From Canada to Chicago

Alumni Weekend 2013

Northwestern investigators advance depression research from all fronts
MORE THAN 100 FEINBERG MEDICAL STUDENTS RECEIVED NAMED SCHOLARSHIPS IN THE 2012-13 ACADEMIC YEAR. DURING THE COMMITMENT TO SCHOLARSHIPS LUNCHEON, THESE HAPPY STUDENTS THANKED THEIR BENEFACtors FOR THE GENEROUS GIFTS THAT HAVE ENABLED THEM TO ATTEND NORTHWESTERN. TO LEARN MORE ABOUT SCHOLARSHIPS, READ DEAN ERIC NEILSON’S MESSAGE, “A TUITION-FREE MEDICAL SCHOOL.”
A Full-On Assault On Depression

Northwestern investigators advance depression research from all fronts.
I begin this message with a story about an alumnus who was a great friend and supporter of the medical school. That individual was Cliff Raisbeck, MD ‘53, GME ’61. For those of you who knew Cliff, who sadly passed away in March, he had a knack for getting straight to the point. At a small donor dinner in San Francisco in November, the former orthopaedic surgeon challenged our leadership team to make medical education at Northwestern University Feinberg School of Medicine more affordable.

“What does it mean when medical students leave Northwestern with large sums of debt?” he asked. “How does it affect their choice of specialty and where they practice medicine?”

These were fair questions for which there is no easy answer. We have made tremendous progress in shrinking both tuition and debt levels for students by modulating annual tuition increases, aggressively raising funds, and utilizing new gifts for scholarships. The result? In 1998, we had the most expensive tuition and debt level of the top 25 medical schools. Today, we are at the median level among all private schools, with debt averaging $143,000 per student. Through our generous donors, we added 12 new endowed scholarships in 2012 alone.

But the truth is all of us could be doing more to help future physicians realize their dreams of a Feinberg education.

In the ensuing months, I have continued to give more thought to the questions Cliff posed that night. What if talented prospective students, no matter their financial circumstances, could consider Northwestern among their top choices because we provide an extraordinary medical education that is really affordable? What if trainees could choose any medical career without worrying about how they would retire their debt?

Which led me to the ultimate question: What would it take for us to offer medical education completely free of tuition?

In today’s dollars, that would require nearly $700 million more of scholarship endowment. The school’s current principal of $1.25 million. With strong class giving at alumni weekends, generous bequest gifts, and syndicate giving from grateful patients who want to honor our alumni physicians wherever they practice today, along with the compounding benefit of growing endowment, we are confident that we can make a significant dent in achieving this goal.

We are blessed to have strong scholarship supporters, like Cliff and Carole Raisbeck, and so many other alumni and friends who challenge us to do all we can to fulfill the dreams of our medical students. We hope you will join us in our endeavor to provide a tuition-free school of medicine. We truly need your help to make this happen.

With warmest regards,

Eric G. Neilson, MD
Vice President for Medical Affairs and Lewis Landsberg Dean

For more information about “A Tuition-free Medical School,” visit the Giving website at www.feinberg.northwestern.edu/giving/give or contact Larry Kuhn directly at 312-503-1717 or larry-kuhn@northwestern.edu.
Expanded Collaboration with RIC

A new agreement between the Department of Physical Therapy and Human Movement Sciences (PTHMS) and the Rehabilitation Institute of Chicago (RIC) opens the door to closer collaboration across clinical, research, and academic endeavors to advance the fields of physical therapy, physical medicine, and rehabilitation.

For RIC patients, the joint commitment will result in even more leading-edge research being translated into evidence-based clinical care.

Researchers at PTHMS and RIC will have greater access to clinicians, de-identified data, and potential trial participants, allowing them to better pursue investigative questions and develop innovative science-based devices, technologies, and treatments.

“RIC’s legacy as a thought leader in physical medicine and rehabilitation results from bringing the finest minds in science and patient care together,” said Joanne Smith, MD, RIC president and CEO. “Northwestern’s faculty members in PT and human movement sciences are critical partners as we push the envelope on what’s possible for the most complex and debilitating injuries and diseases worldwide.”

On the education front, PTHMS will have access to generate practice opportunities for faculty, increase continuing education sites for PT students, and develop specialty residencies with RIC in physical therapy.

“Partnerships like this continue to advance our standing as an exceptional institution, one where academic excellence and intellectual diversity augment the future of medicine,” said Eric G. Neilson, MD, Feinberg’s vice president for medical affairs and Lewis Landsberg Dean. “By expanding access for our students, and by extending to clinical and research endeavors, this agreement ensures our efforts to advance the fields of physical therapy, physical medicine, and rehabilitation for many years to come.”

Sarah Plumridge

Accepted Students Revisit Feinberg

Nearly 200 prospective medical students had the chance to discover what makes Northwestern University Feinberg School of Medicine unique before making their final decisions about where to attend medical school during the annual Second Look event April 11 and 12.

Attendees participated in small group sessions and panel discussions outlining Feinberg’s new curriculum, joint degree programs, student life, and diversity, as well as opportunities for global health and student research. They also toured the Simulation Technology and Immersive Learning center and campus clinical affiliates.

Sarah Plumridge
Residency Match Revealed to Feinberg Seniors

For Maya Srikanth, Match Day was eight years in the making. An MD/PhD student in the Medical Scientist Training Program (MSTP), she stood patiently alongside 160 of her peers in the Northwestern University Feinberg School of Medicine Class of 2013. All were about to discover their residency futures. “We’ve all been on pins and needles waiting to find out for so long” said Srikanth, who matched at Brigham and Women’s Hospital in Boston for neurology. “Today is very surreal for me because I’ve come to Match Day before to support my friends, but it’s odd for this to be my time.”

There’s a lot more to being a doctor than just knowing the books; it’s knowing how to interact with patients, learning ethics, and practicing communication. I feel like Northwestern has left me extremely well-rounded.”

An annual rite of passage, Match Day is held at medical schools throughout the country at the same time every year. In 2013, graduating students learned where they would be completing their next phase of training on March 15.

“Reflecting back, I have gotten such phenomenal training at Feinberg,” said Daniel Sarezky, who matched at the Scheie Eye Institute in Philadelphia for ophthalmology. “There’s a lot more to being a doctor than just knowing the books; it’s knowing how to interact with patients, learning ethics, and practicing communication. I feel like Northwestern has left me extremely well-rounded.”

Having met his wife as an undergraduate at Washington University before they enrolled at Feinberg, Sarezky was ecstatic that they both matched in Philadelphia. “I am just so excited,” said Margaret Sarezky, who matched at Children’s Hospital of Philadelphia for pediatrics. “We have family in New York, Connecticut, and Maryland, and Philadelphia is right in the middle.”

Nationally, this year’s match included 935 couples, an all-time high. Participants who enter as a couple agree to have their rank order lists of preferred residency
62.7%  

PERCENTAGE OF FEINBERG STUDENTS WHO MATCHED RESIDENCY PROGRAMS AT THE TOP 25 U.S. NEWS-RANKED MEDICAL SCHOOLS IN 2013

All part of the excitement and anticipation of match day, students lined up into the four Feinberg college groups to receive an envelope from their college mentors. At 11:30 a.m., everyone learned where they would be training.

programs linked to enable them to match to programs within the same geographic area. The Feinberg Match included 10 couples.

RISE AND SHINE
Senthil Selvaraj began his day like any other. He awoke at 6:30 a.m. to arrive at the Rehabilitation Institute of Chicago for morning rounds, but the afternoon brought an exciting switch to his routine.

“Today is a culminating experience and we’ve all worked really hard for this moment,” said Selvaraj, who matched at Brigham and Women’s Hospital in Boston for internal medicine. “As far as my excitement level goes, on a scale of one to 10, I am probably at a 13.”

The National Residents Matching Program (NRMP) uses a computerized mathematical algorithm to align applicant and residency program directors’ preferences to fill the training positions available in U.S. teaching hospitals.

More than 90 percent of U.S. medical school seniors matched to residency positions, according to the NRMP. For the first time ever, the total number of registrants topped 40,000.
Faculty Awards and Honors

Hank Seifert, PhD, John Edward Porter Professor of Biomedical Research, has received a second-consecutive Method to Extend Research in Time (MERIT) Award from the National Institutes of Health (NIH). For three decades, his work has focused on the evolution of the infectious agents that attack humans.

“The award truly recognizes the quality and originality of the research my group has produced,” said Seifert, professor in microbiology-immunology. “The long tenure of this funding means we won't have to write a competitive renewal for some time and we can take some risks in generating innovative research directions.”

Seifert received a MERIT extension from the National Institute of Allergy and Infectious Diseases in 2008. The new MERIT Award will provide funding through 2023.

Erica Marsh, MD, assistant professor in Obstetrics and Gynecology-Reproductive Endo & Infertility at Northwestern University Feinberg School of Medicine, was honored by the Chicago Urban League in May as an innovator in science, technology, engineering and math (STEM) at its annual summit. She was recognized for her work as the founder of the Northwestern Medicine Scholars Program.

The Scholars Program offers enriching experiences that enable outstanding high school students at Westinghouse College Prep the opportunity to explore potential careers as physicians and biomedical scientists. Those selected are exposed to some of the country’s leading physicians and researchers at the Feinberg School of Medicine through mentoring, lectures, and other hands-on experiences.

“Our goal is to give a unique opportunity to inspire and lead students to work toward an advanced degree in medicine or research,” says Dr. Marsh.

During the ninth annual Lewis Landsberg Research Day at Northwestern University Feinberg School of Medicine, faculty and research staff, along with students of medicine at many different levels, participated in the event to share research. In addition to a number of other awards, two Mentors of the Year were recognized for their valuable contributions to the professional development of their colleagues and students. The awardees included Basic Science Mentor: Stephen Miller, PhD, Judy Gugenheim Research Professor of Microbiology-Immunology, and Clinical Science Mentor: Jack Kessler, MD, Ken and Ruth Davee Professor of Stem Cell Biology.

