MAYO CLINIC

alumni

2024 • Issue 4

Letter from the **president**

Years ago, one of my mentors shared with me that the key ingredients to a fulfilling life are meaningful relationships and valuable experiences. The June 2024 Mayo Clinic Alumni Association (MCAA) International Program held in Trondheim, Norway, provided ample opportunities for both.

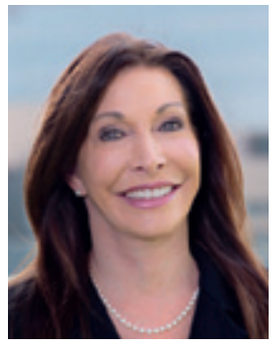
For me, this cultural and educational experience perfectly embodied the MCAA's mission of "connecting our alumni and bringing Mayo Clinic values to the world." Not only was the meeting sold out with more than 240 alumni and guests, but the outstanding CME program offered a diverse range of topics relevant to all attendees. As a bonus, the Mayo Alumni German Speaking Chapter graciously held their annual meeting in conjunction with the international meeting, further enhancing our alumni connections.

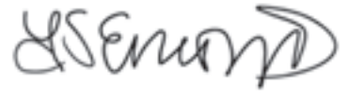
I was particularly moved by the CME talk reflecting on the personal and professional challenges faced in practice, so eloquently shared by **Selby Chen, M.D.** (PRES '09, NS '15), Department of Neurologic Surgery at Mayo Clinic in Florida. The importance of mentorship, which has benefitted all of us during our Mayo Clinic experience, was also powerfully highlighted by past Alumni Association President **Carl Backer, M.D.** (MED '80), and his mentee **Elizabeth Stephens, M.D., Ph.D.** (CS '19), Department of Cardiovascular Surgery, Mayo Clinic in Minnesota.

You'll also see examples of mentorship, relationships and valuable experiences in this issue's article on the Mayo Clinic Global Health Program (MCGHP). Learn how the MCGHP enables Mayo Clinic consulting and allied health staff to educate, collaborate with and mentor healthcare colleagues in medically underserved areas all around the world, including exciting work in Da Nang, Vietnam.

Also in this issue, you will meet the recipients of the Distinguished Alumni Awards, the highest honor given by Mayo Clinic to alumni. This award acknowledges and shows appreciation for the exceptional contributions of Mayo alumni to the field of medicine. Congratulations to the 2024 recipients!

Our next meeting will be the MCAA 74th Biennial Program taking place Nov. 13–15, 2025, at the Ritz-Carlton in Amelia Island, Florida. In addition, the Mayo Alumni German Speaking Chapter will hold its annual meeting June 20–22, 2025, in Kaiserslauten, Germany. I hope you consider attending one of these opportunities to connect with alumni.





Theresa Emory, M.D. (PATH '94)
President, Mayo Clinic Alumni Association
Anatomic and clinical pathologist
Peninsula Pathology Associates
Newport News, Virginia

About the cover: **Using photography taken by Pete Pallagi, imagery of the landscape and architecture of Trondheim, Norway, is combined to show the unique setting of the 2024 Mayo Clinic Alumni Association International Program.**

Contents

04
Michael Schirmer, M.D., and Lois Krahn, M.D., chat during the 2024 International Program.

28
Tri Dinh, M.D., in Da Nang, Vietnam

Illustrations by Oleg Borodin (cover, pages 4–5).

Photography by Mayo Clinic staff. Select photography by: Pete Pallagi (all images from Norway, pages 4–27); Binh Dang (all images from Da Nang, Vietnam, pages 28, 30, 31, 33, 34 and 37).

TRONDHEIM, NORWAY

Not your typical

scientific program

2024 INTERNATIONAL MEETING **HIGHLIGHTS**

Mayo Clinic Alumni Association International Program course directors Atul Jain, M.D., and Elizabeth Cozine, M.D.

Typically, continuing medical education (CME) courses offer an opportunity for healthcare professionals to drill down into their specialties, expanding their knowledge within their areas of expertise.

That's not the case at the biennial Mayo Clinic Alumni Association International Program, where CME topics may be completely unrelated to an attendee's day-to-day work, says course co-director **Elizabeth Cozine, M.D.** (MED '11, FM '14), Department of Family Medicine at Mayo Clinic in Minnesota.

"Our goals are much different than a typical scientific program," says Dr. Cozine. "Every single speaker embodies our primary value of focusing on the needs of the patient, but beyond that, it's an opportunity to be reminded of the uniqueness of the collegiality we all learn as trainees and staff at Mayo."

Attendees depart with exposure to new topics, practical clinical and research takeaways, new personal connections — and, potentially, a renewed sense of purpose.

"We can highlight the innovative work of our colleagues and then bump into each other at the conference hotel or Nidaros Cathedral — and then maybe later in the subway between the Harwick and Mayo buildings — and form new relationships that not only help our patients, but remind us of the incredible wealth of talent, expertise and human decency among us," says Dr. Cozine.

Add stunning surroundings — Trondheim, Norway, the historic Viking capital on the shores of a fjord — and the opportunity to catch up with old colleagues and network with new connections, and it's no wonder the event is so popular.

This year's sold-out June conference drew 242 alumni and their guests from 16 U.S. states and 4 additional countries — the largest group of attendees in the last 20 years.

This year, the CME course featured a larger mix of specialties and speaker backgrounds from all three Mayo Clinic sites, says course co-director **Atul Jain, M.D.** (GIM '14), Division of General Internal Medicine, Mayo Clinic in Arizona. There was an increased emphasis on cancer biology, detection and therapy, as well as cutting-edge technology such as novel gastrointestinal interventions and the use of AI to identify rare diseases.

"The lecture hall became more packed as the sessions progressed, up until the last talk," says Dr. Jain. "This can be unusual for some CME, as attendance can often diminish toward the end. The audience can vote with their feet, and seeing so many chairs filled told me that the program garnered significant excitement."

In a post-conference survey, attendees praised the beautiful location, the networking, the venue, the food and the talented speakers.

One attendee noted that the lectures and interactions with attendees brought to mind the spirit of the Mayo brothers and great memories "of training under 'giants' of medicine.'"

"My time in Trondheim reminded me why medicine is such an honorable calling, and that my time at Mayo was the greatest privilege," the attendee stated.

The pages that follow highlight content from the program's speakers.

Darrell Pardi, M.D. (GI '98, CTSA '09), chair, Division of Gastroenterology and Hepatology, Mayo Clinic in Minnesota

Darrell Pardi, M.D.

Innovations in Gastroenterology: **Artificial Intelligence and Beyond**

Gastroenterology and hepatology are advancing rapidly through innovation in artificial intelligence (AI), digital health, endoscopic technology and the combination of these fields. Advances include:

- **Sedation triage.** Mayo Clinic Health System developed an automated application to determine which GI procedures should be performed under anesthesia versus moderate sedation, reducing staff cognitive burden and increasing the use of moderate sedation.
- **New endoscopic technology.** Research has shown that endoscopic sleeve gastroplasty resulted in total body weight loss of 14% at 3 years post-surgery. Other promising research indicates that ablating the duodenal mucosa via endoscopy can result in the mucosa regenerating with normal insulin sensitivity. Larger studies aim to replicate these preliminary findings.
- **Better diagnosis.** Currently, endoscopic biopsy sampling to detect cholangiocarcinoma is poorly sensitive. AI-aided cholangioscopy has led to sensitivity, accuracy and negative predictive values of over 90%, according to research from Mayo Clinic.

Annette Wagner, M.D.

Medical Expert Knowledge Meets AI: **Opportunities in the Use of AI in the Diagnosis of Rare Diseases**

Diagnosis support systems that utilize artificial intelligence (AI) can potentially provide more efficient diagnosis and care of rare diseases (RD). This could help patients avoid the burden associated with prolonged diagnosis, such as redundant examinations and labs.

In a project with Ada Health, Dr. Wagner and colleagues evaluated a digital diagnosis assistance system for rare diseases. The aim of the system is to support physicians in the correct and timely identification of complex and rare diseases to enable targeted referral of patients to rare disease centers.

Another focus of Dr. Wagner's work is the optimization of self-assessment technology for the identification of a wide range of rare diseases. If successfully implemented, this technology will hopefully have significant effects on identifying affected patients and decreasing their time to diagnosis.

Medical experts must be involved in the development and use of these systems. Data and legal security, as well as transparency, must be guaranteed.

Annette Wagner, M.D. (RHEU '93), Medizinische Hochschule Hannover in Hannover, Germany

A view of the Nidelva river in Trondheim, Norway

Ivan Porter II, M.D.

Health Inequities in **Chronic Kidney Disease**

Ivan Porter II, M.D. (I '11, CMR '12, NEPH '14), Division of Nephrology and Hypertension, Mayo Clinic in Florida

Chronic kidney disease (CKD) is staged according to the patient's glomerular filtration rate (GFR). Traditionally, the GFR calculation was adjusted so that, based on equal creatine levels, GFR was higher for Black patients. This led to disparities for Black patients, including later referral for kidney transplant.

More recently, the medical establishment has slowly adopted the use of a GFR formula that does not include race. However, there are still enormous racial health disparities in CKD, including incident rates of end-stage renal disease that are over three times as high in Black populations compared to white populations.

CKD and its progression are affected by social determinants of health such as healthcare access, social and community context, and economic stability. For example, where an individual lives plays an important role in transplant availability — and enrolling in multiple transplant centers is not feasible for some people due to the travel, cost and time involved.

Health professionals have a responsibility to advocate formally and informally for policy changes that address structural racism and social determinants of health. Researchers must recognize that race is not a proxy for precision medicine. Rather, the use of genetic testing and subsequent development of polygenic risk scores will help to stratify risks in individuals — with much less risk of exacerbating healthcare disparities. Finally, health professionals should initiate and lead dialogue with populations historically mistreated by the medical establishment to build trust, increase representation in clinical trials and address disparities.

Benjamin Lai, M.B., B.Ch., B.A.O.

The Mayo Clinic **Opioid Stewardship Program**

There were over 107,000 drug overdose deaths in 2023. The solution to the opioid epidemic is not to stop prescribing opioids, but to prescribe the right patients the right opioids at the right time, in the right doses and routes.

To this end, Mayo Clinic established the multidisciplinary Opioid Stewardship Program (OSP) in 2017. Among other accomplishments, Mayo's OSP:

- Created opioid prescribing guidelines based on acute, subacute and chronic scenarios, as well as naloxone prescribing guidelines for at-risk patients.
- Organized a multidisciplinary controlled substance advisory group to provide support to primary care providers.
- Tracked opioid prescribing metrics, which showed a decrease in the percentage of hospital discharges with an opioid prescription.
- Implemented a short, validated opioid use disorder screening tool, which is now employed across Mayo Clinic primary care practices, with plans to expand to other practices.
- Established a Mayo Clinic primary care work group to normalize addiction treatment and prescription of buprenorphine.

Benjamin Lai, M.B., B.Ch., B.A.O. (FM '15), Department of Family Medicine, chair of the Opioid Stewardship Program, Mayo Clinic in Minnesota

1. The exterior of Nidaros Cathedral.
2. Program participants tour Sverresborg Trøndelag Folk Museum, an open-air museum with 80 buildings, including the ruins of King Sverre's medieval castle.
3. The Norwegian flag on display.
4. Melanie Brown, M.D., Mayo Clinic Alumni Association vice president (left), talks with Eddie Greene, M.D., chair of Doctors Mayo Society (center), and Elizabeth Stephens, M.D., Ph.D. (right).

