COVER STORY:

Closing in on Type 1 Diabetes

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Four Northwestern University Labs Collaborate to Tame this Autoimmune Disorder

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Physician-scientist plans to raise funds and profile of Northwestern Medicine®
IN VIVO, THE MEDICAL SCHOOL’S SKETCH COMEDY SHOW, CELEBRATED ITS 34TH YEAR IN JANUARY. IN ADDITION TO PARODYING A POPULAR MOVIE, THERE WERE A NUMBER OF SKITS AND MUSICAL AND DANCE NUMBERS. READ MORE AT WWW.WARDROUNDSONLINE.COM.
Features:

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Physician-scientist plans to raise funds and profile of Northwestern Medicine
Ceremonies, symbols, and rituals are present to some degree in nearly every profession, and medicine is no exception. These traditions help frame meaning, foster inclusion, connect the past to present, and highlight special occasions. Our Founders’ Day Convocation at Feinberg is one annual event that is imbued with all of these elements. Held each August, it marks the official start of the new academic year. The formal ceremony, attended by Northwestern University President Morton Schapiro, is a celebration of the rich heritage that began more than 150 years ago to welcome our newest class of medical students.

As an initiation into the profession, a White Coat Ceremony is included during which the matriculants excitedly don their very first white coat, albeit a shorter version of the long ones they will wear in the future. In concluding this ceremony, the first years recite the Declaration of Geneva with second-year medical student mentors and faculty leaders and other physicians in attendance.

While slipping on these trappings of clinical medicine and reading the modern-day version of the Hippocratic Oath, students are not only connecting with our ancient rituals but are also accepting some weighty responsibilities — making the health of their patients their number one priority, being sensitive to the diverse needs of individuals, and honing their medical science, communication, and teamwork for servicing the wellbeing of others.

President Schapiro says he enjoys attending this medical school event in an auditorium packed with students and their proud family and friends because it is so moving and meaningful. As dean of the medical school, it is inspiring to look upon this group of future physicians and see their promise and potential to make many great contributions to the medical profession. This important day is both a testament to the hard work it has taken for students to get to this point and recognition of the dedication required as they continue their education at Feinberg.

If a white coat ceremony was not part of your first-year medical school experience — Lewis Landsberg began this Northwestern tradition a number of years ago after he became dean — perhaps there was a singular moment or event that represented the start of your medical education. For me, it was being at the bedside as a student knowing how useless we are as physicians without a deep personal and life-long commitment to understanding and knowing the science behind disease — a white coat was not going to be enough.

Whatever that day was for you at Northwestern, I ask you to remember how it made you feel — proud, excited, and maybe more than a little nervous — and then consider connecting with our new student body by making a donation supporting their experience, including the white coats that will be bestowed to them on Founders’ Day; your name as a sponsor will be placed in the pocket of one of the white coats. Think of it as a personal homage to new beginnings that inspires the professionalism of our students, supporting them at the start as they work to achieve their dreams of becoming a physician.

In a few months, we will be making it easier for you to reconnect in many meaningful ways with the medical school, the University, and other alumni when Northwestern University launches an exclusive new online community called “Our Northwestern.” This Web site will offer a place to network, socialize, share news, register for events, update your profile, submit progress notes, volunteer to be a mentor, and interact with other members of the Northwestern community. In the future, alumni will also be able to make contributions through this new platform. We look forward to sharing more details about it in the coming weeks.

In the meantime, if you are interested in participating in our White Coat fundraising effort for the Class of 2017, please contact Joanna Riester, senior associate director, Engagement & Participation, at 312-503-3081 or j-riester@northwestern.edu.

With warmest regards,

Eric G. Neilson, MD
Vice President for Medical Affairs and
Lewis Landsberg Dean
Northwestern University Feinberg School of Medicine has continued its steady climb as a research-intensive medical school, leaping 19 spots since 2001 to its current all-time high — 21st position — among all 130 institutions awarded grants directly from NIH. According to the Blue Ridge Institute for Medical Research, that ascent represents the largest increase in rankings during that period.