Also part of the Research Day program was the Tripartite Legacy Faculty Prize in Translational Science and Education, which was bestowed upon Donald Lloyd-Jones, MD, ScM, senior associate dean for clinical and translational research, chair of preventive medicine, and director of the Northwestern University Clinical and Translational Sciences Institute (NUCATS). The award is presented to a faculty member who embodies excellence in research that emphasizes translational approaches, teaching, mentoring, and leadership.


John Csernansky, MD, chair of psychiatry, became president of the Society for Biological Psychiatry at their annual meeting in May. The Society is one of the largest psychiatry research organizations in the world.
Neil Stone, MD ’68, Robert Bonow MD
Professor, professor of medicine-cardiology, and a member of the Feinberg Cardiovascular Institute and Center for Behavior and Health, chaired a National Heart, Lung and Blood Institute (NHLBI) panel that in 2008 began rewriting the nation’s Cholesterol Guidelines, called ATP IV, which were originally developed in the late ‘80s. Dr. Stone was also a member of the earlier NHLBI panels.

“The new guidelines are meant to provide physicians with a feeling of certainty when they prescribe medications for patients with high-risk conditions, as well as to understand those areas where the best science and the patient’s preference affect a decision,” says Stone.

The cholesterol panel focused on low-density lipoprotein (LDL), or “bad” cholesterol, and non-high-density lipoprotein cholesterol cut points, as well as the evidence behind the use of lipid-lowering drugs.

This time around, Stone is clear to point out the panel’s commitment to science, with a focus on data from randomized clinical trials.

“It’s been a challenging experience as we have tried to avoid an emphasis on expert opinion to be sure that clinicians get the benefit of what the evidence really shows,” Stone explains. “What makes this so difficult is synthesizing all of it into a brief and practical set of guidelines.”

In late April, approximately 80 new members were elected into the American Society for Clinical Investigation and the Association of American Physicians at an annual joint meeting. Among the inductees were three Feinberg School of Medicine faculty members.

Gokhan M. Mutlu, MD, associate professor in medicine-pulmonary, and Puneet Opal, MD, PhD, associate professor in the Ken and Ruth Davee Department of Neurology and the Department of Cell and Molecular Biology, joined more than 3,000 physician-scientists elected to the American Society for Clinical Investigation (ASCI). The ASCI is one of the nation’s oldest and most respected medical honor societies. Members are elected based on their scholarly achievement in biomedical research.

Dr. Mutlu’s career has focused on the mechanisms that underlie the development and resolution of acute lung injury and acute respiratory distress syndrome (ARDS), which is relevant to a number of conditions such as pneumonia, ARDS, and air pollution-induced cardiovascular events.

At Northwestern Memorial Hospital, Dr. Opal runs a neurological practice focused on movement disorders and disorders of the cerebellum. His research studies the progressive dysfunction of the cerebellum in genetic and acquired degenerative syndromes.

Susan Quaggin, MD, director of the Feinberg Cardiovascular Research Institute and chief of the Division of Medicine-Nephrology, joined more than 1,200 active members in the Association of American Physicians. A nonprofit organization, the AAP is focused on the pursuit of medical knowledge and the advancement through experimentation and discovery of basic and clinical science and their application to clinical medicine. (To read about Dr. Quaggin’s work, see pages 14-17.)
Device and Conquer
Fellowship Program to Accelerate Medical Device Development at Northwestern

Aspiring medical device entrepreneurs have received mentorship and other support through Northwestern University Feinberg School of Medicine in the past, but on a case-by-case, ad-hoc basis. Starting in the fall, the school will significantly ramp up and formalize such efforts through a fellowship program called the Center for Device Development (CD2), which will be housed within the Innovation and New Ventures Office (INVO) at Northwestern University.

Three fellows—one doctor and two engineers with complementary skill sets—will work as a team while receiving structured help during the one-year program with everything from developing links to industry partners and innovation experts, to creating business plans, navigating complex regulatory processes, and building a case toward receiving patents. They also will be mentored by industry partners and experts from Chicago Innovation Mentors (CIM), a consortium of Northwestern, University of Chicago, University of Illinois at Chicago, and Argonne National Laboratory.

Mentors from Chicago Innovation Mentors (CIM), a consortium of Northwestern, University of Chicago, University of Illinois at Chicago, and Argonne National Laboratory that provides mentor teams to support university-based and other local technology innovation ventures.

NUVENTION ROOTS
The CD2 concept was borne out of NUvention Medical Innovation, a two-semester Northwestern graduate course that pairs medical, engineering, business, and law students in teams to develop new medical technologies. The class provides a solid understanding of the basics but “isn’t quite a deep enough dive,” says David Mahvi, MD, chief of gastrointestinal and oncologic surgery at the Feinberg School of Medicine and professor in surgery-oncologic surgery at the Robert R. McCormick School of Engineering and Applied Science. “We took what we thought was the best of NUvention and used this to develop a curriculum and a rotation schedule for fellows.”

Pat McCarthy, MD, chief of cardiac surgery and NUvention Medical founder, sees the CD2 fellowship program as the next logical step. "We think these fellows might be able to come up with new, novel ideas and improve upon what exists," he says. “Device development is a fairly complicated process. Most of us learned it in on-the-job training.”

TEAMWORK AND COLLABORATION
Dan McCarthy, MD ’08, who graduated in 2013 from the Kellogg School of Management with a dual-degree master’s that combines business administration with engineering management, learned device development at Northwestern without the benefit of a structured program.
“Everything we know about innovation from other industries is that there has to be a team element for this to be successful,” Dan McCarthy explains. “Because CD2 has a built-in team, that’s going to be a big advantage for these fellows.”

Establishing CD2 in INVO, as a partnership with the McCormick School of Engineering, provides a framework to involve Northwestern University engineering faculty. And that connection will give fellows entrée to facilities like the machine shop and prototyping facility on the main campus in Evanston.

Chicago Innovation Mentors will be another pillar of the program. Mentors will typically meet with fellows monthly, talk about progress, and comment on project direction, says Maryam Saleh, PhD, INVO invention manager. “We will also work with medical device design firms and have a venture capitalist on the steering committee to advise fellows on different business opportunities,” she explains.

INAUGURAL FELLows
The three CD2 fellows, who officially begin on Sept. 1, say they’re eager to commence. The one MD, University of Colorado general surgery resident Dr. Whitney Halgrimson, McC’03, attended Northwestern for his bachelor’s in biomedical engineering and economics. Along with an interest in design and engineering, he brings an important clinical perspective and medical informatics experience. Prior to medical school, he implemented new electronic medical records and research tools for inpatient clinicians and hospitals with Epic Systems.

From left to right: Whitney Halgrimson, McC’03, Adam Piotrowski, and Joan Apolinaro, McC’13

“The chance to engage with leading thinkers and minds, whether that’s an engineering professor or a surgeon, is one of the main attractions,” Piotrowski explains.

The other engineering fellow, Joan Apolinaro, McC’13, recently received a combined bachelor’s and master’s degree in biomedical engineering at Northwestern. She has strong product/technology development experience. She designed and tested needle devices as an intern at Angiotech Pharmaceuticals and radiofrequency MRI coil sets for a rabbit brain model as an intern at the Center for Basic MRI Research at NorthShore University HealthSystem. She also has working knowledge of design controls.

Apolinaro hopes to develop another device during her time in CD2. “It’s a great opportunity for me to see all sides of medical device innovation, not just engineering but also marketing, and the processes of intellectual property,” she says. “Having mentors from Northwestern and industry there to push us in the right directions—providing guidance and support—is really critical.”

Dr. Mahvi expects these fellows—and those who follow them—will develop products that change the practice of medicine. “It’s a more lofty goal than just training people,” he says of CD2. “It’s to develop things that matter. The training is great, and we want to do that...but we also want to use this as a way to develop Northwestern companies that go out and change things.”

Medical device innovation is evolving, and CD2 is a tremendous opportunity.”
The Current and Future National Landscape of Alzheimer’s Disease

It was in this environment that the Cognitive Neurology and Alzheimer’s Disease Center at Northwestern held its 19th annual Alzheimer’s Day in May for patients and their caretakers, scientists, and other interested parties to heighten awareness, share information about Northwestern research, and discuss state-of-the-art care and treatment options.

Activities included a poster session, panel presentation, town hall meeting, and a keynote address by a respected researcher in neurocognitive studies, Ronald Petersen, MD, PhD, director of the Mayo Alzheimer’s Disease Research Center. Petersen, chair of the Alzheimer’s Disease Advisory Council, the 26-member group created in 2012 that was charged with advising the U.S. Secretary of Health and Human Services on how to develop a plan to address Alzheimer's disease, spoke about the work being done. Here we share highlights from his speech.

“The ultimate goal of the plan is to effectively treat AD and related dementias (delay onset, slow the progression) by 2025,” says Petersen, professor of neurology at Mayo Clinic. “It’s an ambitious statement but is important as to what’s happening in the field. The deadline was not a trivial issue. Some people said, ‘That’s a long way out there. What about people today? Shouldn’t it be 2020?’ But is that realistic?”

To hit the ground running, the National Institutes of Health held the Alzheimer’s Disease Research Summit 2012: Path to Treatment and Prevention. The Summit brought together experts to review many aspects of AD research, diagnosis, and treatment, resulting in a number of activities over the past year, including a research index, applications for additional studies, a small increase in funding, and new AD criteria.

To provide a view of the current national and international landscape, the International Alzheimer’s Disease Research Portfolio (IADRP) was created. This undertaking by the National Institute on Aging and the Alzheimer’s Association is an index of studies with information about current projects, including goals, timelines, funding, and when each is likely to produce results.

“It allows us to measure whether we’re making progress and if we are funding the right stuff,” says Petersen.

Work has also been done to develop new criteria to help diagnose AD and other neurodegenerative disorders.

