnostic and prognostic approaches to cardiovascular and pulmonary disease.

He shares his expertise and research prowess with colleagues and the next generation of medical professionals as a respected educator, mentor and lecturer. He is a professor of medicine and professor of laboratory medicine and pathology at Mayo Clinic College of Medicine and Science. He is senior associate dean for academic affairs at Mayo Clinic Alix School of Medicine.

His dedication to these roles was especially evident during the COVID-19 pandemic, says **Fredric Meyer, M.D.** (NS '87), the Juanita Kious Waugh Executive Dean of Education and Alfred Uihlein Family Professor of Neurologic Surgery at Mayo Clinic College of Medicine and Science.

“He was instrumental in navigating the extremely complicated challenges presented by COVID to provide a superior education despite the absence of in-classroom learning,” says Dr. Meyer. “This was a challenging task in

ensuring that our students received a superior education, and post-COVID, his dedication to curriculum innovation and our students continues. Mayo Clinic Alix School of Medicine’s annual very successful National Resident Matching Program match is testimony to his dedication to academic excellence and student achievement.”

“Medical students, residents, fellows and clinicians unanimously regard Dr. Maleszewski as one of the most dynamic and passionate educators in our profession,” says **Joaquin Garcia, M.D.** (APTH '09), chair of the Division of Anatomic Pathology at Mayo Clinic in Minnesota. “His track record of scientific investigation is remarkable; his ability to mentor over 100 people along the way makes him extraordinary.”

Dr. Maleszewski has worked closely with the National Collegiate Athletic Association to understand the cause of sudden death in young athletes. He’s an advocate for improving access to postmortem genetic testing, which helps family members better understand their own cardiovascular risks and need for screening — and perhaps get more closure after a shocking loss, he says.

While pathology is not typically a patient-facing specialty, Dr. Maleszewski has worked hard to change that paradigm. He led the creation of a new clinic called On My Path, which provides thoracic transplant recipients the opportunity to meet with pathologists and learn about their disease. During these sessions, patients are gifted a 3-D printed replica of their native organ so that they may teach family members and friends about their condition, thus improving awareness.

“Situations like this, where pathologist and patient can meet, help me to be a better diagnostician,” says Dr. Maleszewski. “It’s a chance to learn the patient’s story and marry it up with the pathological findings, while simultaneously helping the patient understand his or her disease on a different level.”

**Carmen Terzic, M.D., Ph.D.**

## A heart for sports and science



**Carmen Terzic, M.D., Ph.D.** (PHAR '96, I1 '99, PMR '03, CI '03), started fencing competitively in her home country of Venezuela when she was just 8 years old. Her passion for the sport would keep her competing for 20 years — including 14 years on the Venezuelan national fencing team — and earn her a place in the Sport Hall of Fame in Venezuela.

When she stopped competing, she didn't put aside her love of sport or her rigorous work ethic — instead, these qualities propelled her into a successful medical career as a clinician and researcher focusing on cardiovascular rehabilitation, regenerative medicine and stem-cell based cardiac repair. She is a physiatrist at Mayo Clinic in Rochester, Minnesota, with appointments in the Departments of Physical Medicine and Rehabilitation and Cardiovascular Medicine.

"She has been an international leader in this space, remarkably gaining international reputation in both PM&R and cardiology worlds," says **Sherilyn Driscoll, M.D.** (PMR '94), Division of Pediatric Rehabilitation at Mayo Clinic in Minnesota. "Her work has resulted in impactful improvements in care for individuals with cardiovascular disease, musculoskeletal comorbidities and frailty."

Dr. Terzic is a professor of physical medicine and rehabilitation and an associate professor of medicine at Mayo Clinic College of Medicine and Science. She is the former chair of the Department of Physical Medicine and Rehabilitation and current medical director of the Cardiac Rehabilitation Program within the Division of Cardiovascular Diseases. She helped found and serves as co-director of the Mayo Clinic Rehabilitation Medicine Research Center.

In addition, Dr. Terzic is a recipient of numerous awards — including the Association of Academic Physiatrists (AAP) Distinguished Academician Award — and an editorial board member of journals including the American Journal of Physical Medicine & Rehabilitation and the Journal of Cardio-pulmonary Rehabilitation and Prevention.

Specializing in physical medicine and rehabilitation was an obvious way for Dr. Terzic to combine her passions for science, medicine and sports. But she was also drawn to the holistic nature of the specialty — focusing on a patient's quality of life and social functioning instead of a single organ.

This genuine concern for the patient is evident, says **Thomas Rizzo Jr., M.D.** (PMR '89), Department of Physical Medicine and Rehabilitation at Mayo Clinic in Florida.

"Her empathetic approach, coupled with her clinical expertise, has positively impacted countless individuals facing challenges related to physical disabilities and rehabilitation needs," says Dr. Rizzo. "Dr. Terzic's patients consistently praise her for her dedication, expertise and unwavering support throughout their rehabilitation journeys."

In addition to exemplary patient care, Dr. Terzic is known for her administrative acuity, generous mentorship, and high-impact, high-value preclinical and clinical research, with more than 100 publications in top journals including Science.

This research attempts to assess the role of nuclear transport during stem cell differentiation to optimize their properties for cardiac commitment and direct stem cells toward cardiogenesis to restore function lost to damaged tissue. In addition, her clinical research focuses on optimizing cardiac rehabilitation clinical outcomes and incorporating new clinical assessment for patients with cardiovascular diseases.

And Dr. Terzic has spread her enthusiasm for cardiac prevention and rehabilitation around the world. As one example, **Thomas Allison, Ph.D.** (CV '88), Division of Preventive Cardiology at Mayo Clinic in Minnesota, points to a 2005 cardiovascular symposium in Venezuela organized by Dr. Terzic.

"It was a fantastic meeting, ultimately giving birth to a grant from the InterAmerican Heart Foundation and the South American Society of Cardiology which sent one cardiologist from each of the 10 major countries in South America for training in Rochester," Dr. Allison says. "Numerous papers, additional symposia and new cardiac rehabilitation programs in South America all grew out of that first visit — and Dr. Terzic's continuing support."

Lang Wu, Ph.D.

## Advancing cancer prevention and prediction



As a child, **Lang Wu, Ph.D.** (CTSA '15), witnessed his grandfather battle esophageal cancer. This experience motivated him to consider a career that could help alleviate this kind of suffering.

So when he started learning about human genetics in high school biology — and how to calculate the possibility of developing a disease — he was intrigued.

Eventually, his deep interest in biology and desire to lessen the burden of disease would lead to a lauded career as a genetic and molecular epidemiologic researcher.

“Overall, Lang’s research has generated important results with significant implications for cancer prevention and prediction,” says **Hu Li, Ph.D.** (MPET '13), Department of Molecular Pharmacology and Experimental Therapeutics and professor of pharmacology at Mayo Clinic in Minnesota. “Lang’s research can make a lasting impact on the cancer field. Specifically, his identified candidate susceptibility genes and splicing introns could substantially improve our understanding of the genetics and etiology of prostate and pancreatic cancers.”

Dr. Wu is an associate professor at the University of Hawai‘i Cancer Center and the founding director and principal investigator of the Pacific Center for Genome Research at the university. He is co-chair of the Diversity Centers for Genome Research Consortium.

Dr. Wu’s work has led to the identification of hundreds of susceptibility gene candidates for prostate, pancreatic and breast cancers, as well as multiple epigenetic, protein, metabolite, and glycan biomarkers for prostate and pancreatic cancer. He is an author of over 110 papers published in journals such as *Nature Genetics*, *Journal of the National Cancer Institute*, *Nature Communications*, *Cancer Research*, and *Genome Medicine*. He is an associate editor for *Molecular Carcinogenesis* and sits on the editorial board of several other journals.

While Dr. Wu’s drive to make practical, clinical impacts started in childhood, it was reinforced by his time at Mayo Clinic. Dr. Wu earned his Ph.D. from Mayo Clinic Graduate School of Biomedical Sciences.

“As I was trained in the Clinical and Translational Science Track, I always think it is critical to be able to make the research findings of our work translatable, clinically useful, or practically useful for patients or community members,” he says, ideally resulting in enhanced risk prediction, early detection and therapeutic strategies.

