



alumni

2026 • Issue 3

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Letter from the secretary-treasurer

At Mayo Clinic, innovation has never been pursued for its own sake. Every discovery, every collaboration and every advancement begins with a simple question: How will this improve the lives of patients?

That spirit is at the center of this issue, which focuses on Mayo Clinic's broader impact on health-care with an emphasis on how clinical, research and administrative efforts have a reach beyond our walls. The stories in these pages reflect something alumni understand deeply — the Mayo Clinic Model of Care was never confined to a single campus or community. Its influence travels through people, ideas and partnerships that continue to shape healthcare around the world.

This issue honors the ongoing legacy of **David Ahlquist, M.D.** (MED '77, I '80, GI '83), whose groundbreaking work in the development of Cologuard® has set the stage for early detection of other cancers.

You will also read about alumni and staff who are extending Mayo Clinic's reach in meaningful ways: **Zelalem Temesgen, M.D.** (INFD '95), who is advancing global tuberculosis care efforts through collaborations with the World Health Organization; and **John Wilson, M.D.** (I '97, INFD '00), and his work in the Caribbean and Central America through the Mayo Clinic Program in Underserved Global Health.

Alongside these stories, we celebrate the recipients of the Mayo Clinic Alumni Association's Early and Mid-Career Awards, while also looking back at the Mayo brothers' leadership within the American Medical Association. This reminds us that Mayo Clinic has long helped shape not only the practice of medicine, but the future direction of healthcare itself.

You will hear from **Sandhya Pruthi, M.D.** (FM '94), the new chair of the Doctors Mayo Society, whose vision for strengthening connection and belonging among alumni comes at an important moment as the society approaches its 50th anniversary in 2027. Her leadership reflects the strength of a community that spans generations, disciplines and geographies.

As alumni, you are part of this ongoing story. The values that define Mayo Clinic — teamwork, innovation, education and an unwavering commitment to patients — continue to resonate through your own work and service in communities across the globe.

Thank you for remaining connected to Mayo Clinic and to one another. We hope this issue leaves you inspired by the many ways Mayo Clinic continues to translate insight into healing and extend its impact far beyond the bedside.



M. Molly McMahon, M.D.

M. Molly McMahon, M.D. (ENDO '87)
Secretary-Treasurer
Mayo Clinic Alumni Association
Emeritus professor of medicine
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Sandhya Pruthi, M.D.,
new chair of the
Doctors Mayo Society



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A single blood test can
now be used to detect
signals associated with
multiple cancers.

About the cover: An interpretation of a portrait of the Mayo brothers, printed on acetate, to reveal a mix of artifacts tracing the brothers' lives and legacy, including a silhouette of the Mayo brothers; their signatures; correspondence and newspaper clippings; the Plummer Building; and Dr. William J. Mayo's Distinguished Service Medal.

Photo illustration on page 3 by Oleg Borodin.

Legacy of leading **LIVES ON**

The Mayo brothers' leadership helped shape the standards and patient-centered principles that continue to guide Mayo Clinic and the field of medicine today.

C. R. Mayo

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W. J. Mayo



A depiction of the Mayo brothers' World War I service and AMA ties including the brothers in their uniforms; the medal for Dr. William J. Mayo's AMA presidency; and excerpts from Dr. William W. Mayo's 1873 Minnesota State Medical Society address.

In 1906, William J. Mayo, M.D., stood before the American Medical Association (AMA) as its new president and urged the professional group not to rest on its laurels **but to continue its work to help heal mankind.**

“The present organization of the American Medical Association is but a beginning: we must further the interests of this body unselfishly, not for ourselves alone, but that we may better fulfill our sacred obligations to mankind,” he said.

Medicine, Dr. William J. Mayo argued, could no longer function as a collection of independent practitioners. Without organization — without shared standards, accountability and purpose — the profession would fall short of its responsibility to patients and the public.

Over the next several years, Dr. William J. Mayo worked with his brother, Charles H. Mayo, M.D., to actively create systems that provided

consistency and accountability across the medical profession.

More than a century later, many of the systems that define modern medicine — from standardized training to team-based care — trace back, in part, to that effort.

A PROFESSION IN NEED OF STRUCTURE

At the turn of the 20th century, American medicine was not yet a cohesive system.

Medical education varied widely. Licensing standards differed from state to state. Physicians often practiced independently, with little coordination or oversight. Scientific advances were accelerating, but their



A nod to the brothers' influence on organized medicine, including the Mayo brothers in 1925; a Mayo team performing thyroid surgery in the early 1900s; and the headlines celebrating Dr. William J. Mayo's election as AMA president.



WAR DEPARTMENT.

WASHINGTON.

Colonel William J. Mayo,
701 - 4th Street, S.W.,
Rochester, Minn.

My dear Colonel:

I am pleased to inform you that, by direction of the President, under the provisions of the Act of Congress approved July 9, 1918, you have been awarded the Distinguished Service Medal "for exceptionally meritorious and conspicuous service. In addition to the manifold service to the Surgeon General by furnishing needed advice and counsel, he distinguished himself by exceptionally meritorious service to the Government in his work in the organization of surgical service and his invaluable assistance in the reorganization of the Medical Department on the scale demanded by the War."

I wish to add to this my personal appreciation of your valuable service to the Government during the late war.

This Medal is being forwarded to Colonel Frank C. McGee, Commandant of the R.O.T.C., at the University of Minnesota, Minneapolis, Minnesota, who has been delegated by me to present this Medal to you in my behalf.

Cordially yours,

Newton D. Baker

NEWTON D. BAKER
Secretary of War.



AI-enhanced image of Mayo staff collaborating around a conference table reflects a shared commitment to medicine. The image shows Secretary of War's 1919 letter awarding Dr. William J. Mayo the Distinguished Service Medal; and the seal of the Mayo Foundation for Medical Education and Research.



Mayo team performing thyroid surgery in the early 1900s

application in clinical practice was inconsistent.

Even within the profession, trust was uneven. As Dr. William J. Mayo made clear in his AMA address, commercial influences — from patent medicines to referral payments — were shaping behavior in ways that did not always serve patients.

The AMA was working to bring order to this environment, pushing for higher standards in education, ethics and practice. But it needed physicians willing to lead that transformation.

The Mayo brothers joined others in helping to fill that role.

A FAMILY FOUNDATION IN ORGANIZED MEDICINE

The Mayo brothers' involvement in organized medicine began with their father, William Worrall Mayo, M.D. He was a strong advocate for professional collaboration and played a key role in reactivating the Minnesota State Medical Society after the Civil War. He viewed medicine not simply as a vocation but as a collective enterprise with shared responsibilities.

That perspective shaped both his sons.

By the 1880s and 1890s, Drs. William J. and Charles H. Mayo were already active in local and state medical societies. Over time, they assumed leadership roles that extended to the national stage.

Their rise within the AMA was not incidental — it reflected a broader commitment to strengthening the profession itself.

ADVOCATING FOR HIGHER STANDARDS

When Dr. William J. Mayo became AMA president in 1906, he used the platform to address what he saw as the profession's most pressing challenges.

He identified several areas where change was needed:

Public misinformation and commercial medicine

He criticized the widespread use of “patent medicines,” many of which contained harmful substances and were aggressively marketed to the public. Physicians, he argued, needed to take a more active role in educating patients and countering misinformation.

Ethical failures within the profession

Fee splitting — the practice of paying physicians for referrals — was, in his view, fundamentally incompatible with professional integrity. It represented, as he put it, the “selling of the confidence which the patient has in his practitioner.”

Weak public health systems

Dr. William J. Mayo emphasized the importance of sanitation, disease prevention and coordinated public health efforts, arguing that individual physicians alone could not drive large-scale improvements.

Underlying all of this was a larger point: medicine needed to operate as a system, not a collection of individuals.

BUILDING A MODEL THAT MATCHED THE VISION

While Dr. William J. Mayo was pushing for reform within the AMA, he and his brother were simultaneously building something in Rochester, Minnesota, that demonstrated how those ideas could work in practice.

The Mayo Clinic Model of Care broke from the dominant approach of the early 20th century. Instead of independent physicians working in isolation, it emphasized collaboration across specialties, a shared responsibility for patient care and continuous learning through clinical experience.

Patients were evaluated by teams. Diagnoses were discussed collectively. Treatment plans reflected input from multiple experts.

This approach addressed many of the challenges the AMA was trying to solve by reducing variation in care, improving accuracy and creating built-in accountability.

In effect, the Mayo brothers were not just advocating for organized medicine — they were already implementing it.

SCALING MEDICINE

A decade later, Dr. Charles H. Mayo brought a similar perspective to his role as AMA president during World War I.

By that point, medicine had changed significantly. Scientific advances had transformed understanding of disease, and new methods were improving both prevention and treatment.

Dr. Charles H. Mayo described medicine as “nearly an exact science,” reflecting this shift.

But he also emphasized something else: scale.

The war required physicians to coordinate care across large populations, manage infectious disease outbreaks and operate within highly organized systems. These conditions accelerated the adoption of standardized practices.

Dr. Charles H. Mayo saw this as a turning point.

“It is through organized effort in the medical profession that so many of these great things... have been accomplished,” he said.

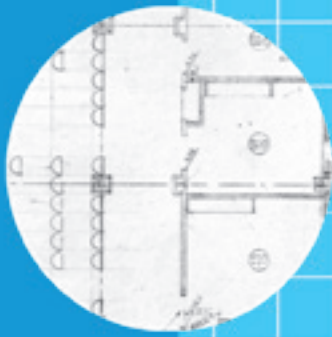
He highlighted several priorities:

- Preventive medicine as a central function of healthcare
- Public health systems to protect populations
- Education to prepare physicians for increasingly complex work

He also pointed to measurable impact — advances in prevention and treatment had already extended human life.



Charles H. Mayo, M.D., (far right), and other officers at Camp Albert L. Mills Hospital, Long Island, New York, on November 9, 1917



ANNOUNCEMENT

THE MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH (In affiliation with the University of Minnesota)

Offers a number of three-year Fellowships to graduates in medicine who wish to prepare themselves for the practice of medical specialties.

Applicants must have the bachelor's degree or its equivalent, the degree of doctor of medicine from an acceptable institution and at least one year's experience as an intern or as a laboratory assistant.

The start of the Mayo Foundation for Medical Education and Research, including physicians in the lab, 1915; the Worrall Hospital and Annex; the 1914 medical library and Mayo building floor plans; and the 1916 announcement inviting the foundation's first fellows.

American Medical Association

FELLOWSHIP CERTIFICATE

This is to Certify that *William J. Mayo* M.D. of *Rochester, Minn.* is a fellow, in good standing of the American Medical Association, has paid his annual dues for the year designated herein, and is entitled to all the privileges of fellowship.

Wm. H. Craig M.D.

