



# JACKSONVILLE

MAYO CLINIC ALUMNI ASSOCIATION | 74th Biennial Meeting

# alumni

2026 • Issue 1

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New president Burkhard Wippermann, M.D. • 12

Professional Achievement and Humanitarian Awards • 38

# Letter from the secretary–treasurer

I'm writing to you just a few days after the 74th Biennial Meeting of the Mayo Clinic Alumni Association (MCAA). I'm still reflecting on all I learned and the joy of getting to meet with many of you in person — so I'm glad this issue is dedicated to the biennial, with summaries of the events and talks, profiles of award winners and speakers, and a chance to get to know our newly instated MCAA president.

As always, this gathering of Mayo Clinic alumni from across the U.S. and the world was a special chance to connect, learn and share with each other. I particularly enjoyed spending time with alumni of all disciplines, unlike most specialty meetings. Our shared values do unite us.

During the meeting on the beautiful Amelia Island in Florida, we welcomed our new president, **Burkhard Wippermann, M.D.** (BIOM '87), as we thanked **Theresa Emory, M.D.** (PATH '94), for her dedicated service as MCAA president.

We were honored to present our Humanitarian Award to **Kevin Strathy, M.D.** (MED '80), and our Professional Achievement Award to **Robert Simari, M.D.** (CV '92, CVIC '93). Dr. Strathy has dedicated his time and professional expertise to the care of burn victims and other underserved patients in Liberia, and Dr. Simari has helped shape future medical professionals through his leadership roles at the University of Kansas. You can read about these esteemed alumni on pages 38–49.

At the biennial, we were also treated to inspiring lectures from our Raymond Pruitt Lecturer **Annie Sadosty, M.D.** (EM '99), the recently retired dean of the Mayo Clinic School of Graduate Medical Education, and Judd-Plummer Lecturer **Victor Montori, M.D.** (I '99, CMR '00, CLRS '01, ENDO '02), a consultant in the Division of Endocrinology, Diabetes, Metabolism and Nutrition at Mayo Clinic in Rochester and the Robert H. and Susan M. Rewoldt Professor of Endocrinology Honoring Daniel L. Hurley, M.D. You can read more about Dr. Montori and Dr. Sadosty's lives and work on pages 28–37.

Please join us at this year's June MCAA International Program in Sanremo, Italy. And if you were present at the biennial, I hope this issue helps you remember all that you learned — and how special it is to be part of the Mayo Clinic alumni family. Thanks for all the ways you incorporate Mayo Clinic values in what you do.



*M. Molly McMahon, M.D.*

**M. Molly McMahon, M.D.** (ENDO '87)  
Secretary–Treasurer  
Mayo Clinic Alumni Association  
Emeritus professor of medicine  
Mayo Clinic College of  
Medicine and Science  
Rochester, Minnesota

**About the cover:** An illustration of Mayo Clinic in Florida and the Jacksonville skyline to commemorate the 74th Mayo Clinic Alumni Association Biennial Meeting in Florida.

Illustration by Bobby Evans.

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Shared responsibility,


# GLOBAL IMPACT

The 74th Mayo Clinic Alumni Association Biennial Meeting

**T**he mission of the Mayo Clinic Alumni Association (MCAA) is to connect alumni and bring Mayo Clinic values to the world.

That's more than a simple statement, **Kent Thielen, M.D.** (RD '94, RNEU '97), CEO of Mayo Clinic in Florida, said in a welcoming message at the 74th MCAA Biennial Meeting.

"It's a shared responsibility," he said. "I know you feel this as strongly as I do: the call to make a meaningful impact in the lives of others."





**I**n November 2025, this sense of shared responsibility drew over 200 attendees from all over the U.S. — and a few from overseas — to The Ritz-Carlton’s stunning shoreline north of the Mayo Clinic campus in Jacksonville, Florida.

The biennial offered two days of insight-heavy continuing medical education (CME) programming on topics as diverse as artificial intelligence, medical entrepreneurship, carbon ion therapy and constructive feedback. But it was also a time for connection and a celebration of the common bonds between alumni:

Mayo alumni from far and near gathered in Florida to connect, learn and share with each other.



namely, a deep pride and respect for the history, traditions and patient-centric values of Mayo Clinic.

“As a proud Mayo Clinic alum, I am continually inspired by the remarkable work happening across our enterprise,” Dr. Thielen said. “Each of you has played a vital role in that progress — through your advocacy, philanthropy, patient referrals, and most importantly, by living the Mayo Clinic RICH TIES values wherever your journey has taken you,” referring to the values

of respect, integrity, compassion, healing, teamwork, innovation, excellence and stewardship.

The biennial also marks a new era for the MCAA as leadership and members of the MCAA Board of Directors depart and new members are welcomed to the fold. In the final event of the meeting, past MCAA President **Theresa Emory, M.D.** (PATH '94), an anatomic and clinical pathologist at Peninsula Pathology Associates in Virginia, ended her term and welcomed **Burkhard**

**Wippermann, M.D.** (BIOC '87), into the role.

“It’s truly been the honor of my professional life to serve as president of the Mayo Clinic Alumni Association. Over these past two years, I have witnessed the impact of our alumni and what they have done across the world in patient care, in research, in education and in service to others,” she said. “Each of you carries forward the Mayo values in your daily work, and that’s what keeps this association vibrant and strong.”

# Talking points

**Speakers at the Mayo Clinic Alumni Association Biennial Meeting presented on a number of topics that included inspiring hope in patients, providing constructive feedback, overcoming the limits of expertise, and more. See the highlights from the presentations.**

“That is our mission: To inspire hope and promote health through integrated clinical practice, education and research. Hope doesn’t vanish when death approaches; it transforms. Hope is carried in relationships; it’s nourished by our presence and it’s renewed in every act of compassion. **In medicine, hope is not about denying illness or death. It’s about affirming that life — from the first to the last breath — always has meaning.** Because we can inspire hope in people with terminal illness, we can inspire hope everywhere.” — **MARK DEYO-SVENDSEN, M.D.** (FM '16), Department of Family Medicine at Mayo Clinic Health System in Wisconsin, in his talk “Inspiring Hope in our Patients, Their Families, and the Communities We Serve.”

“I have had the wonderful opportunity to observe Mayo Clinic through the eyes of a child, essentially, as a young Mayo medical student, and through the eyes of an adult battle-hardened industry veteran. And what do I conclude? **I conclude that Mayo Clinic is a true phenomenon forged by hard work and an honorable devotion to putting the needs of the patient first** — and by impressively talented business management and skillful administrative leadership.” — **RANDOLPH STEER, M.D., PH.D.** (MED '76), emeritus Mayo Clinic Board of Trustees member and recipient of the Doctors Mayo Society Lifetime Achievement Award, in his talk “From Mayo Clinic Medical Student to Mayo Clinic Trustee: A Fifty-Year Partnership.”

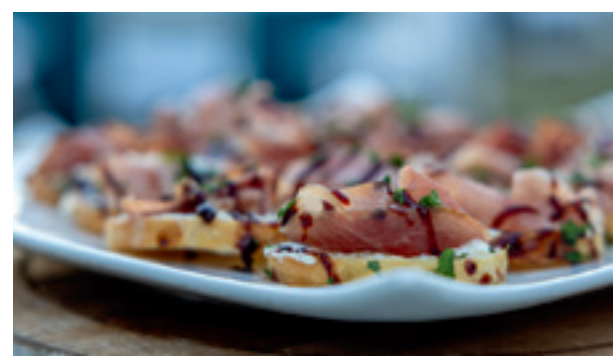


**MARK DEYO-SVENDSEN, M.D.**

*“In medicine, hope is not about denying illness or death. It’s about affirming that **life — from the first to the last breath — always has meaning.**”*



Biennial attendees enjoyed music performances, great food and each other’s company.



ANNIE SADOSTY, M.D.

*“Move from ruinous empathy, where our hearts kind of get in the way, to radical candor, so that the people about whom you care can grow.”*

“As human beings, we want constructive feedback, yet we also underestimate other people’s desire for it. We avoid giving constructive feedback like the plague. The risk of harm and retaliation from constructive feedback appears to be very low. And consider the alternative: the risk to the patients, individual or the organization if the person doesn’t receive the feedback is considerable, too. **Move from ruinous empathy, where our hearts kind of get in the way, to radical candor, so that the people about whom you care can grow.**” —ANNIE SADOSTY, M.D. (EM ’99), retired dean, Mayo Clinic School of Graduate Medical Education and emeritus consultant, Department of Emergency Medicine at Mayo Clinic in Rochester, in her talk “Constructive Feedback: Fret Less, Give More.”

“What is hospital care? It’s really assessments, treatments and outcomes. Does it matter where it happens or how it happens? Can it be in a beautiful room like in the new expansion of our hospital in Mayo Clinic in Florida? Or what if it’s in a very old room that the brothers Mayo practiced in at Saint Marys hospital in Rochester? If it’s the same outcomes and the same experience, it doesn’t matter if it’s new or old. What about the care team? What if it’s 20 individuals with residents and medical students in the



Annie Sadosty, M.D.

room versus a physician, an advanced practice provider, and a pharmacist who come and do those rounds? The number of people in the room doesn’t matter as long as the outcomes are the same. **If the room and the place doesn’t matter, and the number of people and how they interact with you don’t matter, why can’t we do that at home?**” —MICHAEL MANIACI, M.D. (I ’06, CMR ’07), Division of Hospital Internal Medicine at Mayo Clinic in Florida, in his talk “Advanced Care at Home: Where We Came From and Where We Are Going.”

“No one has more passion for patients than you. **You’ve got to really harness that passion. That’s the fuel that makes you want to be an innovator and be an entrepreneur ...** My patients would come to me with gastroparesis, relentless nausea, vomiting. They would cry in my office. I wanted to make them better. Pharma was not interested in developing drugs. What do you do? You can say, ‘C’est la vie.’ That’s life, I’m just going to move on. Or you can say, ‘What’s in my control is my effort; let me try.’” —PANKAJ (JAY) PASRICHA, M.B.B.S., M.D. (GI ’22), chair of the Department of Internal Medicine at Mayo Clinic in Arizona, in his talk “Clinical Practice, Research and Medical Entrepreneurship—A Personal Journey and Lessons Learned.”



PANKAJ (JAY) PASRICHA, M.B.B.S., M.D.

*“No one has more passion for patients than you. **You’ve got to really harness that passion.**”*



Top left: Eric Dozois, M.D.

Bottom left: John Wilkinson, M.D., Michael Rock, M.D., and Robert Spinner, M.D.

Right: Nathan Jacobson, D.O., and Young Erben, M.D., co-directors of the CME course.



**RICHARD WINTERS, M.D.**

*“We need to move forward. You want to **move from aspiration to action and from action to results.**”*

“Perhaps the most dangerous moment in decision-making happens when everyone involved walks out of the room and heads back to their regular lives. ‘That was a great retreat we had.’ Yeah, it was. Did we do anything? No. This happens over and over again. ‘Next year we should have a retreat.’ What should we talk about? ‘The same thing.’ **We need to move forward. You want to move from aspiration to action and from action to results.**” —**RICHARD WINTERS, M.D.** (MED '94), Department of Emergency Medicine at Mayo Clinic in Rochester, in his talk “How to Overcome the Limits of Expertise.”

“The big thing I always hear is that AI is going to solve our problems. And in my humble opinion, it will not. And I want to share that perspective because I’m also bullish on the opportunities that exist in the AI space, but I also think **we need to be very thoughtful about the risks that AI poses and how we have to think about mitigating that risk.**” —**JON EBBERT, M.D.** (I '99, CMR '00, ADGM '01, CLRSH '01), Division of Community Internal Medicine, Geriatrics, and Palliative Care at Mayo Clinic in Rochester, in his talk “AI at Mayo Clinic: Scaling to Transform Care.”

VICTOR MONTORI, M.D.

“When care is not exploited, **care is a renewable resource.**”



“I think a lot of people have the tendency to think proton and carbon (therapy) are very similar. But proton radiation is very different than carbon ion therapy. Proton therapy is applying advanced technology. It’s all about getting the beam specifically, precisely, exactly where you need the energy. With carbon ion therapy, obviously we still have to get that beam specifically where we want it to be — but carbon ion therapy is about the biology. **It’s about, how can we incite the patient’s immune system? How do we treat concurrently with other immunotherapies to improve the overall patient response?**” —**LAURA VALLOW, M.D.** (RADO '01), chair of the Department of Radiation Oncology at Mayo Clinic in Florida, in her talk “Carbon Ion Therapy: A First in the Americas and a Bold Step Forward for Cancer Care.”