Nidaros Cathedral in Trondheim, Norway

Clayton Cowl, M.D. (THDC '00), Division of Public Health, Infectious Diseases, and Occupational Medicine, Mayo Clinic in Minnesota

Clayton Cowl, M.D.

Mayo Clinic and **Occupational Medicine**

All too often during an illness or after an injury, patients are taken out of the workplace for excessive periods of time. Prolonged time away from work may lead to social, financial and health issues, with increased cardiovascular, mortality and suicide risk.

Healthcare professionals can impact the future of their patients by writing appropriate work restrictions. Many people will not need to miss more than a few days and can return on modified duty.

Work restrictions are descriptions of an employee's work capacity limitations applicable to reasonably foreseeable work assignments. Work restrictions should be short-term, medically-based, have an expiration date, be minimally restrictive and include a functional description of the impairment.

Christopher Russi, D.O.

From Science Fiction to Reality: **The Future of Prehospital Acute Care Medicine**

When a critically ill patient arrives in an emergency department (ED) via ambulance, ED professionals typically have extremely limited information about the patient and must quickly work through various life-threatening differential diagnoses.

Remote biophysiologic monitoring (RPM) offers the opportunity to provide real-time patient data to ED medical teams and connect clinical expertise to transport teams, ideally resulting in collaborative life-saving care before patients arrive at the hospital.

Mayo Clinic is currently experimenting with RPM in ambulances and helicopters. On-body wearables collect patient vital signs, which are transmitted via low-energy Bluetooth to a Mayo Clinic-developed physiologic communication kit. This kit transmits the data via satellite back to Mayo Clinic servers. This monitoring can provide thousands of vital sign data points per patient.

The hope is that, eventually, telemedicine colleagues in the ED will keep digital eyes on patients en route to the ED — potentially coming to earlier treatment decisions and even reaching back to flight teams or ground crews to modify care if needed. And with enough data, machine-learning models could help predict adverse events. Along with other maturing technologies, RPM has great potential to shift emergency medicine from reactive to proactive care.

Christopher Russi, D.O. (EM '07), Department of Emergency Medicine, Mayo Clinic in Minnesota

Neeta Jain, M.D. (P '12),
Department of Psychiatry and
Psychology, Mayo Clinic in Arizona

Neeta Jain, M.D.

Women, Mood, Hormones and **the Life Cycle**

Women have a higher prevalence of mood disorders than men, and these disorders present at vulnerable reproductive intervals, partially due to concurrent changes in hormone levels.

Hormones such as estrogen and progesterone modulate the release of neurotransmitters, thereby affecting emotion, behavior and cognition. During reproductive intervals, it's not only the production of hormone changes, but the variation in sensitivity to these changes among individuals — possibly due in part to an allelic variation in the estrogen receptor gene — that leads to mood disorders.

Menstruation. Women who are more sensitive to cyclic hormonal fluctuations may experience premenstrual syndrome, premenstrual exacerbation of a mood disorder, or premenstrual dysphoric disorder. These conditions may be treated with oral contraceptives.

Pregnancy. Untreated depression increases risk of premature birth, miscarriage, low birth weight, fetal growth restriction and postnatal complications. Depression during pregnancy is the greatest risk factor for having postpartum depression. If mood is stable on antidepressants, studies repeatedly suggest remaining on the medications.

Postpartum. After removal of the placenta, hormone levels drop precipitously, which is the underlying pathogenesis of postpartum depression. Newly FDA-approved medications for postpartum depression include brexanolone (Zulresso) and zuranolone (Zurzuvae).

Perimenopause. Perimenopausal women are at higher risk of depression, especially if they have previously experienced depression. Hormonal treatment may be considered in women to target symptoms of hot flashes, insomnia and sexual disturbances. These treatments may prevent onset of depression in women.

Lois Krahn, M.D.

Mayo Clinic **Academic Solutions**

There is insufficient capacity to accommodate the many medical learners who want to come to Mayo Clinic as visiting clinicians, visiting students and visiting residents. In addition, medical institutions around the world often ask Mayo Clinic for insight and guidance on topics like opening a medical school, offering residency or fellowship programs, and using simulation to equip learners and faculty.

In response, Mayo Clinic Academic Solutions (MCAS) was born. To help accommodate medical learners, MCAS coordinates with interested institutions to set up 1- to 2-week courses at a Mayo site, with content designed to accommodate that specific group. MCAS also helps client institutions decide whether developing or expanding education and research programs is prudent — and, if so, MCAS provides advisory services. MCAS accomplishes this by:

- Gathering information about the client institution.
- Sharing information about how Mayo Clinic operates, recognizing that this insight may not be universally applicable, especially in different cultures or political contexts.
- Introducing members of the client's staff to physician and administrative subject matter experts at Mayo Clinic in relevant areas, such as educational information technology and facility planning.
- Helping institutions sharpen their strategic planning, identify key opportunities and challenges, and implement change management.

In the decade since its founding, MCAS has extended Mayo Clinic's academic reach to over 20 countries and 82 institutions, with revenue invested back into the Education Shield to enhance all education efforts.

Lois Krahn, M.D. (MED '89, P '93, PCON '94), Division of Pulmonary Medicine, Mayo Clinic in Arizona

Xiao Jing (Iris) Wang, M.D.

Understanding Disorders of **Gut Brain Interaction**

Xiao Jing (Iris) Wang, M.D. (GI '20), Division of Gastroenterology and Hepatology, Mayo Clinic in Minnesota

Updated criteria from the Rome Foundation have redefined functional gastrointestinal disorders as disorders of gut-brain interaction (DGBI). DGBIs can be considered part of central sensitization syndromes and include bowel disorders such as irritable bowel syndrome.

All too often, DGBI patients are frustrated by failed attempts to diagnose their conditions. The lack of answers may contribute to feelings of helplessness and lead to illness-related anxiety and hypervigilance of symptoms. Rome criteria can help providers validate and diagnose symptomatic patients without structural GI problems.

Mimics of IBS in women include pelvic floor dysfunction (PFD) and endometriosis. PFD can lead to constipation, and pelvic physical therapy should be first-line treatment.

Endometriosis — the presence of extra-uterine endometrium-like tissue — can also overlap with IBS. This may be due to endometriosis deposits that are close to the rectosigmoid colon, causing local inflammation and prostaglandin release. Additionally, painful conditions in two neighboring internal organs can enhance pain symptoms in both, a concept known as viscero-visceral hyperalgesia.

Endometriosis and IBS should be managed in collaboration with urogynecology and gynecology.

Management of DGBIs should include a strong patient-provider alliance, parsimonious testing for possible mimics, and multidisciplinary, collaborating treatment plans.

1. Umbrellas hang above Thomas Angells Street in Trondheim.

2. Former Mayo Clinic Alumni Association President Susheela Bala, M.D. (left), and Judith Anderson, director of the Mayo Clinic Alumni Center (right).

3. To Rom og Kjøkken restaurant in Trondheim.

4. Anelia Peneva, M.D., and her husband Ilko Ivanov, M.D., with the Nidaros Cathedral in the background.

5. Closing dinner table setting at the Archbishop's Palace.

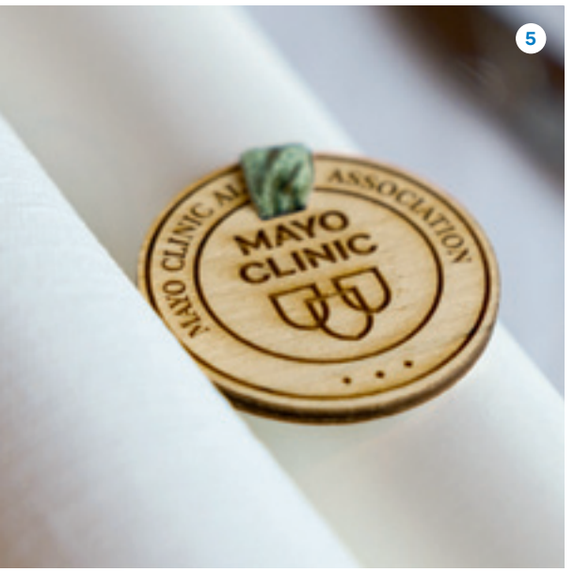
6. Attendees gather before the International Program welcome dinner.

1

2

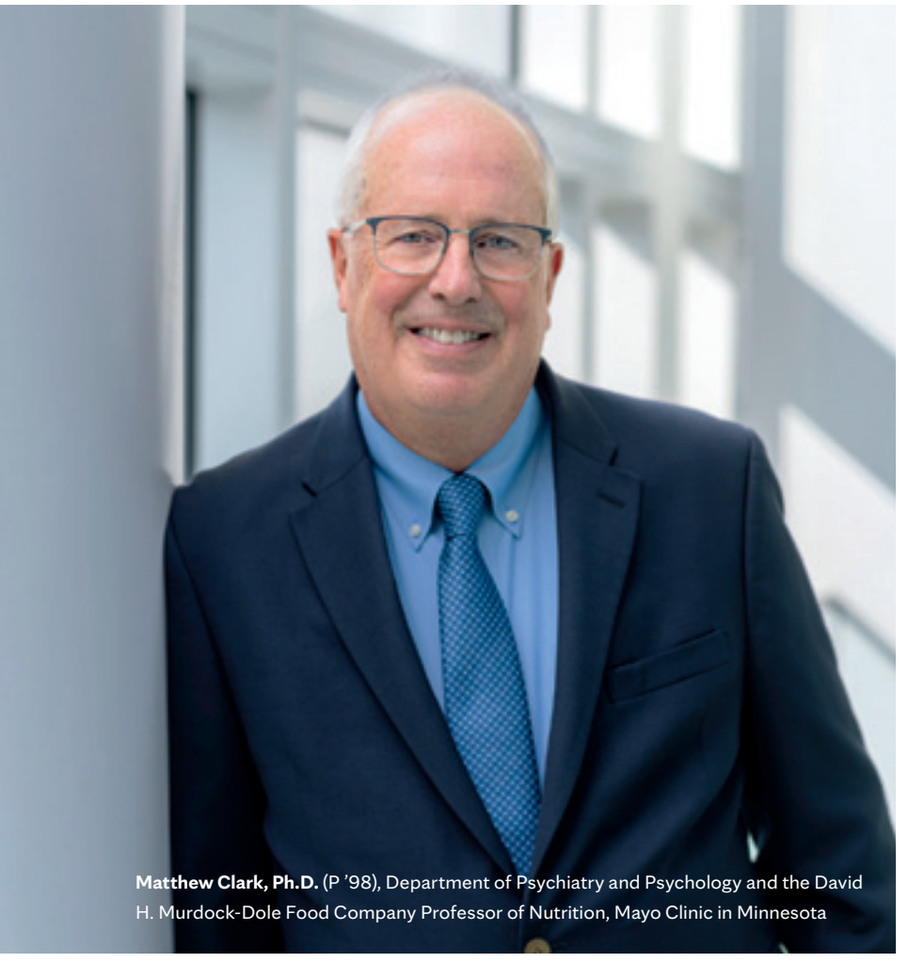

TO ROM OG KJØKKEN

3


MAYO CLINIC
MAYO CLINIC ALUMNI ASSOCIATION

5

4



Matthew Clark, Ph.D. (P '98), Department of Psychiatry and Psychology and the David H. Murdock-Dole Food Company Professor of Nutrition, Mayo Clinic in Minnesota

Matthew Clark, Ph.D.