“This vital NIH funding enables our investigators to make breakthrough discoveries while mentoring and training the next generation of scientists and physician-scientists,” said Eric G. Neilson, MD, vice president for medical affairs and Lewis Landsberg Dean. “Our new ranking is a validation of our superb Feinberg faculty and their diligent efforts to conduct important biomedical research.”

While NIH dollars to medical schools have not increased due to a challenging funding environment, Feinberg received nearly $174 million in direct grants, the largest amount given to any medical school in Illinois in 2012.

“The NIH budget has been relatively flat for the last several years,” said Rex Chisholm, PhD, vice dean of scientific affairs and graduate education, and associate vice president for research at Northwestern University. “The medical school faculty hasn’t grown significantly. Feinberg faculty members have been focused and effective in securing funding; we’ve been more successful than other institutions in competing for awards by increasing our market share.”

**STRONG DEPARTMENTAL RANKINGS**

Annually, NIH also ranks individual medical school departments. In 2012, eight Feinberg departments ranked in the top 10 of their research areas, and 11 departments ranked in the top 20:

- NIH Departmental Top 20: Physiology (3), Urology (3), Obstetrics and Gynecology (4), Preventive Medicine (4), Dermatology (7), Physical Medicine and Rehabilitation (8), Cell and Molecular Biology (9), Neurology (10), Medicine (17), Otolaryngology (20), Surgery (20).
- Affiliated specialty hospitals in NIH Top 10: Rehabilitation Institute of Chicago (1), Children’s Memorial Hospital (8).

**INVESTING IN RESEARCH, AND ILLINOIS**

A 2011 Association of American Medical Colleges report indicated that for every dollar invested in research at medical schools and teaching hospitals, approximately $2.60 of economic activity occurs. Additionally, federal and state research funding received by medical schools and teaching hospitals directly supports about one in every 500 U.S. jobs.

“Federal funding supports not only researchers at Northwestern University, but in the greater Chicago and Illinois economy as well,” said David Browdy, chief operating officer at Feinberg.

Extramural grants to American medical schools accounted for approximately $11.8 billion of NIH’s $30.9 billion budget in fiscal year 2012.
ARTICLE TITLE:

Faculty Awards and Honors

Bill Muller, MD, PhD, chair of pathology, has been awarded the American Society for Investigative Pathology’s most prestigious honor. The Rous-Whipple Award is bestowed to a senior scientist who not only possesses a distinguished career in research, but also continues to advance the understanding of disease.

Muller arrived at Northwestern University Feinberg School of Medicine in 2007 with the goal of creating collaborations among investigators studying inflammation, immunity, cancer, wound healing, and homeostasis. He successfully organized an inflammation research weekly seminar series, bringing together a university-wide, multi-disciplinary group focused on these topics.

In the laboratory, Muller studies the molecular and cellular basis of how white blood cells cross blood vessels to enter tissues, a critical point for the regulation of the inflammatory response.

Nicholas Volpe, MD, professor and chair of ophthalmology, has been awarded a $100,000 grant from Research to Prevent Blindness (RPB), the world’s leading voluntary organization supporting eye research. He will use the award to support research into the causes, treatment, and prevention of blinding diseases.

“The unrestricted grant provides our department with a very powerful tool that both helps us to initiate new research projects and at the same time provides critical and ongoing support to our established research programs,” said Volpe. “Our research efforts in synaptic signaling in the cone–bipolar synapse, multimodal imaging in age-related macular degeneration, and the roles of neurotrophic factors in preventing glaucoma damage will be supported through RPB’s unrestricted grant.”

To date, RPB has awarded grants totaling $2.64 million to the Feinberg School of Medicine.

In January, John D. Crispino, PhD, associate director of education and training at the Robert H. Lurie Comprehensive Cancer Center of Northwestern University, was formally invested as the Robert I. Lurie, MD, and Lora S. Lurie Professor.