J. A. Thompson M.D.

No. 23130

Medal presented to *Br*
W. J. Mayo. Inactive Sec
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America's Most Remarkable Surgeons, Who Pra Little Minnesota Town

By THOMAS D. RICHTER

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Most prosperous county in the United States

Physicians and surgeons from all parts of the world do not hesitate to travel across seas and continents to consult with these two young wizards of surgery, or to sit in the clinics watching operations which they themselves have not the skill, the knowledge, or the courage to perform. From Berlin, Paris and London, from New York to San Francisco, from Australia, New Zealand and the Philippines medical pilgrimages to the great hospital consult the Mayos, father and son.

by a slow train, which crawls through rolling hills and the well-known single county in the west is what the census of 1900

Min., to be. At still, you are in the birthplace of the world's most noted surgeons. He was born about forty-four years ago. His father, Charles H. Mayo was born some twenty years ago in a town away off

but to which more than a million people flock each year in Christendom both of the old and the new world and the children of the world.

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A glimpse at the brothers' rising national profile and impact, including Dr. William J. Mayo's AMA fellowship certificate; a service medal; an ambulance circa 1916; one of Mayo's first hospital buildings; and an early group of Mayo physicians.



President Franklin D. Roosevelt is pictured with Drs. Charles H. Mayo and William J. Mayo in Rochester, Minnesota, in 1934.

EDUCATION AS THE BACKBONE OF REFORM

Both Mayo brothers consistently emphasized education as essential to progress.

Dr. William J. Mayo called for ongoing learning — not just for physicians, but for the public. Dr. Charles H. Mayo argued for more structured training and earlier specialization.

Their actions reflected those priorities.

In 1915, they established the Mayo Foundation for Medical Education and Research, creating a formal system for graduate medical training. The program integrated clinical care, research and education in a way that was still uncommon at the time.

This model became a precursor to modern residency programs and helped standardize how physicians are trained.

MORE THAN INDIVIDUAL BEHAVIOR

The Mayo brothers also approached ethics differently.

Rather than treating ethical conduct as solely a matter of personal responsibility, they recognized that structure mattered. Financial incen-

tives, practice models and organizational systems all influenced the collective behavior of physicians.

Dr. William J. Mayo's critique of splitting fees reflected this broader concern. If physicians were rewarded for referrals or influenced by commercial interests, patient care could be compromised.

The Mayo Clinic Model of Care addressed this directly.

By employing physicians on salary rather than fee-for-service, it reduced financial incentives tied to individual decisions. By emphasizing teamwork, it increased transparency and accountability.

A DIRECT LINE TO MODERN MEDICINE

The challenges the Mayo brothers addressed are not relics of history.

Questions about financial incentives, standardization of care, physician training and coordination across specialties remain central to healthcare today.

Mayo Clinic continues to operate within the framework the Mayo brothers helped define.

Its team-based model reflects their emphasis on collaboration. Its integration of research and clinical

care builds on their educational vision. Its engagement in national and global healthcare conversations echoes their leadership within organized medicine.

Even its focus on prevention aligns with a principle they articulated early on: the goal of medicine is not just to treat disease, but to prevent it.

RECOGNITION AND INFLUENCE

The Mayo brothers' contributions were widely recognized during their lifetimes.

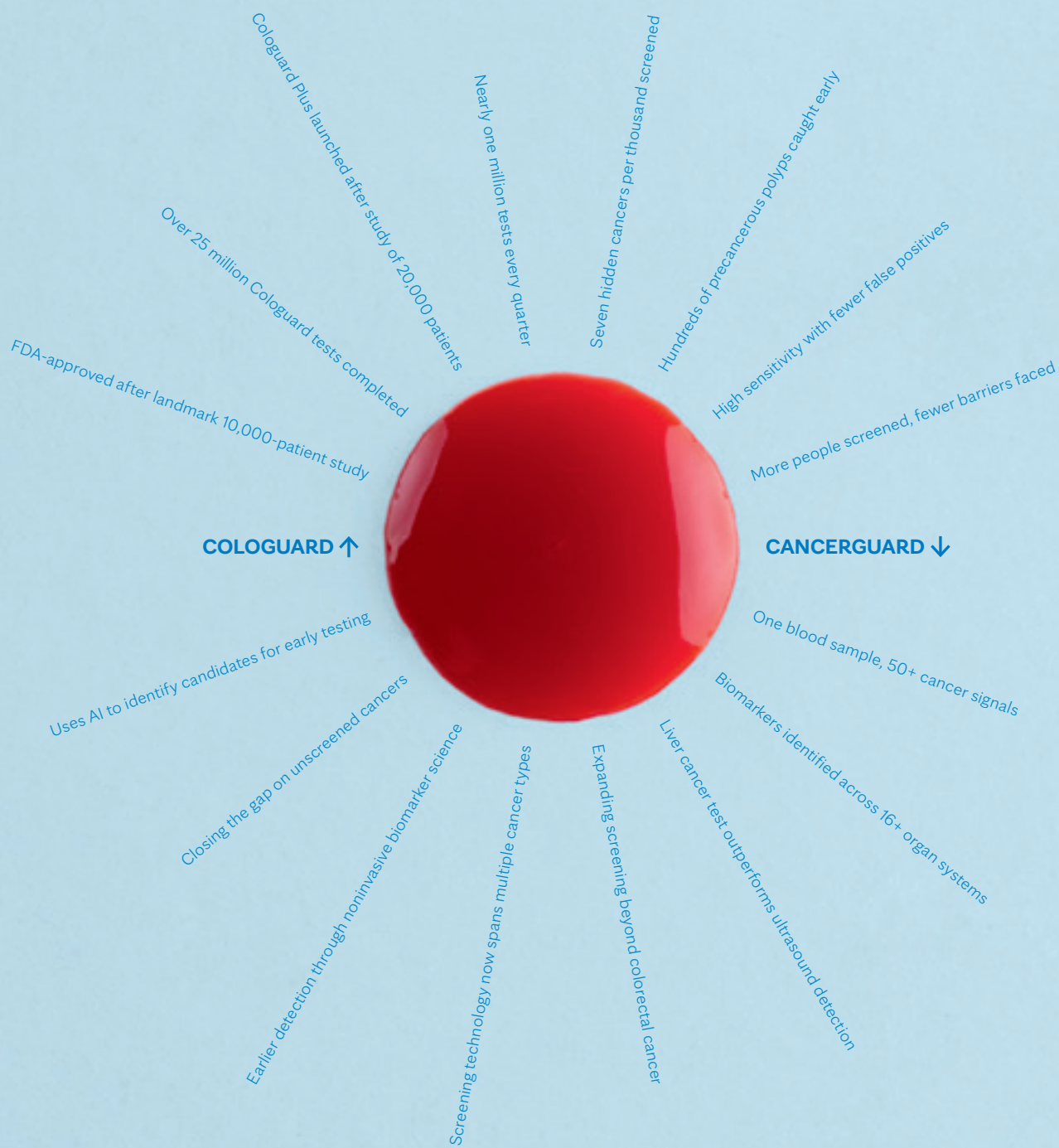
Both held leadership roles across major medical organizations and were awarded honors including the AMA's gold medal for distinguished service.

They also contributed directly to the profession's knowledge base. Dr. Charles H. Mayo, for example, presented regularly at AMA meetings on surgical topics, helping advance clinical understanding over time.

Their influence extended internationally, shaping surgical practice, education and professional standards. The Mayo brothers did not resolve every issue facing the profession. But they helped move medicine in a critical direction toward higher standards and a broader responsibility to society by speaking plainly about the profession's shortcomings and by building systems and structures that addressed them.

Today, as healthcare becomes more complex — driven by technology, data and new economic pressures — the need for that structure is greater than ever.

While the environment has changed, the core idea endures: medicine works best when it is organized, collaborative and grounded in a shared commitment to patients. •



Building on the science behind Cologuard[®]

More than a decade after Cologuard changed colorectal cancer screening, its impact is still growing. **Now, a single blood test can be used to detect signals associated with multiple cancers.**



David Ahlquist, M.D., broke new ground in the prevention and early detection of cancer.

What began as a new way to detect one cancer is now shaping how clinicians think about detecting many more.

At the center of that shift is work that started with **David Ahlquist, M.D.** (MED '77, I '80, GI '83), who broke new ground in the prevention and early detection of cancer, and was tireless in his efforts to transform medicine to better meet the needs of patients. Dr. Ahlquist passed away on Nov. 1, 2020.

Dr. Ahlquist spent his career focused on early detection — finding cancer before symptoms appear, when treatment is more likely to succeed.

Cologuard showed that finding cancer before symptoms appear could work at scale. But even as it moved toward clinical use, Dr. Ahlquist was already looking beyond colorectal cancer to whether the same approach could be used to detect cancers elsewhere in the body.

There was one question at the forefront of his research: could a single blood test detect multiple cancers?

BUILDING ON THE FOUNDATION

Today, **John Kisiel, M.D.** (I '07, CMR '08, GI '12, CTSA '13), leads the Molecular Cancer Diagnostics Laboratory program at Mayo Clinic, continuing and expanding the vision Dr. Ahlquist helped establish. What began with one screening test has evolved into a broader effort aimed at transforming how cancer is detected — through technologies designed to identify disease earlier, less invasively and across far more cancer types than ever before.

“I’ve continued this work motivated by and sharing Dr. Ahlquist’s central vision,” Dr. Kisiel says.

The underlying science remains rooted in what made Cologuard

possible. The test detects abnormal DNA methylation — biologic signals shed by cancer cells. What researchers came to understand is that those signals are not unique to colorectal cancer. They appear across many forms of cancer. That realization has opened the door to an entirely new area of discovery.

Over the past decade, Mayo Clinic researchers have identified thousands of potential biomarkers across cancers involving more than 16 organ systems. The work has involved physicians, surgeons, oncologists, epidemiologists, pathologists and scientists across Mayo Clinic's campuses, along with industry collaborators who have helped move discoveries from the laboratory toward clinical use.

For Dr. Kisiel, the scale of the collaboration reflects the scale of the challenge.

Cancer screening today remains surprisingly limited. Routine screening exists for only a small number of cancers, including colorectal, breast and cervical cancers, along with lung cancer screening for certain high-risk patients. Yet, many of the deadliest cancers still have no standard early detection tools.

"Two-thirds of the cancers that kill people, we're not doing any screening for," Dr. Kisiel says.

That gap is what Mayo Clinic's current work aims to address.

WHAT COLOGUARD CHANGED

Cologuard remains a defining part of the story — and an example of what broader access to screening can accomplish.

Approved by the U.S. Food and Drug Administration in 2014

following a 10,000-patient study that Mayo Clinic helped design, the noninvasive stool DNA test helped reshape colorectal cancer screening by offering patients an alternative to colonoscopy.

Its reach has expanded dramatically since then.