*“Overall, Lang’s research has generated important results with significant implications for cancer prevention and prediction.”*

– Hu Li, Ph.D.

That’s the goal of the Pacific Center for Genome Research (PCGR), which Dr. Wu founded in 2023. The PCGR was formed with the express intention to better understand the genetic basis of diseases that disproportionately affect diverse populations in Hawaii — such as Native Hawaiians and Asian Americans — and to ultimately improve disease diagnosis and treatment.

Separately, Dr. Wu leads a National Cancer Institute-funded \$3.5 million research study to identify proteins that may be causative factors in prostate cancer development. Prostate cancer is among the most common cancers affecting Native Hawaiian men.

Dr. Wu attributes many of the skills he needed to establish the PCGR to his time at Mayo Clinic and the encouragement and training provided by his Ph.D. mentor, the late **Gloria Petersen, Ph.D.** (MSEP '99, died 2023). This training helped him develop into an independent investigator, taught him to work in multidisciplinary teams and gave him first-hand experience in running a large successful research program, he says.

Today, he’s paying it forward. One of the most rewarding parts of his work, he says, is observing the growth, as well as scientific and career development, of his mentees.

# A FAMILY LEGACY

**Predoctoral students benefit from the generosity of Wilbur and Grace Pobanz — and the friendship of Wilbur and Grace’s daughter, Sandy**

**A**t the age of 34, Wilbur Pobanz had been in and out of hospitals for two years, with doctors unable to reach a concrete diagnosis to explain what was making his heart race. His wife, Grace, was supporting the family on \$7 a week until she nearly died due to complications from an ectopic pregnancy.

Following this crisis, Wilbur’s local physician referred him to Mayo Clinic in Rochester, Minnesota. Despite their limited resources, the couple made their way from Illinois to Minnesota in 1942, where Wilbur was diagnosed with acute tachycardia and finally received proper treatment for this potentially fatal condition.

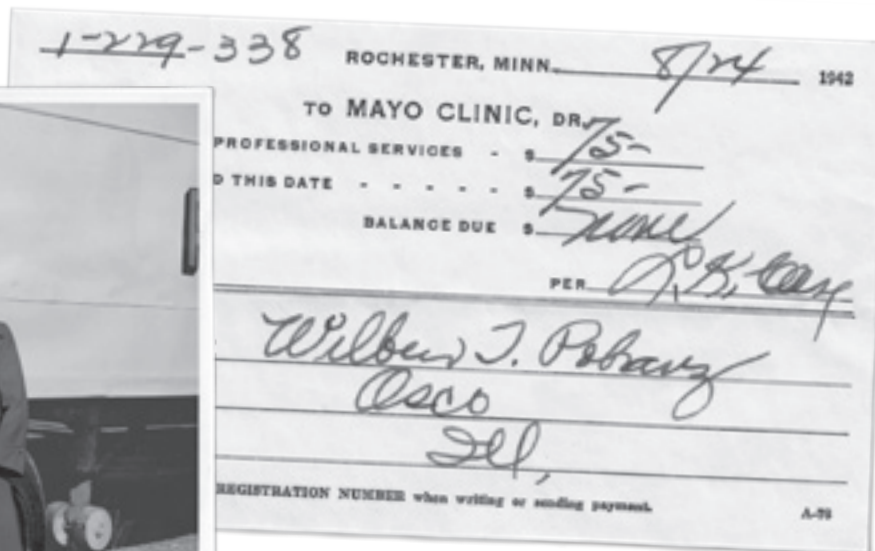
Their daughter, Sandra (Sandy) Pobanz, has her father’s original Mayo registration envelope and handwritten \$75 receipt for a complete physical. Sandy plans to donate these documents to the Mayo archives.



**“Mayo Clinic’s standards are high.**  
*That’s why I know my money and my  
parents’ money will be used in the way  
we designated, and will be administered  
efficiently, honestly and appropriately.”*

– Sandy Pobanz





Left: Wilbur and Grace Pobanz with their daughter Sandra (Sandy). The couple owned and operated Pobanz Feed & Service in the 1940s and 1950s.

Right: Wilbur Pobanz's Mayo Clinic receipt for a complete physical, dated August 24, 1942, for \$75.

Years later, the grateful couple would leave an estate gift to support the clinic that saved Wilbur's life. Their legacy lives on as the Wilbur T. and Grace C. Pobanz Predoctoral Fellowship fund for students at Mayo Clinic Graduate School of Biomedical Sciences.

### GENEROSITY THROUGH GENERATIONS

After Wilbur's treatment, life began to improve for the couple, in terms of health and finances. In the 1940s and '50s, Wilbur and Grace owned and operated Pobanz Feed & Service in Osco, Illinois — selling cattle, hog and chicken feed and overhauling cars and trucks. In 1954, Wilbur joined Kent Feeds as territory manager. He was promoted to district manager in 1955. The Kent Feeds Board of Directors appointed Wilbur to vice

president of Kent Sales, eastern division, in 1968. Grace was always his greatest source of help and moral support.

Wilbur was listed in "Who's Who in the Midwest" in the 1972–1973 edition, quoted as follows: "Purebred livestock breeder; owner Pobanz Truck Line 1931–1943; owner Pobanz Feed & Service 1943–1953; with Kent Feeds, Inc. Muscatine, IA beginning 1954."

The couple never lost sight of their Mayo Clinic experience. Sandy says that her parents credited Mayo Clinic with restoring her father's health.

Sandy, a retired civilian financial budget manager for the U.S. Army, devoted her time to caring for her parents in their later years and accompanying them to appointments at Mayo Clinic. Grace lived to be 85, and Wilbur 95. It was during these later experiences that the couple

decided to will an estate gift to Mayo Clinic. Sandy had extensive conversations with Mayo Clinic's Department of Development to decide how to use the funds, which is how she learned about Mayo Clinic Graduate School of Biomedical Sciences. In 2004, Sandy established a scholarship fund for fellows in the school.

However, the fund turned out to be just the start of Sandy's involvement with Mayo Clinic and the Pobanz fellows.

Not only does Sandy keep in regular contact with the Pobanz fellows, but she has also attended their symposiums and visited their labs to see their research first-hand — experiences that she says have "opened a whole new world for me that I didn't even know existed." She has even attended important life events of the fellows, such as graduations and a wedding party.

Sandy relocated from Moline, Illinois, to Scottsdale, Arizona, in 2010 with several goals: To get Mayo medical care, volunteer at Mayo Clinic, and get her Golden Retrievers, Benji and Teddy, trained to be Mayo therapy dogs — all of which were realized.

Since then, Sandy has volunteered with her dogs in various capacities, such as with children being treated for cancer, and has added a Labrador Retriever, Will, to her team.

“I get the biggest thrill walking into Mayo with my therapy dog in his vest, swiping my badge over the access keypad and walking through those doors as part of the Mayo team,” Sandy says.

Because Sandy has been so impressed by Mayo Clinic and the

impact of the Wilbur T. and Grace C. Pobanz Predoctoral Fellowship fund, she will also be dedicating an estate gift to Mayo Clinic to continue support of Mayo Clinic Graduate School of Biomedical Sciences and its fellows.

“Mayo Clinic’s standards are high. That’s why I know my money and my parents’ money will be used in the way we designated, and will be administered efficiently, honestly and appropriately,” Sandy says.

### WORDS FROM THE POBANZ FELLOWS

Since the implementation of the Wilbur T. and Grace C. Pobanz Predoctoral Fellowship fund in 2004, there have been five recipients. One is a current fellow, while four have

already graduated and gone on to establish prolific, impactful scientific careers. The fellows are:

- **Rebecca Schmidt, Ph.D.** (CBG '09) (2005–2009)
- **Justin Peters, Ph.D.** (BMB '13, BIOC '15) (2009–2013)
- **Poorval Joshi, Ph.D.** (MPET '16) (2013–2016)
- **Paul Belmonte, Ph.D.** (IMM '20) (2016–2020)
- **Brooke Tader** (BMB '25) (2020–present)

Inaugural fellowship recipient **Rebecca Schmidt, Ph.D.**, used the fellowship funds for her annual trip to a national conference. The conference is essential in helping students share their work, learn from top presenters in their field, and



*“We had a blast, and I looked forward to Sandy’s visits during the rest of my time at Mayo.”*

– Rebecca Schmidt, Ph.D.