Over the past decade, Dr. Crispino has made many important contributions to improve the understanding of the mechanisms of normal and malignant blood development. He was the first person to identify specific genetic mutations that are associated with leukemia in children with Down syndrome. Currently, he is focusing on understanding the role of transcription factors in the specification and maturation of blood cells.

Phyllis Zee, MD, PhD, Benjamin and Virginia T. Boshes Professor of Neurology, received the Priority Research Initiative Award as part of the Dixon Translational Research Grants for her project: “Sleep Disturbance and Metabolic Syndrome.” The grant will provide nearly $300,000 to study the use of sound waves to stimulate deep slow wave sleep, the stage most closely linked to cardio-metabolic function. This represents an exciting technological breakthrough because the acoustic system can be adapted to an individual’s sleep pattern.

Sleep disturbances affect nearly 25% of the general population and nearly 50% of patients with cardio-metabolic disorders. Growing evidence indicate a strong linkage between the two.

Andrea Dunaif, MD, Charles F. Kettering Professor of Endocrinology and Metabolism, was recently named the 2013 Distinguished Women in Medicine and Science honoree by the Women Faculty Organization (WFO). The annual award was started by Northwestern University Feinberg School of Medicine in memory of Carolyn Brent, MD, the WFO’s founder.
Dr. Dunaif has dedicated her career to elevating the world’s understanding of polycystic ovary syndrome, one of the most common disorders of reproductive-age women. She is the director of the Northwestern University Specialized Center for Research on Sex Differences and the NIH-supported Building Interdisciplinary Careers in Women’s Health program. To see her WFO presentation, go to the Multimedia Library at www.wardroundsonline.com.

For the second time in three years, a Feinberg faculty member has made the Crain’s Business Chicago “40 Under 40” list of influential young Chicago professionals. As commissioner of the Chicago Public Health Department, Bechara Choucair, MD, MS, adjunct associate professor in family and community medicine, has reshaped the local healthcare agenda, most notably by launching the Healthy Chicago campaign. Beyond his mentorship of students, Choucair, an avid Twitter user, teaches a course on immigrant health. (In 2010, C. Shad Thaxton, MD, PhD, assistant professor in urology, was named to the list.)

Luis N Amaral, PhD, professor of medicine at the medical school and professor of chemical and biological engineering at McCormick School of Engineering, has been elected as a fellow of the American Association for the Advancement of Science (AAAS) along with five other Northwestern professors.

Amaral was selected for distinguished contributions to the theoretical and computational study of complex systems, particularly for the development of a cartographic framework for characterizing large networks. This research will enable biomedical researchers to design or re-engineer biological systems for therapeutic purposes.

He has published more than 100 peer-reviewed papers in leading scientific journals, and has been selected as an Early Career Scientist by the Howard Hughes Medical Institute.

Faculty in the Department of Physical Therapy and Human Movement Sciences recently received the following awards and honors:

Babette Sanders, MS, associate professor in physical therapy and human movement sciences, was the recipient of the Catherine Worthington Fellowship of the American Physical Therapy Association (APTA). Catherine Worthingham, PT, PhD, FAPTA, was a visionary change agent who demonstrated leadership across the domains of advocacy, education, practice, and research. The fellow designation is APTA’s highest honor.

Jane Sullivan, PT, DHS, associate professor in physical therapy and human movement sciences, was invited to serve on the International Stroke Upper Extremity Think Tank Group.

Jules Dewald, PhD, chair of the Department of Physical Therapy and Human Movement Sciences, was appointed as a fellow in the American Institute for Medical and Biological Engineering’s College of Fellows (AIMBE). This non-profit organization founded in 1991, represents 50,000 individuals from academic institutions, private industry and professional engineering societies, and the top 2% of medical and biological engineers.
The space is set up in many ways like a typical operating room. The most immediately noticeable difference is that the “patient,” known affectionately as “Cosmo,” is a mannequin.