More than 25 million Cologuard tests have now been completed, with current testing volumes approaching one million tests every three months. Mayo researchers estimate that for every 1,000 patients screened, clinicians identify seven asymptomatic cancers and hundreds of large precancerous polyps that could eventually develop into cancer.

Just as important, Dr. Kisiel says, the test helped bring more people into screening overall.

Even with longstanding recommendations around colonoscopy and other screening methods,



Calise Berger, a principal research technologist, is pictured with John Kisiel, M.D., who leads the Molecular Cancer Diagnostics Laboratory program.

participation rates have historically lagged. Roughly one in three eligible patients still do not complete colorectal cancer screening. Data emerging years after Cologuard's launch showed that the test was increasing screening participation, particularly among patients who are less likely to pursue traditional screening approaches.

"We started to see Medicare data that showed that it was resulting in more people getting screened," Dr. Kisiel says.

The test itself also continues to evolve.

In 2025, Cologuard Plus® was introduced following a 20,000-patient study involving Mayo Clinic and more than 100 healthcare centers nationwide. The newer version maintains high sensitivity for cancer detection while significantly reducing false positives — a refinement that researchers say can improve the patient experience while maintaining clinical performance.

That balance between accuracy, accessibility and patient participation has become a guiding principle for the broader field of early cancer detection.

MOVING BEYOND COLORECTAL CANCER

Now, researchers are applying those lessons well beyond colorectal cancer.

One of the most advanced examples is a blood-based multi-cancer early detection test called Cancerguard, commercially launched in 2025. Using a single blood sample,

the test can identify signals associated with more than 50 cancer types. Additional technologies are advancing alongside it.

Researchers have developed a blood-based test for hepatocellular carcinoma, a primary liver cancer, which has shown stronger early-stage detection performance than ultrasound. Other late-stage development efforts focus on detecting esophageal adenocarcinoma and Barrett's esophagus, as well as ruling out endometrial cancer in women with abnormal uterine bleeding.

The goal is not to replace existing screening tools, Dr. Kisiel says, but to complement them and extend screening into cancers where few effective options currently exist.

That distinction matters because multi-cancer early detection tests remain an emerging science. Many questions around implementation, clinical pathways and long-term outcomes are still being studied. But the momentum behind the science reflects a larger shift already underway in medicine: moving from reacting to symptomatic disease toward identifying cancer earlier,

when treatment options are broader and outcomes are often better.

MEANINGFUL CHANGE FOR PATIENTS

For patients, the implications are practical.

Earlier detection may mean less extensive treatment. It may mean identifying cancers before they spread. It may mean finding disease in patients who otherwise would not have known they were sick. And increasingly, it may happen through tests that are easier to access and easier to complete.

That accessibility could also have implications far beyond the U.S.

Today, cancer screening infrastructure varies dramatically across the world. In many low- and middle-income countries, access to imaging, specialists and invasive procedures can be limited. Blood-based and noninvasive screening technologies could eventually help address some of those barriers by making earlier detection more scalable and easier to deploy in a wider range of settings.

Mayo Clinic researchers are already thinking in those terms.

Earlier detection may mean less extensive treatment. It may mean identifying cancers before they spread. It may mean **finding disease in patients who otherwise would not have known they were sick.**



Left: A single blood test can now detect multiple cancers.

Above: John Kisiel, M.D., in his lab

Dr. Kisiel says ongoing work includes efforts to develop tests for high-risk populations globally, including people in low- and middle-income countries. Researchers are also exploring how artificial intelligence and Mayo Clinic data resources could help identify which patients would benefit most from earlier detection testing. Industry partnerships are expected to play a role in expanding that reach.

Currently, Cologuard is limited to the U.S. because testing is performed through a single laboratory and specimen transport times are tightly controlled. But Dr. Kisiel says Mayo researchers are optimistic that international expansion could grow

through Abbott's acquisition of Exact Sciences, now Abbott Cancer Diagnostics, which has publicly expressed its interest in expanding the global presence of these cancer diagnostics.

For Dr. Kisiel, the work remains deeply connected to the vision that started it. He still remembers first approaching Dr. Ahlquist as a fellow in 2008 with what he thought was a novel idea: adapting Cologuard-like technology for patients with inflammatory bowel disease, who face elevated colorectal cancer risk and often require frequent colonoscopies.

That particular effort ultimately did not move forward clinically, but it led Dr. Kisiel into the broader

biomarker discovery work that now defines the program.

The technology itself has evolved in ways few anticipated at the time.

"You never know how an experiment is going to work until you actually do it," Dr. Kisiel says.

What has remained consistent is the underlying goal: to detect cancer earlier and make screening more accessible to more people.

The next phase aims to do the same for cancers that, until now, have been harder to find early or were not screened for at all.

That's the throughline from Dr. Ahlquist's original idea to the work continuing today — and where it's headed next. •

Long view of

55.17929° N
171.53008° W

30.76748° N
64.37320° W

From tuberculosis clinics in Central America to global public health initiatives led through the World Health Organization, Mayo Clinic physicians are taking the long view of global health — sharing expertise, building partnerships and creating lasting solutions that improve lives across borders. They are helping communities build the knowledge, resources and infrastructure needed to confront infectious diseases where they emerge — strengthening health systems abroad while advancing care at home.



global health



33.49266° N
156.48760° E

1.640
59.800



John Wilson, M.D.,
is the director of the
Mayo Clinic Program
in Underserved
Global Health.

Human connections driving global work

John Wilson, M.D., on why sustainable health education and medical training **are critical around the world**

It was in El Añil, a small rural community in the central mountains of the Dominican Republic, that **John Wilson, M.D.** (I '97, INFD '00), was reminded that there's more to healing than medicine alone.

Dr. Wilson, an infectious diseases specialist, had been in the Dominican Republic for a while as part of a combined medical clinic and health education initiative. He was at a point in the trip where he was second-guessing his place in the community and the reality of whether the work they were doing was making any difference.

A little girl at the community's Sunday Mass taught him to see things differently.

One particular Sunday, a local volunteer group brought toys for the children in the community and set them up on the altar for the kids to each pick one. Dr. Wilson watched as Juanita, a child from one of the poorest families in the village, selected a pen that was accidentally left on the altar instead of one of the more inviting toys displayed.

Instead of keeping the pen to herself, Juanita handed it over to her mother. Dr. Wilson learned that the reason for Juanita's selflessness was that the family needed a pen and could not afford to purchase one.

Dr. Wilson was visibly moved as he was reminded of the power of selflessness and compassion — tenets as fundamental to the art of healing as medicine itself.

"Whether in the U.S. or abroad, having the opportunity to take care of patients remains a blessing and a privilege that I sincerely value, acknowledging a trusted responsibility that combines the science of medicine, the humility of a practitioner and the compassion of a healer," Dr. Wilson wrote in an essay highlighting the lessons learned in that church that Sunday.

Learning from other cultures and communities has been as much a mission as teaching for Dr. Wilson, director of the Mayo Clinic Program in Underserved Global Health (PUGH). The work of the program focuses on Central America and the Caribbean and impacts rural communities within the U.S. as well.

"It's been culturally enlightening," Dr. Wilson says. "It actually teaches me a lot about people, society, healthcare and myself, as well. In many regards, I might benefit more from the communities that I become engaged with during these health educational projects."

BUILDING A SUSTAINABLE MODEL

The PUGH initiative within Mayo's Division of Infectious Diseases focuses on health education in underserved communities in the U.S. and spans countries such as El Salvador, Belize, Honduras, Haiti and more. While the program previously included bringing volunteer healthcare to select communities, it now emphasizes sustainable health education, preventative health measures, and medical training so that local health professionals can maintain an effective knowledge base and develop select skill sets to continue providing quality healthcare despite the relatively limited resources available to them.

When people think of underserved communities, they typically bring to mind a lack of money, medications and equipment, but it goes well beyond that, Dr. Wilson says.

"Underserved can also apply to continuous educational and training needs, as well as mentoring and supporting individuals locally who have a particular interest in healthcare," he says. "They are gifted, motivated people

*“Mayo is a clear international leader in healthcare with its characteristic tri-shield approach of **clinical excellence, comprehensive health education and ground-breaking clinical research.**”*

— John Wilson, M.D.

and their dedication to healthcare and to improving the lives of others is illuminating. However, they often don't have ongoing access to published medical updates, disease management guidelines, public health notices and skill set training workshops within their particular field.”

The environment lends itself well for Dr. Wilson and his colleagues to provide educational content and work with the local teams to set up long-term training initiatives to manage and prevent common local communicable diseases.

In El Salvador and Belize in particular, tuberculosis (TB) and vector-borne infections — areas of Dr. Wilson's expertise — are prevalent.

He is the director for Medical Consultations at the Mayo Clinic Center for Tuberculosis, which is one of four centers in the U.S. that is funded by the Centers for Disease Control and Prevention (CDC) to provide TB education and clinical consultation. Working with the CDC, Mayo's Center for Tuberculosis has an ambitious goal of improving the diagnosis and management of TB nationally and reducing its prevalence as the leading cause of infection-driven mortality globally.

Dr. Wilson and his team are expanding the reach of the center to countries such as El Salvador and Belize by providing education for not only health providers but also community-based preventative health education in partnership with the local Ministries of Health covering the topics of TB, HIV, diabetes and pregnancy. The goal is to create a model that can be shared regionally across Central America. Working with the Ministry of Health, national laboratory and local health providers, Dr. Wilson has projects in Belize including geomapping the prevalence of select arboviral infections and laboratory technologist training in partnership with Mayo Clinic's Serology Laboratory in Rochester and the University of Notre Dame Eck Institute for Global Health.

“In Belize, we've developed many long-term relationships with the medical, laboratory and public health communities (including the Belize Vector and Ecology Center) that

help ensure the projects we do are resource appropriate, sustainable by the local medical and laboratory groups, and directly applicable to their patient population, local medication availability and the patterns of diseases that they regularly encounter,” Dr. Wilson says. “It's not a one-time deal where we're down and we're back in Minnesota. Rather, it's a commitment to a long-term relationship and continuous engagement. More importantly, it's a partnership and sincere friendship that continues to grow.”

SHARING EXPERTISE, BRINGING LESSONS HOME

That partnership — which has gone on for more than 15 years — has implications beyond the countries where the program exists.

“These infections unfortunately don't respect country borders,” Dr. Wilson says.

With climate change, zoonotic migration and global human travel, the emergence of these diseases and their spread within the U.S. is already occurring.

“The more engagement we can have with the public health and medical providers in Central America and the Caribbean and the more awareness and respect we have for the communicable diseases that are regionally prevalent and their patterns of spread, the more prepared we can become to combat these diseases when they emerge within the U.S.,” he says.

The effort to combat communicable diseases requires global collaborations for faster identification, better containment and control, and ultimately, improved patient management outcomes.

Mayo Clinic plays a pivotal role in the work underway within domestic and international communities and among both resource-enriched and constrained settings to identify, track and contain select communicable diseases, Dr. Wilson says.