***“Sandy is totally invested in her support of Mayo Clinic and each of the Pobanz fellows. She is truly a generous, thoughtful and caring friend.”***

– Justin Peters, Ph.D.



network with other scientists to help grow ideas and collaborations.

In addition, Dr. Schmidt also developed a close friendship with Sandy Pobanz. The pair first met for lunch shortly after Dr. Schmidt received her fellowship acceptance letter and the two hit it off — speaking about Dr. Schmidt’s research and future goals.

Dr. Schmidt also gave Sandy a tour of her lab and invited Sandy to view her research poster, which displayed the name of the fellowship.

“She was so moved to see her family mentioned along with our research!” says Dr. Schmidt. “We had a blast, and I looked forward to Sandy’s visits during the rest of my time at Mayo.”

Dr. Schmidt is now an associate professor of biology at Colorado Mountain College, a federally designated Hispanic-Serving Institution with a student body that is over 25% Latino. She also serves as the chair of the Department of Biological Sciences and continues to keep in close contact with Sandy.

**Justin Peters, Ph.D.**, remembers his time at Mayo Clinic fondly. It offered him a wealth of opportunities, he says, such as presenting at national and international conferences, preparing manuscripts for publication in various journals, and serving as a representative for the graduate school on the Mayo Clinic Alumni Association (MCAA) Board of Directors.

“My training at Mayo was filled with valuable educational experiences for my personal and

professional growth and enrichment as a researcher,” Dr. Peters says. “I have fond memories of that time as I progressed both academically and intellectually, contributing to my development as a scientist, researcher and educator.” Dr. Peters also credits his success to the support of both the Pobanz fellowship and Sandy Pobanz. He speaks fondly of Sandy’s involvement in his studies and personal life, from attending his commencement ceremony to inviting him to stay with her in Scottsdale where he saw her therapy dogs in action.

“Sandy is totally invested in her support of Mayo Clinic and each of the Pobanz fellows,” Dr. Peters says. “She is truly a generous, thoughtful and caring friend.”

Dr. Peters’ career has led him to the Department of Chemistry and Biochemistry at the University of Northern Iowa (UNI) in Cedar Falls, Iowa, where he serves as associate professor of biochemistry.

As an international student, **Poorval Joshi, Ph.D.**, was not eligible to apply for many predoctoral fellowships. Once awarded the Pobanz fellowship, Dr. Joshi wrote a letter to Sandy detailing how the fellowship would support her annual stipend, travel to professional meetings and professional development activities. The Pobanz fellowship affirmed the value of her research and provided forward momentum in her career progression, Dr. Joshi says.

The funds allowed Dr. Joshi to showcase her Ph.D. thesis research work at the prestigious Biennial Ovarian Cancer Research Symposium in 2014 and proved instrumental in securing a postdoctoral fellowship at Yale University as her next career step in 2016.

“I want to express a tremendous amount of gratitude to the Pobanz family for the support they provided at a crucial time in my scientific career. It afforded me the freedom to pursue the research topics that

*“I want to express **a tremendous amount of gratitude to the Pobanz family** for the support they provided at a crucial time in my scientific career. It afforded me the freedom to pursue the research topics that I loved.”*

– Poorval Joshi, Ph.D.



*“The Pobanz fellowship is so much more than words you can put on your CV. It’s a family, and Sandy makes sure of that!”*

– Paul Belmonte, Ph.D.



I loved,” Dr. Joshi says. “I wholeheartedly credit the high quality of my training made possible by Mayo Clinic and the Pobanz fellowship in shaping my career so that today I can help lead important discovery studies as a senior scientist at Freenome to develop a blood-based test for early detection of colorectal cancer.”

**Paul Belmonte, Ph.D.**, considers his time at Mayo Clinic to be one of the most influential periods of his life — and he says the Pobanz fellowship played a significant role in that experience.

“The Pobanz fellowship is an integral part of this community. It connects talented students, scientists and, of course, the amazing Sandy herself,” Dr. Belmonte says.

Like the fellows before him, Dr. Belmonte was able to travel with the help of the fellowship, creating opportunities to present his research and collaborate with those in his field of study. However, Dr. Belmonte emphasizes the intangible benefits of the fellowship.

“The Pobanz fellowship is so much more than words you can put on your CV. It’s a family, and Sandy makes sure of that!” Dr. Belmonte says. “That’s what I love and appreciate about it most. Yes, we’re scientists, but we’re also humans that, like everyone else on the planet, have triumphs, struggles and diverse perspectives. The Pobanz fellowship recognizes that and celebrates that.”

Since his time at Mayo Clinic, Dr. Belmonte has devoted his scientific focus to improving the lives of those living with type 1 diabetes (T1D) — a chronic autoimmune disease that he lives with. He works at a nonprofit called the Critical Path Institute (C-Path) as the scientific director for its T1D consortium. The organization brings together people from academia, industry, nonprofits and government to facilitate regulatory pathways that accelerate the development of therapies for people with unmet medical needs.



*“The Pobanz fellowship has helped me to garner a new and unexpected connection with Ms. Sandra Pobanz, who has been **a source of encouragement to me during my time in graduate school.**”*

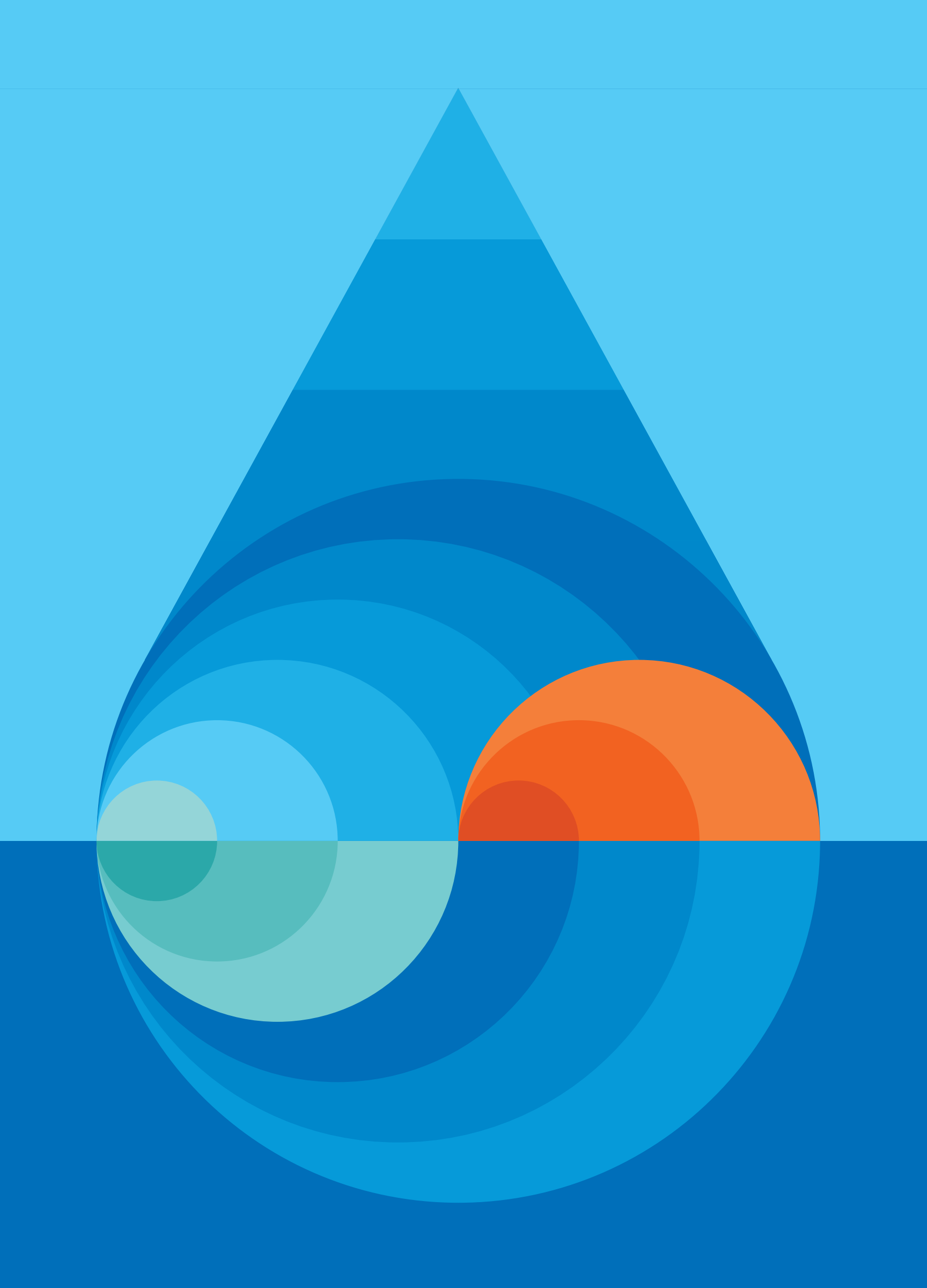
– Brooke Tader

**Brooke Tader** is the fifth and current Pobanz fellow. She has called her experience as a Mayo Clinic graduate student eye-opening as she learns more about the breadth and depth of scientific research. Brooke studies aspects of gene expression regulation in pancreatic ductal adenocarcinoma (PDAC). Brooke hopes to