That’s because this “operating room” is actually a simulation laboratory, one of two at Feinberg that provide anesthesiologists from across the country with a chance to try out new procedures and policies in a low-risk, confidential environment.

Anesthesiology is currently the only medical specialty that requires immersive simulation exercises in the Maintenance of Certification (MOC) process, once every 10 years for those who received initial certification in 2008 or later. This compulsory part of the training is organized through the American Society of Anesthesiologists (ASA).

“The simulation lab is a more realistic setting and focuses on communication skills, patient safety issues, and team behaviors,” says Christine Stock, MD, who chairs the Department of Anesthesiology. “It allows us to engage people in difficult conversations.”

The seven-hour sessions are conducted 13 or 14 times per year at Feinberg, which began offering simulation as part of certification maintenance in 2010. Feinberg has served more anesthesiologists than any of the 32 other simulation centers in the country that do so: nearly 140 by the end of 2012.

While required for recent anesthesiology residency graduates, such training is suggested for everyone, and to date, 25 percent of participants have been in practice for more than 10 years.

“We clearly wanted to be at the leading edge of this new mandate,” says Christine Park, MD, director of the Simulation Technology and Immersive Learning (STIL) Group. Prior to this requirement, she adds, “we paid a lot of attention to the education of medical students and residents, and we kind of assumed that once you got into practice, you somehow just got it.”

Although the ASA suggests that each site tailors simulation content specific to its expertise, they outlined three main elements that must be included: hypoxemia, hemodynamic problems, and teamwork and communication.

“The attendees’ discussions about different practice styles and institutional policies are a major feature of each scenario,” says Rozanna Chester, STIL lab manager. “Their survey comments indicate they enjoy learning from each other.”

OUT IN FRONT

Stock credits Dr. Park with the drive and passion to use the simulation lab to collect data on rare anesthesia outcomes that could lead to treatment breakthroughs. “We had the space, we had the devices, and we had Christine Park,” she says, in summarizing why Feinberg ended up playing such a leadership role in MOC.

Park expects “logarithmic” growth in participation in the years ahead. “So far, we’ve only seen the early adopters,” she says.

Paul Pribaz, executive director of Feinberg’s Center for Education in Medicine, says he expects emergency medicine and other Northwestern departments such as colorectal surgery to be simulation leaders in their respective fields, as well.
“Because of the facilities, faculty, and technical staff, for lack of a better term, we put on a good show,” Pribaz says. In anesthesiology, “Once one person comes from an institution, all of their colleagues want to come. It speaks to the quality of what we’re doing.”

Emergency Department Chair James Adams, MD, expects simulation for MOC to come online for his specialty in the next year or two. “The sim lab is an environment where we can safely assess their skills, and they can ask questions,” he says, adding that like emergency personnel, anesthesiologists “operate in a high-stakes environment, and their skills have to be at a high level.”

PASS OR FAIL

Currently, MOC in anesthesiology is a formative assessment. Attendees are credited for showing up and participating in a peer discussion. To culminate the experience, participants are required to write and implement a three-point improvement plan in their practices for three months, and then report back on obstacles and achieved successes.

“The reflection on the obstacles has been extremely enlightening,” Park says.

To promote freewheeling exchanges, instructors and attendees must sign a confidentiality agreement. To make the experience more realistic, Park trains actors who play such roles as a concerned nurse or anxious family member, which lends “the human dynamic that’s so important.”

“Most people don’t come out of it feeling like they looked like a genius,” Park admits. “You have to reflect on what was done particularly well and why, as well as expose yourself to constructive feedback that you can’t ask of your own colleagues. … To learn to engage in high-level, complex issues in this way—to many people is a whole new playing field.”

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How do you annihilate lymphoma without using any drugs? Northwestern Medicine researchers discovered they could starve it to death by using a nanoparticle that appears to the cancerous lymphoma cell like a preferred meal—natural HDL. But when the particle engages the cell, it actually plugs it up and blocks cholesterol from entering.