“Mayo is a clear international leader in healthcare with its characteristic tri-shield approach of clinical excellence, comprehensive health education and ground-breaking

clinical research,” he says. “In the setting of international and under-resourced healthcare, the focus goes well beyond volunteer patient care. It’s about partnership development and applying quality and sustainable medical, public and preventative health education, select skill set training that is directly applicable, and research projects focused on the needs and benefits to the local communities.”

Working with healthcare professionals in international clinics and hospitals and within local communities has given Dr. Wilson a new appreciation for what he has available to him at Mayo Clinic.

“Here at Mayo Clinic, I am quite fortunate to have an abundance of available laboratory and radiologic testing platforms to rapidly diagnose and optimize the care delivery for my patients,” he says.

On the other hand, healthcare professionals in many underserved international and domestic communities may only have access to basic laboratory chemistries and a chest X-ray, if they’re fortunate. Specialized microbiology testing and more advanced imaging such as a CT scan may be more than 100 miles away, if available at all. Even with a verified diagnosis, medications and specific management experience may not be readily available.

But these providers do have something that Dr. Wilson never wants to lose sight of: what it means to be a good clinician.

In the absence of tools and technology, good clinicians integrate the science of medicine with the art of compassionate patient care — a characteristic well displayed by the local health professionals he works with.

“They brilliantly exemplify the fundamentals of medicine, including quality physical exam skills, composing a list of possible diagnoses, and direct engagement and compassionate advocacy for their patients that we learn in medical school, but may occasionally forget,” Dr. Wilson says. “It’s a wonderful reminder that modern medicine is not simply utilizing the advanced laboratory and imaging diagnostic tools that we have available at most academic medical centers, but adhering to fundamental principles we all learn in medical school and residency training. It sometimes can be as simple as letting a patient tell you their story, which may bring the correct diagnosis right to the door.”

LEARNING WHAT MATTERS

Over years of returning to the same communities — sharing meals, engaging in conversations and laughter with families and community leaders in their homes, working side by side with local clinicians — Dr. Wilson has learned what really matters. It’s that differences between people, including their language, beliefs and culture, do not have to become barriers.

“You realize how much more you have in common,” he says.

And every interaction that he has with people in the community offers an opportunity to build relationships.

“Can I connect with this individual? Can I develop a favorable rapport?” he asks.

That human connection is the thing that ultimately drives him and his work. •



Left: Public health workers perform a home assessment in Central America.

Above: Public health outreach workers interview family members in Central America.

The case for paying attention to infectious diseases

Zelalem Temesgen, M.D., on tuberculosis, HIV and why Mayo Clinic's role in **global public health matters more than ever**

Zelalem Temesgen, M.D. (INFD '95), has a thing for detective stories.

The thing that draws him in is the mystery: a set of clues that don't quite fit together, a story with missing pieces and a pressing need to uncover the truth.

Dr. Temesgen was drawn to studying infectious diseases for the same reason: the challenge of piecing together complex and constantly changing information.

Infectious disease physicians rarely rely on a single test or symptom. Instead, they build a diagnosis from patterns — a patient's symptoms, travel history, environment, work, family and countless other variables.

What makes the work especially challenging, Dr. Temesgen says, is that the organisms themselves are constantly adapting.

"These microorganisms have a life of their own," he says. "They figure out ways to circumvent all the things that we do to mitigate their impact."

That constantly shifting challenge — combined with the devastating global impact infectious diseases continue to have on vulnerable populations — has shaped Dr. Temesgen's career at Mayo Clinic and his international work with the World Health Organization (WHO).

For more than three decades, Dr. Temesgen has worked at the intersection of medicine, public health and global health equity, treating infectious diseases while helping shape international efforts to combat tuberculosis (TB), HIV, viral hepatitis and sexually transmitted infections.

Today, as director of the Mayo Clinic Center for Tuberculosis and a leader in Mayo Clinic's collaboration with the WHO, he is helping advance global efforts to confront some of the world's most persistent infectious diseases.

"Historically, and even now, Mayo plays a bigger role in public health than many of us ourselves actually realize," Dr. Temesgen says.

That role stretches far beyond Rochester, Minnesota.

A GLOBAL PERSPECTIVE SHAPED BY EXPERIENCE

Originally from Ethiopia, Dr. Temesgen says his path into medicine began simply.

"When I was growing up in Ethiopia, if you were good in school, there were only two choices," he says with a laugh. "Either you go into engineering or you go into medicine. And I did not like physics."

His mother was a nurse, which further pulled him toward medicine.

And once he entered the profession, he never looked back.

Dr. Temesgen's training and life experiences across multiple continents helped shape a distinctly global view of healthcare — one that eventually drew him toward infectious diseases.

"Infectious diseases is one of those things that is at the center when you think about global health issues," he says.

COVID-19 reminded the world how quickly disease crosses borders, but for Dr. Temesgen, much of his career has focused on diseases that have quietly devastated populations for generations.



Zelalem Temesgen, M.D., is pictured top right as a high school student with his family.

Zelalem Temesgen, M.D., is
the director of the Mayo Clinic
Center for Tuberculosis.





Above: Zelalem Temesgen, M.D., lectures at Charles University in Czechia.

Right: Zelalem Temesgen, M.D., is pictured with his daughters, Isabelle and Zoey, and his wife, Darina.



TB alone remains the leading cause of death from a single infectious disease worldwide.

“The number of people newly diagnosed with TB is still around 10 million per year,” he says. “The numbers are still high.”

What continues to drive him is not only the global impact of infectious disease, but also the intellectual challenge.

“I like detective stories. I like detective movies,” he says. “Trying to put together patient symptoms, their surroundings, their travels, their household, their work environment — all of those things together to come up with an answer for what they might have as an infection — that’s part of the driver.”

But beyond the science, he says infectious diseases also expose some of the deepest inequities in global healthcare.

“Usually, the impact is among disadvantaged people,” he says.

TACKLING ONE OF THE BIGGEST HEALTH CHALLENGES

TB has existed for centuries —

evidence of the disease has even been found in ancient Egyptian remains — yet it continues to kill millions worldwide.

Part of the challenge, Dr. Temesgen says, is scientific complexity. TB behaves differently from many other infections, and researchers still face unanswered questions about immunity, prevention and long-term protection.

But science is only part of the story.

“There is no dispute, I don’t think, that we just simply haven’t paid enough attention to TB,” he says.

Funding, public health infrastructure and sustained global attention remain major obstacles.

“It all comes down to money, funding and attention paid to it,” he says.

The disparity is particularly visible in lower-income regions, where TB continues to thrive.

“It’s a big part of it — the places and the type of people impacted by it,” he says.

Even so, Dr. Temesgen sees reason for optimism.

Recent years have brought new TB drugs and promising advances

in treatment. Researchers are also working toward more effective vaccines. The only currently available TB vaccine — the BCG vaccine — is more than 100 years old and primarily protects children from severe forms of TB.

“There are things moving,” he says. “There are advances that are encouraging.”

And Mayo Clinic is committed to advancing care for TB.

EXPANDING ROLE IN TB CARE AND EDUCATION

Mayo Clinic has a long history in TB research and treatment.

In the mid-1940s, the first TB drug, streptomycin, was used in humans for the first time at Mayo Clinic in Rochester.

Today, Mayo Clinic remains deeply involved in the fight against TB through education, consultation and international collaboration.

The Centers for Disease Control and Prevention (CDC) designated Mayo Clinic as one of only four TB Centers of Excellence in the United States. Mayo’s center serves a 10-state

“Our main charge is to provide training and education to medical and public health professionals in our region. And then our second charge is to provide expert consultation in complex cases.”

– Zelalem Temesgen, M.D.

region across the middle of the country.

“Our main charge is to provide training and education to medical and public health professionals in our region,” Dr. Temesgen says. “And then our second charge is to provide expert consultation in complex cases.”

That work extends globally through Mayo Clinic’s formal designation as a WHO Collaborating Center.

The designation followed years of collaboration and a rigorous international vetting process.

Initially focused on precision medicine and digital health in TB care, Mayo Clinic’s WHO collaboration has since expanded.

“Our designation recently changed to innovations in TB, HIV, viral hepatitis and sexually transmitted infections,” Dr. Temesgen says.

The work includes supporting WHO initiatives through education, international conferences, collaboration and translating educational materials into locally relevant contexts.

THE FUTURE OF INFECTIOUS DISEASE CARE

Dr. Temesgen believes the future of infectious disease medicine will increasingly rely on digital health,

artificial intelligence and precision medicine.

“I think there’s a huge role,” he says.

From clinical practice and medical education to laboratory connectivity, predictive analytics and drug discovery, technology is rapidly reshaping how infectious diseases are identified and treated.

But technological advances alone will not solve the problem.

If he could wave a magic wand 20 years from now, Dr. Temesgen says he would want to see better vaccines, shorter and more effective treatment regimens, and a stronger public health system.

“A fully funded and robust public health system,” he says, is essential.

He also hopes future physicians and researchers continue embracing public health and global health work, even when funding challenges make the field less visible.

“There are not a lot of funding opportunities,” he says. “It does flow with the funding. If people don’t see activities getting funded, then it becomes difficult to sustain.”

Still, he remains optimistic that the importance of the work itself will continue attracting the next generation.

“I would like to think that all of the things we’ve been doing become even more exciting and even more interesting,” he says.

WHY GLOBAL HEALTH WORK MATTERS AT MAYO CLINIC

For Dr. Temesgen, one of the biggest misconceptions is that global health work somehow exists separately from Mayo Clinic’s core mission.

He sees the opposite.

“Being involved in public health and global health is not a distraction from work that needs to be done at Mayo Clinic,” he says. “It complements the work. And it actually makes us better physicians and better educators and better researchers.”

Even in fields where Mayo Clinic may not always appear highly visible publicly, he says the institution’s reputation carries enormous weight around the world.

That influence, he believes, creates both an opportunity and a responsibility.

At a time when infectious diseases continue to evolve globally — and public health systems remain under strain — the work happening at Mayo Clinic reaches far beyond its campuses.

For Dr. Temesgen, the mission ultimately comes down to something simple: paying attention to problems that the world cannot afford to ignore. And continuing to pursue solutions before the next global health crisis arrives. •

Early and Mid-Career **AWARDS**

Honoring alumni throughout their professional journeys



Many awards honor residents and fellows at the starting lines of their careers. Others celebrate seasoned physicians and researchers nearing their professional finish lines. But there are many Mayo Clinic alumni in the middle of their career marathons, marking the miles with exceptional contributions to medicine.

In 2024, the Mayo Clinic Alumni Association created the Mayo Clinic Early and Mid-Career Alumni Awards to recognize the important accomplishments of this group. This year, five outstanding recipients were chosen. These individuals have made robust contributions to their areas of expertise in the realms of education, clinical practice, clinical and scientific research and administration. Beyond their professional output, they demonstrate selfless community service and have consistently acted in a manner that is aligned with Mayo Clinic values.