Innovations in **Obesity Care**

Behavioral weight management strategies can help interrupt the common cycle of weight loss and regain. These helpful strategies include:

- **Implementing an ongoing motivation plan.** Remember your long-term vision, create and use a positive support system, and focus on more than just weight loss, such as improvements in energy level, self-confidence and health metrics.
- **Thinking positively.** Rather than thinking of your behaviors as "never good enough," take time to celebrate your wins. Correct thoughts such as "If I don't exercise every day I am worthless" to "My goal is to be more active, how can I achieve this?"
- **Developing relapse prevention techniques because we all make mistakes.** After overeating, reach out to your support system, be physically active to refocus, or plan a healthy meal for the next day. Say to yourself, "I made a little mistake, I can get back on track."

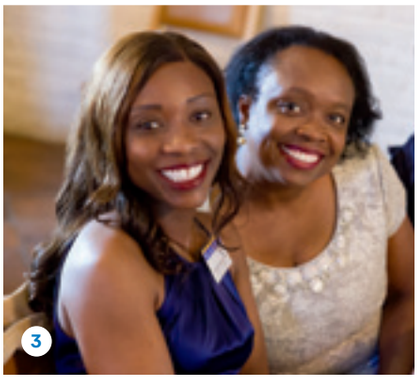
Jan Stepanek, M.D.

Idea to Application: **A View From the Trenches**

Rather than a brilliant flash of insight, innovation is usually a protracted process. To spur innovation:

- **Define the problem.** Select problems that your team or organization is suited to tackle given its culture, capability and strategy.
- **Build a collaborative culture.** Cross-disciplinary teams with diverse but specialized expertise are critical. Different backgrounds often equate to different ways of approaching a problem, which can lead to novel solutions.
- **Encourage innovation at an organizational level.** It's important for organizations to align their strategic plan with innovation in a credible way and ensure there are proper resources (such as time, tools and interactions) for innovation.
- **Seek innovation from all directions.** Innovation can come from a variety of sources. Errors are to be embraced and paid attention to, as great new discoveries can hide within the "error." Other ideas may develop as a "slow hunch," making it important to maintain and revisit past thoughts and approaches to get to a solution. Other times, things that are near and available to us can be recombined into novel thoughts and ideas.

Jan Stepanek, M.D. (I '97, CMR '98), Division of General Internal Medicine, Mayo Clinic in Arizona



1. Program attendees embrace.
2. The Britannia Hotel, location of the 2024 Alumni Association International Program.
3. Olayemi (Yemi) Sokumbi, M.D., president of the O'Leary Society (left), and Melanie Brown, M.D., Mayo Clinic Alumni Association vice president (right).
4. Julia Backer (left) and Dawn Marie Davis, M.D., medical director of the Alumni Center (right).
5. The exterior of Nidaros Cathedral.

1. Dessert served at To Rom og Kjøkken.
2. A dinner guest at To Rom og Kjøkken.
3. Members of the Mayo Alumni German Speaking Chapter.
4. Daniel Hurley, M.D., and other attendees enjoy dinner at the Archbishop's Palace.

Selby Chen, M.D.

Transitioning to Practice: **Lessons Learned as a Young Neurosurgeon**

As he began his clinical practice as a spine surgeon, Dr. Chen learned to deal with common challenges, including:

- **Complications.** Complications are not always your fault, but if they are, learn from them, don't dwell on them.
- **Lawsuits.** Lawsuits are almost inevitable. Know your risk management department and talk to them when an adverse event occurs.

Complications and lawsuits can contribute to burnout. To combat burnout, make an effort to:

- **Battle exhaustion.** When you're continuously bombarded with messages, pages, emails and calls, it can be difficult to disconnect from your practice, making it imperative to prioritize and scale back on commitments.
- **Battle feelings of inefficacy.** Bad patient outcomes can make you feel like you're not effectively helping patients. It's important to reflect on and celebrate your successes to sustain your purpose.
- **Battle cynicism.** While maintaining your priorities, try to add components to your career that you find fulfilling, such as educating residents.

Selby Chen, M.D. (PRES '09, NS '15), Department of Neurologic Surgery, Mayo Clinic in Florida

Michael Hayden, M.D.

The What, How and Why of Health and Wellness Coaching: **Practice Improvement for Your Patients and Yourself**

Michael Hayden, M.D. (GIM '22), Division of General Internal Medicine, Mayo Clinic in Arizona

"I had a primary care patient with a goal to lose 50 pounds. I counseled her on diet and exercise for years without any improvement in her weight," says **Michael Hayden, M.D.** (GIM '22), Division of General Internal Medicine, Mayo Clinic in Arizona.

"When I began using coaching techniques, her interest and motivation in our appointments completely shifted. As her coach, I really listened to why she wanted to lose weight as well as how she could enact lifestyle changes in the context of being a working, single mom. She formulated a successful weight loss strategy unique to her needs. All it took was for me to listen and ask the right questions."

Health and wellness coaching is a systematic, evidence-based strategy to tap into patient motivation and goal setting. A coach is a facilitator of change who uses enhanced communication to catalyze personal innovation through goal setting, action and accountability.

Health and wellness coaching complements the medical model. While the physician is an expert and educator who typically explains what's wrong and offers solutions, the coach is a partner and facilitator who helps you discover "what's right" and uncover possibilities.

Studies have found that coaching can improve diet and stress management, increase physical activity and decrease emotional exhaustion. The U.S. Preventive Service Task Force has recommended behavioral counseling like coaching to promote a healthy diet and physical activity in patients with cardiovascular risk.

Anjali Bhagra, M.D.

Practical Tips for **Building Resilience and Well-Being**

To address stress, prevent burnout and build resiliency, try the following simple exercises:

- **Morning gratitude.** Before you get out of bed, spend 90 seconds thinking of five people you are grateful for. Send them your silent gratitude.
- **Mindful presence.** Much of our time with family is spent in a distracted state. Spend two minutes simply giving kind attention to your loved ones.
- **Acts of kindness.** Take a moment to perform a small act of kindness or make a connection with someone — maybe even a stranger.

On a larger scale, organizations can play an important role in combatting physician burnout. Former Mayo Clinic leaders **Tait Shanafelt, M.D.** (HEMO '05), and **John Noseworthy, M.D.** (N '90), emeritus professor of neurology at Mayo Clinic College of Medicine and Science, have published strategies to improve physician well-being, including cultivating community at work, using rewards and incentives wisely, and promoting flexibility, work-life integration and self-care.

Anjali Bhagra, M.D. (I1 '05, I '08), Division of General Internal Medicine, Mayo Clinic in Minnesota

Thomas Smith, M.D.

A Brief **History of Cancer**

Thomas Smith, M.D. (MED '83), Pediatric Oncology, Littleton, Colorado

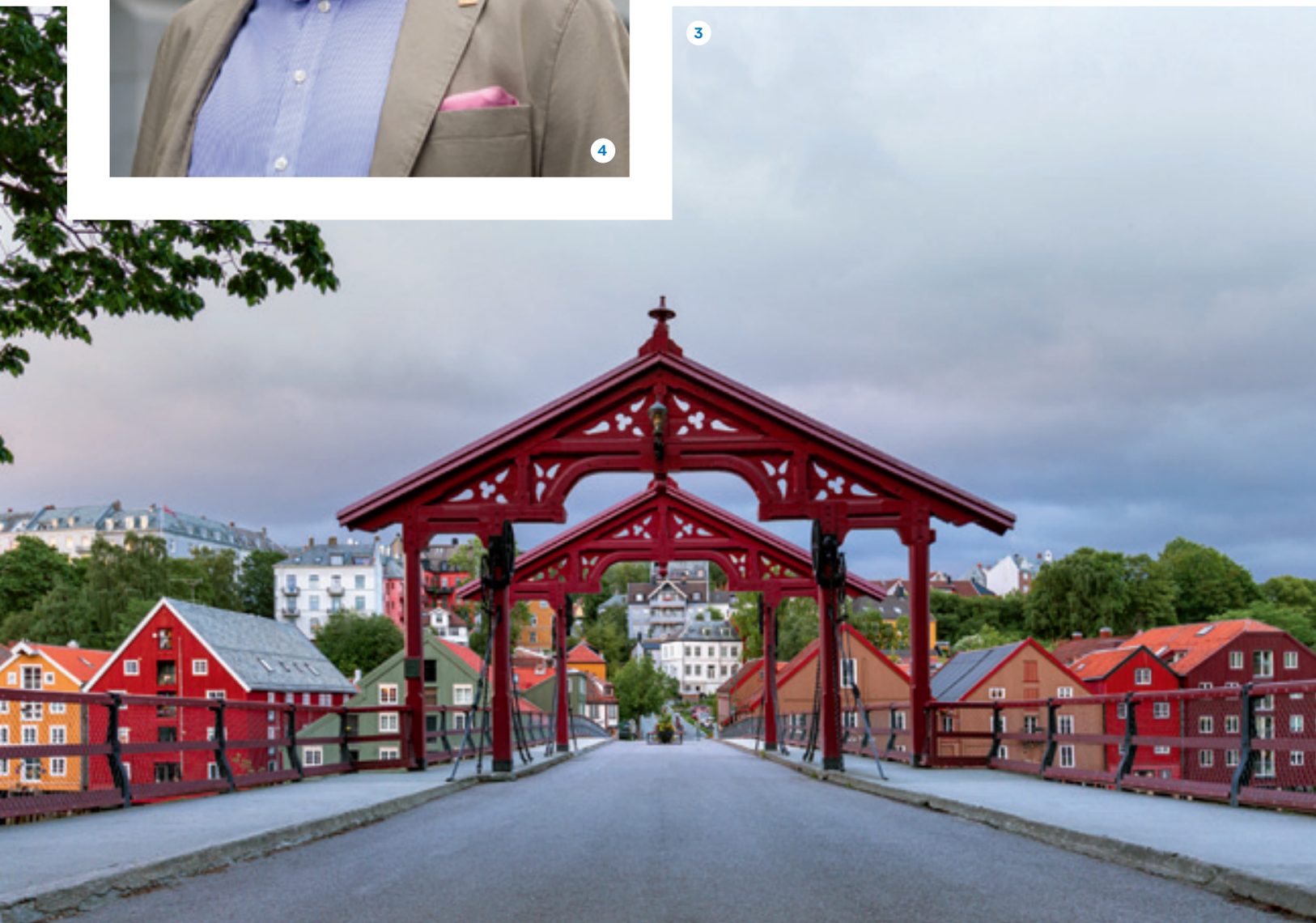
Historic milestones in the understanding and treatment of cancer include:

- **~160 AD.** Greek physician and surgeon Claudius Galenus proposes that cancer is caused by black bile trapped in the body.
- **1775.** Dr. Percivall Pott discovers one of the first carcinogens, after associating an increase in scrotal cancer with chronic skin exposure to chimney soot.
- **Mid-1800s.** The discovery of anesthesia in 1846 and antisepsis in 1867 greatly advances the ability to treat cancer surgically.
- **1890s.** Dr. William Halsted advocates for aggressive radical mastectomies, believing that these surgeries improve cure rates. It takes 80 years to prove that these disfiguring surgeries offer no curative benefit.
- **1943.** Survivors of a World War II mustard gas explosion later die of bone marrow depletion, prompting scientists to develop nitrogen mustard chemotherapy to destroy malignant white blood cells.
- **1948.** Pathologist Dr. Sidney Farber discovers another chemotherapy agent when synthetic antifolate (similar to methotrexate) produces dramatic short-term improvement in children with acute leukemia.
- **Mid-1900s.** Lung cancer mortality rates rise in the 1950s, 1960s and 1970s, contributing to an increase in overall age-adjusted cancer mortality in the U.S.
- **2000s.** Targeted therapy and immunotherapy are new advances.
- **Future.** Cancer therapy will include a better understanding of genetics with subsequent gene therapy.