The nanoparticle…closely mimics the size, shape, and surface chemistry of natural HDL particles. But it has one key difference: a five nanometer gold particle at its core.

A new study by C. Shad Thaxton, MD, PhD, and Leo I. Gordon, MD, shows that synthetic HDL nanoparticles killed B-cell lymphoma, the most common form of the disease, in cultured human cells, and inhibited human B-cell lymphoma tumor growth in mice. Gordon is a professor of medicine in hematology/oncology and Thaxton is an assistant professor of urology, both at Northwestern University Feinberg School of Medicine.

The nanoparticle — originally developed by Thaxton as a possible therapy for heart disease — closely mimics the size, shape, and surface chemistry of natural HDL particles. But it has one key difference: a five nanometer gold particle at its core. After it attaches to the lymphoma cell, the gold particle’s spongy surface sucks out the cell’s cholesterol and prevents it from absorbing more.

The paper was published Jan. 21 in the journal Proceedings of the National Academy of Sciences.

“This has the potential to eventually become a nontoxic treatment for B-cell lymphoma which does not involve chemotherapy,” says Gordon, a co-corresponding author with Thaxton on the paper. “It’s an exciting preliminary finding.”

The Northwestern study also showed that natural HDL did not kill the cells or inhibit tumor growth. The nanoparticle was essential to starve the lymphoma cell.

Thaxton and Gordon are encouraged by their early data showing that the HDL nanoparticles do not appear toxic to other human cells normally targeted by HDLs, normal human lymphocytes, or to mice.

The research was supported by The Howard Hughes Medical Institute and the Schwartz Foundation. Thaxton is a co-founder of AuraSense, LLC, a start-up biotech company that holds the license to the HDL nanoparticles.
In Colon Cancer, Scientists Discover ‘Two-Faced’ Cells

Northwestern Medicine researchers have discovered a “two-faced” group of cells at work in human colon cancer, with opposing functions that can suppress or promote tumor growth. These cells are a subset of T-regulatory (Treg) cells, known to suppress immune responses in healthy individuals.

The Feinberg team, led by Khashayarsha Khazaie, PhD, research associate professor at the Robert H. Lurie Comprehensive Cancer Center of Northwestern University, recently reported their findings in the journal Science Translational Medicine.

“Our work shows that Tregs, by suppressing inflammation, are normally very protective in cancer; it is rather their switch to the expression of the protein RORγt that is detrimental,” explains Khazaie.

After identifying the abnormal Treg subset in mice with hereditary colon cancer, Khazaie and lead author Nichole Blatner, PhD, research assistant professor at the Lurie Cancer Center, worked with Mary Mulcahy, MD, associate professor of hematology and oncology, radiology, and organ transplantation, and David Bentrem, MD, Harold L. and Margaret N. Method Research Professor in Surgery and associate professor in medical social sciences, to look for the same cells in colon cancer patients.

“To our delight, we found the same Treg alterations in cancer patients,” says Khazaie.

He notes that the discovery of Treg diversity in cancer, and its central role in control of cancer inflammation, may lead to new therapeutic approaches.

“Tregs are actually very useful in the fight against cancer,” he said. “We are very excited about the therapeutic options that targeting specific subsets of Tregs could provide in human solid tumor cancers, and that is our next immediate goal.”

The research was made possible by philanthropic support through the Lurie Cancer Center and Steven Rosen, MD, director of the Lurie Cancer Center and the Genevieve E. Teuton Professor of Medicine at the Feinberg School.

Forecasting Brain Tumors like a Storm

The critical question shortly after a brain cancer patient starts treatment: how well is it working? Previously, there hasn’t been a good way to gauge that.