Early Career

Working in their area of expertise for 10 to 15 years

Mid-Career

Working in their area of expertise for more than 15 years



SAHIL KHANNA, M.B.B.S.

Advancing the microbiome frontier

A canceled flight and lost luggage could have spelled disaster for a young man headed to a medical residency interview. But that wasn't the outcome for **Sahil Khanna, M.B.B.S.** (I '11, CI '12, CTSA '12, GI '14).

Dr. Khanna arrived in Rochester, Minnesota, in the middle of a snowstorm without his suitcase — and a suit he had brought in preparation for his residency interview at Mayo Clinic. Luckily, a men's clothing store happened to be open, and Dr. Khanna was able to outfit himself properly for his upcoming interview.

That somewhat rocky start did nothing to stop Dr. Khanna's career or his accomplishments. In fact, it led him exactly where he was meant to be.

"I totally fell in love with the place," Dr. Khanna recalls of his first impression of Rochester and Mayo Clinic.

Today, Dr. Khanna is an internationally recognized expert in *Clostridioides difficile* (C. diff) infections and microbiome-based therapies, with a research portfolio that has helped reshape the understanding and

treatment of C. diff, a serious and evolving infection. Just as central to his work, however, is mentorship — both the guidance that shaped his path and the role he now plays in developing future physicians.

GETTING TO MAYO CLINIC

Dr. Khanna's path to medicine began in Amritsar, India, where his father, an oral surgeon, served as his earliest inspiration. From a young age, Dr. Khanna was immersed in conversations about science and patient care — and even spent summers shadowing in his father's clinic.

"The part about trying to alleviate disease, suffering, pain — one patient at a time — came from him," he says.

Dr. Khanna went on to attend the prestigious All India Institute of Medical Sciences in New Delhi, India, where his interest in research took root. Early mentorship helped him publish his first study and introduced him to clinical research — an experience that would shape his career trajectory.

EXPANDING HIS HORIZONS

Determined to pursue advanced training in the U.S., Dr. Khanna sought opportunities to strengthen his research background, eventually working in a laboratory at the University of California, San Diego.

There, he deliberately chose unfamiliar territory.

"I worked on mouse models of lupus, mouse models of arthritis, cell cultures, flow cytometry, immune receptors, things that I had read in my pathology textbooks, but things that I'd never done with my own hands, which was a great experience," Dr. Khanna says. "I learned things out of my comfort zone."

That mindset served him well once he was admitted to the residency program at Mayo Clinic.

Early in his residency, Dr. Khanna connected with **Darrell Pardi, M.D.** (GI '98, CTSA '09), whose guidance helped shape his focus on treating patients with C. diff.

PIONEERING RESEARCH

Dr. Khanna's early research revealed a critical shift: C. diff was no longer confined to older, hospitalized patients. Instead, it was increasingly affecting younger, otherwise healthy individuals in the community — an insight that reshaped understanding of the disease.

"We were seeing it in people who didn't fit the traditional profile," he notes.

"Dr. Khanna is an expert clinician in the care of patients with C. diff infections and the use of microbiome-based therapeutics."

— Darrell Pardi, M.D.



Dr. Khanna's work demonstrated that a substantial proportion of cases were community-acquired — prompting new research into risk factors such as antibiotic use, acid-suppressing medications and underlying health conditions. This shift had practical implications for diagnosis, prevention and treatment, influencing how clinicians approach the disease both inside and outside hospital settings.

Dr. Khanna's research trajectory moved from epidemiology to intervention — particularly in the emerging field of the microbiome.

In the early 2010s, treatment options for recurrent *C. diff* were limited, and some patients were being referred outside of Mayo Clinic for fecal microbiota transplantation. Recognizing both the need and the opportunity, Dr. Khanna helped lead efforts to establish a stool transplant program within Mayo.

The initiative required building a program from scratch — developing protocols, ensuring

patient safety and coordinating across specialties. Within a few years, it became one of the largest programs in the country.

That work positioned Dr. Khanna and his colleagues at the forefront of microbiome-based therapies. He went on to play a key role in clinical trials evaluating new approaches to treatment, including capsule-based therapies that offered less invasive alternatives to traditional procedures, work that has contributed to the development and approval of two microbiome-based therapies.

"Dr. Khanna is an expert clinician in the care of patients with *C. diff* infections and the use of microbiome-based therapeutics," says Dr. Pardi.

NOTEWORTHY RECOGNITION

Dr. Khanna was recently recognized by the Mayo Clinic Alumni Association with an Early Career Award for advancing the science that improves outcomes for patients with *C. diff*, building clinical infrastructure, training the next generation and improving care delivery systems.

The work is deeply personal for Dr. Khanna. Patients with recurrent *C. diff* often face debilitating symptoms and diminished quality of life. Their urgency drives his commitment to advancing care — and to ensuring they understand their treatment options.

Beyond clinical practice and research, Dr. Khanna also serves as an associate program director for the internal medicine residency, mentoring the next generation of physicians — continuing a cycle that has defined his own career.

"His teaching is consistently described as organized, energetic and practical, and he has repeatedly been recognized for excellence in teaching and professionalism, including major divisional and residency teaching awards," says **Rajeev Chaudhry, M.B.B.S.** (CIM '95), Division of Community Internal Medicine. "Even more telling is the success of the trainees he mentors. He invests personally in their growth, helps them build scholarly lift early, and models a standard of rigor and integrity that is contagious."

Receiving the Early Career Award means the world to Dr. Khanna.

"I do believe that anything and everything that I've been able to achieve is because of the mentorship, the resources, the ability to think big and actually implement what I'm thinking without roadblocks, without red tape, which does not come at an organization other than Mayo Clinic," he says.

ERICA WEHRWEIN, PH.D.

Harnessing education to transform healthcare

When **Erica Wehrwein, Ph.D.** (ANES '11), walks into a classroom, she isn't just teaching students. She's helping transform healthcare at its roots.

Dr. Wehrwein, a professor of physiology at Michigan State University, is passionate about teaching because she believes that education can influence countless lives.

"I often get asked why I chose education over clinical practice," she says. "And my answer is always the same: in education, we save lives and shape lives — just in a different way."

BUILDING A FOUNDATION AT MAYO

Dr. Wehrwein came to Mayo Clinic in 2008 as a postdoctoral fellow in Human and Integrative Physiology, driven by a desire to expand beyond bench science and immerse herself in a more clinically connected understanding of physiology.

At Mayo, she deepened her focus on integrative physiology, studying how organ systems work together in a living, breathing human being. That perspective would become foundational, not just to her research, but to the way she teaches.

"The work I did at Mayo was transformative," she says. "It continues to shape how I design my classroom and how I think about teaching physiology."

But Mayo's influence extended beyond science. Walking through campus, visiting the historical suites, and reflecting on the legacy of Drs. William J. and Charles H. Mayo left a lasting imprint.

"I was in awe of what the clinic stands for," she recalls. "It's a beacon of hope for so many people."

Today, a photo of the Mayo brothers hangs in Dr. Wehrwein's office — a daily reminder of a philosophy she has adapted for her own work. Where Mayo's founders emphasized that "the



“Erica recognized the emerging pattern in undergraduate education for pre-health professionals and saw an unfulfilled need for community, common goal setting and resource sharing among the rapidly growing undergraduate physiology programs in the U.S.”

– John Halliwill, Ph.D.

needs of the patient come first,” Dr. Wehrwein applies the same principle to her students.

“The needs of the students are the only interest to be considered,” she says. “That’s why we’re here.”

ANSWERING A DIFFERENT CALL

Even though Dr. Wehrwein was thriving in research — securing grants, contributing new knowledge and building a successful academic trajectory — she felt a different calling.

“There came a time when I realized there was just this calling in my heart,” she says. “I wanted to do more with education and teaching.”

Choosing to shift her career toward education — especially in a field that often prioritizes research — wasn’t the conventional path.

But for Dr. Wehrwein, it felt exactly right.

“That’s where my skills, my values and my interests intersect,” she says. “And it’s been incredibly fulfilling.”

RETHINKING HOW FUTURE CLINICIANS LEARN

Once in the classroom, Dr. Wehrwein began asking deceptively simple questions: What does excellent physiology education look like? And how does one teach it in a way that truly prepares future clinicians?

The answers revealed a gap.

While medical schools had established curricular standards, undergraduate physiology education — where many future physicians begin their journey — lacked cohesive national guidance.

So, Dr. Wehrwein helped build it.

She co-founded the Physiology Majors Interest Group, now an international consortium focused on improving undergraduate physiology education. Over nearly a decade, the group

has developed national curricular guidance and fostered a collaborative community of educators.

Dr. Wehrwein’s dedication to teaching, leadership in education, research and community engagement recently earned her an Early Career Award from the Mayo Clinic Alumni Association.

“Erica recognized the emerging pattern in undergraduate education for pre-health professionals and saw an unfulfilled need for community, common goal setting and resource sharing among the rapidly growing undergraduate physiology programs in the U.S.,” says **John Halliwill, Ph.D.** (ANES ’96, ANES ’99), professor of human physiology at the University of Oregon, who nominated Dr. Wehrwein for the Early Career Award.

Dr. Wehrwein’s work expanded further with the launch of the National Center for Physiology Education within the American Physiological Society, extending similar efforts into medical education.

Her goal is straightforward: improve healthcare by improving how educators teach.

“If we train the educators, we can impact learners at scale,” she says.

FROM MEMORIZATION TO MEANING

At the heart of Dr. Wehrwein’s approach is a shift away from rote memorization toward integrated, human-centered learning.

Physiology, she emphasizes, is the foundation of medicine — but only if students truly understand how systems work together in real patients.

Her curriculum introduces case-based learning early, helping students think like clinicians before they ever enter a clinical setting. It also emphasizes professional skills often overlooked in traditional science education — especially communication.

Students practice translating complex medical concepts into language patients and families can understand, sometimes at an eighth-grade reading level.

“You’ve learned the science,” she says.

“But can you explain it to a patient’s family? That’s what really matters.”

And the impact is already visible.

Former students, now in medical school, often return with a simple message: they feel better prepared.

“They tell me their first year has been easier because of how they were taught,” Dr. Wehrwein says.

Dr. Wehrwein knows the weight of the responsibility she has undertaken.

“It’s a sacred honor,” she says. “And a great responsibility.”

She is grateful to the Mayo Clinic Alumni Association for recognizing her work with the Early Career Award.

“It’s a tremendous honor to be recognized among people who have come through the Clinic,” she says. “I’m incredibly inspired by that legacy.”

GREGG DAY, M.D.

Beating the clock on memory loss

Gregg Day, M.D. (N '20), will be the first to tell you that he isn't a fan of alarm clocks — or early mornings, for that matter.