advance the understanding of PDAC, which currently has a five-year survival rate of about 13% and may become the second leading cause of cancer deaths by 2040. Brooke appreciates the support of both the Pobanz fellowship and Sandy Pobanz.

“The Pobanz fellowship has helped me to garner a new and unexpected

connection with Ms. Sandra Pobanz, who has been a source of encouragement to me during my time in graduate school,” Brooke says. “She has celebrated not only my graduate school wins but has also celebrated life experiences with me.” •





# A century of breakthroughs in **anesthesiology** and beyond

By CAROLYN BEANS

In 1935, **John Lundy, M.D.** (ANES 1924, died 1973), placed a jar of blood in an icebox and forever changed surgical care.

As a Mayo Clinic anesthesiologist, Dr. Lundy oversaw blood transfusions at Saint Marys Hospital in Rochester, Minnesota. Before his icebox experiment, physicians typically delivered blood transfusions by draining blood from a donor's arm through a tube connected directly to the patient receiving the transfusion. In addition, blood that had been instilled with citrate, an anti-clotting compound, could last several days and be used for transfusion — but the short duration of potential use was problematic in a growing surgical practice. However, Dr. Lundy discovered that cold blood, when mixed with citrate, remained effective for two weeks. Suddenly, the hospital's surgeons always had blood on hand.

***“We are always asking, ‘What else do our patients need?’ And always challenging ourselves to think, ‘What could that future look like?’”***

– Carlos Mantilla, M.D., Ph.D.

“It was a huge step forward,” says **Mark Warner, M.D.** (ANES ’82), former chair and current vice chair of the Department of Anesthesiology and Perioperative Medicine at Mayo Clinic in Minnesota. Dr. Warner is also the Walter and Leonore Annenberg Professor of Anesthesiology Honoring Dr. Daniel R. Brown. “Dr. Lundy and his team established the first effective blood bank in the United States.”

### **A HOME FOR ANESTHETIC INNOVATION**

Over the course of its 100-year history, Mayo Clinic’s anesthesiology department has repeatedly distinguished itself as a home for innovation. The department traces its official beginnings to April 1, 1924, when Dr. Lundy, a young physician from Seattle recruited by William J. Mayo, M.D., began working as head of Mayo Clinic’s newly created Section on Regional Anesthesia. In addition to his blood bank breakthrough, Dr. Lundy ran the initial clinical trials of sodium pentothal, the first barbiturate successfully used in anesthesia, which led to the drug’s worldwide adoption. “Pentothal

really was the main anesthetic used to induce anesthesia for five decades,” says Dr. Warner.

Dr. Lundy also popularized “balanced anesthesia,” the combined use of general and regional anesthesia. This approach allowed anesthesiologists to relax muscle tissues with local anesthetic injections so surgeons could easily access regions like the abdomen without the need to induce dangerously deep sleep for relaxation of the muscles.

“Today, we no longer talk about balanced anesthesia because all of our anesthetics are balanced,” says Mayo Clinic anesthesiologist **Carlos Mantilla, M.D., Ph.D.** (I1 ’95, ANES ’98, PAIN ’01, NSCI ’03), former chair of the department in Rochester, Minnesota. The concept of using multiple techniques together to provide safe care for patients and satisfactory operating conditions for surgeons has been remarkably successful.

Even before the department’s official start, Mayo Clinic doctors and nurses were revolutionizing the fields of anesthesiology and surgery. William Worrall Mayo, M.D., trained Edith Graham as a nurse



**Carlos Mantilla, M.D., Ph.D., and Mark Warner, M.D., former chairs of the Department of Anesthesiology and Perioperative Medicine at Mayo Clinic in Rochester, Minnesota. Dr. Warner is currently vice chair of the department.**



**Top Left:** Edith Graham Mayo, a pioneering nurse anesthetist, and her husband, Charles H. Mayo, M.D., pictured circa 1917.

**Top Right:** Alice Magaw, a Mayo Clinic nurse who became known as the “mother of anesthesia.”

**Bottom:** Mayo Clinic anesthesiologist John Lundy, M.D., and the blood bank team, featuring Harriet Cronk, Norren Robins and Helen Romness, pictured at Saint Marys Hospital in 1951.

anesthetist in 1889. She, in turn, trained Mayo Clinic nurse Alice Magaw, who became known as the “mother of anesthesia” for her skill and commitment to teaching. In 1904, Magaw published a report describing her 14,000 consecutive anesthetic procedures delivered without a single mortality. “She was amazing,” says Dr. Warner. “The death rate during surgery at that time was typically about 1 in 100.” That report reset expectations for patient safety during surgery around the world and led to many innovations to further improve the safety of anesthesia and surgery throughout the 20th century.

In the past century, Mayo Clinic anesthesiologists carried on this tradition of ingenuity.

In 1950, **David Massa, M.D.** (ANES ’51, died 1990), an anesthesia resident at Mayo Clinic, invented the intravenous catheter by baking the prototype in his own kitchen oven. Patients could then receive anesthetics, antibiotics, blood and

other fluids intravenously without risk of a metal needle becoming dislodged. “It was another major step forward in our ability to provide anesthesia safely and provide better care to all hospitalized patients,” says Dr. Mantilla.

While serving in World War II, Mayo Clinic anesthesiologist Lt. Col. **Ed Tuohy, M.D.** (1 ’33, ANES ’35, died 1959), developed a technique for delivering low, continuous doses of local anesthetics into the epidural space or spinal fluid via a small rubber catheter. The “Tuohy needle” and continuous epidural or spinal anesthesia techniques are still widely used today.

Later, in the 1970s, Mayo Clinic anesthesiologists were the first to deliver narcotics for pain via epidural catheters, now a common practice in recovery as well as labor and delivery rooms across the globe. In the early 1980s, Mayo Clinic

anesthesiologists — Dr. Warner included — showed that the technique was safe to use in children as well as adults.

### ENVISIONING THE FUTURE OF PATIENT CARE

Today, the department is in the midst of a year-long celebration of a century’s worth of these and many other advances. A gala in April launched the festivities. History lectures are planned throughout the year, and Dr. Warner is sharing weekly emails covering fascinating snapshots in the department’s history with the department’s combined 3,500 past and current staff and other alumni. Other aspects of the celebration include a commemorative coin, an exhibit on the history of anesthesia at Mayo Clinic at the International Museum of Surgical Sciences in Chicago, and a cohost

role for the department during the Anesthesia History Association’s April 2025 meeting in Rochester.