Now Northwestern Medicine researchers have developed a new method — similar to forecasting storms with computer models — to predict an individual patient’s brain tumor growth, enabling physicians to rapidly identify how well the tumor is responding to a particular therapy. The approach allows a quick pivot to a new treatment, if needed.

The study, published Jan. 23 in the journal PLOS ONE, is based on 33 patients with glioblastoma, the most common and aggressive form of brain cancer.

“When a hurricane is approaching, weather models tell us where it’s going,” said senior author Kristin Swanson, PhD, professor and vice chair of research for neurological surgery at Northwestern University Feinberg School of Medicine. “Our brain tumor model does the same thing. We know how much and where the tumor will grow. Then we can know how much the treatment deflected that growth and directly relate that to impact on patient survival.”

The prediction model was based on MRI scans the patient received on the days of diagnosis and surgery. The difference between these two scans enabled researchers to estimate how fast the tumor was growing along with the density of tumor cells throughout the brain. Researchers then scored the effectiveness of the patient’s therapy by comparing tumor size after treatment to the model-predicted size if untreated.

The method will advance brain tumor treatment, Swanson said, by enabling clinicians to optimize individual therapy plans.

Northwestern researchers hope to make the computer model an iPad app or offer it on a Web site where a clinician can simply enter a patient’s MRI data to calculate the response score.

The research was supported by the National Cancer Institute of the National Institutes of Health, grants R01 CA164371, R01 NS 060752, U54 CA143970. The research was also funded by the McDonnell Foundation, the Brain Tumor Funders Collaborative, the University of Washington Academic Pathology Fund, and the James D. Murray Endowed Chair.
CLOSING IN ON TYPE 1 DIABETES

Applying sophisticated science, a foursome from Northwestern University’s Feinberg School of Medicine and McCormick School of Engineering is well on their way to solving what has been an insurmountable problem—controlling type 1 diabetes (T1D) without immunosuppressant drugs.

Like paratroopers jumping out of an airplane, mighty miniature foundations known as “scaffolds” are delivering targeted therapy that reverses the disease. Physicians and scientists are also injecting small nanoparticles intravenously to transport proteins and bioactive chemicals that induce the body to accept healthy new cells. Considerable investigation still needs to be conducted to find the right combination of scaffolds and nanoparticles that will work in humans, but success so far has researchers guardedly optimistic about defeating diabetes.

INEFFECTIVE APPROACHES
Two therapies currently dominate treatment for T1D, where the immune system destroys beta cells in the pancreas that make insulin. A third method has emerged over the last twelve years.

Insulin Injection
In the most common method, patients must monitor their glucose levels every couple of hours and inject insulin to avoid high blood sugars, which increase their risk of diabetic complications, or low blood sugars which, if undetected, can lead to a diabetic coma.

Pancreas Transplant
In the second approach, patients can undergo a pancreas transplant which is a serious operation. In addition, immunosuppressive drugs used to help prevent the immune system from fighting the new organ can cause problematic side effects. According to the American Diabetes Association, studies have shown that survival rates are better for patients who manage their diabetes with conventional therapy (insulin, diet, exercise, etc.).

Transplanted Islets
Another method which has enjoyed some new successes over the last 12 years is transplanting donor islet cells from a healthy pancreas into a patient. New cells are inserted into blood vessels within the liver so they can naturally detect glucose levels in blood and adjust insulin secretion accordingly. Unfortunately, this organ isn’t the most hospitable host, so multiple transplants may be required.
TIMELINE OF TRANSPLANTED ISLET ENGRAFTMENT

IMPLANTATION
0–5 Days
Scaffolds can be implanted into sites with high vascularity, and present proteins that support adhesion, which can prevent cell death and enhance islet survival.

ENGRAFTMENT
3–14 Days
Scaffolds can create an environment that promotes blood vessel growth into the islets and delivers factors to promote insulin release.

GRAFT SUPPORT, RETURN TO HOMEOSTASIS
1 Week–1 Month
The islet environment is naturally remodeled as the islets integrate with the host, leading to effective sensing of blood glucose and distribution of secreted insulin throughout the body.