For Dr. Day, there is a more urgent reason to get out of bed: caring for patients with neurodegenerative diseases, particularly those experiencing sudden, accelerated cognitive decline.

Dr. Day's career focus has been on answering this question: What if healthcare experts can move faster than the disease? He believes that the field of neurology is an incredible frontier where technology is finally catching up with the ambitions of healthcare practitioners.

"We are living in an era where we can now start to deliver on some of our promises to our patients," he says. "We're starting to see that as we have more techniques to measure brain function, how neurons communicate, we can map that across time and across

individuals. That's already bearing fruit. And in terms of treatment, I think we're going to see a lot more exciting things come over the next several years."

MAKING GOOD ON PROMISES

Dr. Day is delivering on his promise to patients with the establishment of a Rapidly Progressive Dementia Clinic at Mayo Clinic in Florida. He first launched a similar clinic at Washington University in St. Louis, where he was practicing, and made establishing one at Mayo Clinic a priority when he arrived.

The clinic brings together specialists, advanced imaging and streamlined evaluation pathways to ensure patients are seen and diagnosed as early as possible.

"Patients who are declining quickly need to be seen quickly," he says. "If we don't carve out the time, if we don't have a high throughput process to recognize those patients, to triage

them and get them in, they can fall through the cracks."

For some patients, such as those who have treatment-responsive forms of dementia, early intervention can be life altering.

"There are certain causes of dementia where, if we can intervene early, we can stop progression and, in some cases, even reverse changes in the brain," Dr. Day says. "At best, we can give patients the opportunity to recover and return to daily function."

RECOGNITION FOR CONTRIBUTIONS

Dr. Day was recently recognized with an Early Career Award by the Mayo Clinic Alumni Association for his outstanding contributions in the care of patients with complex neurodegenerative diseases and in advancing the Department of Neurology's research and education mission.

In addition to the Rapidly Progressive Dementia Clinic, Dr. Day also directs the Alzheimer's Disease Treatment Clinic at Mayo Clinic in Florida and has been instrumental in implementing anti-amyloid therapies for patients with early symptomatic Alzheimer's disease.

He is the co-director of the Memory Research Program, a five-year program in Florida with more than \$25 million in research funding and more than 20 clinical research coordinators. Dr. Day is also a co-lead of the Alzheimer's Clinical Trial Consortium

"Dr. Day's collaborative research program has fundamentally redefined how clinicians evaluate patients with rapidly progressive dementia."

— Ronald Petersen, M.D.



in Jacksonville and is the site lead for numerous national and international studies.

“Dr. Day’s collaborative research program has fundamentally redefined how clinicians evaluate patients with rapidly progressive dementia,” says **Ronald Petersen, M.D.** (MED ’80, N ’84), Cora Kanow Professor of Alzheimer’s Disease Research. “He has built a clinical research infrastructure that draws patients with rapidly progressive dementia from all over the country (and beyond) in support of clinical objectives and pursuit of mechanistically oriented research aims.”

Dr. Day has also played a major role in recruiting Jacksonville community members at a high risk of dementia into research studies, with a particular focus on Black/African American and Hispanic/Latino populations through the Outreach, Recruitment, and Engagement Core of the Mayo Clinic Alzheimer’s Disease Research Center in Jacksonville. He has also secured funding from the Alzheimer’s Association to study barriers in recruiting diverse participants for memory research and has contributed to scholarship addressing racial equity in dementia research.

“African American, Hispanic and Latino people are at an increased risk of dementia,” Dr. Day says. “We don’t totally understand why. Understanding why may tell us more about other risk factors and disease processes that can inform future treatments that will benefit all people.”

Beyond his clinical and research excellence, Dr. Day has also gained recognition for his mentorship of others.

He has mentored 21 physicians, many of whom serve on neurology faculties across the U.S., including Mayo Clinic in Rochester. He currently is mentoring several fellows, residents and a Ph.D. candidate in the Department of Neurology.

MUTUALLY BENEFICIAL MENTOR/MENTEE RELATIONSHIP

Dr. Day says his passion for mentorship may have an underlying selfish motive: to advance the global field of neurology.

“We cannot drive research forward in a substantial number of patients and integrate these complex technologies without building

a network and building a team,” he says. “The best way to do that is to bring good people to Mayo and help them learn about the resources we have and equip them with the skill set and the connections that they need to develop their own careers.”

Dr. Day says he has benefited tremendously from his mentors and mentees alike since research is a team sport and cannot be done successfully in isolation.

“Having mentors and being a mentor provides fuel for the research engine,” he says. “I can get really focused in my specific questions and I really appreciate having a team that wants to ask other questions so that we can take a step back and think more broadly. Having people challenge my logic and my ideas — either someone I look up to or someone that looks up to me — ensures we bring the best science forward while also bringing the best people along with us.”

MORE TO COME

For all the progress he and his colleagues have made, Dr. Day is clear about one thing: there’s still much to learn.

Patients continue to ask questions medicine can’t yet answer. But rather than seeing that as a limitation, he sees it as the starting point for discovery.

“When we say, ‘I don’t know,’ that’s where the next breakthrough begins,” he says.

ALDO J. MONTANO-LOZA, M.D.

Redefining care for liver disease

Growing up in Mexico, **Aldo J. Montano-Loza, M.D.** (GI '07), always wanted to follow in the footsteps of his father, who was a gastroenterologist.

Dr. Montano-Loza not only went on to realize that dream, but he has built upon it through a career dedicated to not just treating liver disease, but transforming how it's understood, diagnosed and ultimately prevented.

Today, Dr. Montano-Loza stands at the forefront of hepatology research and clinical care as medical director of liver transplantation and a research leader in gastroenterology at the University of Alberta. His work is helping close critical gaps in the treatment of autoimmune liver diseases — conditions that, until recently, were often detected too late and treated with limited options.

But the foundation for that impact traces directly back to Mayo Clinic. Dr. Montano-Loza credits his time at Mayo Clinic as a research fellow for teaching him the value of scientific inquiry.

A DEFINING CHAPTER AT MAYO CLINIC

Dr. Montano-Loza arrived at Mayo Clinic in 2005 as a research fellow to be mentored by **Albert Czaja, M.D.** (GI '77), one of the world's leading experts in autoimmune liver disease. That experience, Dr. Montano-Loza says, fundamentally changed how he viewed medicine. At Mayo, he encountered a model that seamlessly integrated clinical excellence with rigorous research — an approach that would become the blueprint for his own career.

"It was a turning point," he recalls. "I discovered how clinical research can directly help patients, in an environment built for both learning and innovation."

More than just technical training, Mayo instilled a mindset: that even rare diseases



*“His body of work spans autoimmune liver disease, liver transplantation, cirrhosis, sarcopenia/body composition and cholestatic liver diseases, with **high-impact contributions that have influenced both clinical practice and research directions.**”*

– Juan Pablo Arab, M.D.

deserve focused attention, dedicated clinics and global knowledge-sharing. That idea would later shape how Dr. Montano-Loza built programs of his own.

BUILDING WHAT DIDN'T EXIST

One of the defining challenges in autoimmune liver disease is its rarity — and the consequences that come with it. Patients are often diagnosed late, after significant damage has already occurred. When Dr. Montano-Loza began his work, treatment options were limited, and awareness among physicians was low.

Drawing directly from what he learned at Mayo, he helped establish specialized clinics dedicated to autoimmune liver conditions — spaces where expertise is concentrated, research is active and patients receive earlier, more precise care.

Just as importantly, he focused on education. By increasing awareness among physicians and expanding training opportunities, he's helped shift the field toward earlier detection — where treatment is more effective and outcomes are significantly better.

The results are measurable. Diseases that once ranked among the leading causes of liver transplantation have dropped dramatically in prevalence as an indication for transplant — a sign that earlier diagnosis and improved therapies are working.

ADVANCING A RAPIDLY EVOLVING FIELD

The pace of change in hepatology has accelerated — and Dr. Montano-Loza has been part of that momentum.

Where once only a handful of treatments existed, there are now multiple therapeutic options, with more in development. Research is expanding. Conferences are giving greater

attention to autoimmune liver diseases. And the field is moving closer to something that once seemed out of reach: curative therapies.

For Dr. Montano-Loza, that progress is both validation and motivation.

He's clear-eyed about the challenges that remain — particularly the lack of known prevention strategies due to incomplete understanding of disease triggers — but he's equally focused on what's possible next: earlier detection, more effective treatments and, eventually, cures.

POWER OF MENTORSHIP

Dr. Montano-Loza's dedication to finding cures for liver diseases and mentoring others to do the same has earned him a Mid-Career Award from the Mayo Clinic Alumni Association.

“Dr. Montano-Loza's scholarly productivity is remarkable and sustained,” says Juan Pablo Arab, M.D., inaugural director of Alcohol Sciences, Stravitz-Sanyal Institute for Liver Disease and Metabolic Health. “His body of work spans autoimmune liver disease, liver transplantation, cirrhosis, sarcopenia/body composition and cholestatic liver diseases, with high-impact contributions that have influenced both clinical practice and research directions.”

Ask Dr. Montano-Loza about his award, and he quickly redirects the spotlight.

To him, the recognition is a reflection of the mentors, institutions and colleagues who shaped his path.

He speaks with particular gratitude about Dr. Czaja, whose example of patient-centered care and commitment to teaching left a lasting impression.

Dr. Montano-Loza wants fewer patients to face the prospect of liver transplantation. And he wants to inspire young physicians and scientists to take on the same challenges.

“I hope to become a role model for my trainees, just as my mentors were for me,” he says. “I hope that even a small part of the knowledge we build helps future generations develop curative treatments.”

THABELE “BAY” LESLIE-MAZWI, M.D.

Building a bigger ‘cathedral’

Thabele “Bay” Leslie-Mazwi, M.D. (TY ’05, N ’08), doesn’t talk about his career in milestones — he talks instead about building cathedrals.

Early in his career, when neurology offered more questions than answers, Dr. Leslie-Mazwi imagined himself “carrying bricks to help build the cathedral walls” — part of a long, collective effort to understand the brain.

Today, as chair of the Department of Neurology at the University of Washington and a nationally recognized leader in stroke care, that vision has expanded.

“I’m dreaming of a bigger cathedral,” he says simply.

A PATH SHAPED BY HISTORY

Dr. Leslie-Mazwi grew up in Zimbabwe (previously Rhodesia), a country shaped by both disruption and aspiration. His father, a medical student in one of the few places where Black

students could train in medicine at the time, was forced to flee the country before completing his training after political unrest. He would go on to become a chemistry professor, but the longing to practice medicine never left him.

That unfinished chapter left a mark on the younger Dr. Leslie-Mazwi, who followed his father’s footsteps to attend medical school at the University of Zimbabwe before coming to the U.S. for further training. He came to Mayo Clinic in Florida for his neurology residency, a formative experience that continues to shape his work decades later.