“To care is fundamentally human, and we recognize that when it’s done properly, it has this incredible property that we all saw during the pandemic. Remember in the pandemic, when somebody finally made it, at the end of a long ICU stay? And nurses and doctors would line up along the exit of the hospital and the person would be wheeled out and everyone would be crying with joy and clapping? Remember that? Because **when care is not exploited, care is a renewable resource.** You come back and you’re ready to care for the next person.” —**VICTOR MONTORI, M.D.** (I '99, CMR '00, CLRSR '01, ENDO '02), Division of Endocrinology, Diabetes, Metabolism and Nutrition at Mayo Clinic in Rochester, and the Robert H. and Susan M. Rewoldt Professor of Endocrinology Honoring Daniel L. Hurley, M.D., in his talk “The Other Future of Healthcare.” ●

# FIVE FACTS

**with new Mayo Clinic  
Alumni Association  
President Burkhard  
Wippermann, M.D.**

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## **Burkhard Wippermann, M.D.**

Head of Department of Orthopaedics and  
Trauma Surgery

Helios Albert-Schweitzer-Klinik Northeim  
Northeim, Germany

**Residency:** Hanover Medical School,  
Hanover, Germany

**Medical school:** University of Marburg,  
Marburg, Germany; Hanover Medical School

**Undergraduate:** Bielefeld University,  
Bielefeld, Germany

**Hometown:** Herford North Rhine-Westphalia





*“On the MCAA board, we all work together. We are friends. We have the same idea of bringing things forward. My main idea is to leave this association in a little better shape than when I came.”*

– Burkhard Wippermann, M.D.



Theresa Emory, M.D., hands off the president's gavel to Burkhard Wippermann, M.D., the incoming president of the Mayo Clinic Alumni Association.

**B**urkhard Wippermann, M.D. (BIOM '87), was interested in a medical career from an early age. He just didn't think it would be possible.

Growing up as the son of a farmer in what he calls “the Midwest of Western Germany,” he wasn't sure he had the chops to make it into the country's competitive medical school system.

“I never dared to hope that I would make it,” he says. “And I just made it.”

Despite his initial doubts, he went on to have a successful career as an orthopedic and trauma surgeon and professor, culminating in his leadership as chief of the Orthopaedics and Trauma Surgery Department at Helios Klinikum Hildesheim, a teaching hospital of Hanover Medical School in Germany. He's been involved with both the Mayo Alumni German

Speaking Chapter and the board of the Mayo Clinic Alumni Association (MCAA) and is now president of the association.

Dr. Wippermann will serve as your MCAA president through 2027; take a few moments to get acquainted.

## **1 HE CREDITS MAYO CLINIC WITH HELPING HIM SECURE A RESIDENCY SPOT IN GERMANY.**

When Dr. Wippermann was a trainee, getting into German medical school was difficult — and securing a residency spot was even tougher. To give himself an edge in residency placement, Dr. Wippermann started to explore training abroad for a year.

One of his medical school professors was a good friend of **Peter Frohnert, M.D.** (I '66, NEPH '68), a Mayo Clinic nephrologist. It was through this connection that Dr. Wippermann found himself

completing a one-year clerkship at Mayo Clinic in Rochester, rotating through specialties.

“It was a wonderful experience to have the training at Mayo Clinic. For one thing, Hanover Medical School had 400 students in one year. At the time, Mayo Clinic's medical school had 40. So the learning experience was exceptional. I just found it wonderful, even though it was hard work,” he says.

When he returned to Germany, he found that his efforts at Mayo had been well worth it.

“Everybody was impressed that I had been at Mayo Clinic. And then I could say, ‘I've been operating with **Martin Adson, M.D.** (S '55), and **Miguel Cabanela, M.D.** (OR '73)', people that everybody knew at the time,” says Dr. Wippermann. “And then I had the letter in the mail that I was accepted for residency. So that was really the first time I noticed that it is so helpful to be an alum of Mayo Clinic.”



Above: Burkhard Wippermann, M.D., observes an X-ray image during his residency at Hanover Medical School in Hanover, Germany.

At right: Dr. Wippermann is pictured (far right) on his family farm with his brothers.



## 2 HE WAS DRAWN TO TRAUMA SURGERY BECAUSE HE WANTED TO GET IN THE HELICOPTER.

Though his professional record suggests otherwise, Dr. Wippermann claims that he’s “not a truly academic person,” and has always known that writing is not one of his strengths. But he did know that he was good with his hands.

“From the very beginning, it was my idea to combine medicine and something manual. So surgery seemed to be the thing to do,” he says.

When he applied for residency at Hanover Medical School, he knew he was interested in emergency medicine — where “the action was” — and thus, emergency surgery. And the school also had a medical rescue helicopter. In the 1980s, Germany had an advanced system of air rescue, and at Hanover Medical School, trauma surgeons were the only specialists allowed on rescue flights.

“It appealed to me to one day be the physician on the helicopter,” Dr. Wippermann says.

He eventually did become one of the physicians on the helicopter and performed this role for seven years. He was happy to be in the middle of the action, tending to trauma patients and people experiencing medical emergencies. But eventually, he was ready to practice medicine on solid ground.

“After so many years and having seen so many things, you start realizing that this is also dangerous,” he says.

## 3 HE TRIED TO RETIRE IN 2022 BUT IS BACK AT WORK PART-TIME.

“I retired three years ago, but now I’m back in business,” he says.

One reason is that he finds his work too fulfilling.

“Being a surgeon means that you can immediately help people and you have thankful patients, which is wonderful. For example, most of my surgery is total joint replacement. When I visit my patients the day of or the day after the surgery, they say, ‘My hip doesn’t hurt. I had this pain for so long and now it doesn’t hurt,’” says Dr. Wippermann. “It’s just one of the really gratifying things in my profession. That’s one of the reasons I returned back to work after retirement, because I kind of missed that.”

In addition, one of Dr. Wippermann’s major career goals was to become chief of a department. In Germany, unlike the U.S., a department head is a long-term position typically kept until retirement. Dr. Wippermann achieved this when he became head of the Department of Orthopaedics and Trauma Surgery at Helios Klinikum Hildesheim in 2001. He

retired from the role after 20 years, but then was called back into action.

“One of the hospitals down the road (Helios Albert-Schweitzer-Klinik Northeim) asked me whether I could be chief of their Department of Orthopaedics and Trauma Surgery. So I’m now 68. But I love my work. It’s wonderful to do the job that I do. And so I had much luck that I can do just the thing I like to do that I’m good at.”

#### 4 HE’S AN AUTOMOBILE FANATIC.

Dr. Wippermann is a self-proclaimed petrol head. He didn’t fully indulge in this hobby until later in his career but now has a small collection of antique

automobiles, mostly made up of Mercedes convertibles. He has some newer sports cars, but his passion lies in older automobiles.

“That’s what I do in my free time, is look after the cars, take tours and visit friends,” he says.

#### 5 HE’S THE FIRST MCAA PRESIDENT WHO LIVES OUTSIDE THE U.S.

Dr. Wippermann feels “very honored” to be the first international MCAA president. He believes it sends a message that the Alumni Association, and Mayo Clinic itself, values its international members and activities.

“There are many members of the Mayo Clinic Alumni Association who are not American, who live all over the world,” he says. “My idea is to give these people, this group, visibility in our association.”

Dr. Wippermann has been on the MCAA board for years and is excited to collaborate and continue the great work the board has achieved.

“On the MCAA board, we all work together. We are friends. We have the same idea of bringing things forward,” he says. “My main idea is to leave this association in a little better shape than when I came.” •



Above: Burkhard Wippermann, M.D., with one of his antique Mercedes automobiles, a 1965 Mercedes 230 SL.

At right: Dr. Wippermann is pictured with a Ford Model A, which he came across on the way from Rochester to Minneapolis in 1987.



# New Mayo Clinic Alumni Association leadership

The 74th Biennial Meeting had a changing of the guard in the Mayo Clinic Alumni Association Board of Directors, including members of the executive committee.

## OUTGOING BOARD MEMBERS AND EXECUTIVE COMMITTEE MEMBERS

**Kumar Bala, M.D.** (GI '87, HEPT '88), Rialto, California  
**Erin Gillaspie, M.D.** (TS '16), Nashville, Tennessee  
**Kyle Kircher, M.D.** (MED '94, FM '97, FMSP '98), Stillwater, Minnesota  
**Thomas Smith, M.D.** (MED '83), Littleton, Colorado  
**Daniel Townsend, M.D.** (MED '80), Boston, Massachusetts  
**Elizabeth Cozine, M.D.** (MED '11, FM '14), Rochester, Minnesota  
**Olayemi "Yemi" Sokumbi, M.D.** (MED '09, I1 '10, DERM '13), Jacksonville, Florida  
**Carl Backer, M.D.** (MED '80), Winnetka, Illinois  
**Kajetan von Eckardstein, M.D.** (NS '08), Kaiserslautern, Germany

## INCOMING BOARD MEMBERS

**Robert Bulger, M.D.** (MED '80), Dallas, Texas  
**Glenn Smith, Ph.D.** (EPID '90), Minneapolis, Minnesota  
**Brian Braithwaite, M.D.** (MED '11), Winter Park, Florida  
**Krishna Vyas, M.D., Ph.D.** (PLSI '21), New York, New York  
**Michael Schirmer, M.D.** (RHEU '97), Innsbruck, Austria  
**Scott Okuno, M.D.** (I '92, HEMO '96), Rochester, Minnesota  
**Thomas Waller, M.D.** (FM '99), Jacksonville, Florida

## STUDENT/TRAINEE BOARD REPRESENTATIVES

**Simon Beatty, M.D.** (ENT '28), Mayo Clinic School of Graduate Medical Education, Phoenix, Arizona  
**Eric Fox** (MED '28), Mayo Clinic Alix School of Medicine, Phoenix, Arizona  
**Krystal Mills, M.B.B.S.** (GI '26), Mayo Clinic School of Graduate Medical Education, Rochester, Minnesota  
**Jasmine Monge** (MED '28), Mayo Clinic Alix School of Medicine, Rochester, Minnesota  
**Marianna Weaver, D.O.** (THDC '26), Mayo Clinic School of Graduate Medical Education, Jacksonville, Florida



Top left: The first female graduate of a Mayo Clinic surgical training program, Ethel Stackhouse-Smith, M.D.

Speakers and leadership at the 2025 Annual Priestley Society Meeting, from top center, clockwise: Juan Sarmiento, M.D., Ronald Hinder, M.D., Amit Mathur, M.D., Elizabeth Ferguson, M.D., with Michelle Nguyen, M.D., at center.

# The past, present and future of surgery

Every year, the Mayo Clinic Surgical Society in Honor of James T. Priestley gathers a portion of its 600+ members from across the world to take part in a scientific exchange of surgical research, innovation and inspiration. In November 2025, the society gathered in conjunction with the Mayo Clinic Alumni Association Biennial Meeting.

“There were amazing presentations from Mayo Clinic surgeons and Mayo-trained surgeons really pushing the envelope and raising the bar in

the care we provide to patients,” says **Elizabeth Ferguson, M.D.** (S ’08, PLS ’10), secretary/treasurer of the society, who is a reconstructive plastic surgeon and vice chair of education for the Department of Surgery at Valleywise Health in Arizona. “It’s inspiring to hear from colleagues all over the country who are incorporating Mayo values and patient-centered care into the core of everything that they do.”

The Priestley Society meeting honors the past, present and future of surgery with three annual keynote

lectures: the Legacy Professor lecture, the Presidential Address and the ReMine Lecture.

The Legacy Professor lecture honors a physician who has made significant contributions to a Mayo Clinic Department of Surgery across education, research and practice.

**Ronald Hinder, M.D.** (S ’76), emeritus staff at Mayo Clinic in Florida, was this year’s recipient. He offered the audience a small portion of his decades of hard-won wisdom in his lecture, “Reflections on a Career in Surgery.”

“Being a surgeon should not be your job, but rather your passion,” Dr. Hinder said. “Let the profession revolve around your life, rather than your life revolve around your profession. That’s very difficult for us as physicians, as we take our responsibilities so to heart. But if you treat it as your passion, you’re going to prevent burnout, and you’re going to enjoy the privilege of such a noble profession.”

Priestley Society President **Juan Sarmiento, M.D.** (SR ’96, PRES ’98, S ’00, SGI ’02), Division of General and GI Surgery at Emory University School of Medicine in Georgia, echoed this sentiment in his presidential address.

“We all have the potential to be extraordinary, but potential means nothing without actions. Success is no accident. It’s hard work, perseverance, learning, studying, sacrifice, and most of all, love for what you’re doing.”

Dr. Sarmiento argued that there is much surgeons can learn from different disciplines, pointing to pertinent lessons and metaphors from fields like music composition, golf and orchestra conducting.

“We have so much to learn from successful people in life beyond the confines of the operating room,” he said.

The ReMine Lecture honors the legendary Mayo Clinic surgeon **William Hervey ReMine, M.D.** (S ’45, died 2009), and turns an eye toward the future with a focus on surgical innovation.

**Amit Mathur, M.D.** (TRNS ’14), Division of Transplant and Hepatobiliary Surgery at Mayo Clinic in Arizona, was this year’s ReMine Lecturer, and he used his lecture to discuss surgical leadership challenges in a changing health-care environment.

“Surgical leadership is not what it used to be. It is evident that new skills are needed to be effective, because challenges abound in the business of healthcare,” he said. “At Mayo Clinic, we are able to move and change. That’s what kept us alive for 150 years and will keep us alive for 150 more. But as surgeons, it’s really important that we start to understand for ourselves how we need to develop the skills necessary to meet the challenge of that next 150 years.”