LONG-TERM ORGAN MAINTENANCE
Months–Years
The scaffold has degraded, leaving a natural tissue in which islet turnover is balanced with proliferation, and this environment enables long-term islet function.
“With transplanted islets, you often don’t get the number of viable cells to survive that you really want,” says Dr. Xunrong Luo, director of the Islet Cell Transplantation Program at Northwestern Memorial Hospital. “When you inject islets into the liver, often half of the islets die in a few hours because of an inflammatory reaction sparked by exposure to the blood, and more die over time due to immunosuppressant medications and other toxins.”

**WORTHY OPPONENTS**

Because there is no long-term control for the disease and complications from inadequate treatment are all too frequent, Northwestern scientists started rethinking the entire approach. Building a team that could outsmart the disease was like finding the right puzzle pieces. Back in 2003, William Lowe, MD, professor of medicine-endocrinology at the Feinberg School of Medicine, joined with Lonnie Shea, PhD, professor of chemical and biological engineering on the Evanston campus. Dr. Lowe wondered if scaffold technology could be applied to T1D and was delighted to find that Dr. Shea was already working on engineering the technology for medical uses.

Scaffolds, which are made of dissolvable surgical sutures, let physicians place cells in a strategic position in the body. As an alternative to the liver, the team decided to put islet cells in the omentum, the fat pad in the internal abdomen. With the scaffolds as an anchor, the transplanted cells could thrive there because of ample blood supply and welcoming tissues allowing cells to engraft into the body’s vasculature.

While this solved the problem of where to locate the cells, it did not address either the immune response that triggers the diabetes or that rejects transplanted cells. To tackle these issues, in 2008 they partnered with Stephen Miller, PhD, the Judy Gugenheim Research Professor of Microbiology-Immunology, and Xunrong Luo, MD, PhD, associate professor in medicine-nephrology, microbiology-immunology, and surgery-organ transplantation. Over several years, the scientists experimented with different approaches. Taking advantage of Dr. Shea’s engineering background they designed tiny nanoparticles to deliver proteins and bioactive chemicals which alter the body’s reactions. They also treated the donor tissues before and after transplant with the chemical EDCI, which tricks the body into thinking the transplanted tissues are not different.

Finally, they hit the right combination, using the newly created nanoparticles to achieve tolerance (cell acceptance) without immunosuppressants.

“We always knew that the immune system was a significant barrier to long-term function, and figuring it out has been like solving a puzzle, and with this collaborative team, all the pieces are beginning to fit,” explains Shea.

For Miller, the nanoparticle technology to induce tolerance is the most encouraging approach he has seen in his 30 years studying autoimmune diseases at Feinberg. “We are really committed to carrying this forward,” Miller says. “I still
want to be cautious about it. There is a lot of good stuff that still has to be proven, but in my many, many years of trying many, many ways to intervene, this is by far the most robust approach.”

“We are highly hopeful this will work in humans,” says Dr. Luo.

Fortunately, NIH has supported their research to find new therapies to the tune of several million dollars. All four investigators have received NIH and RO1 grants together and individually that fuel the collaboration. The Juvenile Diabetes Research Foundation and the Myelin Repair Foundation have also funded their work.

FROM MICE TO MEN

Lengthy, painstaking research has solved the vexing problems of locating the islet cell transplants outside the liver and inducing tolerance to the new cells — at least for mice.

“We have been able to get the scaffolds to function in a ‘small-scale operation,’ now we must move to a larger scale,” says Dr. Lowe.

Several challenges lie ahead. Five millimeters in diameter in mice, larger scaffolds need to be constructed for testing in large animals.

In addition, the team is working on how to deliver a peptide through the scaffold that helps islets more easily take root in the fat pad and integrate into the body’s vasculature.