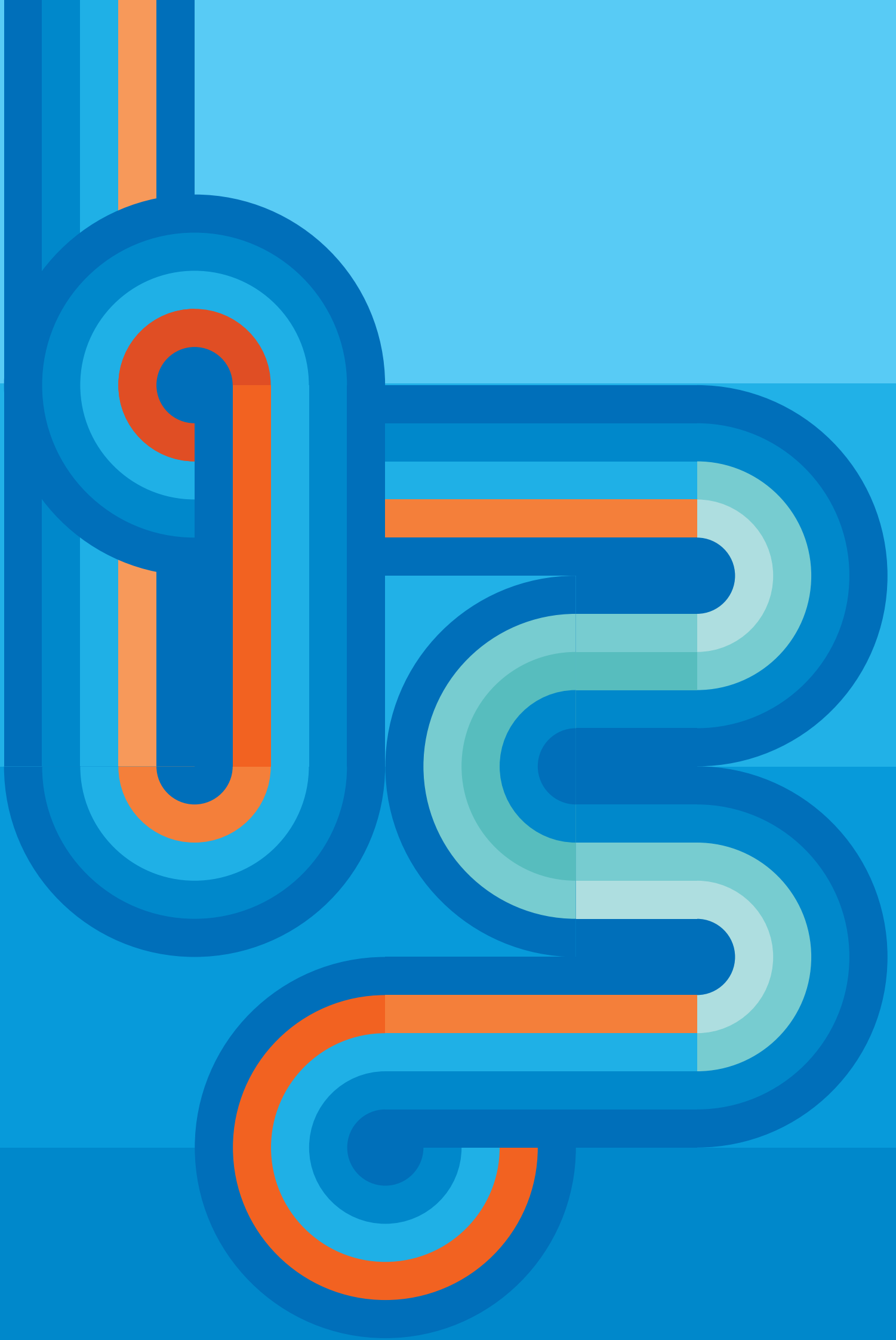
Heading into its next 100 years, Mayo Clinic anesthesiology aims to keep its place on the frontlines of discovery. Dr. Warner predicts that the department’s research on how anesthetics dilate bronchi in the lungs, for example, will lead to much improved asthma medications. Dr. Mantilla envisions the department playing a major role in caring for increasingly more complex patients in the perioperative and intensive care environments and in pain management as transformative gene, cellular and molecular therapies become more common.

“We are always asking, ‘What else do our patients need?’” says Dr. Mantilla. “And always challenging ourselves to think, ‘What could that future look like?’” •

**Right: Carlos Mantilla, M.D., Ph.D., at the April 2024 gala dinner celebrating 100 years of Mayo Clinic’s anesthesiology department.**

**Bottom: Entertainment in the Gonda Building atrium at the centennial gala. The gala kicked off the yearlong celebration of the anesthesiology department’s 100th anniversary.**





# 100 years of innovation in **colon and rectal surgery**

By CAROLYN BEANS

In 1919, **Louis Buie, M.D.** (S 1918, CRS 1923, died 1975), looked over the tools of his newly appointed trade and decided that they simply would not do.

Dr. Buie, a young surgeon and World War I veteran from South Carolina, had just been hired by Mayo Clinic to treat patients with intestinal diseases. The metal tubes used for anal and rectal exams were awkward for physicians and uncomfortable for patients. So Dr. Buie teamed up with Mayo Clinic instrument maker George Little to redesign the proctoscope. He added a rounded tip for comfort, a light for visibility, and tools for performing procedures directly through the scopes. Soon, Dr. Buie's proctoscopes were adopted by surgeons across the world.

*“Dr. Buie cared about patient comfort. He cared about patient safety. And he cared about achieving the best outcomes.”*

– Eric Dozois, M.D.

“Dr. Buie cared about patient comfort. He cared about patient safety. And he cared about achieving the best outcomes,” says **Eric Dozois, M.D.** (S ’00, CRS ’01), chair of the Division of Colon and Rectal Surgery at Mayo Clinic in Minnesota.

Today, a century after Dr. Buie helped modernize proctology, the Mayo Clinic Division of Colon and Rectal Surgery maintains this same spirit of ingenuity and focus on the patient.

#### **AN URGENT NEED**

Mayo Clinic’s Division of Colon and Rectal Surgery can trace its origins to the 1920s, when Dr. Buie recognized a critical gap in care. At the time, proctology was often practiced by people without a medical degree, explains Mayo Clinic colon and rectal surgeon **Scott Kelley, M.D.** (CRS ’12). “These charlatans would sell snake oils or salves. By the time people figured out the treatments didn’t work, they were long gone, on to the next town.”

Concerned, Dr. Buie arranged a meeting with William J. Mayo, M.D. He made the case that Mayo Clinic should establish a section for anorectal conditions so that people would know where to find science-based care. On April 1, 1924, Dr. Mayo named Dr. Buie head of the newly

established Mayo Clinic Section of Proctology — one of the first proctology specialty divisions in the U.S.

Dr. Buie never stopped inventing. His many other devices included a clamp for removing polyps and forceps for performing biopsies. He also developed an examination table that could tilt and fold to support patients in more comfortable positions. “The table moved with cranks and levers,” says Dr. Kelley. “Today, exam tables are motorized. But the design is otherwise exactly as Dr. Buie created it.”

#### **A COMMITMENT TO EDUCATION**

Dr. Buie understood that his field needed better tools, but also needed many more hands to use them. He regularly instructed physicians, and even invented a proctoscope with two eye pieces so that he and a trainee could view a patient simultaneously.

In 1924, Dr. Buie established one of the first nationally accredited proctology training programs in the country. In the century that followed, this commitment to education has remained a core component of the division. Nearly 250 proctologists and colon and rectal surgeons have completed their specialty training at Mayo Clinic.



Eric Dozois, M.D., chair of the Division of Colon and Rectal Surgery at Mayo Clinic in Rochester, Minnesota.





**Top:** A Buie-Smith anal retractor, one of the many proctology devices invented, redesigned or improved by Louis Buie, M.D.

**Right:** Louis Buie, M.D., in his proctology operating room.



In the 1980s, Dr. Dozois' father, **Roger Dozois, M.D.** (S '71), then chair of the division, began an international fellowship aimed at improving colorectal care for patients around the globe. Since then, over 40 international physicians have trained in colon and rectal surgery at Mayo Clinic. "They've gone on to become leaders in the field in their home countries," says Dr. Eric Dozois. "It's a real area of pride for us."

Today, the division's education efforts continue to grow. "We have one of the largest colorectal surgical residencies in the country," says Dr. Eric Dozois.

### **HONORING THE PAST, LOOKING TO THE FUTURE**

This past May, the Division of Colon and Rectal Surgery held a centennial celebration to honor its storied past. The division invited alumni from

near and far, as well as 21 members of Dr. Buie's family, for a day of reminiscing.