The meeting’s attendees ranged from residents to retirees, including none other than **Ethel Stackhouse-Smith, M.D.** (S ’67), the first female graduate of a Mayo Clinic surgical training program.

And representing the next generation, this year’s surgical resident research Inlow Award winners **Monica Price, M.D.** (S ’27), Department of Surgery at Mayo Clinic in Florida, and **Scott Eldredge, M.D.** (S ’27), Department of Surgery at Mayo Clinic in Arizona, also presented at the conference.

Reflecting on the resident speakers, Dr. Ferguson declared: “There is no question that the future of surgical care is bright.”

All told, Dr. Ferguson is already looking forward to next year’s Priestley gathering — her favorite meeting of the year.

“To me, Priestley is an annual opportunity to revisit my surgical roots. My surgical training at Mayo Clinic has completely shaped my professional career, my approach to care and who I am,” she says. “Each meeting, I leave re-energized and renewed with gratitude, hope and inspiration.” •

## Interested in joining?

This society is open to surgeons who are current or former staff members of the Department of Surgery on any Mayo Clinic campus and those who completed their surgical training at Mayo Clinic. You can discover more about the society at [alumniassociation.mayo.edu/societies/priestley-society](http://alumniassociation.mayo.edu/societies/priestley-society).

Society members can pay their dues by using the QR code.



The 62nd Annual Priestley Society Meeting will be held Nov. 5–7, 2026, at the Tommy Bahama Miramonte Resort & Spa in Indian Wells, California.



Standing: Mayo Clinic Women Physicians and Scientists Affinity Group leaders Olayemi “Yemi” Sokumbi, M.D., and Ana Norell, M.D. Sitting: Program speaker Roxana Dronca, M.D., and group leader Melanie Brown, M.D.

# Amplifying voices and opening doors

**W**hen planning for the 2025 Women Physicians and Scientists Affinity Group meeting at the Mayo Clinic Alumni Association Biennial Meeting, the group’s leadership knew one element was non-negotiable: A time for unstructured, casual conversation and connection.

“Networking with other women physicians and scientists is powerful because it creates a space where our experiences, challenges and successes are truly understood,” says group president **Jessica Silva-Fisher, Ph.D.** (BMB ’11), an assistant professor in the Department of Internal Medicine at Washington University School of Medicine. “When we come together, we share strategies to navigate barriers, amplify each other’s voices and open doors that many of us had to work hard to unlock.”

“Most importantly, it reminds us that none of us are doing this alone. Our collective strength, perspective and leadership enrich science, medicine and patient care in transformative ways.”

The Women Physicians and Scientists Affinity Group was formed in 2019 to promote empowerment of Mayo Clinic alumni women physicians and scientists through education, dialogue and connection to advance women’s perspectives and voices worldwide. The group aims to not only propel attendees’ professional success, but to encourage personal growth.

“We are more than just physicians or scientists. We are women, wives, mothers, sisters and friends,” says **Ana Norell, M.D.** (FM ’19), a family medicine physician at Allina Health in Hastings, Minnesota, and part of the



Roxana Dronca, M.D., delivers a presentation during The Women Physicians and Scientists Affinity Group breakout session at the 74th Mayo Clinic Alumni Association Biennial Meeting.

## Mayo Clinic Women Physicians and Scientists Affinity Group officers



### PRESIDENT

**Jessica Silva-Fisher, Ph.D.**  
(BMB '11), Department of Internal Medicine, Washington University School of Medicine, St. Louis, Missouri



### VICE PRESIDENT

**Belinda Ostrowsky, M.D.** (I '95), Centers for Disease Control and Prevention at NY State Department of Health and Infectious Diseases, Albert Einstein College of Medicine, Bronx, New York



### EXECUTIVE SPONSOR

**Olayemi "Yemi" Sokumbi, M.D.**  
(MED '09, I1 '10, DERM '13), Department of Dermatology, Mayo Clinic in Florida

group's leadership. "It's important to grow in our personal lives just as much as it is important to grow in our careers."

Their breakout session at this year's Mayo Clinic Alumni Association Biennial Meeting began with an inspiring presentation by **Roxana Dronca, M.D.** (HEMO '10), a consultant in the Division of Hematology and Medical Oncology and site director of the Mayo Clinic Comprehensive Cancer Center in Florida.

"Dr. Dronca's talk argued that while our lives may not turn out how we anticipated, they can still be beautiful and meaningful," says Dr. Norell. "It's OK to take a step back from medicine during a devastating time and return when you are ready, knowing that your practice might look a little different."

Next came the networking hour, hosted in hopes that participants would walk away with potential mentorship and sponsorship connections, as well as a sense of belonging and community.

"It was energizing and inspiring to speak to women from different perspectives and professional backgrounds,"

says Dr. Norell. "I am hopeful that after having that time to connect, we will continue to grow our affinity group membership to continue the connection for years to come."

Along with growing membership, leadership's goals for the future of the group include instituting long-term programming and creating a hub for mentorship, collaboration and advocacy.

"Our hope is that this group continues to grow into a powerful, sustainable network that elevates women at every career stage," Dr. Silva-Fisher says. ●

## Interested in joining?

This society is open to all individuals who meet the criteria to be Mayo Clinic Alumni Associations members. You can discover more about the society by scanning the QR code or visit [alumniassociation.mayo.edu/societies/women-physicians-and-scientists](https://alumniassociation.mayo.edu/societies/women-physicians-and-scientists).



Attendees view posters at the Young Investigators Research Symposium, which was held at the 74th Mayo Clinic Alumni Association Biennial Meeting on Amelia Island, Florida.





# Research excellence on display

**W**hen organizers put out a call for oral and poster presentation submissions for the 2025 Young Investigators Research Symposium, their call was answered — enthusiastically.

The symposium, held at the Mayo Clinic Alumni Association Biennial Meeting, featured 67 presenters, which made for a lively and information-packed program. The event aims to showcase the research of undergraduate through early career scientists and physicians.

## ORAL PRESENTATION WINNER

**Leah Gutzwiller** (CTSA '29), took first place in the oral presentation category for her talk, “Longitudinal Analysis of Cardiopulmonary Fitness During COVID-19: An Era-Based Study (2017–2024).” Gutzwiller is a Ph.D. student on the Clinical and Translational Science Track within Mayo Clinic Graduate School of Biomedical Sciences in Florida.



Leah Gutzwiller

“This was my first time giving an oral presentation at a conference,” says Gutzwiller. “I was excited to begin practicing my ability to discuss high-level research topics with the medical and scientific community.”

Read on for Gutzwiller’s explanation of her project and research interests.

**Can you summarize your project?**

My presentation focused on my work on a retrospective analysis of population cardiorespiratory fitness changes as a result of the COVID-19 pandemic. We have found through our preliminary investigation of more than 500 cardiopulmonary exercise tests across an 8-year period that there was no significant change in the population's cardiorespiratory fitness, despite increased sitting time and a general decrease in activity during the pandemic. This has been a very surprising result. I also got to share our initial gender subgroup findings, which highlighted that, in general, men showed improvement in their cardiorespiratory fitness in the post-COVID-19 era compared to before or during the pandemic, whereas women stayed stagnant. We are still looking into what this means, but the information is fascinating.

**What inspired you to tackle this topic?**

Population cardiorespiratory fitness is an important topic as a decline in population fitness level can result in poorer economic development, increased healthcare burden and higher mortality rates within a population. Being able to prepare for and predict this sort of decline post-pandemic — and provide recommendations for exercise guidelines should a large epidemic occur again — could improve population health.

**What knowledge or insight did you want your audience to walk away with?**

I wanted the audience to understand that there is still a lot to be learned about the impact of the pandemic. It is important to continue that discovery to improve and understand

overall population health. The results of retrospective studies of this kind continue to be surprising and can change how we prepare for future catastrophic health events.

**What are your next research steps?**

This study is ongoing, as there are several thousand more data points that have yet to be included. We are also hoping to continue performing subgroup analysis on this data, including assessing for age, geographical location and previous COVID-19 infections. We also hope to assess those who had cardiopulmonary testing multiple times during the 8-year window, to determine whether individuals saw cardiorespiratory fitness decline or improve. The opportunities with this type of large data set are truly endless, and I am excited to continue exploring and finding out more.



One of the 67 poster presenters details her project.

## POSTER PRESENTATION WINNER

**Nichole Henkes, M.D.** (I '26), won first place for her poster, "Association



**Nichole Henkes, M.D.**

Between Quality-of-Life Metrics in Patients with Chronic Pancreatitis."

Dr. Henkes is an internal medicine resident at Mayo

Clinic School of Graduate Medical Education in Florida.

"The environment was both supportive and intellectually energizing, and being recognized with first place for my poster presentation was truly an honor," Dr. Henkes says.

Below, Dr. Henkes explains her poster and research interests.

### Can you summarize your project?

I presented a questionnaire-based study examining quality of life (QOL) metrics in patients with chronic pancreatitis. Using a validated survey, we analyzed several different QOL domains, including pain/discomfort, mobility, anxiety/depression, and ability to complete self-care and usual activities. We then looked at different modifiable and non-modifiable factors that were associated with better or worse QOL. We found that being employed and increasing age were associated with better self-perceived QOL.

These findings may suggest that with age, patients are able to develop better coping strategies. There may also be a potential role for vocational rehabilitation in patients with chronic pancreatitis, as employment may confer a sense of purpose and social



The symposium highlighted the research of undergraduate through early career scientists and physicians.

support. Ultimately, our results highlight the importance of incorporating patient-reported outcomes into clinical assessment and treatment planning for chronic pancreatitis.

### What inspired you to tackle this topic?

**Yan Bi, M.D., Ph.D.** (GI '14, GIPN '15), and **Dan Kelleher, Ph.D.** (HCDR '22), invited me to join a team of talented colleagues for this study. I eagerly accepted, as I've cared for patients with chronic pancreatitis and have seen how profoundly their symptoms affect daily functioning and overall well-being. Yet traditional clinical markers often fail to capture the full burden of the disease. I was excited to explore whether patient-reported QOL measures could help guide individualized management.

### What knowledge or insight did you want your audience to walk away with?

I hoped to emphasize that QOL metrics are not just secondary endpoints. They provide meaningful and actionable insight into how patients are truly doing. Integrating these measures into routine care can help provide individualized care for patients and ultimately improve outcomes.

I also wanted to highlight the importance of considering supportive interventions beyond medical therapy. For many patients with chronic pancreatitis and other long-standing gastrointestinal (GI) conditions, vocational rehabilitation can offer significant benefits. Addressing QOL holistically means recognizing that improvement isn't

only about symptom reduction but also about restoring function, independence and meaningful participation in daily life.

**What are your next research steps?**

I'm particularly interested in pursuing further research on QOL outcomes in patients with chronic GI illnesses and cirrhotic disease. These conditions often involve complex symptom profiles and significant lifestyle burdens that aren't fully captured by traditional clinical markers. My goal is to better understand how QOL metrics can be integrated into routine care to identify unmet needs, guide treatment decisions and improve long-term outcomes.



The Young Investigators Research Symposium featured several oral and poster presentations.



The symposium was both educational and an opportunity to network.

## OTHER WINNERS INCLUDED

### Oral presentation, second place

**Kayleah Meneses** (BMB '26), Ph.D. candidate in the Biochemistry and Molecular Biology Track at Mayo Clinic Graduate School of Biomedical Sciences in Florida  
“Genetically Tractable Mouse Models of 3q26-Driven Human Cancer”

### Oral presentation, third place (tie)

**Wilhelmina Radstake, Ph.D.** (RADO '25), senior research fellow in the Department of Radiation Oncology at Mayo Clinic in Florida  
“DNA Damage Repair After Photon and Ion Exposure: Insights from a Meta-Analysis”

### Oral presentation, third place (tie)

**Syed Ali Haider, M.B.B.S.** (PLS '25), research fellow in the Division of Plastic Surgery at Mayo Clinic in Florida  
“A Surgeon’s Avatar for Patient Education: A Pilot Study”

### Poster presentation, second place

**Asrita Vattikonda, M.D.** (I '26), internal medicine resident at Mayo Clinic School of Graduate Medical Education in Florida  
“Increasing Advance Care Planning in a Community Internal Medicine Clinic”

### Poster presentation, third place (tie)

**Katherine Wang, M.D.** (MED '25, I '26), internal medicine resident at Mayo Clinic School of Graduate Medical Education in Florida  
“Patch Testing in Solid Organ Transplant Recipients: The Mayo Clinic Experience Over 13 Years (2010–2022)”



### Poster presentation, third place (tie)

**Himil Mahadevia, M.B.B.S.** (HEMO '28), hematology/oncology fellow at Mayo Clinic School of Graduate Medical Education in Florida  
“The Differential Effect of Stromal Markers and Molecular Subtypes on Gemcitabine/Nab-Paclitaxel/Cisplatin (GCN) and GN Outcomes in advanced pancreatic ductal adenocarcinoma (aPDAC)”

### Poster presentation, third place (tie)

**Belinda Galeano, M.D., Ph.D.** (MED '15, MED '20, PATH '25, RPTH '26, PSRT '26), physician scientist research fellow at Mayo Clinic School of Graduate Medical Education in Rochester  
“Single-Cell Spatial Resolution Transcriptomic Profiling of Glomerular and Peritubular Capillary Endothelium Distinguishes Antibody-Mediated Rejection Phenotypes”

## THE EVENT WAS ORGANIZED BY

- **Anna Chapman, D.O.** (THDC '26), president of the Florida Mayo Fellows’ Association and executive committee member of the Mayo Clinic Alumni Association Board of Directors
- **Carlie Aurubin, M.D., Ph.D.** (I '26), vice president of the Florida Mayo Fellows’ Association
- **Tayla Brooks** (CTSA '26, IMM '26), emeritus co-president of the Mayo Clinic Graduate Student Association and executive committee member of the Mayo Clinic Alumni Association Board of Directors
- **Kayleah Meneses** (BMB '26), emeritus co-president of the Mayo Clinic Graduate Student Association and executive committee member of the Mayo Clinic Alumni Association Board of Directors •

Established in 2010, the Young Investigators Research Symposium is organized by the Mayo Clinic Alumni Association and other Mayo Clinic learner organizations. Graduate students, medical students, allied health students, undergraduates, residents, clinical fellows, postdoctoral research fellows and trainees, and junior faculty are invited to participate. The symposium is typically held every other year. Since 2021, the Alumni Association has included it as a component of its biennial meetings, which rotate among Mayo Clinic locations.