“It’s hard to overstate the influence that Mayo had on my worldview,” he says. “The famous phrase about the needs of the patient coming first — I’ve said it in my head a thousand times.”

CHOOSING NEUROLOGY

After starting neuroanatomy in medical school,

neurology felt like an inevitable field of choice for Dr. Leslie-Mazwi.

“The brain is the most complicated thing we know of in the universe,” he says. “Every experience we ever have — sensation and movement, dreams, thoughts, emotions, memories — is a brain event.”

That sense of awe has never left him. But what has changed — and dramatically so — is the field itself.

When Dr. Leslie-Mazwi began studying neurology, the specialty was often dismissed as diagnostic but not therapeutic. Today, it is one of the fastest-evolving areas in medicine, driven by advances in imaging, genetics and artificial intelligence.

“The speed of change has upended that impression of our specialty,” he says.

Dr. Leslie-Mazwi has helped lead the transformation. His work in acute stroke therapies, particularly endovascular treatment, has contributed to a new era where rapid intervention can mean the difference between disability and recovery. He has authored over 200 publications and helped shape national and international guidelines in stroke care. And he plays key roles in the major societies driving the field of neurology forward.

His work has earned him a Mid-Career Award from the Mayo Clinic Alumni Association.

“Dr. Leslie-Mazwi has demonstrated exceptional ability in many spheres and in a short time has achieved an international

“Dr. Leslie-Mazwi has demonstrated exceptional ability in many spheres and in a short time has achieved an international reputation for his academic achievements.”

— Benjamin Eidelman, M.D., D. Phil.



reputation for his academic achievements,” says **Benjamin Eidelman, M.D., D. Phil.** (N ’00), a neurologist at Mayo Clinic in Florida.

LEADING AT SCALE

In 2021, Dr. Leslie-Mazwi stepped into a role that would expand his influence even further: chair of neurology at the University of Washington, one of the largest neurology departments in the U.S.

Under his leadership, the department has grown rapidly — adding faculty, expanding research infrastructure and strengthening education programs. The residency has become one of the most sought-after in the country, and new therapies and telehealth services are extending care far beyond Seattle.

For Dr. Leslie-Mazwi, the appeal of the role wasn’t just administrative — it was philosophical.

“This was suddenly all of neurology, not just my area of expertise,” he says. “The ‘why’ just got so much wider.”

BRIDGING THE DISTANCE

That “why” is especially evident in the region his department serves — not just Seattle but a vast, five-state area known as WWAMI (Washington, Wyoming, Alaska, Montana, Idaho), covering over a quarter of the U.S. landmass. It’s a geography defined by distance, where access to specialized care can be measured in hours — or flights.

“The geography ends up being a determinant of your health outcome,” Dr. Leslie-Mazwi says.

Closing that gap has become a central focus of his work. Through telemedicine, regional partnerships and systems like Airlift Northwest, his team is rethinking how care is delivered — whether by moving patients quickly to advanced centers or bringing expertise directly to remote communities.

It’s a challenge, but also an opportunity.

“The solutions that we work on here — these are global solutions,” he says.

That perspective — local work with global implications — runs through much of his leadership, from expanding telestroke networks to building pipelines for future neurologists.

RECOGNITION AND REFLECTION

For all his accomplishments, Dr. Leslie-Mazwi remains grounded in the values that shaped him. Receiving the Mayo Clinic Alumni Association Mid-Career Alumni Award is, for him, less about recognition and more about connection.

“When I think of all the Mayo graduates all over the world ... for my name to bubble up in that crowd is just unbelievable,” he says.

And while the cathedral that he conjured so long ago is still under construction, it’s already far larger — and more beautiful — than he ever imagined. ●

Fostering her PASSION

Sandhya Pruthi, M.D. (FM '94), holds a certain memory especially close. It was the early 1970s. Dr. Pruthi, a young girl at the time, and her family had immigrated from Uganda to Winnipeg, Canada, when thousands of people of Asian descent were expelled from Uganda. Her father, who was an attorney in Uganda, needed to go back to law school in Canada to take his bar exams and continue practicing the work he was called to do. But the family could not afford for him to go back to school since they had lost everything when they moved to Canada.

When a judge in Winnipeg heard the story, he offered to pay for Dr. Pruthi's father's education. Years later, when Dr. Pruthi's father went back to repay the money, the judge said something that has stayed with Dr. Pruthi since.

"I don't want the money," she recalls the judge saying. "Pay it forward, foster your passion and help somebody else."

That act of grace has shaped how Dr. Pruthi approaches most things in her life — personally and professionally. Regardless of her role or the situation at hand, Dr. Pruthi looks at life through the lens of how she can pay it forward and make a difference in the lives of others.

LEADING A MISSION-DRIVEN CHARGE

It's a perspective Dr. Pruthi brings to her new role as chair of the Doctors Mayo Society. The philanthropic society for physicians, scientists, administrative voting staff, alumni, emeritus staff, as well as the Mayo Clinic Board of Trustees, has a shared vision of providing hope and healing to people around the world.

The aim of the society is to carry forward Mayo Clinic values by fostering connection, engagement and stewardship among its members who span several generations and disciplines. Members include those who trained at Mayo or are in their early or mid-career stages at Mayo Clinic all the way to those who have left Mayo or are retired. There are approximately 3,500 members of the Doctors Mayo Society who choose to support Mayo's mission and sustain it for generations to come.

Sandhya Pruthi, M.D.,
is the new chair of the
Doctors Mayo Society.





Clockwise from left: Sandhya Pruthi, M.D., pictured as a little girl in a white dress, with her family in Uganda, East Africa, prior to moving to Canada; Dr. Pruthi at her medical school graduation from the University of Manitoba in 1990; Dr. Pruthi's father, Balmukand Kapoor, earned his law degree in Winnipeg, Manitoba.

“We are all fortunate to work for Mayo Clinic as alumni or current staff, and I want people to feel that there’s something that they can share and give back,” Dr. Pruthi says.

A member of the Doctors Mayo Society since 2008, Dr. Pruthi has long embraced the importance of philanthropy as a way to strengthen Mayo Clinic’s mission. Her own commitment reflects a deep sense of gratitude and a desire to give back — ensuring future patients and colleagues benefit from the same culture of collaboration and innovation that has shaped her journey.

The pay-it-forward ethos of the Doctors Mayo Society is an apropos reflection of the guideposts that have defined Dr. Pruthi’s life.

HELPING INSPIRE AND CONNECT

It’s important for Dr. Pruthi to help members of the Doctors Mayo Society feel inspired, engaged and connected to Mayo’s mission and each other.

“Mayo has made a difference for a lot of colleagues, and they want to share that story,” she says. “We want to help make those one-on-one connections with staff throughout their career journeys.”

Networking is a critical aspect of creating a sense of belonging and community, and Dr. Pruthi is looking forward to helping the society facilitate that through in-person events and other connections with current and potential members. She says she feels fortunate to step into her leadership role at this exact time, since 2027 will mark the 50th anniversary of the Doctors Mayo Society.

Dr. Pruthi, along with Jess Nelson LeMay, program director for Doctors Mayo Society, and others are planning a series of events to help people come together for the common good of Mayo Clinic. The events will provide opportunities for participants to hear inspiring stories from others and to learn about strategic initiatives underway at Mayo Clinic that they can help support.

Philanthropy looks different for each person, and the goal of the Doctors Mayo Society is to help people support

causes and programs that are important to them when they are ready to do so, Dr. Pruthi says. Members of the society can direct gifts to areas of their choosing.

“As a member of the Doctors Mayo Society, you have the opportunity to designate your support to the areas that matter most to you, with the society committed to advancing the science, education and clinical practice that reflect your priorities,” she says.

PATH TO LEADERSHIP

Dr. Pruthi herself is deeply invested in improving healthcare and education for all patients. The idea of a career in medicine took a hold of her early in life in the form of letters from her grandfather, who was a physician. His steady encouragement over the years sparked her interest in helping people heal.

She completed medical school at the University of Manitoba in Winnipeg, Canada, and later matched to the Family Medicine residency program at Mayo Clinic in Rochester.

Dr. Pruthi joined the Department of Medicine at Mayo after residency. It was there that she met **Robert Frye, M.D.** (CV '62), then chair of the Department of Medicine, who offered her the opportunity to join the newly formed Breast Clinic.

Beyond that, Dr. Frye also offered her some sage career (and life) advice.

“I encourage you to continually explore ways to broaden your career,” Dr. Frye advised. “Look at other administrative roles and research and education opportunities that align with your interests — and make those an integral part of your work at Mayo.”

Those words held weight with Dr. Pruthi and led her to say yes to other leadership opportunities placed in her path. She became the director of the Breast Clinic seven years after she joined the team and held that role for 10 years.

When **Lynn Hartmann, M.D.** (ONCL '88), and **James Ingle, M.D.** (ONCL '76), both trusted her to lead important

national breast cancer prevention clinical trials and offered to mentor her, Dr. Pruthi said yes.

When Dr. Pruthi identified a gap in women's health content on the mayoclinic.org website, she was recruited to lead the creation of that content. She then became the website's chief medical editor — a position she holds to this day.

That experience as well as her role as medical director for patient education in the Division of Health Education and Content Services — which encompasses patient and consumer education — have broadened Dr. Pruthi's understanding of innovation and digital technology's influence on patient care.

Understanding the numerous factors that affect patients through their journey at Mayo Clinic has informed Dr. Pruthi in her previous roles as medical director of the Office of Patient Experience in Rochester, and associate medical director of the Department of Development. Dr. Pruthi also serves as an associate dean for curriculum, content strategy and global professional education in the Mayo Clinic School of Continuous Professional Development.

As Dr. Pruthi takes on her latest leadership role as chair of the Doctors Mayo Society, she humbly reflects on the many individuals — both within and beyond Mayo Clinic — who have shaped her journey. Through their influence, she developed a deep appreciation for building relationships, listening thoughtfully, seeking guidance and embracing the support of others along the way.

Her commitment to paying it forward also extends to her own philanthropic aspirations. Guided by gratitude and a deep belief in Mayo Clinic's mission, Dr. Pruthi is passionate about giving back — supporting the work that advances care, education, and discovery for patients now and in the future.

It's the foundation she stands on as she steps up to continue fostering her passion in medicine and paying it forward. •

*“As a member of the Doctors Mayo Society, you have the opportunity to designate your support to the areas that matter most to you, with **the society committed to advancing the science, education and clinical practice** that reflect your priorities.”*

— Sandhya Pruthi, M.D.

Mayo Clinic Update

Mayo Clinic in Florida advances lung cancer care with single-port robotic surgery

Mayo Clinic thoracic surgeons have begun using a single-port robotic system, recently cleared by the U.S. Food and Drug Administration (FDA), for surgeries. This minimally invasive approach enables surgeons to operate with enhanced precision and builds upon Mayo Clinic's leadership in advancing lung cancer care.