A series of morning presentations focused on Dr. Buie's contributions to education, research and practice. Then, during a dinner at the Mayo Foundation House, Dr. Eric Dozois and five previous division chairs spoke about transformations during their tenures. **Robert Beart Jr., M.D.** (CRS '78), for example, recalled the division's shift from proctology to colon and rectal surgery in the 1970s, which greatly expanded the division's services to include procedures like complex abdominal surgeries for cancer and inflammatory bowel disease.

Dr. Roger Dozois recounted the close partnership that he formed with Mayo Clinic's Division of Gastroenterology and Hepatology. Many colon and rectal patients have gastrointestinal medical and surgical

needs, says Dr. Eric Dozois. "When gastroenterology and colorectal surgery paired up, we developed the best care possible for patients." Indeed, U.S. News & World Report has placed Mayo Clinic first for gastroenterology and GI surgery every year since the ranking began 33 years ago, says Dr. Eric Dozois.

Other centennial commemorations include a celebration for allied health staff, a hallway newly hung with photos of every trainee, consultant and visiting professor since the division's start, and a historical report on Dr. Buie's legacy, authored by Drs. Kelley and Eric Dozois and published in the medical journal *Diseases of the Colon and Rectum*.

For the report, Dr. Kelley drew on many sources, including Mayo Clinic archives, college yearbooks and Dr. Buie's grandchildren. "He was so patient-centric about everything



Top: Colon and Rectal Surgery physicians at the Division of Colon and Rectal Surgery 100 Year Anniversary program in May 2024. Top row: Anne-Lise D'Angelo, M.D., Sherief Shawki, M.B., B.Ch., M.D., Kristy Rumer, M.D., Ph. D., William Perry, M.B., Ch.B., Nicholas McKenna, M.D., David W. Larson, M.D., Kellie Mathis, M.D. Bottom row: Kevin Behm, M.D., Eric Dozois, M.D., Robert Cima, M.D., Scott Kelley, M.D.

Right: Eric Dozois, M.D., speaking at the 100 Year Anniversary program.



that he did,” says Dr. Kelley. “It gives me such pride to work in a division founded with that mentality. And today we are still all about the patient.”

Moving into its next century, the Division of Colon and Rectal Surgery is poised to keep Dr. Buie’s legacy going strong. “Our biggest contribution is adoption of new innovations and a high volume of surgery across the entire spectrum of our specialty,” says Dr. Eric Dozois.

The division is expanding its training programs and, much like its founder, developing new tools — only now using modern methods like stem cell therapies.

“One of the big realizations that I had looking back at this 100 years was the importance of all the people that came before us,” says Dr. Eric Dozois. “They created this foundation of excellence that we continue to build on.” •

*“One of the big realizations that I had looking back at this 100 years was the importance of all the people that came before us. They created this **foundation of excellence that we continue to build on.**”*

– Eric Dozois, M.D.

O'LEARY SOCIETY **CELEBRATES**

YEARS

Paul O'Leary, M.D., leader  
of Mayo Clinic's Section of  
Dermatology and Syphilology  
from 1924 to 1953.





**Randall Roenigk, M.D., former chair of the Departments of Dermatology at Mayo Clinic in Rochester, Minnesota, and Phoenix, Arizona.**

By NICOLE ETTER

**I**t started when Mayo Clinic alumni gathered for a reception at the American Academy of Dermatology annual meeting more than two decades ago. They reminisced, laughed and brainstormed late into the night: How could they do more to support and grow the special environment of excellence in dermatology at Mayo Clinic? Should they fundraise? Create a history book? Expand continuing education?

“A lot of helpful ideas were brought up among the group of alumni that also enjoyed each other’s company,” recalls **Randall Roenigk, M.D.** (DERM ’86), who was department chair at the time. Dr. Roenigk is also the

Robert H. Kieckhefer Professor of Dermatology. “And so, we created the O’Leary Society.”

Their chosen namesake: the legendary **Paul O’Leary, M.D.** (DERM 1918, died 1955), who led Mayo Clinic’s Section of Dermatology and Syphilology from 1924 to 1953 and served as president of Mayo Clinic staff. A giant in his field, Dr. O’Leary was also known for bringing people together. “He was the unofficial social chairman of Mayo Clinic,” Dr. Roenigk says. “He was an affable guy with whom people always enjoyed chatting.”

This year the O’Leary Society turns 20. From a handful of founders, the society has grown to include more

than 600 active members. Membership is automatically extended to anyone who trained in dermatology at Mayo Clinic, dermatology staff who have worked at Mayo Clinic for 12 months, and graduates of Mayo Clinic Alix School of Medicine who are certified by the American Board of Dermatology. Dermatology residents in Mayo Clinic School of Graduate Medical Education are considered associate members.

“The core values of the O’Leary Society center around doing what’s best for the patient, being an utmost professional, having utmost integrity and conduct in the care for

patients, and practicing medicine with the very highest ethical standards,” explains O’Leary Society President **Olayemi (Yemi) Sokumbi, M.D.** (MED ’09, I1 ’10, DERM ’13), a dermatologist and dermatopathologist at Mayo Clinic in Florida.

Over the years, the O’Leary Society has created a popular history book celebrating 90 years — and then a century — of dermatology at Mayo Clinic. The society supports learners, providing each first-year dermatology resident with three textbooks. And members have fundraised for Mayo Clinic priorities, including



Olayemi (Yemi) Sokumbi, M.D.,  
president of the O’Leary Society.