74th Biennial Meeting • RAYMOND PRUITT LECTURER

# SLOWING DOWN

for small moments

**Raymond Pruitt Lecturer Annie Sadosty, M.D.,  
offers compassion in a fast-paced world**





**D**uring one wave of the COVID-19 pandemic, **Annie Sadosty, M.D.** (EM '99), stepped into the room of a patient with appendicitis. Dr. Sadosty, a Mayo Clinic emergency physician at the time, had seen hundreds of patients with appendicitis in her career, and she had been fighting on the front lines of the ever-evolving pandemic for months. Even so, she took a moment to learn about the patient and her disease.

“During the clinical encounter, I asked, ‘What do you do for a living?’ And the individual said, ‘Well, I’m a kindergarten teacher,’” Dr. Sadosty says. “And it was that moment where I hopped out of myself. I was tiring of COVID. And it was like this wake-up moment of, ‘Oh my gosh. I might be tired of COVID, but I can’t even imagine the challenges of teaching kindergarten virtually.’”

The two bonded as the teacher went on to explain how she taught the alphabet over the computer, chatting about how her students would sometimes wander away from the screen.

For Dr. Sadosty, slowing down for these moments is more than mere politeness. It’s about creating moments of connection that serve as an antidote to compassion fatigue.

“I try to connect — in a short amount of time, because I don’t have

much time — with the patients I see and learn something about them that humanizes them to me. That allows me to really enjoy the interaction, even when the disease is something I’ve seen so many times,” she says. “When I do that, it keeps medicine alive for me, and I hope the patients feel that I really care.”

Dr. Sadosty took the same intentional approach to connection with her colleagues, mentees and those she led as a residency program director, chair of the Department of Emergency Medicine, regional vice president for the Mayo Clinic Health System in Southeast Minnesota, a member of the Mayo Clinic Executive Operations Team, and finally, as dean of Mayo Clinic School of Graduate Medical Education (MCSGME).

“She always moved at a pace that allowed for connection,” says **Ivan Porter II, M.D.** (I '11, CMR '12, NEPH '14), a consultant in the Division of Nephrology and

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## Annie Sadosty, M.D.

Mayo Clinic emeriti staff

Department of Emergency Medicine

Henry Ford Hospital

Detroit, Michigan



Annie Sadosty, M.D., emeritus Emergency Medicine physician and former dean of Mayo Clinic School of Graduate Medical Education.

Hypertension at Mayo Clinic in Florida and an assistant dean of strategic recruitment and retention at MCSGME. “Every meeting was a moment to connect far below the surface of agenda items.”

“It has been said that sometimes you need to slow down to move fast,” says Dr. Sadosty. “Clinically, sometimes if you slow down to listen to what is really being said, you can figure out the essence of a visit quickly at a clinical level. The same is true as a leader.”

### **CAPACITY FOR COMPASSION**

Dr. Sadosty’s deep capacity for compassion is a family trait. Her father was an ophthalmologist and a “humanist at heart,” she says. She recalls coming home from school

one day to find a stranger mowing the lawn — her regular chore and a source of allowance income. Her mother told her not to worry about it; her father would explain later.

It turned out that the stranger — and soon, others like him — were her father’s patients who had been unable to afford surgery. Her father had performed the surgery for free.

“They wanted to pay him back in some way. It wasn’t a monetary exchange, it was a way to honor someone’s desire to do what they could,” Dr. Sadosty says.

She shares this value of accessible and equitable care. One of the things she appreciates about emergency medicine is the legal requirement to see all comers independent of their ability to pay. But she was initially drawn to the emergency department

as a medical student for pure love of the practice.

“I love the diversity of the patients that we see, the case spectrum, which is cradle to grave, men and women, all different pathologies. I love the acuity and the pace, and that no day is the same,” Dr. Sadosty says.

She passed on her passion — and her emphasis on personal connection — to many who trained under her.

### **Rachel Lindor, M.D., J.D.**

(MED '14, EM '17), a consultant in the Department of Emergency Medicine at Mayo Clinic in Rochester, shadowed Dr. Sadosty on countless shifts as a medical student. One freezing Minnesota winter night, the team found a newborn baby in a carseat in the emergency department, along with a bag full of diapers and formula. A note on the carseat



*“The School of Graduate Medical Education is one of the crown jewels of Mayo Clinic. ... **To be a part of that is something great.**”*

– Annie Sadosty, M.D.

said: “Please take good care of me. I am loved. I ate last at 1:50 a.m. I eat every three hours (3.5 to 4 ounces). Thank you.”

But a few minutes later, the mother returned, hood up and shielding her face, to retrieve the car keys she had accidentally left in the diaper bag.

“As Annie handed her back the keys, she took a quiet moment to reassure the young mom that Annie knew her decision was one made out of love ... A look of relief came over the mother’s face as she slipped back out into the snowy night,” says Dr. Lindor. “That moment has stayed with me for almost 20 years as a reminder that our jobs are such a privilege if we embrace the opportunity to reach out and connect with our patients.”

#### AN EXCEPTIONAL EDUCATOR

As much as she loved the practice of emergency medicine, Dr. Sadosty also wanted to become an educator. During her Mayo Clinic interview with **Wyatt Decker, M.D.** (MED ’90, I ’93), he asked where she saw herself in 5 or 10 years. She knew exactly what she wanted: to be a residency program director.

“Ironically, he was the residency program director. So maybe that wasn’t the best answer,” she says with a smile. “But he did not find it threatening, and I ended up getting hired. But it shows you that more than 25 years ago, graduate medical education was what I was really wanting to do.”

So when the call for candidates for dean of Mayo Clinic School of Graduate Medical Education came

up, she was quick to apply and thrilled to be selected.

“I think the School of Graduate Medical Education is one of the crown jewels of Mayo Clinic. There’s an over-century-long tradition of educational excellence there, training the next generation of physician leaders,” she says. “To be a part of that is something great.”

As dean, one of her major initiatives was to augment the graduate medical education (GME) experience, a project her team nicknamed GME 2.0.

“Graduate medical education has been pretty similar for over a century. And the recipe had been, you build a program, you innovate within the program and you graduate really well-trained experts in a field. And what I felt we needed to do was respond to the rising generation of physicians’

*“I love helping people... That’s kind of who I am and what fills my cup.”*

– Annie Sadosty, M.D.



Annie Sadosty, M.D., accepting a plaque commemorating her Raymond Pruitt Lectureship from former Mayo Clinic Alumni Association (MCAA) President Theresa Emory, M.D., at the MCAA Biennial Meeting in November 2025.

desire for more,” she says. “They want to learn about leadership. They want to innovate. They want a career ‘beyond’ medicine.”

She led GME teams across Mayo and built programs for residents and fellows across specialties focusing on innovation and entrepreneurship, leadership development, health equity and service learning. The resulting programs have proven to be enriching for trainees and a differentiator in recruitment.

But perhaps the most rewarding part of her leadership and involvement in education was guiding mentees and trainees, then watching them go on to do “magnificent things” like become established faculty and academic powerhouses, she says.

“Developing people is where I spend a lot of my time, space and creative energy,” she says. “It’s a labor of love, it truly is.”

Dr. Sadosty mentored **Gita Thanarajasingam, M.D.** (MED ’08, HEMO ’15, HEMA ’16), now a consultant in the Division of Hematology at Mayo Clinic in Rochester, early in her faculty career. Once, Dr. Sadosty took

Dr. Thanarajasingam to lunch to help her sketch out what she wanted in her career and how she might achieve it. Dr. Thanarajasingam chose a Thai restaurant, not realizing that Dr. Sadosty’s Midwestern palate was no match for the spicy cuisine.

“I will never forget her — tears in her eyes and choking through the spice, tenaciously giving me career development advice!” says Dr. Thanarajasingam. “That is sacrifice.”

### BACK HOME

In 2025, Dr. Sadosty retired from Mayo Clinic, moving back to her native Michigan to be closer to her mother and in-laws. It’s one example of her commitment to her family, a source of pride for her.

“I would always say, when you have a busy career, be sure that you’re living the life you want to live. I think I’ve managed to be the person I want to be and the professional I want to be,” she says. “I’m still happily married to my high school sweetheart, who I think is the most amazing person in the

world. We have two amazing boys who are wonderful young adults. I think I’ve been a good dog mom. You have to keep your big priorities in mind as you make decisions.”

And of course, she’s back in the emergency department, now working at Henry Ford Hospital in Detroit.

“I feel really lucky to be able to be closer to family while continuing to do what I love, serving the patients of Detroit,” she says. “I love helping people. To the core, where I derive so much enjoyment, pride and satisfaction is in that space, whether it’s teaching people or caring for people. That’s kind of who I am and what fills my cup.

“I also feel like the experience that I had at Mayo will travel with me wherever I go, and there’s something beautiful about that.” •

**The Raymond Pruitt Lectureship honors Raymond Pruitt, M.D., the first dean of Mayo Clinic Alix School of Medicine. The lecturer demonstrates qualities admired in Dr. Pruitt — integrity, scholarship, humility and the empathy of the truly concerned.**

# A call to REVOLT

Judd-Plummer Lecturer  
Victor Montori, M.D., believes it's  
time for a healthcare revolution



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## Victor Montori, M.D.

Division of Endocrinology, Diabetes,  
Metabolism and Nutrition

Robert H. and Susan M. Rewoldt Professor of  
Endocrinology Honoring Daniel L. Hurley, M.D.

Mayo Clinic

Rochester, Minnesota

**V**ictor Montori, M.D. (I '99, CMR '00, CLRSR '01, ENDO '02), expects nothing, but hopes for everything.

For years, Dr. Montori has been repeatedly advocating for a total reimagining and rebuilding of the healthcare system. Industrial healthcare is focused on profits and efficiency, he says, robbing patients of proper time and care and breaking down physicians with its ceaseless demands.

“Healthcare has corrupted its mission, it has stopped caring, and I am not willing to go along with this. It is time for a patient revolution to bring about careful and kind care for all,” he wrote in his book “Why We Revolt: A Patient Revolution for Careful and Kind Care.”



Above: Victor Montori, M.D., signing his book, “Why We Revolt: A Patient Revolution for Careful and Kind Care.”

At left and below: Victor Montori, M.D., at his medical school graduation in Peru with his dad, Victor Montori Alfaro, and his mother, Rosa Tudela Bentin.

Dr. Montori — a consultant in the Division of Endocrinology, Diabetes, Metabolism and Nutrition and the Robert H. and Susan M. Rewoldt Professor of Endocrinology Honoring Daniel L. Hurley, M.D., at Mayo Clinic in Rochester — knows what a massive task he is proposing. He says his movement, known as The Patient Revolution, is “crazy” and “unlikely to work.” But that doesn’t mean he’s giving up.

“When you look at the history of successful movements, they never look successful when they start. They all look futile and unlikely to amount to anything,” he says. “If we do this work today, there’s a small possibility that this or a derived effort might actually have the impact that we will hope to see in the world.

“I may never see it. But what would you rather do?”

### SYSTEMIC PROBLEMS

Dr. Montori began his medical training in the 1980s in his native Peru, a tumultuous time known as “The Lost Decade.” Hyperinflation was so bad, Dr. Montori says,

that if you bought popcorn before a movie and then came back to the concession stand for a second round, you’d pay a higher price.

“So you can imagine how it impoverished people,” Dr. Montori says. “And it undermined the ability of the country to maintain a decent healthcare infrastructure.”