To learn more on this topic, read The Emperor of All Maladies: A Biography of Cancer by Siddhartha Mukherjee.

Buildings along the Nidelva river in Trondheim, Norway

1. Roger Emory, M.D., and Mayo Clinic Alumni Association President Theresa Emory, M.D.
2. Stained glass in the Nidaros Cathedral.
3. The Old Town Bridge.
4. Kajetan von Eckardstein, M.D., president of the Mayo Alumni German Speaking Chapter.



Joern Sieb, M.D.

Advances in **Ischemic Stroke Therapy**

Acute ischemic stroke is a medical emergency with significant consequences for brain function — an urgency summarized by the phrase "time is brain."

To encourage timely care, stroke education and awareness campaigns must emphasize early dialing of 911. In addition, healthcare teams must optimize pathways to the hospital and reduce time to treatment. Strategies include:

- Mobile stroke units for delivering hyperacute stroke treatment. Barriers include high cost and the difficulty in using 911 calls to triage the need for these units.
- Telestroke practice, which allows physicians from comprehensive stroke centers to remotely deliver treatment in areas that do not have consistent local neurology coverage. Research comparing stroke centers and telestroke-served hospitals has found similar morbidity and mortality outcomes.

Joern Sieb, M.D. (N '93), Department of Neurology, Helios Hanseklinikum Stralsund in Stralsund, Germany

Steven Ressler, M.D.

Comprehensive, Expedited **Evaluation of the Undiagnosed Mass**

Steven Ressler, M.D. (GIM '02), chair, Division of General Internal Medicine, Mayo Clinic in Arizona

Patients who have a newly discovered mass that is concerning for cancer often experience many gaps in care and treatment. Delays in access to appropriate care, uncertainty about initial diagnostic tests and a pervasive lack of consensus literature all contribute to tremendous psychosocial stress for patients.

Mayo Clinic created the Undiagnosed Mass Clinic (UMC) to address these challenges and transform how cancer is diagnosed at Mayo Clinic and around the world. The UMC is an enterprise-wide clinical and research program intended for patients with a possible malignancy but without a clear diagnostic pathway or specialty to address it.

The UMC features a dedicated group of consultative internists who work to bring the strengths of Mayo Clinic to patients in their hour of uncertainty and need via a groundbreaking, truly integrated multispecialty clinic. One of the key value propositions is to offer patients an appointment within a matter of days, often reviewing images prior to their visit, with a tentative biopsy already scheduled to follow. Patients with a confirmed cancer diagnosis are then offered expedited access to the full range of cancer treatment options.

In the future, UMC also plans to pursue novel publications, create intersite collaborations, selectively use multi-cancer early detection (MCED) tests, and incorporate predictive algorithms for conditions such as lymphoma, sarcoidosis or tuberculosis to assist with diagnosis — all of this in the name of transforming how cancer is diagnosed.

A statue commemorating Viking king of Norway Olav Tryggvason

Carl Backer, M.D.
Elizabeth Stephens, M.D., Ph.D.

Full Circle: **Mentorship Modeled – Mentorship Learned**

Quality mentorship is essential to train future generations of healthcare professionals. Mentorship has been defined as a "power-free, two-way, mutually beneficial learning situation where the mentor provides advice, shares knowledge and experiences, and teaches using a low key, self-discovery approach."

A great mentor:

- Cares about the mentee as a person.
- Enables the mentee to do things that they never thought they could.
- Is a great supporting cast member.
- Provides long-term, long-distance support.

In a successful mentee-mentor relationship, the mentee must:

- Be receptive to input and commit to improvement.
- Engage in self-critique, be vulnerable with the mentor about challenges, and ask for help when needed.
- Provide feedback to the mentor.
- Implement change, even when uncomfortable. •

Carl Backer, M.D. (MED '80), chief, Section of Pediatric Cardiothoracic Surgery, UK Kentucky Children's Hospital in Kentucky

Elizabeth Stephens, M.D., Ph.D. (CS '19), Department of Cardiovascular Surgery, Mayo Clinic in Minnesota

If you'd like to share a story about a meaningful mentor-mentee relationship, email mayoalumni@mayo.edu.

Octavio Lazaro-Paulina, M.D. (far right), demonstrates point-of-care cardiac ultrasound to local healthcare professionals, including Le Thi Nhat Ha, M.D., Tran Thi Lan, M.D., and Nguyen Thi Ha, M.D.

HAVE MEDICAL EXPERTISE, **WILL TRAVEL**

The Mayo Clinic Global Health Program is empowering staff to share their clinical and research expertise with medically underserved hospitals in Asia, Africa and Latin America

James Bower, M.D., is the medical director and chair of the Executive Committee for the Mayo Clinic Global Health Program.

As someone who grew up in the country of Georgia, **Anna Mrelashvili, M.D.** (PD ’12, PDN ’15), knew that pediatric care was severely lacking in certain parts of the country, which also had relatively high rates of neonatal mortality. So in 2012, Dr. Mrelashvili led a group of Mayo Clinic professionals to train Georgian colleagues in neonatal and critical care medicine. Mayo Clinic medical teams continued to visit three or four times a year, providing vital education on topics like newborn resuscitation, brain injury and infection prevention, and management of newborn heart disease.

Anna Mrelashvili, M.D.

Yves Ouellette, M.D., Ph.D.

Yves Ouellette, M.D., Ph.D. (PD ’02), Division of Pediatric Critical Care Medicine at Mayo Clinic in Minnesota, struck out on his own to establish relationships with physicians in children’s hospitals in Central and North Vietnam.

He's visited Vietnam about 40 times, teaching and mentoring local physicians, participating in patient rounds and collaborating on research.

In 2000, **James Bower, M.D.** (N '95, MD '96), chair of the Division of Movement Disorders at Mayo Clinic in Minnesota, learned that Ethiopia had just two neurologists in the entire country. He and other Mayo Clinic neurologists started taking annual trips to train physicians and worked with Ethiopian neurologist Guta Zenebe, M.D., to start the country's first neurology program. Today, there are over 70 neurologists in Ethiopia.

Along with measurable health impacts, these trips resulted in a deep sense of professional satisfaction.

Watching the partnership between Georgian physicians and Mayo Clinic was "just the most fulfilling thing to see," says Dr. Mrelashvili.

"Every time I travel to Vietnam I learn more about medicine and I am a better physician for it. It is rewarding to see others grow and get better at what they do," says Dr. Ouellette.

"The week or two that I spent in Ethiopia every year were always my favorite weeks of the year," says Dr. Bower. "I walk away with an incredibly refreshing perspective on why I went into medicine."

These Mayo Clinic staff and alumni aren't alone in their dedication to and appreciation for global health activities. For decades, Mayo Clinic consultants and allied health staff have traveled to underserved areas around the world to offer humanitarian support and medical expertise — on their own initiative.

But Mayo Clinic employees were unaware of colleagues doing similar work in similar locations, meaning these individual efforts could result in redundancies and feelings of isolation. Other Mayo Clinic employees were eager to take part in global health activities, but didn't know where to start.

"People have been doing it pretty much independently," says Dr. Bower. "Great work has been going on, but

Top: Mayo Clinic's Torrey Laack, M.D. (at right), demonstrates use of video and direct laryngoscopy for emergent tracheal intubation with Hoang Huu Hieu, M.D., and other Vietnamese physicians.

Bottom: Imtithal Kisirwan, APRN, C.N.P., D.N.P., speaks to a group of health professionals from the Da Nang, Vietnam, area as part of an inaugural Emergency Severity Index triage training workshop.

> *"I wanted to **use my knowledge to help colleagues in Vietnam** who probably did not have the same access to higher education."*
>
> – Tri Dinh, M.D.

it's all by individuals and no one was really talking to each other."

That's where the Mayo Clinic Global Health Program comes in.

Originally named Mayo Clinic Abroad when it was established in 2012, the program has since transitioned to Mayo Clinic International and been renamed the Mayo Clinic Global Health Program (MCGHP). Mayo Clinic International has enthusiastically supported the humanitarian work of MCGHP. They look at this work as an essential component of Mayo Clinic International's desire to spread the knowledge of Mayo Clinic's Model of Care across the world.

Dr. Bower is the medical director and chair of the Executive Committee for MCGHP, which has historically provided — and continues to provide — support for those engaged in independent global health activities. But it has recently shifted its focus to creating formal Mayo Clinic relationships at three medically underserved sites around the world: One in Asia, one in Africa and a future site in Latin America. Kumasi, Ghana, has been chosen as the African site, and the Asian project is underway in Da Nang, Vietnam.

At all three international sites, MCGHP will promote and develop programs that are sustainable, safe, and mutually beneficial for the host community and Mayo Clinic personnel. Rather than focusing on direct medical care, Mayo Clinic staff will provide medical education and research mentorship so that host communities become self-sufficient in delivering high-quality care.

"Our goal is to teach, not to practice," says Dr. Bower. "The best thing we can offer is not to go in and practice for a week and then leave. It is to teach our colleagues how to improve their care for the local population."

DEEP ROOTS IN VIETNAM

MCGHP's work in Vietnam builds on a long history of Mayo Clinic involvement in the area via **Tri Dinh, M.D.** (OBG '11), chair of the Department of Medical and Surgical Gynecology at Mayo Clinic in Florida.

Dr. Dinh's history in Da Nang extends all the way back to his birth. His father, Tung Van Dinh, M.D., a prominent obstetrician-gynecologist known as Dr. Tung, was the director of Da Nang General Hospital. But after the fall of Saigon to the North Vietnamese military in 1975, the family emigrated to Galveston, Texas. Dr. Dinh was just 8 years old at the time.

Dr. Tung continued to practice medicine in the U.S. after he was

Tri Dinh, M.D., bottom left, pictured with his mother, Gia Duy To, his father, Tung Van Dinh, M.D., and sister, Tho Bella Dinh-Zarr, Ph.D., in Vietnam in 1972.

Tri Dinh, M.D., in the courtyard
at Da Nang General Hospital

Tri Dinh, M.D., and Nguyen Thi Phuong Dung, M.D., a gynecologic oncologist at Da Nang Oncology Hospital. In July of 2017, Dr. Dinh and colleagues started a fellowship in gynecologic oncology in Da Nang, Vietnam, as part of the Global Curriculum of the International Gynecologic Cancer Society. Dr. Dung is a recent graduate of the fellowship.

retrained and board certified in obstetrics-gynecology and pathology at the University of Texas Medical Branch (UTMB) at Galveston.