“Didn’t we know how to diagnose the disease 10, 20, 30 years ago?”, queries Petersen. “Yes, in fact, the guidelines were quite good, but we have learned a lot about the underlying pathophysiology and our abilities to detect the disease earlier and earlier… Heretofore, we have diagnosed AD at the dementia stage, but now we know that it probably begins back at the memory impairment stage, or even at the normal stage.”

Dr. Petersen went on to share information about AD biomarkers, such as the laying down of amyloid protein—a study from Australia indicates these changes may happen 10 to 15 years prior to symptoms—and damage done to the central nervous system by defective tau proteins. Structural, functional, and molecular imaging, PET scans, and spinal fluid collection are all part of the clinicians’ current arsenal of tests to detect changes.

In addition to a focus on research, the plan has clinical care goals to stimulate clinicians’ interest in identifying the disease sooner. As a result, the Medicare Annual Wellness Visit now includes a required cognitive component to improve detection.

FACT: Alzheimer’s Disease (AD) claimed 68 percent more lives in 2010 than 2000.

FACT: More than 5 million Americans are estimated to be living with AD. By 2050, it is projected to be 13.8 million.

FACT: While annual research funding for cancer, HIV/AIDS, and cardiovascular disease is approximately $6 billion, $3 billion, and $2 billion, respectively, AD receives about half a billion dollars.
New Institute Will Boost Studies for Cancer Patients in Chicago

There aren’t enough early-phase clinical studies of new anti-cancer approaches in Chicago, forcing patients with hard-to-treat cancers to look elsewhere.

That’s about to change with the establishment in July of the Developmental Therapeutics institute launched by the Robert H. Lurie Comprehensive Cancer Center of Northwestern University.

An initial $10 million investment will bring many more phase 1, first-in-human, and early-phase clinical studies of new anti-cancer approaches to Chicago.

Leading the new institute is Frank Giles, MD, an internationally known physician-scientist in the cancer developmental therapeutics field. He will shepherd the promising therapies developed in Northwestern’s own science labs—with their particular strengths, including nanoparticles—all the way to multi-site national or international clinical trials. He will bring more international collaboration in developmental therapeutics to Northwestern with physician-scientists he has relationships with in Asia, Canada, and Europe. He also will work more closely with pharmaceutical companies on Northwestern developmental therapeutics in cancer and other diseases that share targets with cancer.

“We have all of this concentration of science here and we need to be focused on when this reaches a tipping point for developing a new therapy,” Giles says.

The new institute will add ten to 20 new physicians plus a large group of research fellows over the next several years. One of its big missions is to train young scientists in drug development. On the clinical side, the entire focus will be to treat patients in research studies.

“One thing that struck me in my prior positions in a number of U.S. cities was the number of patients I saw from Chicago,” Giles explains. “It was quite disproportionately larger than from other metropolitan areas. These phase 1 trials are a service that’s greatly needed in this community.”

“The increase in novel therapies will offer our patients with hard-to-treat cancers important new options,” says Steve Rosen, MD, director of the Lurie Cancer Center. “This adds to the remarkable advances in our understanding of cancer that now allow us to determine the most appropriate therapy for our patients using strategies that maximize benefit and minimize side effects.”

Northwestern’s strength in both preclinical research and clinical treatment makes it well positioned to take therapeutic candidates to large-scale trials, Dr. Giles says.

“There’s a very good balance here in research and treatment,” Giles continues. “Most institutions are very heavy on one or the other. There are very few that are quite strong on both. This is one of them.”

FRANK GILES, MD, WILL LEAD THE NEW DEVELOPMENTAL THERAPEUTICS INSTITUTE.

While the institute’s primary research focus will be on cancer, therapies often cross disease lines.

“Many of the pathways in cancer are applicable to cardiology or rheumatology; they’re not confined to cancer,” Giles says. “For example, several years ago, scientists discovered a key target in a hematologic malignancy called myelofibrosis, and developed drugs to modulate that target. It turned out that the pathway in that cancer also is important in rheumatoid arthritis.”

Dr. Giles prefers multi-center studies because they protect researchers from inadvertent bias, provide heterogeneity that often gives clearer answers, and move faster.

Giles has led the development of novel drugs and immunotherapies. He previously ran the Institute for Drug Development, one of the larger phase 1 trial programs in the U.S., at the University of Texas Health Science Center in San Antonio and was deputy director of the cancer center there. Most recently he ran the HRB Clinical Research Facility at the National University of Ireland in Galway.
A small, elusive group of motor neurons in the brain’s cortex play a big role in ALS (amyotrophic lateral sclerosis), a swift and fatal neurodegenerative disease that paralyzes its victims.

In a new preclinical study published in The Journal of Neuroscience May 1, Hande Ozdinler, assistant professor of neurology at Northwestern University Feinberg School of Medicine, has isolated the brain motor neurons that die in ALS and, dressed them in a green fluorescent jacket that they wear throughout their lifespan.

As a result, scientists will be able to track what causes their deaths and search for effective treatments. Ozdinler and colleagues also identified the motor neurons that don’t die, allowing scientists to study what protects them.

Out of some two billion cells in the brain, there are about 75,000 upper motor neurons affected in ALS. Previously, the only way to study these neurons was to extract them through surgery, a difficult process that still didn’t allow examination of the ailing neurons at different stages.

“You couldn’t study them at the cellular level, so the research field ignored them,” Ozdinler said. She is one of the few scientists in the country who studies cortical versus spinal cord motor neurons.

A key piece of the ALS puzzle, the disintegration of the brain’s motor neurons explains why the disease advances more swiftly than other neurodegenerative diseases. It was thought that the spinal motor neurons died first and their demise led to the death of the brain’s motor neurons. But Ozdinler’s recent findings showed that these neurons die simultaneously.

The research was supported by the Les Turner ALS Foundation, the Wenske Foundation, and the Brain Research Foundation and grants NS050162, P30 NS054850–01A1, NS061963 and F32 NS063535 from the National Institute of Neurological Disorders and Stroke of the National Institutes of Health and NIH MIND Training Grants 5T32AG020506–09 and 5T32AG020506–10.

Neon Exposes Hidden ALS Cells

Neon Exposes Hidden ALS Cells

Sodium Levels in Processed Foods Still High

The dangerously high salt levels in processed and fast foods remain unchanged, despite numerous calls from public and private health agencies for the food industry to reduce sodium levels, reports a new Northwestern Medicine study conducted with the Center for Science in the Public Interest.

The report, published May 13 in JAMA Internal Medicine, assessed the sodium content in selected processed and fast foods in 2005, 2008, and 2011.

“The study demonstrates that the food industry has been dragging its feet and making very few changes,” says Stephen Havas, MD, MPH, co-author of the paper and a research professor of preventive medicine at Northwestern University Feinberg School of Medicine. “This issue will not go away unless the government steps in to protect the public.”

Excess sodium prematurely kills as many as 150,000 people in the U.S. each year. About 90 percent of the population develops high blood pressure, and high salt in the diet is a major cause. High blood pressure increases the risk of developing heart attacks and strokes.

“The only way for most people to meet the current sodium recommendation is to cook from scratch and not use salt,” Havas said. “But that’s not realistic for most people.”

A typical American consumes a daily average of almost two teaspoons of salt, vastly higher than the American Heart Association recommendation of three-fifths of a teaspoon (no more than 1,500 milligrams).
**Study Reveals Patients Who Will Benefit from Scleroderma Drug**

Scleroderma, characterized by thickening of the skin, with complications in the joints and internal organs, is a rare autoimmune connective tissue disorder that’s difficult to treat. However, thanks to new research at Northwestern University Feinberg School of Medicine and Dartmouth’s Geisel School of Medicine, doctors may be able to treat some patients more effectively.

There is no cure—and the one drug commonly used to treat the disease, mycophenolate mofetil (MMF), does not work for everyone. In the absence of a biomarker to inform therapeutic medical decisions, patients are exposed to ineffective and potentially toxic medications.

In the first study of its kind, Monique Hinchcliff, MD, assistant professor of medicine at Feinberg and associate director of the Northwestern Scleroderma Program, and Michael Whitfield, associate professor of genetics at the Geisel School of Medicine, together have shown that gene expression signatures can accurately identify patients who will positively respond to a particular therapy.

The paper was recently published online in the *Journal of Investigative Dermatology*.

“There is the potential for adverse reactions including death with scleroderma therapies, and delay in initiating appropriate therapy can be harmful,” Hinchcliff said. “Selecting effective treatment for each patient is the major issue facing physicians.”

This work was supported in part by grants K12 HD055884 from the Eunice Kennedy Shriver National Institute of Child Health & Human Development of the National Institutes of Health, grants U01 AR055063 and R25CA134286 from the National Cancer Institute from the National Institutes of Health, grants P60 AR48098 and P50AR040780 from the National Institute of Arthritis and Musculoskeletal and Skin Diseases of the National Institutes of Health and by the Arthritis Foundation, Scleroderma Foundation, and the Scleroderma Research Foundation.

**Genes Identify Breast Cancer Risk**

A newly identified set of genes may predict which women are at high risk for getting breast cancer that is sensitive to estrogen, called hormone receptor-positive breast cancer, and would be helped by taking drugs like tamoxifen and raloxifene to prevent it.

These drugs fail to address hormone receptor-negative breast cancer, which young women and African American women are at highest risk for. Until now, it has been impossible to predict which of these two major types of breast cancer will occur.

“Now that we have the possibility of predicting if a preventive drug will work for a woman at high risk of breast cancer, we don’t expose her to a drug if it won’t help,” said Seema Khan, MD, lead author of a study published March 19 in the journal *Cancer Prevention Research*.

The newly discovered genes, many of which are involved in fat metabolism, were present at a higher level in the healthy breasts of women with hormone receptor-negative breast cancer. The discovery potentially would allow women to make a decision based on better information about the type of breast cancer for which they are at risk.

“Identifying these genes also gives us a target for new therapies,” Khan said. “Once we understand what regulates these genes, we can try to develop a therapy to switch them off.”