The economic crisis spurred revolutionary communist and socialist terrorist groups such as the Shining Path, which was deemed responsible for thousands of deaths and disappearances. The Shining Path bombed sites like bridges, transmission towers, government offices and homes. The cost of infrastructure repairs pulled money away from social services, and Peru’s healthcare system struggled to “simply keep the lights on,” Dr. Montori says.

After training and working in these conditions, Dr. Montori wanted to learn to treat patients the way he read about in his textbooks and medical journals — somewhere that had the resources to adequately care for patients. So he applied to 80 hospitals, ultimately securing an internal medicine residency at Mayo Clinic in Rochester in 1996.

# *“It is time for a patient revolution to bring about careful and kind care for all.”*

– Victor Montori, M.D.

But even after arriving in the U.S., Dr. Montori still felt that the patients he encountered weren't getting the care they needed.

“A lot of the challenges of practicing medicine in Peru were due to lack of resources and just general poverty,” he says. “Then you come to the U.S., and there are abundant resources, a high degree of professionalism and competence, both administrative and clinical. And you still see people not getting the care that they need. Then you start wondering, ‘Man, what’s missing?’”

Dr. Montori didn't have an answer yet. But he trained as an endocrinologist and started publishing a body of research on evidence-based medicine, shared decision-making and minimally disruptive medicine to ensure that patients with chronic conditions were not unduly burdened by prescribed treatments.

He had published over 100 papers on these topics — and has since published hundreds more — when he realized his work wasn't having a lasting impact.

“You demonstrate that these ways of actually centering the patient are really superior to what we normally do. Then you try to educate people about these methods and create the systems that will support them. And it begins to work. And then you turn away to the next thing and you turn back and it's gone,” he says. “The soil of the system is

not fertile to ideas that are not about making more money or improving efficiency. This system is not designed to achieve and support care.”

## CAREFUL AND KIND CARE

In 2017, Dr. Montori shared his vision for a new healthcare system by writing and self-publishing a series of essays in his book “Why We Revolt.”

“My goal is to persuade you that we must transform healthcare from an industrial activity into a deeply human one, capable of providing careful and kind care for all,” he wrote. “My strategy is to convey what makes industrial healthcare a profoundly undesirable development in society and how it contrasts with scientific, unhurried and person-centered care. The difference between what is and what should be provides voltage to a revolution.”

Rather than pitting patients against physicians, Dr. Montori argues that both are victims of a system that does not allow time and resources for the type of genuine connection and compassion needed to personalize care and allow for professional fulfillment.

In 2015, Dr. Montori started a nonprofit known as The Patient Revolution (TPR) to recruit more people to the movement. Today, the organization has over 3,000

## What can you do?

**“All of us have a role to play to bring about a healthcare system from which patients and clinicians can give and receive careful and kind care,” Dr. Montori says. He shares ideas of how medical professionals at all career stages can be involved.**

### Medical students

“Your main job right now is to grow in competence and keep your heart filled with compassion. Watch carefully, be critical, and act according to your own compass in relation to compassion. The problems in the healthcare system are not on the periphery; they are in the middle, in the fundamentals. One of your potential career paths is to change those fundamentals.”

### Mid-career professionals

“You're often going to be called to take on leadership positions and there's an opportunity to be a ‘yes person’ all the way through. If you do that, you'll probably be promoted quickly. Or you can discover your voice and your agency and make a difference with your colleagues and your patients.”

### Retirees

“How has healthcare changed since you practiced medicine? Remind us: What used to be a part of caring that is no longer present or possible? Then, people can decide if those are helpful or necessary aspects of care that we should try to rekindle or reinvent for our time.”

*“You never know where these ideas are going to take hold and **make a difference.**”*

– Victor Montori, M.D.

active participants and more than 130 Patient Revolution fellows from 13 countries who form a community of practice. Patients, caregivers, clinicians and other professionals learn together as they become care activists at TPR’s Foundations of Care course. Town hall meetings on relevant issues and a “greenhouse” provide space to generate specific policy ideas and incubate interventions to move the organization’s vision forward.

“My hope is that we get to the point where we can say, clearly and without embarrassment, that the most important thing in healthcare is not efficiency, is not productivity, is not convenience. That the central feature of healthcare is care,” says Dr. Montori. “Sometimes care is messy and difficult and inefficient. But eliminating the mess means we eliminate care with it.”

To this end, Dr. Montori believes that the most important innovation in healthcare is the unhurried conversation. Though Mayo Clinic patients have come to expect this, most patients must endure being “processed” efficiently, in part because the demand for care exceeds the capacity available. This is why he knows that changing healthcare alone is not enough. The revolution will call for not only restructuring healthcare, but to some degree, for a more caring society, Dr. Montori says.

“No system can afford for every person to be a patient, for every form of suffering to deserve a professional response,” he says.

To start, that would include increased investment in education, a clean environment, and a strong public health system to improve social determinants of health and prevent disease, Dr. Montori says. His vision also

calls for a society-wide commitment to developing what he calls “common care” skills like assisting the ill and elderly with dressing and feeding, which today are often performed by personal care and nursing assistants.

“Once we invest in common care and public health and in the basics of good living as a society, the demand for professional care should shrink,” he says. “It becomes manageable for healthcare systems and clinicians to spend time, have unhurried conversations, engage in shared decision-making and make plans of care that fit each person — which is actually much more satisfying for clinicians, reducing professional burnout. It’s also better for patients, who experience continuity of care, feel seen and heard, and are more likely to get care that improves their situation.”

## A LABOR OF LOVE

Dr. Montori doesn’t believe that an overhaul of the healthcare system will come to pass in his lifetime. But he can also point to progress.

His book, for instance, was originally self-published as a “labor of love,” and he assumed readership would consist of his family and a few friends. Instead, it sold well, was released as a second edition by Mayo Clinic Press in 2020 and has been translated into Spanish, Greek, Portuguese and Italian. It’s been used in the curriculum of business, medicine and sociology courses. And the chief medical officer of Scotland, Sir Gregor Smith, has incorporated TPR ideas on careful and kind care into the Scottish healthcare vision known as [Realistic Medicine](#).



Victor Montori, M.D., with his wife, Claudia Tabini (far left), and mother, Rosa Tudela Bentin.

“You never know where these ideas are going to take hold and make a difference,” Dr. Montori says.

Dr. Montori’s given variations of his TPR presentation dozens of times, at medical conferences, book clubs and from barroom stools. He presented at a recent continuing medical education conference where speakers had suggested many individual solutions to physician burnout, such as attending writing retreats and spending time in nature. Dr. Montori’s presentation took a different approach.

“I said, ‘Well you can do all that by yourself and it may very well help you, but it would leave the system that burned you out intact. Or you can revolt,’” he says. “A few people came up to me at the end, some of them crying. They had thought this was not possible and were very happy that our movement existed — and wondered how they could join and help.”

These small moments keep him motivated for the years of work ahead.

“Like building cathedrals, it may take generations to completely reach our goal,” he wrote in his book. “I trust that our work, like those temples, will stand as evidence that we, at this point in our history, cared.” •

The Judd–Plummer Lectureship was established to honor two early, distinguished members of the Mayo Clinic medical staff — E. Starr Judd, M.D. (S ’04), chief of the surgical staff, and Henry Plummer, M.D. (I ’01), chief of the Division of Medicine. This recognition is presented to an outstanding physician, surgeon, scientist or educator.



# LESSONS IN LEADERSHIP

2025 Professional Achievement Award recipient  
Robert Simari, M.D., shares his wisdom



**R**obert Simari, M.D. (CV '92, CVIC '93), knows a thing or two about leadership. Now retired, his past roles included vice chair of the then-Division of Cardiovascular Diseases and dean of Clinical and Translational Research at Mayo Clinic in Rochester before accepting the role of executive dean at his alma mater, the University of Kansas School of Medicine. He was then promoted to executive vice chancellor of University of Kansas Medical Center and steered the center through the tumultuous years of the COVID pandemic.

As the 2025 recipient of the Mayo Clinic Professional Achievement Award, he shared some of his hard-won wisdom on what it takes to lead.

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## Robert Simari, M.D.

Emeritus executive vice chancellor  
University of Kansas Medical Center  
Kansas City, Kansas

Robert Simari, M.D., helped oversee the design and construction of the 170,000-square-foot Health Education Building at the University of Kansas Medical Center.



Robert Simari, M.D., congratulates a graduate during a hooding ceremony for the University of Kansas School of Medicine.

## YOU CAN'T REPLICATE MAYO CLINIC, BUT YOU CAN REPLICATE MAYO VALUES.

*On his approach to the role of executive dean of the University of Kansas School of Medicine after more than 20 years at Mayo Clinic.*

I think there are two approaches when you leave Mayo Clinic. One is to try to recreate Mayo Clinic in your new environment. The other is to take the mission and values of Mayo Clinic and try to apply them to your situation.

I think the first is impossible. I think Mayo is a bit of lightning in a bottle; how could this happen in a small town in southeast Minnesota? Some of it was the pure genius of Will and Charlie Mayo. Some of it was genius over time. Some of it was the bounty of resources that Mayo has accumulated and put back into the practice and research. I think it's a fool's errand to try to recreate some other place in the Mayo image. But I think it's absolutely necessary to take the values that we learned at Mayo and try to apply them to our new institutions.

*“I think it’s a fool’s errand to try to recreate some other place in the Mayo image. But I think **it’s absolutely necessary to take the values that we learned at Mayo and try to apply them to our new institutions.**”*

– Robert Simari, M.D.

#### **WORTHWHILE INNOVATION REQUIRES RISK.**

***On his role in the development and implementation of the radically innovative Active-Learning, Competency-Based and Excellence-Driven curriculum at the University of Kansas School of Medicine, as well as the design and building of the 170,000 square foot, state-of-the-art Health Education Building to house the curriculum.***

When I returned to Kansas, the medical curriculum was not too dissimilar from the one I had participated in 30 years before. My job was to provide the faculty the means by which they could create a new curriculum, and at the same time, create a building that would house that new curriculum.

It was really daunting for someone who had learned in an auditorium their entire life, to say, “We’re not going to build an auditorium in the new building, because that’s not the way students are going to learn. They’re going to learn in flat classrooms, in simulation centers and in small group rooms.” But that feels a little bit like standing on the edge of a diving board and sawing it off behind you, because then you’re never going to be able to put an auditorium in the building.

But I think, inarguably, we were very successful and students have benefited. Teaching opportunities increased because of the lower ratio of students to teachers, and students received much more one-on-one time with the

faculty. And following Mayo’s example, we developed very strong simulation centers. Now, our students have practiced in simulated, mannequin-based or other environments for a long time before they ever perform a procedure on a patient. We all benefit from that kind of instruction.

#### **COMMUNICATION IS LEADERSHIP.**

***On holding more than 100 virtual town halls when he was executive vice chancellor of the University of Kansas Medical Center during COVID.***

When I hosted quarterly town halls in the pre-COVID days, I would have the same 100 people at every town hall. And then I did the first town hall during COVID, and we had 1,600 people online.

It was challenging in that people wanted firm answers and solutions that we did not have. It was really hard. But people began to trust over time and the town halls were one of the more important things I think I did in terms of building trust in leadership. As one of my coaches says, communication is not a leadership skill, it is leadership.

Thankfully, we stayed open and kept teaching. We kept seeing patients. Our students graduated on time. We developed a program to graduate medical students early to get them out in the community. We protected our students, faculty and staff from illness. It was very hard, but I think we were very successful.

*“I’ve tended to work at the interface between the disciplines of research, practice and education. **I find joy in the variety.**”*

– Robert Simari, M.D.

### **MEDICAL TRAINING CAN MAKE YOU A BETTER LEADER.**

***On his 2021 book, “A Prescription to Lead: How Medical Training Prepares America’s Physician Leaders,” which detailed the importance of physician leadership to organizational success.***

The premise of my book is that I believe medical training is an important platform to train outstanding physician leaders. For example, in medical schools, we learn how to communicate widely with patients, families, colleagues and the public. From the very first days of medical school, we have graded responsibility. We start out as a team member, then we move up to an intern with some more responsibility, and then resident and then faculty member. We learn how to run a team during a Code Blue. We learn how to solve problems. Each of these skills is easily applied as a physician leader.

I interviewed about 30 medical leaders across the country for this book, including the president of Howard University. In medical school, he was told, “You have five minutes to summarize a patient when you present on rounds. No notes. Five minutes. Learn how to do it.” And he said, “Here I am, the president of the university, and every day of my professional career, I’ve had to figure out how to summarize things in five minutes without notes. And I learned that at the bedside of a patient during medical school.”

### **IT’S OK NOT TO STAY IN THE SAME LANE YOUR WHOLE CAREER.**

***On his varied career.***

I have had many Mayo role models, and one of my favorites is **John Burnett Jr., M.D.** (I ’78, CV ’82), who has studied the same series of proteins and problems his entire career. John became one of a handful of leading experts in this area worldwide for the last three decades. I have the greatest respect for John and the many others like him, because quite frankly, they are likely to make fundamental discoveries to change human health and disease.

That is not me. I’ve tended to work at the interface between the disciplines of research, practice and education. I find joy in the variety. I realize that has its advantages and disadvantages of developing what some would consider a more successful academic career. But it’s who I am and what I needed to do to develop a successful life, rather than just a successful career.