Despite the distance, Dr. Tung kept in touch with his Vietnamese trainees over the years. So when diplomatic relations between the U.S. and Vietnam were restored in 1995, Dr. Tung encouraged his UTMB colleagues to visit Vietnam and share their medical expertise with local physicians.

Dr. Dinh, by then a practicing physician at UTMB, was interested. He was curious about the country of his birth, which he hadn't seen in 25 years. But he didn't want to return as a tourist.

"I always thought that if I ever went to Vietnam, I would also do something good and make a difference," he says. "I wanted to use my knowledge to help colleagues in Vietnam who probably did not have the same access to higher education."

So with his father's encouragement and facilitated by his father's connections, Dr. Dinh set out on a volunteer medical trip to Da Nang in 1999 with two UTMB physicians.

That trip turned out to be the start of a long, productive partnership with the city's hospitals. Dr. Dinh has regularly returned with a team of physicians and other healthcare professionals, giving lectures, conducting research with Vietnamese colleagues and teaching local physicians how to better care for their patients. Medical teams also operate on select cases alongside Vietnamese colleagues, providing hands-on training and demonstrating new surgical techniques.

Eventually, Dr. Dinh formalized this work by incorporating as the nonprofit Project TVD in his father's honor. Dr. Dinh is president of the nonprofit, which organizes trips for volunteer physicians and allied health providers to deliver direct patient care and medical education.

"We're only there for a week. We want to teach some skills and pass along knowledge that will be lifelong," says Dr. Dinh.

One example: Vietnam had no widespread systematic cervical cancer screening. As Dr. Dinh and colleagues approached this problem in the 2000s, they knew pap smears — with their need for laboratory work up and the

possibility of multiple follow-up visits and tests before treatment — were too labor-intensive and costly to be a realistic solution.

Instead, Dr. Dinh and a few colleagues spent 4 days performing and teaching Vietnamese professionals to perform the less precise but simpler visual inspection with acetic acid (VIA) triage test. VIA produces results in about a minute, and concerning findings may be treated in the same visit. They worked with the local government health system to establish this method as a cervical screening system for the Da Nang metropolitan area.

While the work of Project TVD was powerful, it was also limited.

"We've been this little nonprofit. We go there, we do a little teaching, we do a couple of surgeries. Sometimes we do something big, but we're just worker bees and we've been trying to figure out how to sort of take the next step," says Dr. Dinh. "Mayo Clinic Global Health is a step."

In September 2023, MCGHP signed a memorandum of understanding to collaborate with Da Nang hospitals. It was signed during a trip to Da Nang that included over 20 Mayo Clinic physicians from Minnesota, Florida and Arizona, encompassing 18 different departments and divisions.

CHANGES AND CHALLENGES

Today, Da Nang is the largest city in Central Vietnam with a population of over one million. The hospital Dr. Dinh's father worked for in the 1960s — Da Nang General Hospital — has expanded with the additions of Da Nang Oncology Hospital and Da Nang Hospital for Women and Children. (MCGHP signed a memorandum with all three hospitals.)

This rapid development is not limited to Da Nang. According to the World Bank Group, though Vietnam was one of the poorest nations in the world in the 1980s, it has since grown to become a lower middle-income country. Vietnam has made concurrent advances in healthcare and public health, but the U.S. Department of Commerce notes that current challenges include outdated and overcrowded hospitals, obsolete medical equipment, and overstretched and underpaid medical staff.

David Turay, M.D., Ph.D. (S '20), Division of Trauma, Critical Care and General Surgery at Mayo Clinic in Minnesota, was one participant on the September 2023 trip to Da Nang. He saw medical teams deliver "amazing" care despite dated CT scanners, a patchwork of few ambulances and limited capacity.

"The hospital always seemed at maximum capacity. It wasn't uncommon to see patients admitted in beds along hallways," he says. "The ICU had a 40-bed capacity with 100% occupancy throughout the week I was there. Imagine the daunting responsibility of the one critical care physician and about six nursing staff on call per day trying to care for that volume of critically injured patients."

Among other challenges, these conditions can make it difficult for physicians to keep up to date on medical advances.

"One need our Vietnamese colleagues expressed consistently was for more access to cutting-edge knowledge on management of trauma and other conditions. These healthcare professionals were so busy caring for patients that they didn't have time or ready access to such information," says Dr. Turay.

According to Dr. Dinh, another barrier to continuing medical

Tri Dinh, M.D., and James Bower, M.D., at Son Tra beach in Vietnam in 2022.

Independent work around the globe

MCGHP also offers practical support to employees who venture out on independent trips, such as a twice-yearly competitive scholarship for allied health employees. An annual Small Grants Program provides funds to support academic global health, such as sponsoring a speaker to visit one of Mayo Clinic's campuses. Among many other efforts, these funds have helped allow Mayo Clinic staff to:

- Fund simulation equipment used at annual emergency medicine conferences in Bolivia to teach skills such as airway intubation, cricothyroidotomy, ultrasound-guided central and peripheral line placement, and managing maternal obstetric emergencies.
- Assist in establishing a colorectal training pathway for surgeons at St. Paul's Hospital in Ethiopia.
- Purchase educational resources to virtually teach and mentor medical students in Nigeria on the topic of chronic kidney disease.
- Train local community members of Loja, Ecuador, to provide volunteer bereavement support.

David Turay, M.D., Ph.D., visited Da Nang in September 2023.

education is cost — a $900 conference registration fee would be about equivalent to the monthly salary of a Vietnamese mid-level physician, he says.

"Here in the United States, if we want to do continuing medical education, it's pretty easy. There's a million courses. Mayo gives us time off. Mayo gives us a stipend to do it. We just go," says Dr. Dinh. "For a physician in Vietnam, it's not that easy."

So when physicians travel to Vietnam to pass on their expertise, it is deeply appreciated — something Dr. Bower witnessed firsthand after giving neurosurgery lectures in Da Nang.

"They had a busy afternoon, so they had to stop what they were doing to have this opportunity for me to give these lectures," says Dr. Bower. "But the enthusiasm is just hard to describe, the appreciation that we flew halfway across the world in order to teach."

ANSWERING THE CALL

Today, many different Mayo Clinic departments and physicians have recognized the thirst for knowledge among their Vietnamese colleagues and are actively involved in providing education and partnering in research at the Da Nang sites, with visits staggered throughout the year.

For example, a cardiac electrophysiology team led by **Christopher McLeod, M.B., Ch.B., Ph.D.** (I '07, CV '10, CVEP '11), Department of Cardiovascular Medicine at Mayo Clinic in Florida, has been traveling to Da Nang for several years to develop, teach and mentor a group of young, local cardiologists — focusing on arrhythmia ablation as well as pacemaker and defibrillator implantation. In addition, cardiac electrophysiologists and cardiac critical care cardiologists from Da Nang have completed observerships at Mayo Clinic in Florida.

Christopher McLeod, M.B., Ch.B., Ph.D.

As another example, **Autumn Brogan, M.D.** (EM '13), Department of Emergency Medicine at Mayo Clinic in Rochester and Mayo Clinic Health System in Mankato, Minnesota,

Autumn Brogan, M.D., teaches advanced cardiovascular life support through simulation to Vietnamese colleagues, including Tran Tuyet Nhi, M.D., (at left) and Phan Van Tin, M.D., (at right).

and director of Global Emergency Medicine in Rochester, worked with Da Nang General to organize the first emergency medicine conference in Da Nang. A team of physicians and allied health providers participated in lectures and hosted a procedural workshop in emergency skills. The team is also collaborating on research projects including ultrasound-guided IV placement, nursing educational tools and best practices in sepsis.

All these endeavors are meant to empower their Vietnamese colleagues.

"We want to train them and show them what's possible at Mayo Clinic, but we don't think that they should replicate Mayo Clinic or MD Anderson or Memorial Sloan in Vietnam," says Dr. Dinh. "We want to arm them with the knowledge to build a Vietnamese model or find the Da Nang answer to their problems."

LOOKING FORWARD

As MCGHP continues to develop its work in Vietnam and establish programs in Africa and Latin America, Dr. Bower hopes that more Mayo Clinic staff become interested in participating in global health efforts.

"We're trying to give people an opportunity to show up," says Dr. Bower. "I do see growing enthusiasm."

The needs will be different in Kumasi, Ghana, where MCGHP will create its second site, with an expected first trip in the fall of 2025. Resources are more limited there than in Vietnam, but Dr. Dinh notes that in all locations, Mayo Clinic health professionals and their host country colleagues are bound by a common mission.

"The reason for going into medicine is pretty much the same throughout the world. The way we do things may be different, but at the heart of it, we're all very similar," says Dr. Dinh. "Vietnamese physicians want the best for their patients, just like we do. •

Questions? Reach out to MCGlobalHealth@mayo.edu

Mayo Clinic

Distinguished Alumni Awards

HONORING EXCELLENCE IN PATIENT CARE, RESEARCH & EDUCATION

The Mayo Clinic Distinguished Alumni Award was established in 1981 by the Mayo Clinic Board of Trustees to acknowledge and show appreciation for the exceptional contributions of Mayo alumni to the field of medicine, including medical practice, research, education and administration. Individuals receiving this award are recognized nationally — and often internationally — in their field.

2024 Distinguished Alumni Award recipients (left to right):
Kerry Olsen, M.D., Rick Nishimura, M.D., Clifford Jack Jr., M.D.,
Nita Maihle, Ph.D., Alexandre Nehme, M.D., and Robert Wharen Jr., M.D.

Mayo Clinic Distinguished Alumni Award

Clifford Jack Jr., M.D.

Professor of radiology
Alexander Family Professor of Alzheimer's Disease Research
Division of Neuroradiology
Mayo Clinic
Rochester, Minnesota

Mayo Clinic in Minnesota: Alexander Family Professor of Alzheimer's Disease Research, 2007–present; clinician investigator, 2002–present; full faculty privileges, biomedical engineering and physiology, 1997–present; professor of radiology, 1995–present; associate professor of radiology, 1988–1995; assistant professor of radiology, 1986–1988; consultant, Division of Neuroradiology, 1985–present

Fellowship: Neuroradiology, Mayo Clinic School of Graduate Medical Education, Rochester, Minnesota

Residency: Chief resident, diagnostic radiology, Henry Ford Hospital, Detroit, Michigan

Medical school: Wayne State University School of Medicine, Detroit, Michigan

Undergraduate: University of Michigan, Ann Arbor, Michigan

Hometown: Detroit, Michigan

REVOLUTIONARY ALZHEIMER'S PATHOPHYSIOLOGY RESEARCHER

It is virtually impossible to attend a scientific conference on Alzheimer's disease and avoid seeing an image — most likely, many images — of a "Jack curve."

These curves are named for **Clifford Jack Jr., M.D.** (RNEU '84), the lead author of a 2010 Lancet Neurology paper outlining the theoretical progression of the underlying pathophysiology of Alzheimer's disease (AD). The curve illustrates the time course of AD biomarker changes and their association with cognition.