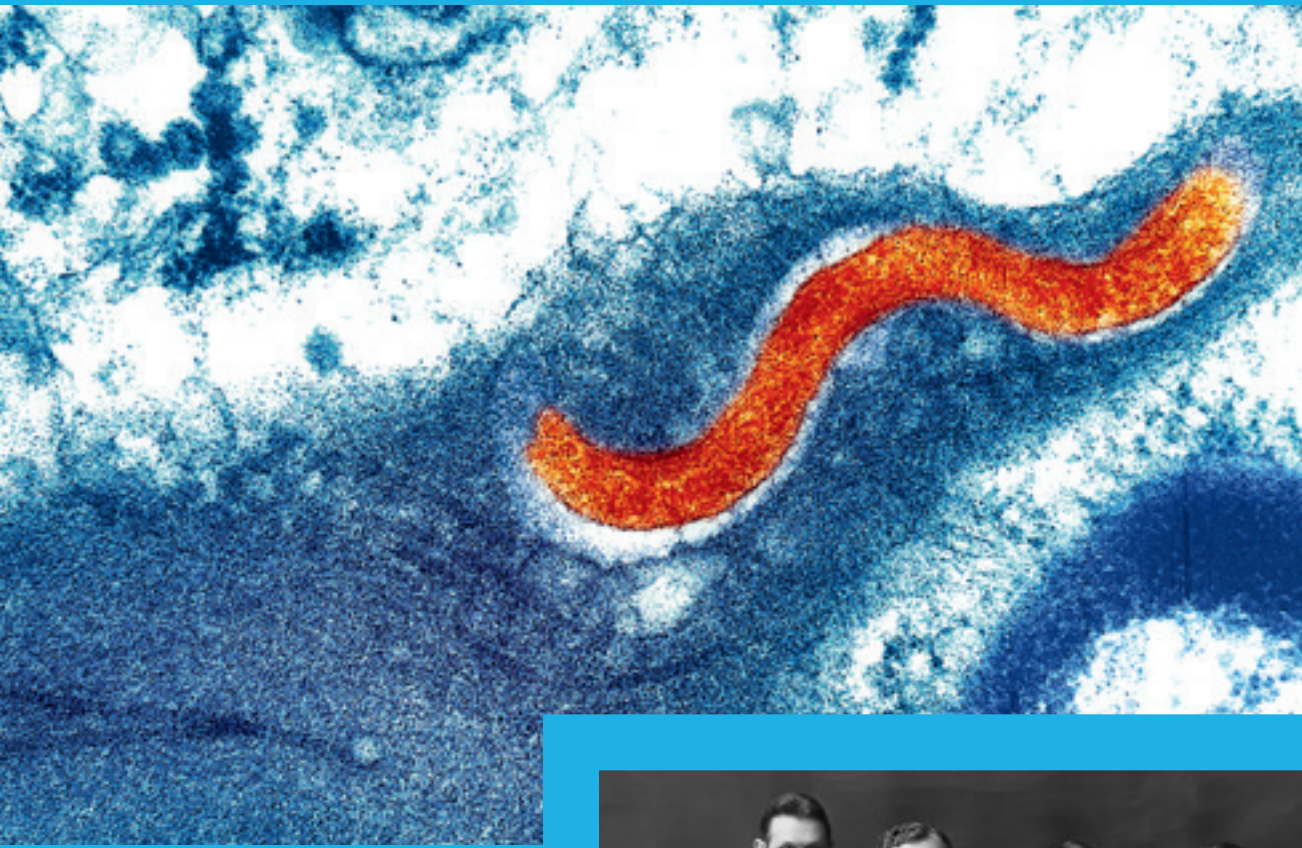
## O’Leary Society

### Founding Committee

- Randall Roenigk, M.D. (DERM ’86)
- Smith Gibson, M.D. (DERM ’57)
- Joseph Fiore, M.D. (DERM ’74)
- Carl Soderstrom, M.D. (I ’70, DERM ’72)
- Arnold Schroeter, M.D. (I ’66, DERM ’69)
- Sigfrid Muller, M.D. (DERM ’58)
- Suzanne Connolly, M.D. (I1 ’76, DERM ’79)
- Karen Heidelberg, M.D. (DERM ’97)
- James Russell, M.D. (DERM ’05)
- K.L. Spear, M.D. (DERM ’83)

### Past Presidents

- K.L. Spear, M.D. (DERM ’83)
- Carl Soderstrom, M.D. (I ’70, DERM ’72)
- Karen Heidelberg, M.D. (DERM ’97)
- Alison Bruce, M.D. (I1 ’97, DERM ’00)
- David Mehregan, M.D. (DERM ’90, DPTH ’91)
- William Welborn, M.D. (DERM ’71)
- Charles Perniciaro, M.D. (DERM ’87, DPTH ’93)



Colored transmission electron micrograph showing a *Treponema pallidum* bacterium (orange), which causes syphilis, seen here in penile skin (blue). Image source: Science Photo Library.

Mayo Clinic's Section of Dermatology and Syphilology around 1920, with Paul O'Leary, M.D., and John Stokes, M.D., third and fourth from the left. Based on identifications on the back of the original print, the photo is thought to include Lawrence Schaefer, M.D., Sam Becker, M.D., Steve Parker, M.D., and several technicians, including Priscilla Keeley and Beulah Boyd.



## Honoring a legendary dermatology leader

**Paul O'Leary, M.D.** (DERM 1918), was an internationally renowned clinician and educator. A native of Brooklyn, New York, Dr. O'Leary served in the U.S. Army Medical Corps in World War I before settling in Rochester in 1917. Mayo Clinic had created the Section of Dermatology and Syphilology the prior year, and Dr. O'Leary soon succeeded John Stokes, M.D., as the second chair of the department. He would remain chair for nearly three decades.

During that time, Dr. O'Leary oversaw the training of more than 100 graduate students, helped found the American Academy of Dermatology and Syphilology while a director of the American Board of Dermatology, was elected president of the American Dermatological Association, and served as editor-in-chief of Archives of Dermatology and Syphilology, among many other accomplishments. While he published scholarly works on a variety of conditions, he was particularly known as an expert in treating

syphilis. He worked to counteract the stigma of the disease and raise awareness of syphilis as a public health issue.

Ever dedicated to his patients, Dr. O'Leary also became famous for hosting Lou Gehrig while the baseball star was being treated at Mayo Clinic. Dr. O'Leary continued to serve as department chair until age 62. He died in 1955 at age 64.

The O'Leary Society's mission statement reads: "The Society is dedicated to continuing Dr. O'Leary's legacy of professionalism, personal integrity, scholarly teaching, research and sincere concern for all patients entrusted to his care. These enduring qualities are the essence of the Mayo persona, which the O'Leary Society hopes will inspire and enrich the lives of all members who embrace the vision of this great leader and the legacy left to Mayo Clinic Dermatology."

*“The core values of the O’Leary Society center around doing what’s best for the patient, being an utmost professional, having utmost integrity and conduct in the care for patients, and **practicing medicine with the very highest ethical standards.**”*

– Olayemi (Yemi) Sokumbi, M.D.

enhancements to dermatology facilities in the Gonda Building in Rochester and support for the dermatology departments in Arizona and Florida.

Early leaders included **K.L. Spear, M.D.** (DERM ’83), **Carl Soderstrom, M.D.** (I ’70, DERM ’72), and **Joseph Fiore, M.D.** (DERM ’74). The current board continues to explore ways to engage its membership across generations and is considering building an endowment.

“With the constant change in healthcare, it’s important to ensure that we support learners and our alumni by recognizing the rich history and traditions of Mayo Clinic dermatology while continuing to propel excellent patient care, education and advancement in the field,” Dr. Sokumbi says.

Dr. Roenigk, a lifetime board member and O’Leary Society historian, is grateful that the society continues to grow and evolve.

“When you train at Mayo, you’re given a great gift,” Dr. Roenigk says. “The Mayo Clinic Alumni Association is strong because people recognize the unique culture of Mayo. And even if it doesn’t suit them to practice at Mayo for their whole career, they want to stay connected. I think people continue to appreciate that and hopefully will for decades to come.” •



For current information on the O’Leary Society and its activities, visit its web page (alumni login required).



The Mayo Clinic dermatology and syphilology service pictured in the 1920s. For a time, the service occupied treatment rooms in what was called the Old East Annex in Rochester, Minnesota.





The Hench Society is named for Mayo Clinic rheumatologist Philip Hench, M.D., pictured here (at right) with colleagues Charles Slocumb, M.D., Howard Polley, M.D., and Edward Kendall, M.D. Drs. Kendall and Hench, along with Swiss chemist Tadeus Reichstein, won the Nobel Prize in Physiology or Medicine in 1950 for their discoveries relating to adrenal cortex hormones and the development of cortisone treatments.

## Fostering connections

The Mayo Clinic Alumni Association includes physicians and scientists of every conceivable specialty, united by one mission: Connecting our alumni and bringing Mayo Clinic values to the world. Under that broad umbrella, specialty societies have formed. As the name implies, these volunteer alumni-organized groups engage with colleagues in the same specialty.

Specialty societies are often named for highly respected Mayo Clinic pioneers. Societies encourage networking, offer educational opportunities, exchange medical and scientific information, recognize learner and alumni accomplishments, and maintain ties with their Mayo Clinic specialty colleagues.

Affinity groups are also part of the overall alumni community. Affinity groups form around a purpose or topic of common interest and encompass individuals across many different disciplines. Affinity groups are intended to build awareness and garner support for the chosen topic of interest and to engage in activities related to mentoring and networking with other alumni.

Regardless of the specialty or topic of interest, all groups in the umbrella of the Mayo Clinic Alumni Association actively support the mission of the Mayo Clinic Alumni Association and Mayo Clinic.

## Current Mayo Clinic Alumni Association societies and affinity groups

- **CARMAN SOCIETY**  
for radiology alumni, named for **Russell Carman, M.D.** (RD 1913, died 1926)
- **DENTAL SPECIALTIES SOCIETY**
- **EYE ALUMNI**
- **GERMAN SPEAKING CHAPTER**  
founded by **Hans (Rudolf) Juchems, M.D.** (I '61, died 2008)
- **HAND CLUB**
- **HENCH SOCIETY**  
for rheumatology alumni, named for **Philip Hench, M.D.** (I '25, died 1965)
- **KRUSEN ALUMNI**  
for physical medicine and rehabilitation alumni, named for **Frank Krusen, M.D.** (PMR '35, died 1973)
- **NEUROSURGERY SOCIETY**
- **O'LEARY SOCIETY**  
for dermatology alumni, named for **Paul O'Leary, M.D.** (DERM 1918, died 1955)
- **ORAL & MAXILLOFACIAL SOCIETY**
- **ORTHOPEDIC ALUMNI**
- **ORTHOPEDIC RESEARCH ALUMNI**
- **SURGICAL SOCIETY IN HONOR OF JAMES T. PRIESTLEY, M.D.** (S '33, died 1979)
- **UROLOGIC ALUMNI**
- **WOMEN PHYSICIANS AND SCIENTISTS AFFINITY GROUP**

Some of these societies have information available on the Alumni Association website. Societies and affinity groups are approved by the Alumni Association. If you are interested in starting a new group, contact the Alumni Center ([mayoalumni@mayo.edu](mailto:mayoalumni@mayo.edu)) for more information.