### **FOCUS ON BEING A GOOD PHYSICIAN FIRST.**

***On what it takes to be a medical leader.***

If you want to be a physician leader, you need to be a good physician. That may sound silly, but many people think that those who end up in medical leadership were less successful in other areas. And that is just



Above: Robert Simari, M.D., chats with fellow attendees of the 74th Mayo Clinic Alumni Association Biennial Meeting.



At left: Robert Simari, M.D., receives the Mayo Clinic Alumni Association (MCAA) Professional Achievement Award from Theresa Emory, M.D., then-president of the MCAA.

so untrue. The fact is that no one gets into a medical leadership position — and Mayo’s taught me this over and over — without being an outstanding physician.

You don’t have to be a world-renowned expert like my close friend **Charanjit Rihal, M.D.** (I ’89, CV ’93), who has patients referred to him from all over the world for structural heart disease issues. But you do have to be a solid clinician that colleagues would refer their friends and relatives to before you can assume a leadership position — because you just don’t have the credibility otherwise.

**SOMETIMES YOU GET A FULL CIRCLE ENDING.**

***On being selected to receive the 2025 Alumni Association Professional Achievement Award.***

When we left Rochester for Kansas, we were leaving a nest of friends and community in Rochester that we dearly loved. We lived in the Baihly Heights area. We went to St. John’s Church. All my work, all my friends, all my church life was within a few blocks in downtown Rochester. It was hard to leave. I left an active NIH-funded research program and wonderful colleagues, role models and mentors. But yet, I knew there were opportunities to have an impact on the health of the state in which I grew up, so it was exciting at the same time.

So, receiving the call that I had won this award was the best honor I could imagine. This has been such a rewarding closure to a career — and has made me feel very much respected by an organization which I hold in the highest regard. •



# “I CAN DO THAT.”

**2025 Humanitarian Award recipient Kevin Strathy, M.D., doesn't hesitate to help**

**I**n 2015, a Liberian newspaper published a story about Lukiayatu Lamin, a woman who had been terribly burned by an acid water attack.

She spent two weeks in a regional hospital, but the doctors weren't able to stop the disfiguring scarring and skin contracture on her mouth and neck. Her family brought her to the Liberian capital of Monrovia in search of more advanced medical care, but were turned away by all the major hospitals.

“All those hospitals said they do not have equipment and they did not have (a) doctor for such a surgery,” her uncle was quoted as saying in the article.

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## **Kevin Strathy, M.D.**

Co-founder

Liberian Medical Relief

Monrovia, Liberia

Kevin Strathy, M.D., ready to perform nerve grafting surgery with his Liberian protégé, Soeghen Willie, M.D.

At far right: Natu Strathy embraces sisters who were suffering from rickets before surgery by the twin brother of Kevin Strathy, M.D., Gregg Strathy, M.D.

The article asked “anybody with compassion” to help Lukiayatu get out of the country so she could receive needed medical care. The headline: Nothing Doctors Can Do Here.

**Kevin Strathy, M.D.** (MED '80), was in Liberia when the article was published, and he knew from firsthand experience that the headline was correct.

“That was true. None of the Liberian doctors could address that,” Dr. Strathy says. “I looked at that article and said, ‘I can do that.’”

Dr. Strathy and his wife, Natu, a surgical nurse, were on one of their twice-yearly humanitarian visits to Liberia to perform plastic and reconstructive surgery, primarily on burn patients. They were able to get connected with Lukiayatu, and the next time they came to Liberia, Dr. Strathy successfully operated on her with Natu’s assistance.

Unfortunately, Lukiayatu was far from the nation’s only burn victim. The article’s bleak headline could have been written about many of Dr. Strathy’s patients when he first started coming to Liberia in 2013. All too often, he was the only one who could help.

However, after over a decade of work in the country — founding a nonprofit known as Liberian Medical Relief, helping set up the country’s first military hospital, and training other medical professionals in burn care and surgery — this is no longer the case. The Strathys have created systems and mentored healthcare professionals so that their work will continue long after they retire.

“When we first came, I thought that a lot of the value was in the



surgery that I was performing because I was doing things nobody else could do. I was helping people who otherwise had no hope,” Dr. Strathy says. “But as we’ve gone through all of this maturation, it’s clear that education is the foundation of the future.”

### A MEDICAL SYSTEM IN SHAMBLES

When the Strathys first started visiting Liberia, it was among the poorest countries in the world. Two civil wars spanning from 1989 to 2003 had killed perhaps a quarter of a million people and devastated the infrastructure of the country, including hospitals and clinics.

In 2013, Natu, a Liberian native whose family had fled during the outbreak of the first civil war, wanted to visit her country of birth. She and Dr. Strathy were also curious about the state of the medical

community — which was quickly illuminated during their first visit.

“We saw that the medical system was in shambles,” says Dr. Strathy. “It was just horrible. There were 4 million people, and there were about 200 doctors in the country.”

Good medical care, Dr. Strathy says, was a luxury item that most people couldn’t afford. Perhaps most significant to the Strathys, there were high rates of burn morbidity and mortality, as patients passed away from complications like sepsis, shock and renal failure.

“We both knew we could do something with burns. He can do the surgery. I can do everything to help him with the surgery,” says Natu. “People were dying for two reasons. One, because they didn’t have the medical supplies and two, nobody knew what to do. So we knew that coming in not only to perform surgeries, but to teach as well, was very important.”



These facts propelled them into action. They started regularly visiting the country and setting up facilities for burn victims. They established a nonprofit, Liberian Medical Relief, and began sourcing surplus medical supplies from the U.S. to ship to Liberia. They have now shipped nearly 600 tons of supplies, including gloves, masks, ultrasound machines, EKG machines, ventilators, hospital beds and incubators.

They were unloading their first container of gloves, masks and gowns when the West African Ebola outbreak hit, an epidemic that would ultimately take over 10,000 lives. Their regular visits were suspended, but they fundraised for their nonprofit aggressively and continued to ship supplies, including bleach and the sadly necessary body bags. After the tragedy of the Ebola outbreak had passed, they were able to resume their visits and provide burn care.

*“When these patients get to the hospital, I know within my soul that we’re the only ones who can help this person.”*

– Natu Strathy

#### **BETTER BURN CARE**

Burns are relatively common in Liberia. Much cooking is done with boiling water over open fires inside homes, with children underfoot.

Many burns don’t need surgery if patients can access timely burn care, Dr. Strathy says. But when this care isn’t available, the skin heals too tightly, which can lead to disfigurement and disability only correctable through surgery and subsequent physical therapy. When

the Strathys started coming to Liberia in 2013, there were no burn units and no specialized surgeons to treat burns. So on their visits, the Strathys were often met with an endless line of patients.

“Word would get out that we were coming. One day, we finished surgery about 4 o’clock and there were 60 people waiting,” says Dr. Strathy. “Those people have been waiting all day long. And we saw all 60 of those people.”



Above: Gregg Strathy, M.D., Kevin Strathy, M.D., Carl Backer, M.D., and Robert Bulger, M.D., former Mayo Medical School classmates, at the 74th Mayo Clinic Alumni Association Biennial Meeting in Florida.

Right: Natu Strathy at the Biennial Meeting.



The Strathys made it through these long days motivated by the clear knowledge that they were needed.

“When these patients get to the hospital, I know within my soul that we’re the only ones who can help this person,” says Natu. “So the adrenaline kicks in and we get it done.”

But the Strathys wanted to create a system where they weren’t the only ones who could help. So when they were connected with a rural Liberian hospital that had no running water, no burn training and no supplies to provide burn care — burn treatments used in the U.S. like silver nitrate are hard to find and prohibitively expensive in Liberia — Natu was undeterred.

She went to the local market to see what sort of supplies were available, then created a burn treatment with the gentian plant, violet and shea butter. She trained a hospital nurse in burn care and the OR team in surgical best practices and sterile technique.

*“When the light bulb goes on with these young doctors who say, ‘I think I can do that,’ that’s really, really rewarding.”*

– Kevin Strathy, M.D.

“By the time we left, just about anything that I could do in a rural hospital in the U.S., I could do with that team,” Dr. Strathy says.

In 2020, George Weah, the then-president of Liberia who had known Natu since childhood, asked the Strathys to assist in opening Liberia’s first military hospital, which would also be open to the public. The Liberian military had never operated a hospital before, and Dr. Strathy had served as chief of staff and on the board of his previous hospitals.

Dr. Strathy retired from his Florida practice and the couple moved to Liberia full time. The Strathys then spent about nine months on-site to help prepare what would become known as 14 Military Hospital.

Dr. Strathy handled the “nuts and bolts” of organizing the hospital, he says, while Natu “was doing everything else.” That included setting up the food service and training staff how to clean rooms and how to use the newly installed washer and dryer. She developed food policies to keep the rats and snakes from the nearby woods out of the hospital.

When the hospital officially opened in September 2021, then-President Weah expressed his

“heartfelt thanks and appreciation” to the Strathys.

“(The Strathys) worked diligently and with dedication to make this hospital operational and ready for opening today,” he said. “They left their home and lives in Miami, Florida, and came to Liberia at my request to set up a burn unit, which is urgently needed in this country.”

### TEACHING FOR THE FUTURE

Today, Dr. Strathy’s primary focus is teaching his surgical skills and knowledge to the next generation in Liberia.

He’s trained surgeons in burn care, as well as plastic and reconstructive technique. He’s lectured in medical school and residency programs and now has a protégé who can independently perform burn reconstruction surgery.

On one Liberian visit, Dr. Strathy’s work was cut short when he had to suddenly return to the U.S. While Dr. Strathy was thousands of miles from Liberia, a young surgeon he had helped train there sent him a picture of a man who had fallen off his motorcycle and landed on the side of his head. The man’s ear was in shreds. The young surgeon texted: Dr. Strathy, what should I do?

“I said, ‘You do exactly what I taught you to do. You be meticulous. You do a very thorough job and you get everything back where it belongs and then figure out what you’re going to do to fix the parts that aren’t there,’” Dr. Strathy says. “He did as good a job as I could have done.”

It’s moments like this, when he can see the results of his efforts to train and build the confidence of healthcare professionals, that help keep Dr. Strathy motivated.

“When the light bulb goes on with these young doctors who say, ‘I think I can do that,’ that’s really, really rewarding,” he says.

And though the intrinsic rewards are meaningful, the recognition of the Humanitarian Award means a lot to him as well.

“Mayo has always had a big spot in my heart. I have tremendous respect for Mayo,” Dr. Strathy says.

Natu was happy to see recognition of her husband’s work.

“This is a different continent. It’s a different country. It’s a different mindset. It’s a different set of people. So his sacrifice was huge, even though we never stopped to think that it was a sacrifice,” says Natu. “We just knew we had to do it.” ●

# FORKS IN THE ROAD

**2025 Doctors Mayo Society Lifetime Achievement Award recipient Randolph Steer, M.D., Ph.D., learned to take his career one path at a time**

**I**t was a night for celebration.

After accumulating advanced degrees and fellowship and lab experience, **Randolph Steer, M.D., Ph.D.** (MED '76), had job offers to be the chief of chemical pathology or chief of clinical pathology at several prestigious institutions. When his University of Minnesota colleagues heard the news, they threw him a party.

“Are you going to miss living in Minnesota?” his colleagues asked. Dr. Steer’s future seemed bright and certain.

He said goodbye to his colleagues, grabbed his keys and got in his car to drive home. On the way, a drunk driver going the wrong way collided into his car at 75 miles per hour.

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## Randolph Steer, M.D., Ph.D.

Emeritus Mayo Clinic Board of Trustees member

Retired pharmaceutical, biotechnology and medical devices consultant and senior executive







Above: The class of 1976, the first students to graduate from Mayo's medical school, now known as Mayo Clinic Alix School of Medicine.

Right: Randolph Steer, M.D., Ph.D., as a 1970s medical student and ping-pong tournament runner-up.



Dr. Steer is immensely grateful — and amazed — that he survived. But the resulting back and neck injuries made the physical labor of lab work impossible. His job offers, worthy of group celebration, were now essentially worthless to him. He needed to find a new career path.

Fast forward several decades, and Dr. Steer found himself on the Mayo Clinic Board of Trustees after years in the pharmaceutical, biotechnology and medical devices industries and a long and extensive history of philanthropy. He spent 12 years on the board, which he calls a “phenomenal organization” that is “different than any other board I’ve ever heard of.”

“The irony is that despite the lifelong physical distress from the crash, I owe the man who smashed into me a debt of gratitude,” says Dr. Steer. “It was my migration to industry that allowed me to develop the track record in business that served as the basis for my election to the Board of Trustees.”

The fateful car crash was just one example of how Dr. Steer has been able to adapt to major roadblocks and detours throughout his life. In each case, his willingness to follow an unexpected path was rewarded with rich experiences, teaching him to “enjoy the adventure,” he says.

## GROWING UP

Dr. Steer’s first career plan was to become a high school French teacher.