The research was supported in part by the Lynn Sage Cancer Research Foundation and the Avon Foundation.
QUAGGIN BRINGS IN NOVATIVE KID CARDIOVASCULAR

CHICAGO

I had to be something in his bloodstream. But that was as far as the literature could take her.

For Susan Quaggin, MD, Charles Horace Mayo Professor of Medicine, it was enough to spur a career of exploration.

"I quickly realized that you could either pursue textbook medicine, or you could ask questions at the bedside that require answers not found in published material," says Quaggin, of her residency and fellowship at the University of Toronto in the late ’80s. "In nephrology at the time, there were very limited treatment options available, and in order to develop new therapies and new ways to diagnose patients, it was absolutely clear that we needed to develop a better understanding of how diseases occur."

One of her first cases was that of an 18-year-old man. Healthy just weeks before coming to the hospital, he had developed an aggressive form of kidney disease. A year later, Quaggin watched as he lost a transplant.

"His disease recurred right there on the operating table,” she recalls. "As soon as he got his father’s kidney, it functioned well but it started spilling large amounts of protein into his urine. The idea was that..."
he had something circulating in his bloodstream that was attacking the kidney. It’s an issue that my lab continues to study,” says Quaggin, who in June received the Alfred Newton Richards Award from the International Society of Nephrology for basic science research.

Throughout the past two decades, Dr. Quaggin’s research has contributed immensely to the increased understanding of common kidney disease. In 1997, her lab discovered a gene, POD1, that is vital for the development of healthy hearts, kidneys, and lungs. The gene is required for formation of specialized glomerular cells in the kidney filters known as podocytes, which are the primary target of injury in diabetic disease. Podocytes, a major component of the kidney filtration barrier, are responsible for removing excess fluid and solute from the blood, and preventing the loss of things the body needs, like protein. And it was these cells—the podocytes—that were attacked in the 18-year-old patient.

“The work in my lab focuses on these little filters in the kidney and the associated podocytes, which cover the glomerular capillaries and normally keep the protein in the blood and not in the urine,” says Quaggin, chief of nephrology and director of the Feinberg Cardiovascular Research Institute (FCVRI). “During the past quarter century we have gained an incredible understanding of the sorts of things that cause this protein spilling. In my own lab, we have uncovered a few of these pathways and are now working toward new therapies.”

PIVOTAL SHIFTS
As a teenager, Quaggin knew she wanted to pursue a career in medicine. But it was pets not people that she imagined treating.
“Then I met my future father-in-law, who is the epitome of a great family doctor — bikes to work, makes house calls,” she says. “I was always interested in science, but from that point on I knew that medicine was the path I wanted to follow. I volunteered throughout school at area hospitals and went to college with a goal of entering medical school as quickly as possible.”

Born and raised in the suburbs of Toronto to parents who moved there from the Isle of Man, Quaggin recalls her childhood as typically Canadian. “Everybody plays hockey and you grow up living next to hockey players,” she explains. “My next-door neighbor was a New York Ranger, and I still have Blackhawks cards from the ’70s.”

The decision to leave Canada, and her parents, who arrived two decades earlier in search of work and in lieu of finishing high school, did not come easily. “It was a big decision because my daughter had just been born,” says Quaggin, who also has two sons. “I became interested in the burgeoning field of genetics and so left Canada to go to Yale, but I always planned on going back.”

**SEMINAL FINDING**

A graduate of the University of Toronto, Dr. Quaggin finished her residency in 1992. She then completed a fellowship in nephrology before her post-doctoral fellowship at Yale University, where she studied the genetic basis of kidney development. In 1997, she returned to Toronto for a second post-doctoral fellowship in the lab of developmental biologist Janet Rossant, PhD, at the Samuel Lunenfeld Institute of Mount Sinai Hospital.

It was there that Quaggin discovered the previously mentioned gene (POD1) critical for podocyte function. Crucial to scientists’ understanding of kidney structure, the finding resulted in greater knowledge of the molecular mechanisms that underlie these diseases.

“A major challenge for us today is that diabetes is the most common cause of kidney failure in North America and we still have nothing really, other than managing blood pressure and controlling blood glucose, to treat it,” she says. “In searching for ways to prevent kidney disease in diabetics, our lab has recently uncovered a new pathway, a novel mechanism of how the kidney filters stay healthy, and it turns out it has to do with the regulation of the podocyte’s cell shape.”

Building those new connections that may help springboard the next set of experiments in the lab is one of the greatest aspects of science.”
science could help the very patients she was treating.

Thanks to such inspiring role models, “much of what we did as fellows was translational research,” she recalls. “We would be exposed to unexplained cases and try to get to the bottom of them. From that point on, I quickly decided that I also wanted to be a scientist.”

In 1998, Dr. Quaggin became an assistant professor of medicine at the University of Toronto. Nine years later she was named the Gabor-Zellerman Professor, a post she held until coming to Feinberg earlier this year.

BACk TO AMERiCA

Not fond of heights, Dr. Quaggin found her high-rise apartment in downtown Chicago took some getting used to. But as equipment, lab members, and eventually, her family arrived in the Windy City, she has settled into many roles, including leadership of the Feinberg Cardiovascular Research Institute.

Renewing its focus and expanding its research breadth, Quaggin sees the FCVRI as an institute of collaboration.

“We’re going to really grow the partnerships across the Chicago and Evanston campuses to help facilitate some of the great research already taking place,” she explains. “By promoting the scope of investigation, we will explore the basic mechanisms of vascular development and maintenance that are critical for function, not only of the heart, but of the eye, kidney, and lung vessels, and how they interact with one another.”

“For me, the opportunity to come here, particularly at this time, is what made the decision so worthwhile,” she says. “As the medical school continues to invest in research, it’s going to drive new discoveries.”

SUSSAN FROM CHICAGO

Having travelled the globe to discuss her groundbreaking research, Dr. Quaggin considers meeting new scientists far more important than her own notoriety.

“I prefer to be introduced as ‘Susan from Chicago,’ nothing more,” she says. “Building those new connections that may help springboard the next set of experiments in the lab is one of the greatest aspects of science. My passion has always been research and has always been driven by patients.”

And Quaggin has never tried to separate the two.

“Rounding in the dialysis unit and talking with patients provides the motivation for everything I do,” she explains. “It’s been an incredible journey to see how nephrology has changed over the course of my career.”

As for the young man who helped engage the curiosity of a 20-something fellow? He is a successful businessman receiving dialysis three times a week and the type of story that inspires Quaggin in her pursuit of science and medicine.
OPENING DOORS TO THE PAST & PRESENT
Alumni Weekend 2013

WRITTEN BY:
Roger Anderson and Michele Weber

Some 1,700 miles stood between Lisa Kutner, MD ’88, and Alumni Weekend 2013. But distances near and far seemed easily overcome by those faced with an opportunity to reconnect. Two alumni, Irun Cohen, MD ’63, and George Schmid, MD ’73, MSc, were so motivated to attend the festivities for their 50-year and 40-year milestone reunions that they traveled from as far away as Israel and Kazakhstan, respectively.

“I came back for the chance to see old friends and what’s new on campus,” says Kutner, a psychiatrist living in San Diego. “My husband and I toured the Ann & Robert Lurie Children’s Hospital of Chicago and I was simply astounded. It looks like the entire campus has changed since I was last here.”

More than 600 alumni, guests, faculty, and students took part in the annual celebration of Northwestern University Feinberg School of Medicine graduates April 19-20.

Eric G. Neilson, MD, vice president for medical affairs and Lewis Landsberg Dean, welcomed members of the community, including the oldest graduate in attendance, Frank Padberg, MS ’42, MD ’43, GME ’52. Standing some 500 feet from the planned site of the medical school’s new research facility, Neilson gave his unique insight into how the medical enterprise will grow.

“On our campus sit three U.S. News and World Report Honor Roll hospitals, placing us in the center of a very unique...
environment,” Dr. Neilson says. “A $1 billion-plus commitment to research means we will remain focused on issues regarding neuroscience, heart disease, diabetes, cancer, and more, while also cultivating as much intellectual diversity as possible.”

In introducing keynote speaker Rear Admiral David J. Smith, MD ’81, FACOEM, deputy assistant secretary of defense for force health protection and readiness, Dean Neilson commended Smith for his numerous high-level posts within the Department of Defense and thanked him for his service overseas. Recounting his 2010 deployment to Afghanistan, Dr. Smith discussed how lessons learned on the battlefield are saving lives around the globe.

“More soldiers are being saved even as the severity of injuries is increasing,” Smith says. “If you arrive alive at one of the facilities in theater, you have a 98 percent chance of surviving.”

He credits some of those gains to a realization that the use of tourniquets should not hold to the old dogma that they be used with precaution.
“The combat-application tourniquet is clearly saving lives on a daily basis in Afghanistan,” he says. “Today, every soldier, sailor, airman, and marine that is deployed has one of those tourniquets as well as combat gauze in their first-aid kit.”

Friday’s events were highlighted by the dean’s medical school update presented in front of a capacity crowd inside Hughes Auditorium and punctuated by 11 class dinners that evening.

Saturday began with a panel discussion featuring some of the medical school’s top scientists discussing new paths being chartered at Feinberg.

“The quality of the presentations by some of our leading researchers stimulated a great deal of interest,” says Rex Chisholm, PhD, vice dean for scientific affairs and graduate studies, who moderated the program. “Many of the audience members stayed after the formal program had ended to have informal discussion with faculty presenters.”

The day continued with walking tours of campus, mentoring sessions with 19 alumni mentoring 80 current students (see sidebar), and the Dean’s Reception and Reunion Ball at the Ritz-Carlton Hotel.

At the annual Commitment to Scholarships Luncheon, the 50-year class was honored for creating the Class of 1963 Endowed Scholarship to help future medical students fund their educations. More than 50 percent of the class made a contribution to the scholarship.