Scan the QR code to learn more about Mayo Clinic Alumni Association societies and affinity groups (alumni login required).

# Mayo Clinic Update



## New research platform assesses brain cancer mutations during surgery

**B**rain cancer is difficult to treat when it starts growing, and a prevalent type, known as a glioma, has a poor five-year survival rate. Mayo Clinic researchers report on a new surgical platform used during surgery that informs critical decision-making about tumor treatment within minutes.

The study involved small tissue biopsies from patients undergoing asleep and awake brain surgery for suspected glioma. Samples were analyzed with mass spectrometry, which allowed researchers to rapidly assess — within two minutes — whether a key gene mutation in brain cancer, known as isocitrate dehydrogenase (IDH) mutation, was present.

The researchers say that, in addition to enabling real-time diagnosis, the platform allows surgeons to determine a patient's prognosis and perform tumor resection to improve patient outcomes. In the future, the new platform will help surgeons take advantage of the window of opportunity in the operating room to tailor treatment to the molecular features of a tumor, a more personalized approach to medicine. Researchers hope new therapies developed to target IDH mutations can be delivered in the operating room at the time of surgery.

“The ability to identify this mutation during brain surgery means that one day in the future we may be able to treat patients with this specific mutation locally before they leave the operating room,” says the study's senior author, **Alfredo Quiñones-Hinojosa, M.D.** (NS '16), The James C. and Sarah K. Kennedy Dean of Research at Mayo Clinic in Florida. He is also a William J. and Charles H. Mayo Professor.

# Cancer research produces treatment insights

Researchers from the Mayo Clinic Comprehensive Cancer Center presented key research findings during the 2024 American Society of Clinical Oncology (ASCO) Annual Meeting in Chicago May 31–June 4. These studies shed light on critical aspects of cancer treatment and management. Highlights included:



## Final results of a phase 2 study of tucatinib and trastuzumab for HER2-positive mCRC (MOUNTAINEER)

**SENIOR AUTHOR: Tanios Bekaii-Saab, M.D.** (HEMO '16), chair of the Division of Hematology and Medical Oncology at Mayo Clinic in Arizona, and the David F. and Margaret T. Grohne Professor of Novel Therapeutics for Cancer Research I  
**KEY INSIGHT:** This presentation includes the final analysis of the MOUNTAINEER trial and reaffirms the clinically meaningful antitumor activity and favorable tolerability of tucatinib plus trastuzumab, a chemotherapy-free treatment option for patients with HER2+ mCRC, the first regimen to be approved by the U.S. Food and Drug Administration for this indication.



## The impact of adjuvant endocrine therapy (AET) omission in estrogen receptor (ER)-low (1%–10%) early-stage breast cancer

**PRESENTER: Grace Choong, M.D.** (I '20, HEMO '23), Department of Oncology at Mayo Clinic in Minnesota  
**KEY INSIGHT:** In patients with ER-low breast cancer, omission of AET in patients treated with chemotherapy is associated with a 25% higher risk of death than those who receive AET. The impact of AET omission was most pronounced in patients with residual disease after neoadjuvant chemotherapy. Therefore, AET should be recommended in patients with ER-low breast cancer until further studies can be performed.



## Phase 3 randomized trial of intensity-modulated proton therapy (IMPT) versus intensity-modulated photon therapy (IMRT) for the treatment of head and neck oropharyngeal carcinoma (OPC)

**SENIOR AUTHOR: Robert Foote, M.D.** (RADO '88), emeritus professor of radiation oncology at Mayo Clinic College of Medicine and Science  
**KEY INSIGHT:** Intensity-modulated proton therapy (IMPT) is noninferior to intensity-modulated photon therapy (IMRT) as measured by progression-free survival at three years and has emerged as a standard of care chemoradiotherapy treatment for oropharyngeal cancer. More patients treated with IMPT maintained their weight and fewer required gastrostomy tubes compared to patients treated with IMRT. IMPT is recommended for oropharyngeal cancer because it minimizes radiation to important organs while effectively treating the cancer.

## Obituaries

**Kenneth Fawcett Sr., M.D.** (PATH '66), died March 23, 2024.

**William Overton Harris Jr., M.D.** (N '67), died April 13, 2024.

**Robin Molella, M.D.** (MED '90, I '97, PREV '99), died April 3, 2024.

**Michael O'Sullivan, M.B., B.Ch.** (PATH '69), died April 20, 2024.

**Ralph Rydell, M.D.** (NS '71), died April 3, 2024.

**Peter Smars, M.D.** (EMS '89), died April 15, 2024.

**Robert Smith Jr., M.D.** (I '65), died Dec. 29, 2023.

**Christian Stehr, M.D.** (ANES '74), died March 8, 2024.

**Stephen Textor, M.D.** (NEPH '88), died Feb. 27, 2024.

# New education leadership across campuses



## New vice dean of Mayo Clinic Alix School of Medicine

**Abba Zubair, M.D., Ph.D.** (LABM '03), has been selected as the vice dean of Mayo Clinic Alix School of Medicine and dean of the Florida Campus, succeeding **Gerardo Colon-Otero, M.D.** (I '82, HEM '84). Dr. Zubair was former associate dean of Mayo Clinic School of Health Sciences, and for the past three years, he was dean of education at Sheikh Shakhbout Medical City (SSMC) — a previous Mayo Clinic joint venture in Abu Dhabi — and oversaw the Education shield there. Dr. Zubair transitioned into the role in July.



## New senior associate dean of Mayo Clinic School of Graduate Medical Education – Arizona Campus

**Nitin Mishra, M.B.B.S.** (CRS '15), has been selected as the senior associate dean of Mayo Clinic School of Graduate Medical Education – Arizona Campus, succeeding **Susan Wilansky, M.D.** (CV '03). Dr. Mishra will partner with the school's operations manager to continue building and supporting exceptional graduate medical training programs on the Arizona campus. Dr. Wilansky retired at the end of June and Dr. Mishra officially transitioned into the role on July 1, 2024.

# Alumni head prestigious societies

## Mayo Clinic alumnus is president-elect of The Transplantation Society

**Nadey Hakim, M.D., Ph.D.** (S '88), has been chosen as president-elect of The Transplantation Society for the period of 2024–2026. This post became effective at the society's planned business meeting in September 2024. Dr. Hakim was also a member of The Transplantation Society's council for 2020–2024, representing Europe.



## Alumnus is president of the American Academy of Sleep Medicine

**Eric Olson, M.D.** (THD '95, SLEP '96), became the 39th president of the American Academy of Sleep Medicine (AASM) board of directors. Dr. Olson assumed the role during SLEEP 2024, the annual meeting of the Associated Professional Sleep Societies, held in Houston, Texas. As a longstanding member of the AASM, Dr. Olson has held numerous key leadership roles within the organization over the years. He has served on the AASM Foundation board of directors since June 2016, most recently as the 2022–2023 secretary/treasurer.





November 13–15, 2025

# Join us!

Mayo Clinic Alumni Association  
74th Biennial Program

Conference venue: The Ritz-Carlton,  
Amelia Island, Florida

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[alumniassociation.mayo.edu](http://alumniassociation.mayo.edu)

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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 Clinic 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

**Lisa Speckhard-Pasque**

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The Plummer Building under construction in Rochester, Minnesota. Opened in 1928, the Plummer Building is an iconic symbol of Mayo Clinic, designated as a National Historic Landmark. It's named for its designer, Henry S. Plummer, M.D.

The building as initially planned had a flat top rather than the carillon tower, as can be seen in the steel beam placement shown here. The purchase of a carillon had long been under discussion, but it seems clear from the Board of Governors Meeting minutes of August 18, 1926, that Dr. Plummer did not initially want the bells in the new building. Nonetheless, the carillon was installed and today, Mayo Clinic is the only medical center in North America to have a carillon. At 56 bells, it is one of the largest instruments of its kind in the world.