He was a teenager aiming for the path of least resistance; he already spoke French thanks to a pair of polyglot parents. In fact, his parents spoke so many languages — his father, of English and German descent, spoke nine, and his Romanian mother spoke five — that if they wished to talk about Dr. Steer and his two brothers without being understood, they had multiple languages to pick from.

Eventually, Dr. Steer began to consider studying physics or math, believing there was something “very beautiful about the purity of mathematics and some aspects of physics.” But everything changed after his father had a debilitating stroke.

“It was just a horrible, paralyzing event, and it was a nightmare. I felt so sad for him, and for my mom, too,” says Dr. Steer.

After the stroke, his father experienced heart failure, leading to months-long stays in the community hospital. Dr. Steer and his brother Clifford became increasingly frustrated at their inability to understand what was happening with their father’s health and treatment.

***“Maintain a positive and flexible attitude toward your future. Things can turn on a dime when you least anticipate such forks in the road.”***

– Randolph Steer, M.D., Ph.D.

Dr. Steer’s father ultimately died when Dr. Steer was a sophomore in college.

“My brother and I sat and we looked at each other, and he said, ‘I’m going to go into medicine,’” says Dr. Steer. “He was originally thinking of becoming a hard scientist, like a chemist. My interest was to become either a mathematician or a physicist. The suffering of my father made that unbearable, and we both decided we wanted to be medical doctors.”

His brother enrolled in medical school at the University of Minnesota and went on to become a renowned hepatologist and professor at the university. Dr. Steer enrolled in the first class of Mayo Medical School, now known as Mayo Clinic Alix School of Medicine.

After medical school, Dr. Steer attended the University of Minnesota to complete a residency and fellowship in clinical and chemical pathology and earn a basic science Ph.D., with his sights set on a career in pathology. But then he was in the accident, and the aftermath of the crash required a desk job.

“I had such severe injuries that I couldn’t even go back to standing in the lab and doing assays,” says Dr. Steer. “Sometimes an experiment will take 12 to 15 hours. I couldn’t even sit and look in my microscope, because my

arms would go numb from the nerve injury in my neck and then I would get sick. So I said, what am I going to do?”

When he saw job advertisements for the pharmaceutical industry, it seemed like a good-enough fit — even if practicing physicians tended to look down their noses at those who worked in industry.

“In those days, having an M.D. in your company was required, but most of them were what I called ‘window dressing.’ They were sort of (judged) based on the quality of their suit and their Rolex watch,” says Dr. Steer. “Well, I grew up poor in St. Paul. I didn’t care if I wore a Rolex or had a fancy suit, which I did not.”

Instead, Dr. Steer was interested in putting his degrees and scientific strengths to work to learn the “hard stuff” of the pharmaceutical industry like experimental design, biostatistics and toxicokinetics. He learned how to design and execute phase I to phase IV clinical trials. He formulated the pragmatic and statistical reasoning behind study protocols. He played prominent roles in gaining regulatory approval from the U.S. Food and Drug Administration and various regulatory bodies all over the world.

With his increasing expertise and skill set, he rose through the ranks of the industry, eventually becoming



Randolph Steer, M.D., Ph.D., and his wife, Alison Steer

senior vice president of Physicians World Communications Group and president and CEO of Advanced Therapeutics Communications International. When those companies were sold, he tried to retire at 39. It didn't stick; he was too used to working. He got back into the game by consulting—and started advising pharmaceutical, biotechnology and medical devices companies on hundreds of projects over the subsequent decades.

A few examples: He worked on the successful submission of the first Investigational New Drug (IND) Application for a mesenchymal stem cell biotechnology product that was ultimately approved to treat graft-versus-host disease in children—opening up the field of stem cell therapeutics and saving many children's lives. He also aided the scientific and clinical development of a non-absorbable polymer-based drug to regulate serum phosphorus levels in dialysis patients. He played a major role in designing studies that resulted in a new effective use of photodynamic therapy for obstructive esophageal and endobronchial cancers. These projects, he says, all follow “the same story.”

“You have the romance of the molecule, that is, in theory, the structure of this molecule suggests that it might have a biochemical, pharmacologic impact on the tissues of interest,” he says. “And then you have to do the studies, and you're putting millions and millions of dollars into it. And if it doesn't work, well, you don't make friends by having failed studies. But if it does work, it perpetuates this process of knowledge generation, and as you go on from phase 1 to the approval process, it's a very exciting thing.”

Dr. Steer would eventually get to meet about 100 people who directly benefitted from treatments he had ushered from concept to approval.

“Money was never a motivator for me,” he says. “The opportunity to look in the mirror and say, ‘All those hundreds and hundreds of hours might have actually helped somebody.’ That was incredibly satisfying.”

Despite his accomplishments, when he received a call inviting him to consider becoming a Mayo Clinic Board of Trustee member, he turned it down. He knew who else was on the board and didn't believe he belonged in their

***“The Mayo Clinic Board of Trustees is an amazing organization. It is efficient, effective, incredibly intellectually stimulating and unbelievably fun.”***

– Randolph Steer, M.D., Ph.D.



Above: Randolph Steer, M.D., Ph.D., delivers remarks to the audience at the 2022 Beahrs Surgical Innovation Summit.

At right: Randolph Steer, M.D., Ph.D., receives the 2025 Doctors Mayo Society Lifetime Achievement Award from Doctors Mayo Society President Eddie Greene, M.D.



PHOTOGRAPHY: (RANDOLPH STEER, M.D., PH.D. AND ALISON STEER) PAUL NALLIS; (2022 BEAHRS SURGICAL INNOVATION SUMMIT) MICHAEL BURROWS; (RANDOLPH STEER, M.D., PH.D. AND EDDIE GREENE, M.D.) JEFF STROHECKER

ranks. But when he received another call a few months later inviting him to reconsider, he felt like he couldn't refuse twice.

It was a fork in the road he never expected. Today, he considers his time on the board the high point of his professional life.

"I'm not saying that getting drugs and devices approved wasn't a total high, it really was. But getting on the Board of Trustees of Mayo — I would have never even thought of such a thing. So when it actually happened, I thought, 'Well, if this is a typographic error, I'm not going to say anything about it, because I like it,'" he says. "The Mayo Clinic Board of Trustees is an amazing organization. It is efficient, effective, incredibly intellectually stimulating and unbelievably fun."

Dr. Steer also served on many other boards — over two dozen. But serving on boards was far from the only way he gave back. He has given generously to many causes over the years. Along with his significant contributions to Mayo Clinic, children's medical centers, and graduate and undergraduate medical awards, he has a consistent record of donating to animal shelters, sanctuaries and welfare.

"My 'philanthropy' is really self-centered," says Dr. Steer. "I feel it's more fun to give than to receive, plus I love to learn about the joy recipients of our awards feel upon receiving those awards."

## ANOTHER PATH

In 2017, Dr. Steer couldn't conceive of retiring; he loved his work.

But then he met another fork in the road; his step daughter, Dana, died at 42 of a heart attack. The experience shifted his priorities. He stopped consulting, quit most of his boards and moved with his wife to Georgia.

"It only takes a moment to lose someone you dearly love," he says. "So, armed with that clarity, I now live every day with a deeper appreciation for all my blessings and privileges."

Those blessings include witnessing the "simple miracles of nature" on his Georgia property like "a poor man's Henry David Thoreau," he says.

"I devote some time every day to gazing upon our beautiful yard and adjacent forest and stream and enjoying the playful deer, chipmunks and myriad other creatures," he says. "My retirement continues to focus on loved ones and the simple pleasures I have come to treasure."

To those at the beginning of their medical careers, his advice is simple.

"Maintain a positive and flexible attitude toward your future," he says. "Things can turn on a dime when you least anticipate such forks in the road." •

# Mayo Clinic Update



Burcin Taner, M.D., speaks at a BioFlorida Innovation for Life event.

## Transplant center in Florida performs 10,000th transplant

In October 2025, the Transplant Center at Mayo Clinic in Florida performed its 10,000th transplant since the program launched in 1998. The milestone is a reflection of the lives transformed through the gift of organ donation.

“Every transplant represents the work of an extraordinary team dedicated to restoring hope and health,” says **Burcin Taner, M.D.** (S ’04, TRNS ’06), chair of the Department of Transplantation at Mayo Clinic in Florida. “Reaching this milestone reflects our clinical excellence and the trust our patients place in Mayo Clinic. Together, we’re shaping the next era of transplantation — one defined by innovation, collaboration and compassion.”

The Florida Transplant Program began as a liver transplant program. Kidney transplant was added in 2000, followed by heart and lung transplants in 2001. The transplant program reports some of the highest survival rates, the lowest median wait times and the highest volumes in the country, according to the Scientific Registry of Transplant Recipients. The 10,000th transplant places the program among the top transplant centers nationwide for overall transplant volume.

Nationally, Mayo Clinic’s Transplant Center, which offers transplant services at its campuses in Arizona, Florida and Minnesota, is a leader in treating patients with heart disease. Combined volumes rank Mayo Clinic first among all adult transplant centers in the nation.

“Every transplant tells a story of teamwork, trust and commitment,” Dr. Taner says. “The growing volume of transplants at Mayo Clinic is the ultimate testament that our patients value our expertise and sense the dedication behind our care.”

# Mayo Clinic researchers develop stem cell patch to heal damaged hearts

**M**ayo Clinic researchers have developed a pioneering method to mend damaged hearts without open-heart surgery, an advance that could one day transform the treatment of heart failure.

The new approach uses lab-grown heart tissue made from reprogrammed adult stem cells, delivered through a tiny incision rather than a surgically opened chest cavity. In preclinical testing, the stem cell patch restored heart function and improved healing.

“For patients with severe heart failure, there are very few options beyond mechanical pumps or transplants. We hope this approach will offer a new way to repair their own hearts,” says **Wuqiang Zhu, M.D., Ph.D.** (CV '19), senior author of the study published in *Acta Biomaterialia* and a consultant in the Department of Cardiovascular Diseases at Mayo Clinic in Arizona.

“The adult human heart doesn’t regenerate once those cells are lost,” he says. “That’s why heart failure, especially chronic heart failure due to the loss of functional cardiac muscle, is often difficult to treat; the muscle simply can’t repair itself.”

In collaboration with engineers at the University of Nebraska Medical



**Wuqiang Zhu, M.D., Ph.D.**

Center, Mayo researchers developed a flexible, paper-thin patch made of nano- and microfibers coated with gelatin. This hybrid scaffold supports a blend of human heart muscle cells, blood vessel cells and fibroblasts — cells that form the tissue’s structural framework — to create a living, beating piece of heart tissue. Before transplantation, the tissue is infused with bioactive factors such as fibroblast growth factor 1 and CHIR99021 that encourage the growth of new blood vessels and help the cells survive once they are in place.

“The beauty of this design is that it can be folded like a piece of paper, loaded into a slender tube and delivered precisely where it’s needed through a small incision in the chest,” says Dr. Zhu. “Once in place, it unfolds and adheres naturally to the heart’s surface.”

Instead of using stitches, the team used a biocompatible surgical adhesive that holds the patch in place while minimizing additional trauma to the surrounding tissue.

Testing in preclinical models showed that the minimally invasive method improved heart function, reduced scarring, enhanced vascular growth and lessened inflammation compared with conventional approaches.

“Our results show that these engineered tissues not only survive but actually help the heart heal itself,” says Dr. Zhu. “That’s the ultimate goal: to replace what’s lost and restore function.”

The research aligns closely with Mayo Clinic’s Genesis Initiative, which aims to accelerate discoveries that restore or regenerate human organs and tissues.

The Mayo Clinic team plans to advance this work through larger-scale preclinical testing to ensure the therapy’s safety and effectiveness before moving to human clinical trials, a process that Dr. Zhu estimates could take five years or more.

“Our vision is that patients could one day receive engineered heart tissue made from their own reprogrammed cells, delivered through a minimally invasive procedure — no donor organ, no long recovery, just a repaired heart,” Dr. Zhu says.

## New named chair

The position was created to recognize outstanding leaders and support initiatives that are transforming medicine.

**Juan Crestanello, M.D.** (TS '04)

*Joanne and Doug Pertz Family and Galas Family  
Chair of Cardiovascular Surgery*

- Chair, Department of Cardiovascular Surgery
- Mayo Clinic in Rochester



**Juan Crestanello, M.D.,** speaks at a reception.



Maneesh Goyal, chief operating officer of Mayo Clinic Platform, speaks at the 2025 Mayo Clinic PlatforMed conference.

## Mayo Clinic launches Platform\_Orchestrate to get new therapies to patients faster

Mayo Clinic announced the launch of Mayo Clinic Platform\_Orchestrate, a new program designed to accelerate clinical development and help biopharma and medical device companies bring innovative therapies to patients faster.

Mayo Clinic Platform\_Orchestrate gives collaborators a single point of access to Mayo Clinic’s world-class research and clinical expertise, de-identified clinical data, advanced artificial intelligence (AI) tools, physician-scientist expertise and international partner network. By removing barriers that traditionally

slow clinical development, the program enables companies to move efficiently from discovery to delivery.