"Mayo Clinic is one of the few institutions that is starting to roll this out," says **Mathew Thomas, M.B.B.S., M.D.** (TS '12), a thoracic surgeon at Mayo Clinic in Florida who performed Mayo Clinic's first single-port robotic lung resection.

Multiport robotic systems require surgeons to make several small incisions between the ribs to place a camera and instruments, allowing them to operate with greater visualization and precision.

However, operating between the ribs can still present challenges for both patients and surgeons, such as considerable postoperative pain and anatomical variance. Factors such as tight rib spaces or reduced rib density can lead to intraoperative complications, including rib fractures.

The single-port approach allows surgeons to operate through a single incision using similar robotic technology. In many cases, the procedure can be performed from beneath the rib cage, avoiding the need to work between the ribs.

Single-port robotic surgery has been used in other specialties for several years, such as for lymphedema and prostate cancer care. The FDA cleared its use for thoracic surgery in 2025.

Recovery times are shorter, with patients often returning to baseline in about seven to 10 days, compared with several weeks for other approaches.

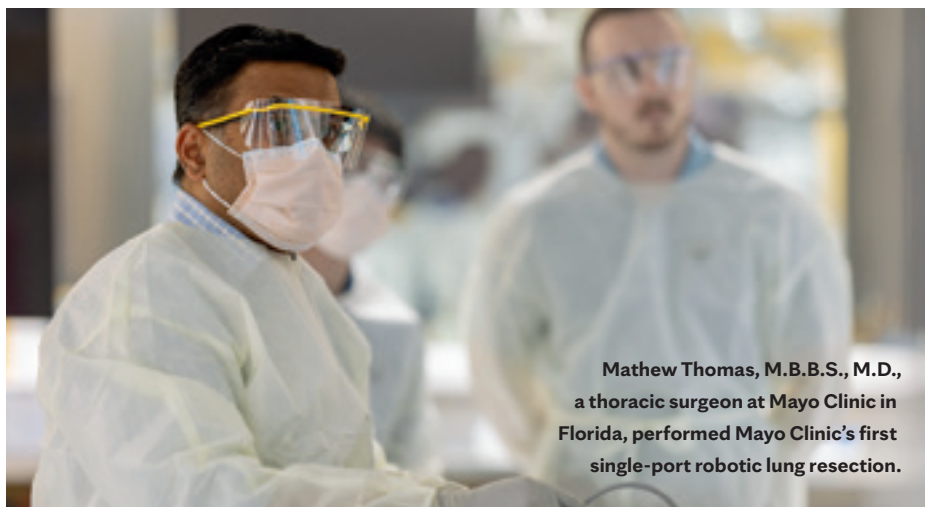
"Many patients are able to go home the next day or a day or two later," Dr. Thomas says.

For Dr. Thomas, single-port robotic surgery reflects a broader shift toward less invasive, precision-based care, offering faster recoveries and fewer intraoperative complications for patients with lung cancer.

"It's exciting to be at the forefront of innovation with my colleagues and to know Mayo Clinic supports its growth," says Dr. Thomas. "We're rapidly expanding the number of patients who can benefit from this approach. I take great pride in what we've accomplished."



Mathew Thomas, M.B.B.S., M.D.



Mathew Thomas, M.B.B.S., M.D., a thoracic surgeon at Mayo Clinic in Florida, performed Mayo Clinic's first single-port robotic lung resection.

Mayo Clinic in Arizona announces first robotic pancreas-kidney transplant

Mayo Clinic in Arizona is using new technology to help with diabetes-related kidney failure.

For patients with complications from diabetes, such as chronic kidney disease, a pancreas-kidney transplant may be the only option. While the combined transplant has been performed for decades, surgeons at Mayo Clinic are now performing the transplant robotically.

“Traditionally, this operation involves a very big incision, but with the minimally invasive approach, we’re able to offer patients a smaller incision,” says **Michelle Nguyen, M.D.** (TRANS ’21), a transplant surgeon at Mayo Clinic in Arizona. “That potentially allows the patient to recover faster, have less pain, have less risk of wound complications and just be able to return to their normal life more quickly.”

During the transplant procedure, two surgeons sit at consoles guiding the robot with hand controls. The robot does not replace the surgeon — it enhances precision, accuracy and control.

“The robot is actually just a tool that we use in the operating room that improves our magnifications, allows us to do a minimally invasive approach,” says **Nitin Katariya, M.D.** (TS ’14), a transplant surgeon at Mayo Clinic in Arizona. “We are in control the whole time.”

The transplant offers a way to approach both the kidney disease and diabetes.



Michelle Nguyen, M.D., uses robotic surgical equipment.

“For many of these patients on insulin, we can try to cure the kidney disease and what may have caused their kidney disease in the first place: their diabetes,” Dr. Katariya says. “So, we look at kidney-pancreas transplant as a way to address both problems, both the renal failure and the diabetes.”

Mayo Clinic Alix School of Medicine named among nation’s leading medical schools

Mayo Clinic Alix School of Medicine has again been recognized by U.S. News & World Report as a top-rated national medical school. The publication released its latest “Best Graduate Schools” rankings, placing Mayo Clinic in Tier 1, the highest tier, and highlighting the school’s strength in medical research and its distinctive approach to physician education.

The U.S. News methodology categorizes medical schools into four tiers based on a range of academic and institutional measures. The top-tier recognition reflects the collective dedication of the school’s faculty, staff and students — and

affirms Mayo Clinic Alix School of Medicine as a Category-of-One model for medical education.

At Mayo Clinic Alix School of Medicine, education is deeply integrated with research and clinical practice, an approach that distinguishes the school nationally. Students are immersed in an environment where scientific discovery and innovation are closely connected to patient care, preparing them to think critically, contribute to advances in medicine and lead in a rapidly evolving healthcare environment.

As part of an integrated academic medical center with a multi-campus

model across Minnesota, Arizona and Florida, the school provides a unified curriculum and shared culture while offering students exposure to diverse patient populations and care settings.

National ratings are just one of many measures of quality and value for prospective students. Mayo Clinic Alix School of Medicine shares quality and value data, including Quick Facts, so prospective students can evaluate what distinguishes the school from other leading medical schools.

The 2026 ratings are based on selected school data submitted to U.S. News & World Report as well as third-party verifications.



A rendering of the Emergency Department expansion at Mayo Clinic Health System in Eau Claire, which will include two floors above ground level and one floor below.

Mayo Clinic Health System expands Emergency Department in Eau Claire to enhance care

Mayo Clinic Health System broke ground on the expansion of the Menard Center for Emergency Care in Eau Claire, Wisconsin, marking an important milestone in its ongoing commitment to enhancing access to exceptional care for the communities it serves.

With the generous philanthropic gift from the John and Fay Menard family, the expansion will increase Emergency Department capacity and enhance access to high-quality emergency care for patients across the Chippewa Valley and surrounding communities.

As the region's primary emergency care clinician, Mayo Clinic Health System in Eau Claire has experienced significant growth in patient volumes, including an increase in patients with more serious and complex medical needs. The expansion will include:

- Approximately 10,200 additional square feet through a three-story addition to the existing facility



Prathibha Varkey,
M.B.B.S.

- 12 patient treatment spaces
- A centralized nursing station and a collaborative clinician pod
- Advanced monitoring capabilities and enhanced bedside functionality to support high-quality emergency care
- Dedicated medication room
- Enhanced patient privacy
- Restoration of the ambulance garage to a sheltered, climate-controlled environment, improving conditions for patient transfers and local emergency medical services partners

“As we continue to invest in our facilities across Mayo Clinic Health System, we remain deeply dedicated to providing our communities with access to exceptional care and treatment close to home,” says **Prathibha Varkey, M.B.B.S.** (PREV '02), president of Mayo Clinic Health System. “For our communities, this expansion will enhance access to high-quality emergency care, which is essential. It means patients can receive care without having to travel farther when time is critical.”

Mayo Clinic study finds bariatric surgery associated with greater long-term heart risk reduction

A Mayo Clinic study found that both metabolic and bariatric surgery and GLP-1 medications improve cardiovascular health in people with obesity, but surgery was associated with significantly greater reductions in long-term cardiovascular risk. The findings were published in *Annals of Surgery*.

The study is a direct comparison of two leading obesity treatments, evaluating how each approach affects overall risk of cardiovascular disease.

“Both treatments are effective, but surgery appears to provide a greater reduction in long-term cardiovascular risk, especially when it leads to larger and more sustained weight loss,” says Wissam Ghusn, M.D., a Mayo Clinic research collaborator and first author of the study.

Researchers analyzed outcomes for 812 adults with obesity, including 579 who underwent metabolic and bariatric surgery and 233 who received GLP-1 medications.

The study found that:

- Lifetime cardiovascular risk decreased more with surgery (declining 8.6% versus 1.7%).
- Weight loss was significantly greater with surgery, averaging nearly 28% of total body weight compared with about 11% among those treated with medications.

While GLP-1 medications have gained attention for their role in weight management, the findings highlight differences in how treatment options may affect long-term outcomes.

Importantly, researchers say the findings are not about choosing one treatment over another, but about better aligning treatment decisions with long-term health goals.

“This study reinforces that obesity treatment should be viewed as a strategy to reduce cardiovascular risk, not just body weight,” says **Omar Ghanem, M.D.** (SLAP '17),



Omar Ghanem, M.D.

a metabolic surgeon and chair of the Division of Metabolic and Abdominal Wall Reconstructive Surgery at Mayo Clinic in Rochester. “It supports a more individualized, patient-centered approach where treatment decisions are based on long-term health impact.”

Researchers note that longer-term studies are needed to evaluate clinical outcomes such as heart attacks, strokes and survival, as well as the durability of medication-based therapies and the potential benefits of combining surgical and medical approaches.

Obituaries

Mark Barter, M.D. (I '76), died March 3, 2026

Joseph R. Cass, M.D. (OR '83), died April 25, 2026

Louis G. Chelton, M.D. (I '55), died June 17, 2026

Leo J. Davis Jr., Ph.D. (PSI '67), died May 31, 2026

Richard A. DeRemee, M.D. (I '66), died June 19, 2026

Charles P. Fina, M.D. (OR '69), died Jan. 21, 2026

Thomas A. Gaffey Jr., M.D. (PATH '68), died April 3, 2026

Joel Edward Gray, Ph.D. (RD '77), died April 23, 2026

Alfred H. Namba, M.D. (I '63), died June 27, 2026

Michael A. Palmen, M.D. (P '81), died April 16, 2026

James M. Retmier, M.D. (OR '86), died June 18, 2026

Wylie T. Scott Jr., M.D. (S '66, ENT '67, OR '70), died April 13, 2026

Kenneth D. Tuck, M.D. (OPH '64), died March 31, 2026

Samuel Weisz, M.D. (I '61), died April 9, 2026

Bruce G. Wolff, M.D. (CRS '82), died April 24, 2026

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