Dr. Jack is a diagnostic radiologist, professor of radiology and the Alexander Family Professor of Alzheimer's Disease Research at Mayo Clinic in Minnesota. A preeminent leader of imaging biomarkers, Dr. Jack's 2010 field-shifting disease model was just one of his revolutionary contributions to the understanding, research and, ultimately, treatment of AD.

In 2016, Dr. Jack was lead author on a paper that established the ATN framework, which classified the underlying biological features of AD — amyloid, tau and neurodegeneration. Dr. Jack then led the National Institute on Aging and Alzheimer's Association work group that published a research framework for AD in 2018. Building on the ATN system and the Jack curve disease model, this framework proposed establishing AD based on biomarkers, rather than clinical symptoms.

This framework was updated and published as a revised AD diagnostic and staging criteria in 2024, with Dr. Jack once again acting as work group leader and lead author.

Taken together, Dr. Jack's contributions laid the scientific groundwork for the development of FDA-approved disease-modifying, amyloid-lowering therapies for Alzheimer's disease.

With over 1,000 peer-reviewed publications, 130,000 citations, and what colleagues have referred to as "pretty much every award in our field" — including the Mayo Clinic Distinguished Investigator Award and election to the National Academy of Medicine — colleagues proclaim that globally, no one has had a greater impact on the study of Alzheimer's disease than Dr. Jack.

Mayo Clinic Distinguished Alumni Award

Nita Maihle, Ph.D.

Professor of medicine
University of Mississippi Medical Center
Augusta, Georgia

Mayo Clinic in Minnesota: Professor of biochemistry and molecular biology, 1999–2003; associate director for basic research, Mayo Clinic Comprehensive Cancer Center, 1994–1998; consultant, Department of Biochemistry and Molecular Biology, 1992–2003; founding director, Tumor Biology Graduate and Postgraduate Training Program, 1992–2003; associate professor of biochemistry and molecular biology, 1992–1998; program director, Growth Factors and Cancer Research Program, 1989–1995; assistant professor of biochemistry and molecular biology, 1989–1991; senior associate consultant, Department of Biochemistry and Molecular Biology, 1989–1991

Fellowships: Tumor virology/tumor biology, Case Western Reserve School of Medicine, Cleveland, Ohio; Molecular biology/retrovirology, Cold Spring Harbor Laboratory and National Cancer Institute, Frederick, Maryland

Postgraduate: Ph.D., biomedical sciences, Albert Einstein College of Medicine, Bronx, New York

Undergraduate: Miami University, Oxford, Ohio

Hometown: Lexington, Ohio

PIONEER OF TRANSLATIONAL CANCER RESEARCH AND BIOMEDICAL RESEARCH TRAINING

When **Nita Maihle, Ph.D.** (BMB ’89), began her career, the field of cancer biology was largely limited to model systems. She broke the mold by researching human tissues and tumors.

In doing so, she became a national leader and visionary pioneer in the field of translational cancer research, working to improve cancer detection, prevention and treatment, particularly in cancers that affect women. She simultaneously revolutionized the way young scientists and physicians were educated and founded a groundbreaking interdisciplinary training program in tumor biology at Mayo Clinic.

Early on, Dr. Maihle recognized the potential of serum biomarkers to be used as both prognostic and predictive biomarkers in cancer patients. She is an internationally recognized expert in the study of epidermal growth factor receptors, and she has significantly advanced the understanding of the biology of breast, ovarian and other gynecologic cancers. Her work contributed to the development of cutting-edge cancer drugs such as trastuzumab and cetuximab.

As associate director of Mayo’s Comprehensive Cancer Center, she worked to position Mayo at the forefront of translational cancer research. She also served as the founding co-director of the Women’s Cancer Program, which today serves as a template for other interdisciplinary cancer programs throughout the country. She continued to use her leadership skills at various national organizations such as the National Cancer Institute and at several academic medical centers, including Yale School of Medicine.

Her passion for designing more inclusive biomedical research training led to her most recent leadership roles at the University of Mississippi Medical Center and the Georgia Cancer Center at Augusta University. She also played a key role in establishing the Department of Defense-sponsored Ovarian Cancer Academy — a virtual career development and research training forum for early-career investigators — for which she served as an inaugural dean.

A recipient of approximately $30 million in past direct funding, she is regularly published in top-tier biomedical research journals and has over 130 publications. She has 10 patents in her name and is a cofounder and board member for several biotechnology companies.

Mayo Clinic Distinguished Alumni Award

Alexandre Nehme, M.D.

Professor of clinical orthopedic surgery
Dean of Faculty of Medicine
Saint George University of Beirut
Beirut, Lebanon

Fellowship: Adult lower limb reconstruction, Mayo Clinic School of Graduate Medical Education, Rochester, Minnesota

Residency: Orthopedic surgery and traumatology, Rangueil Hospital, Toulouse, France

Medical school: Université Toulouse III - Paul Sabatier, Toulouse, France

Undergraduate: American University of Beirut, Beirut, Lebanon

Hometown: Anfeh, Lebanon

INTERNATIONAL EDUCATIONAL LEADER THROUGH DISASTER

Alexandre Nehme, M.D. (ORAL '04), was instrumental in the creation of the Saint George University of Beirut (SGUB) medical school. And after disaster struck, his resilient leadership played a major role in ensuring the school's survival.

After completing a fellowship in adult lower limb reconstruction at Mayo Clinic in Minnesota, Dr. Nehme returned to his native Lebanon. He became a consultant, then chair of Orthopedic Surgery at Saint George Hospital University Medical Center in Beirut. In 2017, he was appointed chief medical officer of the medical center and in 2018 was asked to oversee the creation of the SGUB medical school.

Realizing he wanted to bring Mayo-quality education to the healthcare workforce in Beirut, he approached Mayo Clinic Academic Solutions for support to build the SGUB medical school. He oversaw the implementation of faculty development, transformational new curriculum to enhance self-learning, and blended education with healthcare simulation.

Today, Dr. Nehme is a professor of clinical orthopedic surgery and dean of the SGUB medical school.

But in the midst of the COVID-19 pandemic and the collapse of Lebanon's banking system, a vast chemical explosion in August 2020 at the nearby Port of Beirut destroyed over 80% of the hospital, injured over 160 staff members and resulted in 17 hospital fatalities. The electricity ceased functioning, and the COVID unit had no backup generator for patient ventilation. Dr. Nehme led evacuation efforts and helped set up field hospitals, working almost nonstop for three weeks. Today, the hospital is operating at 70% of its original capacity.

Despite this extreme setback, Dr. Nehme and his colleagues proceeded with faculty development and capacity- and curriculum-building efforts for SGUB — and the first medical class matriculated in October 2022. Throughout these trials, he's proven his ability to live out Mayo Clinic's mission and values in the worst of times.

Mayo Clinic Distinguished Alumni Award

Rick Nishimura, M.D.

Emeritus professor of medicine
Mayo Clinic College of Medicine and Science
Rochester, Minnesota

Mayo Clinic in Minnesota: Joint appointment, Division of Interventional Cardiology, 2019–2023; consultant, Division of Structural Heart Disease, 2016–2023; chair, Division of Structural Heart Disease, 2016–2021; associate chair, Department of Internal Medicine, 2006–2010; Judd and Mary Morris Leighton Professor of Cardiovascular Diseases and Hypertension, 2001–2023; professor of medicine, 1993–2023; consultant, Department of Internal Medicine, 1983–2016

Fellowship: Cardiovascular diseases, Mayo Clinic School of Graduate Medical Education, Rochester, Minnesota

Residency: Internal medicine, Mayo Clinic School of Graduate Medical Education

Internship: Internal medicine, Rush-Presbyterian-St. Luke's Medical Center, Chicago, Illinois

Medical school: Rush Medical College, Chicago, Illinois

Undergraduate: Knox College, Galesburg, Illinois

Hometown: Chicago, Illinois

MASTER TEACHER AND CARDIOVASCULAR CLINICIAN

At Mayo Clinic, **Rick Nishimura, M.D.** (I '80, CV '83), received the Outstanding Cardiovascular Diseases Teacher Award so many times — over 20 years in a row — that it's now known as the Dr. Rick Nishimura Teacher of the Year Award.

In addition to his reputation as an outstanding educator, Dr. Nishimura is recognized worldwide as a master clinician with unparalleled experience in hemodynamics and the treatment of valvular disorders. He has won numerous awards, including Mayo Clinic's Distinguished Educator and Distinguished Clinician awards.

Dr. Nishimura is an emeritus professor of medicine and consultant in the Department of Cardiovascular Medicine at Mayo Clinic in Minnesota. He is the former chair of the Division of Structural Heart Disease and a Master of the American College of Cardiology (ACC) and the American College of Physicians. He has published over 500 peer-reviewed articles and 79 book chapters.

At Mayo Clinic, he reorganized and ran the cardiovascular training program, developed the premier Mayo Clinic Cardiovascular Board Review Course, reorganized the cardiovascular inpatient service and founded the AskMayoExpert program.

Dr. Nishimura's areas of expertise include valvular heart disease, structural heart disease, hypertrophic cardiomyopathy, pericardial disorders and infective endocarditis. He sat on the ACC/American Heart Association Valvular Heart Disease Guideline Committee for 26 years and was chair of that committee for 12 years. He has been a key leader in the development of septal ablation therapy for hypertrophic cardiomyopathy.

Dr. Nishimura is well-known for handling challenging cardiac catheterizations with a meticulous approach that set the standard for complex invasive hemodynamic assessment at Mayo Clinic. He was responsible for validating several novel noninvasive parameters against cardiac catheterization, and his prolific work led to many of these measurements being a mandatory step in echocardiographic studies performed worldwide.

His teaching excellence extends beyond Mayo Clinic. Dr. Nishimura chaired multiple ACC committees, including the Educational Programs and Lifelong Learning Oversight Committees, and was instrumental in the creation of an ACC course to train future clinician educators.

Mayo Clinic Distinguished Alumni Award

Kerry Olsen, M.D.

Emeritus professor of otolaryngology
Mayo Clinic College of Medicine and Science
Rochester, Minnesota

Mayo Clinic in Minnesota: Executive leadership coach, Leader Assessment and Development Department, 2021–present; Joseph I. and Barbara Ashkins Professor of Surgery, 2014–2020; medical director, Dan Abraham Healthy Living Center, 2007–2016; chair, Division of Head and Neck Surgery, 1998–2015; professor of otolaryngology, 1993–2021, consultant, Division of Head and Neck Surgery, 1981–2021

Fellowship: Facial plastic surgery, Massachusetts Eye and Ear, Boston, Massachusetts

Residency: Otolaryngology, Mayo Clinic School of Graduate Medical Education, Rochester, Minnesota

Internship: General surgery, Mayo Clinic School of Graduate Medical Education

Medical school: Mayo Clinic Alix School of Medicine, Rochester, Minnesota

Undergraduate: Northwestern University, Evanston, Illinois

Hometown: Minnetonka, Minnesota

INTERNATIONAL EXPERT IN HEAD AND NECK SURGERY

Kerry Olsen, M.D. (MED '76, ENT '81), is one of the world's most widely acknowledged experts in head and neck oncologic surgery.

Beyond his medical prowess, colleagues praise his selfless investment in the success of others — evident in his interactions with patients, in his many influential leadership and education roles, and in his relentless advocacy for Mayo Clinic colleagues and staff.