Throughout the weekend, those in attendance remembered alumni who have recently passed away, including Cliff Raisbeck, MD ’53, GME ’61, who served as class representative for the past 60 years. 

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TOP: MEMBERS OF THE CLASS OF 1963 WERE RECOGNIZED BY DEAN ERIC NEILSON AT THE REUNION BALL. MIDDLE LEFT: NEW ALUMNI BOARD PRESIDENT DAVID WINCHESTER, MD ’63, ACCEPTS THE GAvel FROM OUTGOING PRESIDENT JIMMY HILL, MD ’74, GME ’79. MIDDLE RIGHT: JOSEPH LEVENTHAL, MD, PHD, ASSOCIATE PROFESSOR OF SURGERY, WITH HIS WIFE, NERVIN LAWENDY. BOTTOM: ALUMNI AND SPOUSES ENJOYED “STRUTTING THEIR STUFF” ON THE DANCE FLOOR.
MENTORING THE NEXT GENERATION

Medical students at Feinberg find mentors in the many on-campus faculty members, but they are also able to tap into a wide network of other practicing physicians across the country. Each Alumni Weekend for the past seven years, a growing cadre of alumni volunteers has spent a few hours sharing their personal career paths. Representing as many as 15 specialties, these Northwestern graduates hold court with small groups of inquisitive students who have an interest in finding out about what it’s like to practice different types of medicine.

“As an alumnus of Northwestern I really enjoy being able to give back to the university and mentoring is one way of doing this,” says Julie Melchior, MD ’91, former co-chair of the National Alumni Association Board’s Mentoring Committee. “I think it’s very valuable as well a lot of fun.”

According to Dr. Melchior, both students and alumni derive benefit from the experience. Alumni learn about the school and student life; students hear about how current physicians selected their specialty and what they like or dislike about their chosen fields.

“As a student, it really helps to be able to talk to people who are already in the field,” says second-year student Chelsea Williams. “While a certain specialty may seem interesting at first, you may find out that it doesn’t really allow for the kind of lifestyle you want.”

According to Dr. Melchior, who has participated over the past six years, keeping these sessions with students low-key is one factor in the success of this ongoing program.

“The mentoring we do is in a really relaxed setting, and I think the students feel comfortable asking lots of questions,” she explains. “I often have one-on-one conversations after the ‘official’ session ends, with students wanting to talk more about work-life balance and being a surgeon. They often ask, ‘Can you have a family and a fulfilling practice, too?’ To today’s students, I think this is more important than when I was in med school.”

James Hill, MD ’74, GME ’79, who now will co-chair the Mentoring Committee with Bonnie Typlin, MD ’74, hopes to expand alumni mentoring activities with current medical and physician assistant students. Stay tuned for ways you can get involved.
The numbers alone are depressing. Thirty million American adults will suffer from depression in their lives. One of the top 10 disorders causing disability worldwide, depression strikes nearly 40 percent of patients before age 18. In the United States, lost work days due to depression are estimated to cost employers $17 to $44 billion, according to the Centers for Disease Control (CDC) and Prevention.

“Depression is an incredibly common public health problem and we are not doing a very good job of treating it. There are inadequate mental health services as well as continued shame associated with seeking treatment,” says Katherine L. Wisner, MD, MS, Asher Professor of Psychiatry and Behavioral Sciences and director of the Asher Center for the Study and Treatment of Depressive Disorders at Northwestern University Feinberg School of Medicine. “While people intellectually get that depression is a brain disease and is as much a medical condition as diabetes, that knowledge hasn’t reduced the stigma.”

The complexity of depressive disorders requires multipronged solutions, ranging from psychotherapy and medications to non-drug therapies such as light therapy and transcranial magnetic stimulation. As multifaceted as the disease they study, Northwestern Medicine® investigators conduct basic and clinical research aimed at all aspects of depression. At Feinberg, the Asher Center boasts an interdisciplinary membership. Psychiatrists, psychologists, and basic neuroscientists contribute to the mission of developing cutting-edge research and clinical services that lead to more effective treatment. Dr. Wisner, a pioneer in the treatment of mood disorders in women during pregnancy and the post-partum period, joined Northwestern last July from the University of Pittsburgh to lead the center’s efforts.
1.

BOOSTING WOMEN’S MENTAL HEALTH

Watching mentally ill pregnant women throw themselves against the walls of isolation rooms infuriated Dr. Wisner early in her career. Medicating patients of childbearing age for their psychiatric issues was a big no-no. She adds, “I was told not that long ago that pregnant women don’t get mentally ill because they are ‘fulfilled’ by having a baby.”

Motivated to collect “real” data, Dr. Wisner has focused her research efforts on this understudied population for more than 30 years. She was the first American psychiatrist to collect serum from mothers and their babies to monitor possible infant toxicity caused by psychotropic medication in breast milk. Her arrival has added a new dimension to the medical school’s portfolio of depression research.

Conducting the largest scale depression screening study of postpartum women, Dr. Wisner and her colleagues found a surprisingly high number—14 percent of 10,000 individuals—who screened positive for depression. Of this group, 19.3 percent considered harming themselves—a major concern as suicide accounts for about 20 percent of postpartum deaths. Dr. Wisner has also studied fetal exposure to medications taken by depressed pregnant women. Her work, published in the March issue of the American Journal of Psychiatry, has shown that in utero exposure to major depression or commonly prescribed antidepressants like Prozac and Paxil had no effect on infant growth.
Understanding the Depressive Brain

Biomarkers of all types reveal much about disease status. Just as they are used to predict responses to cancer therapies, biomarkers offer depressed patients and their clinicians critical information about the potential response to specific treatments. Jacqueline K. Gollan, PhD, associate professor of psychiatry and behavioral sciences, has discovered a set of markers based on affective science that predict successful response to Behavioral Activation (BA) treatment for depression, a form of psychotherapy that modifies passivity and withdrawal and increases mastery and enjoyment to treat depression.

“Identifying a predictor of response would minimize patient cost and suffering,” says Dr. Gollan, director of the Stress and Affective Disorders Laboratory (SADLAB). “In a recent trial, 68 percent of depressed patients responded to Behavioral Activation (BA) treatment for depression, a form of psychotherapy that modifies passivity and withdrawal and increases mastery and enjoyment to treat depression.

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Drugs that target the NMDA receptor in the brain, such as ketamine, have been used to quickly reduce depression. This class of medications works within hours, versus weeks and months compared to other antidepressants. However, such drugs can have serious side effects, including hallucinations and schizophrenia-like effects. For more than 20 years, Joseph R. Moskal, PhD, research professor of biomedical engineering on the Evanston campus and director of the University’s Falk Center for Molecular Therapeutics, has been working on new therapeutics to combat depression and other neurological conditions. In December, his research group published results of a Phase Ila clinical trial of the drug compound GLYX-13. A first-of-its-kind antidepressant, GLYX-13 has been shown to rapidly, within hours and without negative consequences, lift depression in adults who failed other drug treatment. This novel drug, like ketamine, takes a very different approach from most existing antidepressants by targeting the NMDA receptor, responsible for learning and memory. However, unlike ketamine, it interacts with the NMDA receptor in a new way that accentuates positive instead of negative antidepressant effects—for up to seven days in a single dose.
EVA REDEI, MS, PHD, DAVID LAWRENCE STEIN PROFESSOR OF PSYCHIATRY AND BEHAVIORAL SCIENCES, AND MARK A. REINECKE, PHD

Specializing in teen depression and suicide, clinical child psychologist Mark A. Reinecke, PhD, continues to explore aspects of the groundbreaking work of the National Institutes of Mental Health-funded multisite project known as the Treatment for Adolescents with Depression Study (TADS). Professor of psychiatry and behavioral sciences and chief of psychology, Dr. Reinecke directed Northwestern’s participation in this longest and largest study of its kind: the $17 million trial ended in 2003. The study found that combining drug therapy (Prozac) and cognitive-behavior therapy, or “talk” therapy, produced the best results for depressed teenaged patients. A decade later, more recent and somewhat alarming data shows a 46 percent recurrence rate, with 57 percent of girls relapsing into depression compared to 32.9 percent of boys. Preventing the slide back is a current focus of Dr. Reinecke’s lab.
EMPLOYING TECH SUPPORT

In today’s society, technology has become an integral part of daily life and a growing tool to influence behavior change and manage health issues, including major depressive disorders. David C. Mohr, PhD, professor of preventive medicine and director of Northwestern’s Center for Behavioral Intervention Technologies, is developing behavioral intervention technologies (BITs), ranging from simple land line to web-based mobile phone and sensor-based interventions. His earliest work explored the usefulness of the telephone as a mental health tool. Last year, he published results of the first large trial to compare the benefits of face-to-face versus telephone therapy. The study revealed that phone-based psychotherapy works as well as face-to-face sessions in reducing depression. It also improves access and compliance to ongoing therapy.

Moving on to computers and the Internet, the Mohr lab has focused on the effectiveness of Web-based depression treatment. Particularly challenging are compliance issues, especially among depressed individuals who often exhibit low motivation.

“That’s part of the disease,” he says. “When left on their own, people with depression usually don’t adhere to Web-based treatment programs.” For this reason, Dr. Mohr has pursued the idea of using coaches to provide brief, supportive interactions to keep people with depression on track. He is also exploring Web-based social networks that would rely on peers with depression to help others stick with the Web-based treatment. Additionally, Dr. Mohr has been creating virtual humans or “conversational agents” that can humanize Internet interactions.

In the realm of mobile applications, Dr. Mohr is developing context-sensing apps that can analyze sensor data from the phone, for example, GPS, Bluetooth, and Wi-Fi data. This information could aid in identifying states of mind that may be related to an individual’s depression or treatment such as location, activities, and social settings. The data could be used to determine when people are doing things likely to make them feel worse, such as being at home alone on the weekend, and, conversely, when they are engaged in events likely to improve their mood, such as meeting a friend for coffee. The mobile intervention can also record the achievement of therapy goals like getting out of the house or following a regular schedule.