“Mayo Clinic Platform\_Orchestrate was created to help our life sciences and biopharma partners bring therapies to patients safely and faster,” says Maneesh Goyal, chief operating officer, Mayo Clinic Platform. “By combining trusted data, advanced AI and Mayo Clinic’s scientific expertise, we are reimagining what’s possible in clinical development.”

Within Mayo Clinic Platform’s ecosystem of clinical data, AI and clinician expertise, Mayo Clinic

Platform\_Orchestrate serves as the front door for collaboration. The program streamlines access to:

- **Discovery:** Access to real-world clinical data and biospecimens.
- **Validation:** Rigorous testing and refinement of AI models and digital solutions.
- **Deployment:** Scalable infrastructure to integrate innovations across Mayo Clinic and its international network.

Through this streamlined entry point, companies can:

- Accelerate product pipelines with access to de-identified, multimodal longitudinal clinical data (powered by inference) across Mayo Clinic Platform’s growing global network.
- Advance AI innovation by building, validating and deploying clinically useful solutions.
- Drive discovery with Mayo Clinic’s biospecimens, multi-omics profiling and physician-scientist expertise.
- Scale solutions through Mayo Clinic’s U.S. and international partners.

Leading life sciences and technology firms are already using the Mayo Clinic Platform\_Orchestrate program, underscoring strong industry demand for its capabilities. Early projects are harnessing the platform to develop multimodal AI models for early disease detection, create tools that precisely identify patients for targeted therapies, accelerate and diversify clinical trial recruitment, and deploy validated digital health solutions at scale across U.S. and international care settings. These collaborations highlight how Mayo Clinic Platform\_Orchestrate is rapidly moving innovation from concept to practice.

# Research improves dense breast cancer screening and early detection

Nearly half of all women in the U.S. have dense breast tissue, which can make detecting breast cancer difficult with a mammogram. Mayo Clinic researchers found that adding another test, called molecular breast imaging (MBI), to a 3D mammogram improved the ability to find cancer in dense tissue by more than double.

“A mammogram is an important screening test that has been proven beneficial. But we’ve learned that in areas of



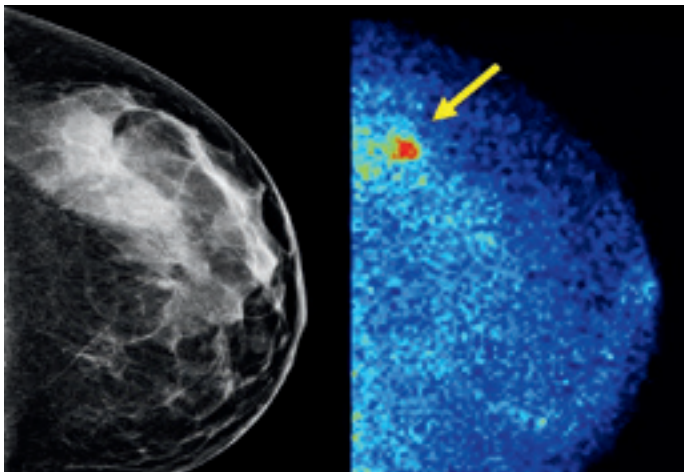
Carrie Hruska, Ph.D.

dense breast tissue, breast cancers can hide from detection on a mammogram until they reach an advanced size. Our research focuses on detecting the most lethal cancers, which can include invasive tumors that grow quickly. If these are detected earlier, we likely can save more lives,” says

**Carrie Hruska, Ph.D.** (BME '07, RD '09, CTSA '16), a consultant in the Division

of Medical Physics at Mayo Clinic in Rochester, and the lead author of a study published in Radiology.

She and her research team studied 2,978 women with dense breasts who were 40–75 years old at five separate centers. The study participants received two annual breast



A mammogram and molecular breast image (right) side by side.



Woman prepares to have molecular breast imaging screening for breast cancer.

cancer screenings that included the combination of a supplemental MBI test and a 3D mammogram, also called digital breast tomosynthesis.

Breast radiologists detected more cancerous tissue from the combined MBI and 3D mammography screenings compared to either technique alone.

“MBI is a fairly simple, low-cost and safe option for women who have dense breasts and are seeking a supplemental screening test,” says Dr. Hruska.

With more screening, there is a risk of being called back for additional testing to evaluate the findings. The researchers were pleased to find that although the addition of MBI to 3D mammography led to 279 more women being called back in the first year of screening, this rate of callbacks decreased by half in the second round of screening.

Dr. Hruska’s team is working on developing an algorithm that would cut the time it takes from 40 minutes to about 20 minutes or less to capture an image using this technique. This would make it more comfortable for women and enable more women to schedule this screening.

## Obituaries

**Raymond Auger, M.D.** (I '69, N '72), died Nov. 30, 2025.

**John Collins, M.D.** (FM '76), died Sept. 26, 2025.

**Chella David, Ph.D.** (IMM '77), died Oct. 24, 2025.

**Eugene DiMagno, M.D.** (I '68, GI '70), died Nov. 30, 2025.

**Fred Smith, M.D.** (PD '55), died Nov. 3, 2025.

**Alan Zinsmeister, Ph.D.** (STAT '83), died Jan. 6, 2026.

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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.

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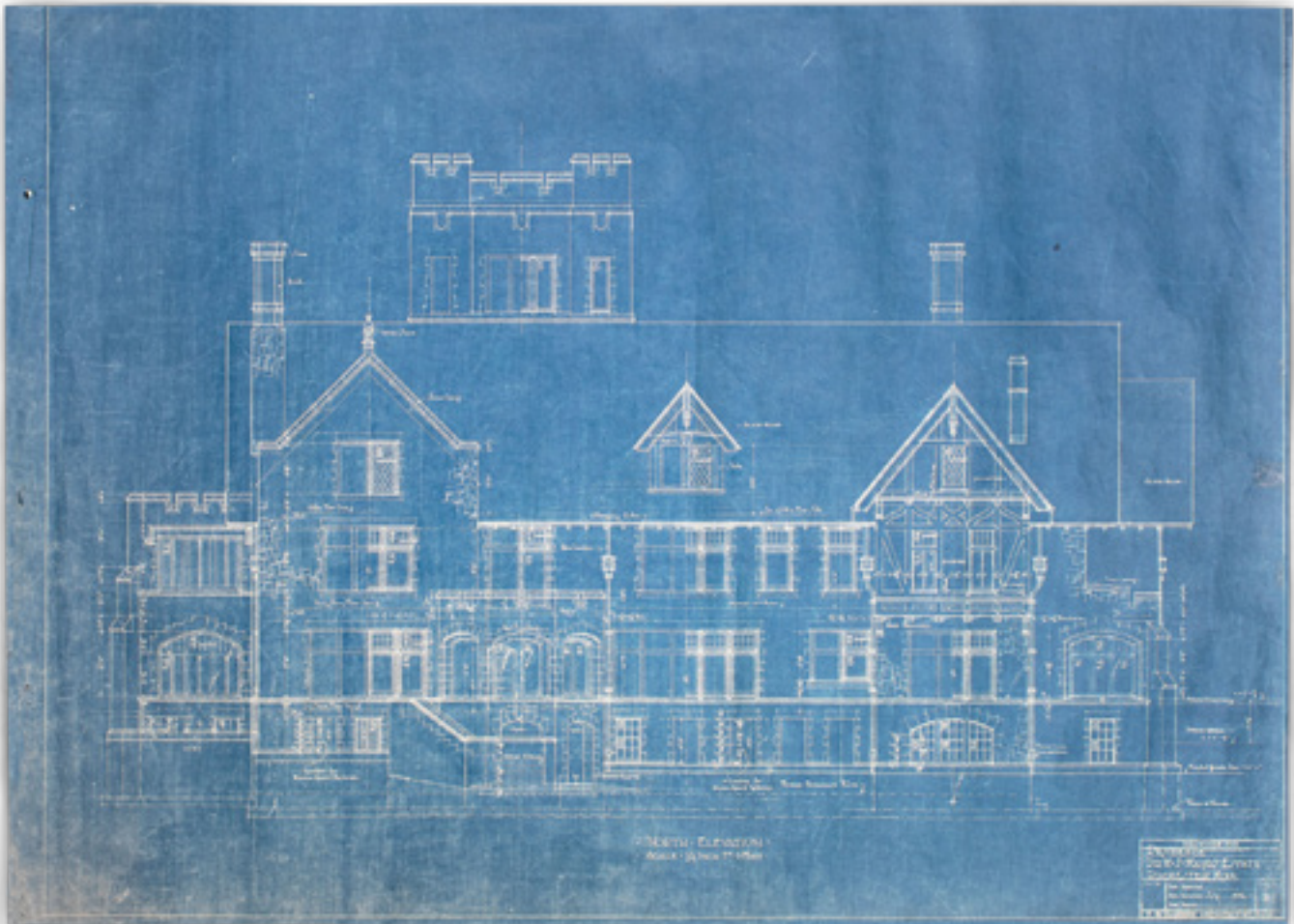
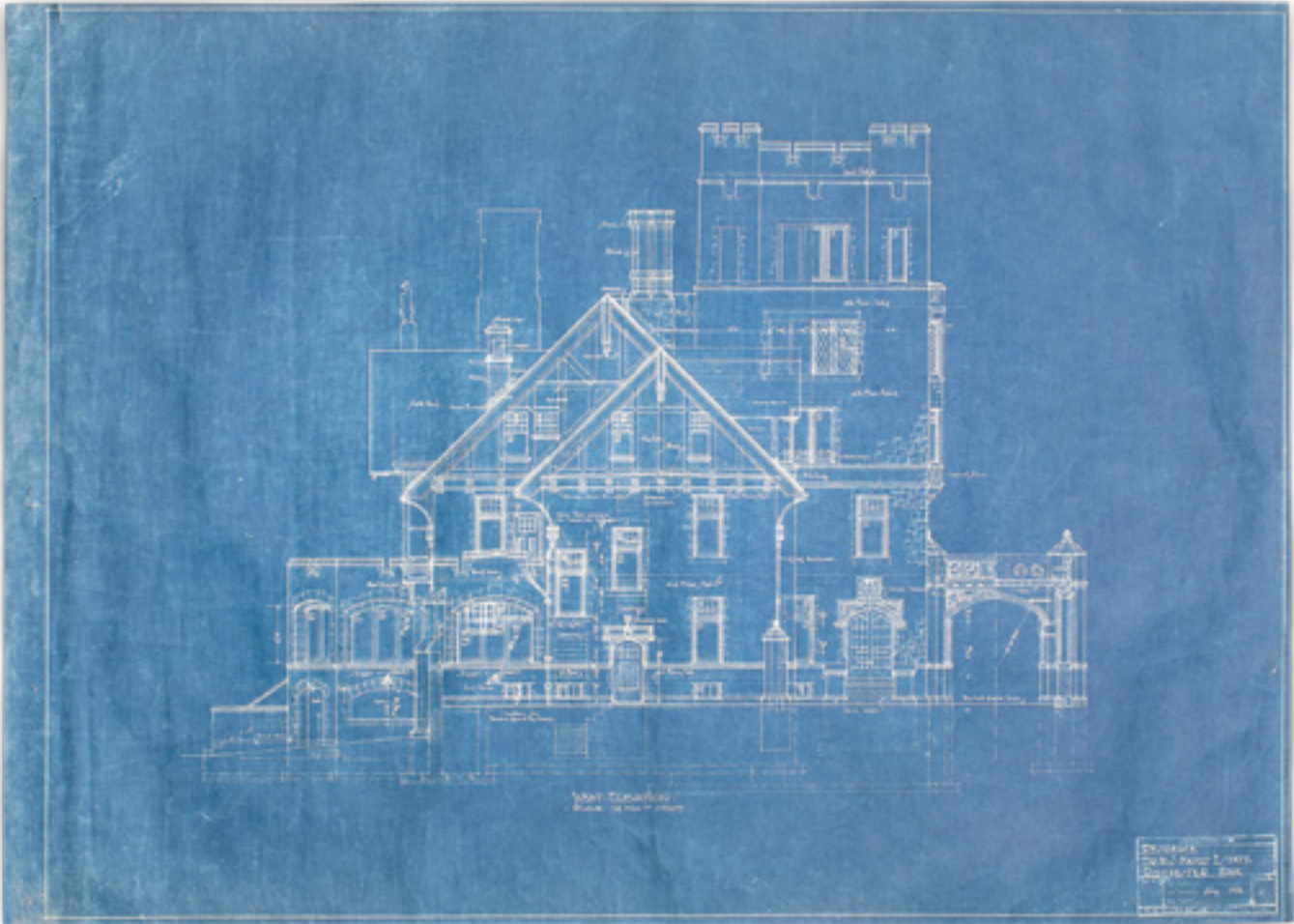


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Mayo Clinic is committed to creating and sustaining an environment that respects and supports diversity in staff and patient populations.



Blueprints, dated 1916, for the home of William James and Hattie Damon Mayo, later dedicated as the Foundation House. It was added to the National Register of Historic Places 50 years ago, in 1975.

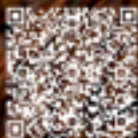
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