Dr. Olsen is an emeritus consultant and former chair of the Division of Head and Neck Surgery within the Department of Otolaryngology - Head and Neck Surgery at Mayo Clinic in Minnesota. He is also an emeritus professor of otolaryngology, and the former Joseph I. and Barbara Ashkins Professor of Surgery.

A Mayo Clinic Distinguished Clinician, Dr. Olsen pushed the boundaries of tumor extirpation. He collaborated with colleagues to successfully pursue free tissue reconstruction for head and neck cancer, developed surgical approaches to the parapharyngeal space, advanced anterior skull base surgery and discovered multiple new insights into managing salivary cancer. He has published more than 250 peer-reviewed articles — research which led to dramatic changes in the current treatment of salivary gland, oropharyngeal and laryngeal cancers.

Dr. Olsen mentored and supported countless learners and colleagues in their pursuit of careers in otolaryngology and head and neck surgery. He is a member of the Teacher of the Year Hall of Fame at Mayo Clinic and served on the Mayo Clinic Education Committee.

Among his many administrative leadership roles, Dr. Olsen served on the Board of Governors and Board of Trustees for 16 years. He was elected president of Mayo Clinic staff in Rochester and chaired the Mayo Clinic Model of Care work group.

He also chaired the Mayo Clinic Facilities Committee and led many facility projects including the design and oversight of the construction of the Gonda Building. He continues to work as an executive leadership coach for Mayo Clinic.

A champion for the well-being of his colleagues, he was influential in the development of the Dan Abraham Healthy Living Center at Mayo Clinic in Minnesota and served as its inaugural medical director for 10 years. He continues to promote wellness worldwide through his program, the 12 Habits of Highly Healthy People.

Mayo Clinic Distinguished Alumni Award

Robert Wharen Jr., M.D.

Emeritus professor of neurosurgery
Mayo Clinic College of Medicine and Science
Jacksonville, Florida

Mayo Clinic in Florida: Joint appointment, Department of Otolaryngology - Head and Neck Surgery/Audiology, 2018–2020; professor of neurosurgery, 2006–2020; director of surgery, St. Luke's Hospital, 2002–2003; associate professor of neurosurgery, 2000–2006; chair, Neurology and Neurosurgery Practice Team, St. Luke's Hospital, 1993–2004; assistant professor of neurosurgery, 1991–2000; consultant, Department of Neurosurgery, 1986–2020; chair, Department of Neurosurgery, 1986–2016; instructor of neurosurgery, 1986–1991

Residency: Neurologic surgery, Mayo Clinic School of Graduate Medical Education, Rochester, Minnesota; Chief resident, neurologic surgery, Grady Memorial Hospital, Atlanta, Georgia

Internship: Surgery, Mayo Clinic School of Graduate Medical Education

Medical school: The Pennsylvania State University, University Park, Pennsylvania

Undergraduate: University of Chicago, Chicago, Illinois

Hometown: Centre Hall, Pennsylvania

LEADER IN FUNCTIONAL NEUROSURGERY

In 1986, **Robert Wharen Jr., M.D.** (S '80, NS '85), and his colleague **Ronald Reimer, M.D.** (NS '86), were charged with building the neurosurgery program at the newly established Mayo Clinic in Jacksonville, Florida. They were cautioned that the department "might not work out."

Today, it's considered a premier neurosurgery department with a world-class functional neurosurgery program, thanks in large part to Dr. Wharen's leadership.

Dr. Wharen is an emeritus professor of neurosurgery and was the inaugural chair of the Department of Neurosurgery at Mayo Clinic in Florida. Over his 30 years as chair, the department grew to include 13 neurosurgeons, several named lectureship series and national continuing medical education courses. In that time, the program introduced new neurosurgical technologies and cutting-edge therapies, including deep brain stimulation (DBS), intraoperative MRI surgical procedures such as MRI-guided stereotactic laser ablation, and responsive brain neurostimulation for intractable seizures. Dr. Wharen was instrumental in the establishment of a multidisciplinary brain tumor program, a multidisciplinary epilepsy program and a Gamma Knife radiosurgery program at Mayo Clinic in Florida.

Trained by neurosurgery legend **Thoralf Sundt Jr., M.D.** (N '65), Dr. Wharen refined and advanced the use of DBS for management of Parkinson's disease and other brain disorders, including Tourette's syndrome. His successful surgery on a challenging spinal tumor case led to a $10 million donation in Dr. Wharen's honor — which he subsequently guided toward the establishment of a neurosurgery residency program. This dedication to education never wavered, and he has a strong legacy in generously mentoring and training future neurosurgeons — both through the residency program and through training numerous international neurosurgical fellows in DBS, which led to the development of new DBS programs in their home countries.

In addition, Dr. Wharen is the former president of the Southern Neurosurgical Society and the former vice-president of the Neurosurgical Society of America. He was recognized as a Mayo Clinic Distinguished Clinician in 2003. He has authored 20 book chapters and over 120 published peer-reviewed articles, including in leading neurosurgery journals such as the Journal of Neurosurgery.

Mayo Clinic Update

Mayo Clinic again earns top positions in U.S. News rankings

Mayo Clinic has once again been named a best hospital in the United States in U.S. News & World Report's 2024–2025 "Best Hospitals" rankings. The annual rankings provide information for patients and their doctors so that they can make educated decisions about where to receive care.

Mayo Clinic continues to be top-ranked in more specialties than any other hospital, and Mayo Clinic in Rochester and Arizona are again recognized on the Honor Roll. The Honor Roll of 20 top U.S. hospitals comprises the hospitals that earn the most points across 15 specialties and 20 procedures and conditions based on patient experience, patient survival, discharge outcomes, nurse staffing, advanced technology, patient services and reputation with other medical experts. Mayo Clinic in Rochester has been included on the Honor Roll since it was first published in 1990. Mayo Clinic in Arizona joins Rochester as an Honor Roll member for the eighth consecutive year.

U.S. News continues to rank hospitals numerically within states, and Mayo Clinic again ranks No. 1 in the U.S. News state rankings for Minnesota, Arizona and Florida. Additionally, Mayo Clinic Health System in Eau Claire has been recognized as a "Best Regional Hospital" in Northwestern Wisconsin. Mayo Clinic Health System in Mankato has been recognized as a "Best Regional Hospital" in Southern Minnesota.

"We're incredibly honored to once again lead in more specialties than any other medical center and be the only healthcare organization with two hospitals on the U.S. News Honor Roll," says **Gianrico Farrugia, M.D.** (I '91, GI '94), president and CEO of Mayo Clinic. "Setting the standard for patient-centered excellence is a tremendous responsibility, and one our teams take very seriously. Our steadfast focus at Mayo Clinic is to globally transform healthcare for people everywhere. This recognition, in combination with being named the No. 1 Hospital in the World again this year by Newsweek, affirms we are on the right path."

Mayo Clinic awards named professorships — its highest academic distinction

Mitesh Borad, M.D.

Robert Jacobson, M.D.

Nelson Leung, M.D.

Stephen Riederer, Ph.D.

Gregory Worrell, M.D., Ph.D.

Mitesh Borad, M.D. (HEMO '08)
Getz Family Research Professor of Mayo Clinic Arizona
- Division of Hematology and Medical Oncology, Department of Internal Medicine
- Department of Molecular Medicine
- Mayo Clinic in Arizona

Robert Jacobson, M.D. (PD '89)
T. Denny Sanford Professor of Pediatrics
- Division of Community Pediatric and Adolescent Medicine, Department of Pediatric and Adolescent Medicine
- Division of Pediatric Infectious Diseases, Department of Pediatric and Adolescent Medicine
- Division of Epidemiology, Department of Quantitative Health Sciences
- Mayo Clinic in Minnesota

Nelson Leung, M.D. (I '97, NEPH '00)
David L. and Colleen B. Kessenich Professor of Multiple Myeloma
- Division of Nephrology and Hypertension, Department of Internal Medicine
- Division of Hematology, Department of Internal Medicine
- Mayo Clinic in Minnesota

Stephen Riederer, Ph.D. (RD '88)
George M. Eisenberg Professor I
- Department of Radiology
- Department of Physiology and Biomedical Engineering
- Mayo Clinic in Minnesota

Gregory Worrell, M.D., Ph.D. (I1 '97, N '00, NPHY '01)
William L. McKnight-3M Professor of Neuroscience
- Department of Neurology
- Department of Physiology and Biomedical Engineering
- Mayo Clinic in Minnesota

Obituaries

Hadi Bahar, M.D. (I '71), died November 13, 2023.
Phillip Bailey, M.D. (I '78, CV '79), died March 26, 2024.
Louis Burgher, M.D. (THD '74), died July 19, 2024.
Thomas Dashiell, M.D. (THD '77), died April 24, 2023.
David Dines, M.D. (I '57), died August 24, 2024.
Berkley Eichel, M.D. (ENT '65), died June 1, 2024.
Richard Finlayson, M.D. (P '76), died June 1, 2024.
William Fletcher, M.D. (I '88, CV '91), died June 4, 2024.
George Green, M.D. (I '65), died January 28, 2024.
David Hammond, M.D. (DERM '80), died May 2, 2024.
Charles Hintz, D.D.S. (OMS '69), died July 25, 2024.
Henry Homburger, M.D. (PATH '76), died April 23, 2024.
Stephen Kollins, M.D. (I1 '72, RD '75), died October 23, 2023.
Melvyn Korman, M.D. (GI '74), died June 12, 2024.
Ruud A. F. Krom, M.D., Ph.D. (S '85), died May 19, 2024.
Julien Lavertu, M.D. (PLS '69), died March 25, 2024.
Ralph Minor, M.D. (OPH '58), died January 5, 2024.
Michael Missakian, M.D. (S '62, RD '64), died September 12, 2024.
Robin Molella, M.D. (MED '90, I '97, PREV '99), died April 3, 2024.
Michael K. O'Connor, M.D. (I '74, P '76), died June 3, 2024.
Robert Pierre, M.D. (HEMO '67), died June 7, 2024.
Hugo Raimundo, M.D. (S '69, ANES '72), died March 7, 2024.
W. Frederick Schwenk II, M.D. (PD '81, PDE '83), died September 22, 2024.
Michael Tuck, M.D. (I '70), died March 28, 2023.
Philip Watkins Jr., M.D. (I '75, OPH '78), died August 11, 2023.
Stephan Zierz, M.D. (N '86), died April 22, 2024.

Mayo Clinic marks medical milestone with total larynx transplant

David Lott, M.D.

A multidisciplinary team of Mayo Clinic doctors in Arizona performed the third known total larynx transplant in the U.S. The case marks a medical milestone as the first known total larynx transplant performed as part of a clinical trial and the first on a patient with active cancer in the U.S.

"The surgery and patient's progress have exceeded our expectations," says **David Lott, M.D.** (ENT '11), chair of the Department of Otolaryngology (ENT) - Head and Neck Surgery/Audiology at Mayo Clinic in Arizona. "This is a tremendous accomplishment in launching what we believe is the future for laryngeal transplantation."

A paper by Dr. Lott on the case was published July 9 in the peer-reviewed medical journal Mayo Clinic Proceedings. Larynx transplantation is a rare and complex procedure, performed only a handful of times in the world. Even more notably, Mayo Clinic's surgical team successfully performed the larynx transplant on a patient with an active cancer, making it one of the first cases of its kind globally.