“People get tired of logging data and answering questions about what they are doing or who they are spending time with,” explains Dr. Mohr. “There’s been a big movement in m-health [mobile health] to start using sensors that people can wear. We’re trying to see how much we can do with sensors that people always have with them in their phones.”

Mobile phones and computers may offer easier access to depression treatment, lower health care costs, and reach people who would not otherwise consider psychotherapy. While not always available for certain segments of the population, such as the economically depressed or those in connectivity “dead zones,” the use of technology potentially provides a viable solution to the overwhelming numbers of people touched by depression.

“At a public health perspective, these technological interventions have an important place in our health care system,” says Dr. Mohr. “While they will never replace psychotherapists, they provide us with additional tools to help people.”

Improving all aspects of diagnosis and care for people with depression has resulted in a diverse research portfolio at Feinberg and throughout the University. Northwestern’s multidisciplinary “full assault” approach is making headway against a disease that afflicts individuals across all socio-economic and cultural boundaries.

“Depression remains the most pervasive and tragic of mental disorders,” says John G. Csernansky, MD, chair and Lizzie Gilman Professor of Psychiatry and Behavioral Sciences. “At Northwestern, we are poised to offer new treatments to our patients with depression, by combining innovations in drug therapy with psychotherapy, and by harnessing the power of mobile communication technologies.”

DAVID C. MOHR, PHD, PROFESSOR OF PREVENTIVE MEDICINE AND DIRECTOR OF NORTHWESTERN’S CENTER FOR BEHAVIORAL INTERVENTION TECHNOLOGIES
President’s Message

Let me begin this message by thanking the alumni of the Feinberg School of Medicine for electing me as President of the Alumni Association National Board. I am honored to accept this position and will endeavor to enthusiastically fulfill the responsibilities of the office.

As a graduate of the Feinberg Class of 1963, I was delighted to join in celebrating our 50-year reunion at the recent Alumni Weekend in Chicago. There were many highlights to the two days, but I would especially like to mention the following:

» the Class of ’63 dinner, which was a wonderful opportunity to reconnect with my classmates;
» the Commitment to Scholarships Luncheon, where my class was recognized for contributing more than $100,000 for an endowed scholarship, The Class of 1963 Scholarship Fund. More than 50 percent of the class participated in this fundraising effort;
» and the Annual Reunion Ball, where Dean Neilson honored our class and countless other alumni, spouses, and friends.

In my new role, I also had the opportunity to participate in a number of meetings and learn about a few initiatives. One of these was communication with our alumni, which has reached its highest level. The newest tool that you will be hearing more about is “Our Northwestern,” the University’s brand-new online social community that will launch later this summer to serve the undergraduate and graduate schools. It will provide a unique opportunity for alums to network, socialize, and share news.

“My Northwestern Medicine” is a weekly e-newsletter that was launched more than a year ago and keeps our medical alumni updated on current and future happenings on the clinical, research, and education fronts. And then there is the medical school’s quarterly print and online magazine, Ward Rounds, familiar to all of us for its outstanding format over the past 29 years, which will be getting a facelift in the near future.

As incoming President, I have begun working with our Executive Committee to update our Purpose and have met with Drs. Neilson and Krensky to discuss a future direction that emphasizes a spirit of loyalty, professional interaction, mentorship of future alumni, and personal support to assure the continued success of the mission of the medical school.

And finally, I’d like to share that the Executive Committee has been reorganized to include the following positions: President (me), President-Designate (Bruce Scharschmidt, MD ’70), Immediate Past President (Jimmy Hill, MD ’74, GME ’79), Member at Large (Paloma Toledo, MD/MPH ’03), and Co-Chair of the Mentoring Committee (Bonnie Typlin, MD ’74). Responsibilities of the Nathan Smith Davis (NSD) Program president, which was also part of the Executive Committee and was formerly held by Bruce Scharschmidt, will be assumed by Development staff. In place of the NSD president, we have added to the Executive Committee the co-chair of the Mentoring Committee.

In conclusion, please join me in thanking Dr. James (“Jimmy”) Hill as he steps down as President of the National Alumni Board. We appreciate the time and energy he has devoted to being an ambassador for the medical school and its alumni.

All the best,

David Winchester, MD ’63
President
He put on his white coat and walked into the examination room. The patient said, “Hello, doc.” Arnold Heyman, MD ’54, had been waiting for that moment since he was nine years old.

“The moment I looked and acted like a doctor was my fondest memory of my medical school experience,” Dr. Heyman says of his medical career.

He grew up in Toledo, Ohio, with his single-parent mother. After his discharge from the United States Navy he attended the University of Michigan for pre-medical studies. Heyman planned on attending medical school at the same institution. At the last minute, he was turned down due to a large number of veterans that were accepted, which left no room for out-of-state students.

Determined to become a doctor, he immediately applied to numerous other medical schools. Heyman was accepted to Northwestern, but he was waitlisted a year.
“I celebrated,” he says. “I was grateful for this because it was my life’s dream, even though I had to wait a year.”

He spent the 12 months before medical school as a scrub nurse at Mt. Sinai Hospital in Cleveland.

In 1950 he entered Northwestern University and found himself busy studying in the library each evening. When the library closed at 10 p.m. each night, he would continue studying while his friend Jacob Suker, MD ’56, washed dishware after the science lab closed. At the time, Suker was a graduate student in biochemistry.

“At about 10 o’clock, while Jacob was cleaning dishes, I’d study and study. When he was finished, we’d chat over coffee.”

NO STRANGER TO HARD WORK
The GI Bill paid for the first two years of Dr. Heyman’s schooling, but the last 2 years he had to fund himself. To do so, he worked at St. Luke’s Hospital as a urology extern and a scrub nurse.

“As a urology extern, I worked every third night. For this I got $25 per month as well as room, board, and laundry,” he explains. “At the same time I was a scrub nurse every third night on call. I worked 6 to 10 p.m. and if I had no cases, then I could go to sleep after that. If we had cases, I would scrub ’til day shift came on duty. For this I received $125 per month. In my senior year I obtained scholarship aid which helped ease the burden. Thus I could now pay tuition. In spite of all that duty, I graduated with a B average and enjoyed every minute of the experience.”

After completing his medical degree, Heyman interned at Los Angeles County Hospital. He returned to Chicago for his residency in general surgery at Wesley Memorial Hospital in 1956 and continued his training in urology at County Hospital in Los Angeles. Over the next 30 years, he practiced urology in California. He also served on the clinical teaching staff at the University of Southern California Medical School.

FROM UROLOGIST TO INVENTOR
As a physician, he designed and licensed numerous urologic instruments that were sold to major medical device manufacturers such as the Bard-Heyman urethral instrument system, ureteral dilators, slipover stone basket, slipover illuminating ureteral catheter, prostate biopsy device, and a urotote, a unitary urinary collection device.

“I came up with the ideas as I recognized the need from my everyday urology practice,” Dr. Heyman says. “Once I found the method of getting concepts to the marketplace, I decided to design a new instrument each year. To increase the value of the concept, I wrote a paper for publication in the Journal of Urology or had an exhibit and paper at the urology meetings each year.”

Those successes led him to help other healthcare professionals commercialize their device concepts by forming a company, Medical Product Consultants. After retiring from practicing medicine in 1992, he started Neotech Products, Inc., a manufacturer of devices for neonatal intensive care units.

One of Heyman’s patients was an engineer and administrative executive in the medical product field, and the two men saw an opportunity to start a medical device company together. They spent a year looking for their first device, the Meconium Aspirator, eliminating the need for mouth suctioning of meconium from newborns, which led them into the delivery and newborn product industry. The other product ideas came to them from neonatal ICU personnel.

In the early years of Neotech, they had one device and two employees. Now Neotech has grown to 35 employees and a catalogue of 36 products. Selling to more than 30 countries, they are a leading inventor and manufacturer of neonatal devices in the world.

At 85 years old, Dr. Heyman says he loves what he does and could never retire. His wife of 56 years, Fern, was thrilled that he had Neotech to occupy his time after he retired. As she said, “I married you for better or worse, but not for lunch!”

“Our company continues to grow; I enjoy the success of the business because we devote ourselves to causes which advance neonatal care,” he explains. “We are helping save newborn babies and making a difference in the lives of their parents and caregivers. And, we provide jobs so others can put food on the table.”

PAYING IT FORWARD
Dr. Heyman was so grateful for the opportunities he received at Northwestern University Medical School that he recently gave an endowed scholarship gift, the Dr. Arnold and Fern Heyman Scholarship Fund, to the medical school.

“I know how difficult it was to finance my education and thus wanted to assist other students reach their dream of being a doctor,” he says. “This is also my way to thank NUMS for all they did for me, for all they did so I could have my dream.”

WARD ROUNDS SPRING/SUMMER 2013 — P.29
At 26, Carmelo Tenuta, BSPT ’87, prepared for whatever might come next. “After spending five years getting my name out there, I felt ready to open my own physical therapy practice,” he recalls. “My responsibilities were to my career. I had no children, a great degree, and I could start over if it didn’t work out.”

But it did, and by 2011—the year his practice was acquired by Chicago-based Accelerated Rehabilitation Centers—Sports Physical Therapy and Rehab Specialists had grown to 16 clinics throughout Wisconsin and northern Illinois. Today, Tenuta is vice president at Accelerated Rehab, which means frequent trips to the Windy City. And although his role has expanded, Tenuta continues to help run the practice he founded in 1992. “My responsibilities as a CEO have always been to help lead my staff and to create an environment for them to succeed,” he says. “Maybe in the beginning I felt that I had to have my hands in everything, but over the years I have learned to hire people who share the same core values and who are the right fit.”

Dedication to Physical Therapy pays dividends for Tenuta

WRITTEN BY: Roger Anderson
ARRIVING AT NORTHWESTERN

If from the minute Tenuta arrived on the Chicago campus he was focused, the second he graduated 15 months later, he was determined.

“I think it was a great foundation,” Tenuta says, of the accelerated physical therapy program he was a part of at Northwestern. “It was grueling, but you learned a lot about yourself; I think it was a realization that life isn’t easy, but if you have the perseverance and will, you can accomplish anything.”

The oldest physical therapy program in the nation, Northwestern has been consistently ranked in the top 10 by U.S. News & World Report. Sally Edelsberg, MS, an associate professor emeritus since her retirement in 2003, helped build the framework for what became the Department of Physical Therapy and Human Movement Sciences in 2000.

“I’ll never forget Sally Edelsberg,” Tenuta says, of the woman who led the medical school’s Programs in Physical Therapy for 27 years. “I also remember the camaraderie. I don’t think it was easy for anyone, but she was always there, willing to help.”

After graduation, Tenuta began establishing himself in Kenosha, Wis., a city of 100,000 people nestled along the shore of Lake Michigan. He started working as a staff member at a local hospital, an ad-hoc professor at the University of Wisconsin-Parkside, a physical therapist at a home health agency in the evenings, and an on-site rehabilitation specialist at various manufacturing sites in his free time.

“Most factories had three shifts at that time, so I could work first shift, and then cover a later shift after my day job at the hospital,” Tenuta explains. “I did this for five years, at which time I felt I had made enough of a name for myself, especially at the university and within the local industrial community, to move forward with my career.”

Accomplishing a goal he set early in his medical education, Tenuta opened his first two practices in Kenosha County, just north of the Illinois border. In the nearly 20 years that followed, he built a corporate office, 14 other locations, and a business with nearly 250 employees.

A FAMILIAR NAME

In southeastern Wisconsin, the Tenuta name is as recognizable as homemade tiramisu. But for Carmelo, the oldest of five brothers, his attention quickly turned from the family restaurant business to physical therapy.

“My parents always encouraged me to put college first and develop a business of my own,” Tenuta says. “With two of his brothers still operating Italian restaurants in Racine, Kenosha, and Milwaukee, Carmelo has added to the family’s notoriety. His many roles within the community have included work on various boards at UW-Parkside, involvement with charitable organizations, including his church, and as a youth basketball coach. Tenuta’s intertwining passion for his family and athletics has given him the opportunity to coach each of his children.

In the middle of his nearly 20 years in private practice, he also launched OccuPro Systems and Solutions, which today provides software used by physical therapists to help determine objectively when a patient is capable of going back to work.

Today, Tenuta also runs LivingWell, a Kenosha-based medical supply company that specializes in mobility aids and medical supplies for homebound patients, as well Sports 24, an always open, Kenosha fitness center.

“I stay very busy, and my day-to-day role with Accelerated Rehab has me much more involved with business development, leadership training, and customer service, rather than treating patients,” Tenuta says. “I figured out fairly early in my career that outstanding service is absolutely key. As a vice president, I have a great opportunity to affect the future of care throughout the Midwest.”
Progress Notes

1960s
Marshall Sparberg, MD ’60, has retired after practicing gastroenterology at Northwestern Memorial Hospital for 45 years. He is planning on traveling, playing more music with his cello, and enjoying all that Chicago has to offer.

Michael L. Friedman, MD ’67, of Rancho Palos Verdes, Calif., is “still alive and kickin’,” he writes. He continues to work full time as a gynecologist and obstetrician and spends the rest of his time with his girlfriend and his six grandchildren.

Robert Kotler, MD ’67, of Beverly Hills, Calif., is the inventor of the “almost, not-quite-yet world-famous Kotler Nasal Airway.” A new medical device, a pair of soft silicone tubes, is inserted by a nasal surgeon at the end of any nose or sinus operation. It allows patients to breathe immediately after surgery, and throughout the first one-to-five-day post-operative period. The device is now used in the United States and many foreign countries.

Fred M. Levin, MD ’68, of Chicago, is an associate professor in the department of psychiatry at Northwestern University Feinberg School of Medicine. In addition to his private practice work in psychiatry and psychoanalysis, Dr. Levin is also on the faculty of the Chicago Institute for Psychoanalysis, where he has taught a course on neuropsychoanalysis for more than 10 years. He has written more than 12 books, including one in Japanese. Among his many collaborators, Dr. Levin has worked closely with Olivier Ameisen of Paris, who began use of the drug baclofen in patients addicted to “heavy,” dangerous drugs, such as heroin, cocaine or alcohol, to end their addiction.

1970s
Howard Kornfield, MD ’75, of Mill Valley, Calif., is the founding medical director at the Alameda County Medical Center, Pain Management and Functional Restoration Clinic, where he practices with the area’s most at-risk patients. He maintains a private medical practice in Mill Valley and founded and directs Recovery Without Walls, which specializes in the treatment of chronic pain, chemical dependency, prescription medication management issues, and problems with alcohol.

Mark Nolan Hill, MD ’77, professor of surgery at the Chicago Medical School and president, North Shore Surgical Associates, has taken the time to talk to the anatomy and physiology class at Highland Park High School for the past 30 years. In December 2012, he took his operating room to their classroom, complete with scrubs for each student, real gallstones, and simulations of scalpel incisions. Dr. Hill said he has a personal belief in fostering a passion in young people. He said, “I want them to see the reality of the operating room as compared to what they see on ‘Grey’s Anatomy’ and television.”

1980s
Over the past three years, Ukeme I. Umana, MD ’85, of Carbondale, Ill., has volunteered with medical missions to Nigeria and Liberia. An ophthalmologist, Dr. Umana returns to Nigeria every three months to attend to eye-related diseases.

Albert Pisani, MD ’88, of Redwood City, Calif., is an assistant clinical professor of gynecologic oncology at Stanford University School of Medicine. He and his partner, Jay McCullough, have an 11-year-old daughter and a 10-year-old son.

Jesse Fann, MD ’89, of Seattle, is a professor in the Department of Psychiatry and Behavioral Sciences and an adjunct professor in the Department of Rehabilitation Medicine at the University of Washington School of Medicine. He is also an adjunct professor in the Department of Epidemiology at the University of Washington School of Public Health. Dr. Fann serves in the clinical research division of the Fred Hutchinson Cancer Research Center and as the director of Psychiatry and Psychology Service at the Seattle Cancer Care Alliance. His two sons are now seven and nine. He writes that he would welcome hearing from any old classmates!

1990s
Richard S. Pollenz, PhD ’91, was named a Fellow of the American Association for the Advancement of Science (AAAS). Dr. Pollenz was recognized for distinguished contributions to the field of molecular toxicology, particularly for advances in understanding ary1 hydrocarbon receptor signal transduction at the protein level. The awards were presented at the AAAS annual meeting in Boston in February 2013.

Anne Lipton, MD/PhD ’95, and her husband, Lee Lipton, MSJ ’94, recently relocated from Dublin, Ireland, to Vancouver, British Columbia. Dr. Lipton’s fourth book, “The Common Sense Guide to Dementia for Clinicians and Caregivers,” has recently been published by Springer Science and Business Media.
Kerry Drain, MD ’96, of Chattaroy, Wash., welcomed her second son, Maxwell, in July 2012.

Geraldine E. Menard, MD ’97, GME ’00, was named associate chair of internal medicine for clinical services at Tulane Medical Center and chief of the Section of Internal Medicine and Geriatrics at Tulane Hospital in December 2012. After graduating from the HPME program, Anuj Steve Narang, MD ’97, completed his pediatrics residency at Johns Hopkins Hospital and earned a master’s degree in healthcare management at Harvard University. In 2011, he was named chief medical officer for Banner Health’s new Cardon Children’s Medical Center in Phoenix. In April 2013, Dr. Narang was selected to be the next chief executive officer for Banner’s flagship hospital, Banner Good Samaritan Medical Center, in Phoenix.

After seven years of private practice in cardiology in the north shore suburbs of Chicago, Micah J. Eimer, MD ’98, GME ’06, returned to Northwestern to serve as the medical director of the Northwestern Medicine Glenview Outpatient Center and practice non-invasive cardiology with the Bluhm Cardiovascular Institute. “I am delighted to be back at Northwestern, working with truly wonderful people to bring the Northwestern brand to our communities.”

Booker T. Evans, MD ’93, completed an internship and residency in pediatrics at the University of Chicago and a residency in psychiatry at the University Hospitals of Cleveland. Since that time, Dr. Evans has practiced psychiatry all over the United States, including Alaska, Utah, Indiana, Pennsylvania, and North Dakota. He is shown in 2011 at Lake Sakakwewa in North Dakota.

Gregory A. Cote, MD ’01, GME ’02, ’08, and wife Renee, of Zionsville, Ind., welcomed Vincent Joseph, born on June 16, 2012. He joins big brother Anthony Patrick.

Carina Yang, MD ’03, GME ’08, ’09, and Benson Yang, MD, GME ’07, had their second daughter, Sarelle Zhi-Zhen Yang, on March 27, 2013. She is very easy going and her big sister Kelise loves the new addition!

Lijia Strachan, MD ’06, completed her residency in OB/Gyn at the University of Minnesota and is currently practicing general OB/Gyn at Indiana University Health La Porte Hospital. In September 2011, Dr. Strachan married Juan Carlos Gonzalez Novo in Santiago de Compostela, Spain.

Lydia Chi, MD ’01, GME ’02, and Howard Lee, BSC ’98, of Arcadia, Calif., welcomed their son, Miles Theodore, on November 4, 2012. They hope he will follow in his parents’ footsteps and become a Wildcat!
Teresa Smathers Maciejewski, PT ’87, of Ft. Wayne, Ind., organized a 25-year Class of 1987 reunion during Northwestern University Homecoming Weekend in October 2012. Classmates who made the weekend festivities included Robert Mayo, PT ’87, Joanne Bastian, Tonya Hansen, PT ’87, Doreen Lipon, PT ’87, Carmelo Tenuta, PT ’87, Lissa Shea, PT ’87, Kathy Navarro, PT ’87, Traci Heller, Sheryl Hilbert, PT ’87, Maureen George, and Julie Junkins, PT ’87.