Six surgeons at Mayo Clinic conducted the 21-hour transplant, which included the larynx, pharynx, upper trachea, upper esophagus, thyroid and parathyroid glands, blood vessels and nerves.

Attendees including transplant recipient Marty Kedian (left) and Mayo Clinic surgical technician Joel Winner (right) mingle during the press conference at Mayo Clinic in Arizona for local media outlets regarding Mayo Clinic's first larynx transplant.

The transplant was performed on a Massachusetts man, Marty Kedian, who was diagnosed with a rare form of laryngeal cancer called chondrosarcoma. Several years ago, Kedian had to undergo a tracheostomy. After years of surgeries, doctors told Kedian his only remaining option was to get a laryngectomy and have

Global consortium to study Pick's disease

Owen Ross, Ph.D.

Pick's disease, a neurodegenerative disease of unknown genetic origin, is a rare type of frontotemporal dementia that affects people under the age of 65. The condition causes changes in personality and behavior and sometimes language impairment. In patients with the disease, tau proteins build up and form abnormal clumps called Pick bodies, which restrict nutrients to the brain and cause neurodegeneration.

Researchers at Mayo Clinic in Florida and University College London in England and collaborators worldwide have established the Pick's Disease International Consortium to study a specific *MAPT* gene variation known as *MAPT* H2 that makes the tau protein and acts as a driver of disease. They investigated a connection between the gene and disease risk, age at onset and duration of Pick's disease. Their findings are reported in The Lancet Neurology. The study confirms a tau genetic factor linked specifically to Pick's disease and opens up new avenues of therapeutic design.

"Our research could have profound implications for the development of therapies for Pick's disease and other related neurodegenerative diseases, including Alzheimer's disease and progressive supranuclear palsy," says **Owen Ross, Ph.D.** (NSCI '08), Department of Neuroscience at Mayo Clinic in Florida and senior author of the paper. The consortium hosts a database of clinical, pathological and demographic information about patients with the disease who donated their brain tissue for science.

To conduct the study, researchers investigated brain samples of 338 patients confirmed to have Pick's disease to compare with blood samples from 1,312 neurologically healthy individuals. In addition, the researchers looked at characteristics such as clinical diagnosis, impairment in behavior and language.

"We found that the *MAPT* H2 genetic variant is associated with an increased risk of Pick's disease in people of European descent," says Dr. Ross. "We were only able to determine that because of the global consortium, which greatly increased the sample size of pathology cases to study with Pick's disease."

The team's next steps are to expand the consortium to the Middle East, Asia, Africa and Latin America, further resolve the genetic architecture of the disease, and assess this specific genetic variant as a biomarker or test for clinical diagnosis of Pick's disease. There is currently no clinical test or diagnosis available for Pick's disease. For the first time, the creation of the consortium may allow for the development of a clinical test.

his larynx completely removed. He declined. “I didn’t want a laryngectomy. I wanted to find a way to get my quality of life back,” he says.

Kedian found what he was looking for at Mayo Clinic’s Larynx and Trachea Transplant Program, where Dr. Lott was leading the first known clinical trial on laryngeal transplantation in the U.S. On Feb. 29, Kedian became Mayo Clinic’s first patient to undergo a total larynx transplant.

Four months after surgery, Kedian was able to speak with his new voice, swallow and breathe on his own, which Dr. Lott calls remarkable.

“The team at Mayo has given me my life back,” says Kedian. “I’m so grateful. I have the deepest gratitude for Dr. Lott’s team and especially the generosity of my organ donor and donor family. I hope one day I get the chance to tell them, ‘Thank you.’”

Because it was conducted as part of a clinical trial, Mayo’s case is considered a significant pivotal step in making the rare procedure available to a wider population. “Until now, laryngeal transplants have been done as one-offs,” says Dr. Lott. “This clinical trial allows us to conduct a true scientific investigation aimed at thoroughly researching the safety and efficacy of laryngeal transplantation as a trusted option for patients.” The program is approved to perform additional larynx transplants in the coming years.

In addition to the clinical trial, Dr. Lott’s research team is investigating ways to restore laryngeal function through improving transplantation techniques and pioneering regenerative medicine technologies.

“I set my path on becoming a laryngeal surgeon and researcher to build a program that is pushing the boundaries of science forward,” says Dr. Lott. “Our dedication is to the thousands of individuals who suffer from laryngeal dysfunction and to find trusted options that preserve their health and their quality of life. That’s what this clinical trial is all about.”

NIH award supports new center for uterine fibroids research

Ebbie Stewart, M.D.

To establish a specialized center for research on health disparities around uterine fibroids, Mayo Clinic was awarded a $7.5 million grant from the Eunice Kennedy Shriver National Institute of Child Health and Human Development, part of the National Institutes of Health (NIH).

Uterine fibroids affect about 70% of white women and up to 90% of Black women, according to the NIH. For women of African descent, fibroids may develop at an earlier age and be more frequent and severe. Many women, particularly Black women, are likely to undergo hysterectomy to alleviate significant health issues.

“Uterine fibroids are so common that women tend to normalize the pain,” says **Ebbie Stewart, M.D.** (OBG ’07), Division of Reproductive Endocrinology and Infertility at Mayo Clinic in Minnesota. “Further study is needed to fully understand the health disparities in diagnosis and treatment of fibroids. Improving care for all women and especially Black women is a key research goal.”

The new center at Mayo, named the Collaboration for Equity in Uterine Leiomyomas Center, will advance efforts to diagnose patients with fibroids earlier, identify barriers that make it difficult for patients to receive care, and increase communication between patients and healthcare providers, through the lens of health disparities. Dr. Stewart will lead the center’s effort and collaborate with researchers at the Fibroid Foundation; the University of Florida College of Medicine, Jacksonville; and the University of Mississippi Medical Center.

Community outreach is an important part of the project, including the dissemination of material to women who suffer from fibroids and to healthcare providers, family members and policymakers.

Researchers will also explore strategies to see if electronic health records can help women with fibroids receive more timely care. The data will be used to develop risk prediction models to aid in screening for fibroids and in spotting signs of progression to hysterectomy following conservative therapy, and to improve diagnosis.

“We believe the findings of our research will impact every facet of uterine fibroid care and improve the experience for all women,” says Dr. Stewart.

MAYO CLINIC ALUMNI ASSOCIATION OFFICERS

PRESIDENT
Theresa Emory, M.D.
Williamsburg, Virginia

PRESIDENT ELECT
Burkhard Wippermann, M.D.
Hildesheim, Germany

VICE PRESIDENT
Melanie Brown, M.D.
Baltimore, Maryland

SECRETARY-TREASURER
M. Molly McMahon, M.D.
Rochester, Minnesota

PAST PRESIDENT
Carl Backer, M.D.
Winnetka, Illinois

DIRECTOR, ALUMNI CENTER
Judith D. Anderson
Rochester, Minnesota

EXECUTIVE COMMITTEE

Fadi Adel, M.D.
Rochester, Minnesota

Tayla Brooks
Rochester, Minnesota

Taylor Cave, M.D.
Phoenix, Arizona

Elizabeth Cozine, M.D.
Rochester, Minnesota

Dawn Marie Davis, M.D.
Rochester, Minnesota
Ex Officio Medical Director
Alumni Center

Laura Faubion
Rochester, Minnesota
MCASOM representative

Eddie Greene, M.D.
Rochester, Minnesota

Kiyan Heybati
Jacksonville, Florida

Kayleah Meneses
Jacksonville, Florida

Michael Pham, M.D.
Scottsdale, Arizona

Darcy Reed, M.D.
Rochester, Minnesota

Virginia Shapiro, Ph.D.
Rochester, Minnesota

Olayemi "Yemi" Sokumbi, M.D.
Jacksonville, Florida

Erik Verhey
Phoenix, Arizona

BOARD OF DIRECTORS

Amado Baez, M.D.
Augusta, Georgia

Kumar Bala, M.D.
Rialto, California

Swarna Balasubramaniam, M.D.
Sugar Land, Texas

Hannah Berman, M.D.
Jacksonville, Florida
MCF-MCSGME representative

Daniel Chan, M.D.
Mililani, Hawaii

Linda Drozdowicz, M.D.
Darien, Connecticut

Erin Gillaspie, M.D.
Nashville, Tennessee

Saiyid "Akbar" Hasan, M.D.
Ponte Vedra Beach, Florida

Stephen Hogan, M.D.
Corvallis, Oregon

Kyle Kircher, M.D.
Stillwater, Minnesota

Elizabeth Nesset Ferguson, M.D.
Cave Creek, Arizona

Olufunso Odunukan, M.B.B.S.
Las Vegas, Nevada

Michael Rock, M.D.
Rochester, Minnesota

Thomas Smith, M.D.
Littleton, Colorado

Daniel Townsend, M.D.
Boston, Massachusetts

Kajetan von Eckardstein, M.D.
Kaiserslautern, Germany

Matthew Wendt, M.D.
Charlotte, North Carolina

Elaine Yacyshyn, M.D.
Edmonton, Alberta, Canada

Patricia Yugueros, M.D.
Atlanta, Georgia

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

ALUMNI CENTER
507-284-2317
mayoalumni@mayo.edu
alumniassociation.mayo.edu

ALUMNI MEETINGS & RECEPTIONS
alumniassociation.mayo.edu/events

ALUMNI PHILANTHROPY
Doctors Mayo Society
800-297-1185 | 507-284-9101
doctorsmayosociety@mayo.edu

EDUCATION VERIFICATION
Mayo Clinic College of Medicine
college.mayo.edu/academics/residencies-and-fellowships/contact-and-verifications

PATIENT TRANSPORTATION
Mayo Clinic MedAir
Mayo One
800-237-6822
mayomedicaltransport.com

PHYSICIAN REFERRAL
Arizona 866-629-6362
Florida 800-634-1417
Rochester 800-533-1564
mayoclinic.org/medicalprofs

REFER A FRIEND
alumniassociation.mayo.edu/resources/refer-a-friend

STAY IN TOUCH WITH THE ALUMNI ASSOCIATION
Make sure we have your email address.

If you've registered your profile on the Alumni Association website, you can check and update your contact information: **alumniassociation.mayo.edu**

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

CORRESPONDENCE AND ADDRESS CHANGES
Mayo Clinic Alumni Center
Siebens 7, Mayo Clinic
200 First Street SW
Rochester, MN 55905
mayoalumni@mayo.edu
507-284-2317
Fax 507-538-7442

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

FIND MAYO CLINIC

mayoclinic.org

Hattie Damon Mayo, her husband, William J. Mayo, M.D., Charles H. Mayo, M.D., and his wife, Edith Graham Mayo, posing at what is now known as the Mayo Foundation House. The home was originally Dr. William and Hattie Mayo's home. The couples are posed in the ballroom before a 1938 black tie reception marking the gift of the home to Mayo Clinic.

Today, the Mayo Foundation House is reserved for Mayo Clinic meetings and events — including this year's Distinguished Alumni Award ceremony.

November 13–15, 2025

See you there!

Mayo Clinic Alumni Association
74th Biennial Program

The Ritz-Carlton,
Amelia Island, Florida

Scan the QR code and pre-register to be notified when tickets are available!

Matus Foris/Getty Images

MC4409-2404