Chandi White Edmonds, MPT ’00, PT ’02, of Chicago, participated in an eight-day medical mission trip in Port au Prince, Haiti, in September 2012 with Project Medishare with the University of Miami. Edmonds assisted in a “Train the Trainer” program for PT techs at the city’s critical care hospital. She is now planning a supply drive for Hospital Bernard Mevs in Port au Prince. Please contact her (ckwhite28@yahoo.com) if you would like to know more.

Jennifer Henry, PT ’05, of Chicago, supervised third-year students Jeff Martini and Erin Murray during the students’ three-week program at Hillside Health Care International in Belize in December 2012, the first PTHMS international learning experience. During their time at Hillside, which already has an affiliation with the Northwestern University Feinberg School of Medicine’s Center for Global Health, the students provided rehabilitation services to rural residents.

Elizabeth Moeykens Hoobchaak, PT ’06, of Barrington, Ill., recently published her first PT book, “Taking Control: Ways to Minimize Lower Back Pain by Changing How You Move.” It is meant for the patient who does not have any medical knowledge and covers the areas of anatomy, diagnosis, conservative care, sleeping positions, medications (written by a clinical pharmacist), ergonomics, exercises, minimally invasive pain management, and understanding surgery. The book is available now on Amazon.

O’Real Cotton, PT ’05, of LaVerne, Calif., met with first- and second-year students on October 11, 2012, and shared his PT journey. “Since I graduated, I’ve worked at Athletico, moved back to Calif., worked for a few years and opened my own clinic about two years ago. I was hoping to let students know what my path has been like over the past seven years; how different markets (Ill. vs. Calif.) offer different things and also how I progressed from a treatment standpoint.” Thank you, O’Real!

Kendra Maple, PT ’08, of Houston, worked with second-year students Travis Minniear and Brittnay Klaus in Haiti during the students’ volunteer work in an outpatient clinic as part of Medical Missions of Memphis in December 2012. The students brought PT supplies and equipment to the clinic.

PTHMS faculty members Lois Deming Hedman, MPT ’87, and Jennifer Hilb Kahn, MPT ’00, PT ’02, met up with Britney Freiberger Rorrer, PT ’12, and Courtney Freiberger, PT ’12, at a continuing education course. Lois and Jen were teaching in Louisville, Ky., while Britney and Courtney were working at Louisville’s Frazier Rehab Institute in an outpatient SCI unit.
George Dohrmann, PhD ’70, MD ’71, professor of neurosurgery at the University of Chicago, received the 2012 Career Achievement Award from the Chicago Neurological Society. This award recognizes exceptional expertise, knowledge, dedication, and recognition in the field of neurosurgery and neurological research.

Stephen M. Stahl, MD ’75, is a professor of psychiatry at the University of California San Diego. He was named an Honorary Fellow at Cambridge University, honoring the publication of two bestselling books in psychopharmacology by Cambridge University Press, “Stahl’s Essential Psychopharmacology” and “The Prescriber’s Guide.” Dr. Stahl is also the director of psychopharmacology services for California’s Department of State Hospitals, an eight-facility system serving 6,500 psychiatric patients with 300 psychiatrists. He recently was named editor-in-chief of the journal CNS Spectrums. He gave the distinguished psychiatrist lecture at the American Psychiatric Association annual meeting in San Francisco in May 2013.

In November 2012, Robert H. Lane, MD ’89, GME ’95, was named chair of the Department of Pediatrics at the Medical College of Wisconsin and pediatrician-in-chief at Children’s Hospital of Wisconsin. Dr. Lane was previously the chief of neonatology at the University of Utah School of Medicine in Salt Lake City and the August L. Jung, MD and Presidential Professor in the division of neonatology, Department of Pediatrics. He also served as associate chair for basic research in the University of Utah School of Medicine’s Department of Pediatrics.

Scott LeMaire, MD ’92, director of research for the division of cardiothoracic surgery, was appointed vice chair for research in the Michael E. DeBakey Department of Surgery at Baylor College of Medicine.

Kwame Amponsah, MD ’06, has joined the Georgia Neurological Institute (GNI) as a neurosurgeon. Prior to joining GNI, Dr. Amponsah completed his residency at Wake Forest Baptist Medical Center in North Carolina.

Mary McGrae McDermott, MD, GME ’94, was selected to receive the designation “Master of the Society of Vascular Medicine.” This is the highest honor bestowed by the Society of Vascular Medicine (SVM) and is given to individuals who have made outstanding contributions to the field of vascular medicine. The award was given at the National SVM meeting in June 2013.
In Memoriam

Sherman Allred, MD, GME '49, '50, of Salt Lake City, died March 5, 2013.

Michael S. Anderson, MD '60, of Quincy, III., died April 3, 2013.


Judith Cohn, MD '83, of Booton, N.J., died December 19, 2012.

Jerry Dincin, PhD '77, of Evanston, Ill., died March 26, 2013.

John M. Elisberg, MD '75, of Fitchburg, Wis., died January 28, 2013.

Thomas W. Engel, MD '72, of Long Grove, Ill., died December 12, 2008.

Frank H. Gardner, MD '45, of Galveston, Texas, died April 6, 2013.

Jack D. Kerth, MD, GME '63, of Fort Myers, Fla., died January 30, 2013.

Ralph T. Lidge, MD '45, of Barrington, Ill., died January 26, 2013.

David K. McAfee, MD '53, of Spicer, Minn., died February 13, 2013.

Harry B. McGee, MD '47, of Bay City, Mich., died February 20, 2013.

Jack David Raoul Miller, MD, GME '63, of Edmonton, Alberta, died January 30, 2011.

Nan Monk, unknown degree '50, of Waukesha, Wis., died February 12, 2013.

William E. Price, MD, GME '52, of Rio Verde, Ariz., died February 17, 2013.

Clifford C. Raisbeck, Jr., MD '53, GME '61, of Sausalito, Calif., died March 29, 2013.

Ausey H. Robnett, MD '42, of Spokane, Wash., died February 19, 2013.

Donald G. Vellek, MD '54, GME '56, of Atlanta, died December 29, 2012.

Howard F. Wallach, unknown degree '49, of Los Angeles, died April 1, 2013.

C. Dwight Yates, MD '43, of Modesto, Calif., died January 12, 2013.

Upcoming Events

For more events, visit the calendar on the home page of wardroundsonline.com.

**JULY 11-13, 2013**
2nd Annual Chicago Cardiovascular Update
Prentice Women’s Hospital
250 E. Superior St., Chicago.
For more information, call 312-503-8533.

**JULY 26, 2013**
Advancing a Preventive Rheumatology Agenda
Robert H. Lurie Medical Research Center
303 E. Superior St., Chicago.
For more information, call 312-503-3556.

**AUGUST 2-3, 2013**
Chicago Live 2013: Turning Endoscopic Challenges into Endoscopic Solutions
Northwestern Memorial Hospital
541 N. Fairbanks, Chicago.
For more information, call 312-926-7975.

**AUGUST 8, 2013**
Oncofertility Grand Rounds: Psychological aspects of fertility preservation
Robert H. Lurie Medical Research Center, Ste 10-123 (or attend online)
303 E. Superior St., Chicago.
For more information, call 312-503-3378.

**SEPTEMBER 9-10, 2013**
2013 Oncofertility Conference
Prentice Women’s Hospital
250 E. Superior St., Chicago.
For more information, call 312-503-3378.

**SEPTEMBER 19, 2013**
World Alzheimer Day
Northwestern Memorial Hospital, Pritzker Auditorium
251 E. Huron, Chicago.
For more information, call 312-908-9023.

**SEPTEMBER 19, 2013**
Echo Northwestern 2013
Northwestern Memorial Hospital
541 N. Fairbanks, Chicago.
For more information, call 312-503-8533.
Feinberg Hosts Inaugural Lurie Prize Ceremony

Physicians and scientists from across the country honored one of the nation’s most innovative young scientists in May at a ceremony held at the Robert H. Lurie Medical Research Center of Northwestern University.

Ruslan Medzhitov, PhD, Howard Hughes Medical Institute Investigator and David W. Wallace Professor of Immunobiology at Yale University School of Medicine, was awarded the inaugural Lurie Prize in the Biomedical Sciences for discoveries related to the immune system. Established by global philanthropist Ann Lurie, the annual prize, which carries a $100,000 honorarium, will recognize early-career researchers whose findings have advanced basic biomedical science.

“My specific interest is to reward and acknowledge a scientist who makes a discovery that is clearly a game changer in terms of medical and biological research,” Ann Lurie says.

A jury of scientists headed by Solomon Snyder, MD, Foundation for the National Institutes of Health (FNIH) board member and director- emeritus of the Solomon H. Snyder Department of Neuroscience at Johns Hopkins University, selected Medzhitov from 154 nominees.

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Women as Healers and Scientists

Today’s medical school classes are balanced with a more even mix of male and female students, but that wasn’t always the case. At Northwestern in the 1960s, more women began bucking the trend, taking up the academic and personal challenge of becoming physicians. Read about the history of females enrolling at Northwestern University’s medical school in the history blog at www.wardroundsonline.com.

ADDITIONAL PHOTOGRAPHY:
Randy Belice: pp. 3, 4, 5, 18-21
Laura Brown: p. 24
Teresa Crawford: pp. 10, 11
Nathan Mandell: pp. inside front and inside back cover
Bruce Powell: pp. 2, 16, 23, 25, 26
Michele Weber: p. 7

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Stay Connected with Your Medical School.

Our Northwestern is a new, exclusive social community that will be launching later this summer. Here you can share memories with friends and connect with alumni of every generation, profession and pursuit. Reconnect with alumni in the Feinberg School of Medicine space, or seek out friends in groups based on programs, specialties and class years.

Our memories. Our relationships.