To complement the nanoparticle work, Shea and Luo also sought ways to use the scaffolds to impact the immune response. To protect the donor islets, they co-located regulatory T cells on the scaffolds. (Their study will be published in Tissue Engineering later this year.)

“These regulatory T cells prevented other T cells from attacking the islets and induced long-term function and systemic tolerance, which was both surprising and promising,” says Shea.

If regulatory T cells can help disarm the immune system and, in the long term, be used in combination with nanoparticles, it may mean immunosuppressant drugs will be unnecessary or can be significantly reduced. That would be a huge advantage because immunosuppressants reduce the body’s natural defenses, leaving patients more susceptible to other diseases.

Luo adds it’s possible that primates and later on, patients, may need immunosuppressants after transplant but could gradually be weaned off the drugs as islet cells grow stronger. Following her approach of “safety first, then innovation.”

If we succeed and an endless supply of cells becomes available, you could potentially treat everyone with type 1 and type 2 diabetes, but... that’s not going to happen tomorrow.

“GO THE DISTANCE

The team knows how eager patients and their families are for improved treatments. In severe cases of diabetes, patients inject insulin up to seven times a day. Since T1D often afflicts young people, some parents may need to get up several times during the night to test their children, living in constant fear that their son or daughter will slip into a coma.

If all goes well, patient trials will be at least three years away. The team does not expect everything leading up to phase 1 testing to go smoothly, but they believe that between the four of them and their unique individual expertise, they can solve just about any problem.

Following primate testing, the therapy will need to be refined for humans. The team is already anticipating possible challenges: human islet cells are not as pure as mouse islets which can be collected from a controlled environment; scaffolds need to be re-sized for humans; to further optimize transplant success, scaffolds need to be re-engineered to hold peptides and/or DNA. However, the team is encouraged by their success in transplanting human islets on scaffolds into mice.

FDA scrutiny will be intense, but Dr. Lowe notes that a few hurdles have already been cleared. Islet transplants...
A DYNAMITE DOZEN
THE YEAR 2012 IN REVIEW

ARTICLE DETAIL:
People have been known to declare that change happens slowly in academia. Nothing could be further from the truth when looking back at the past 12 months on the Northwestern Medicine® campus, under the leadership of Dean Eric Neilson.

From the creation of an institute focused on public health and medicine to a jump in our National Institutes of Health funding ranking (see page 3 for details), to the launch of the first phase of the renewed MD curriculum at the Feinberg School of Medicine to the opening of the new Ann & Robert H. Lurie Children’s Hospital of Chicago, 2012 is proof that a dozen months can make an enormous difference at an academic medical center.

"Last year was a remarkable year for the medical school, marked by a number of great accomplishments," says Eric G. Neilson, MD, Lewis Landsberg Dean of Northwestern University Feinberg School of Medicine. "As we start 2013, I anticipate continued expansion of our research initiatives and academic programs, and the addition of a number of new leaders in medicine as we continue on our path to becoming a premier academic medical center under the Northwestern Medicine brand."

WRITTEN BY:
Sarah Plumridge and Michele Weber
NEW INSTITUTE LAUNCHED
The Institute for Public Health and Medicine (IPHAM) was established by Dean Eric Neilson in summer 2012 as a collaboration of nine centers that link scientists across Northwestern University’s campuses, integrating traditional medicine with public health models. IPHAM Director Rowland Chang, MD, MPH, said, “This institute will catalyze programs that address both individual and population health, and create synergy and new ideas by coordinating activities across them.”

STATE AND NATIONAL RANKINGS
FEINBERG SCHOOL MOVING ON UP
Northwestern University Feinberg School of Medicine rose one spot in the U.S. News & World Report rankings to 18th among the top 20 research medical schools in the country in 2012. The goal of Northwestern Medicine is to become one of the top academic medical centers in the country, fueled by Dean Neilson’s vision to double the research enterprise at the Feinberg School of Medicine.

NORTHWESTERN HOSPITALS SELECTED BY LEAPFROG, U.S. NEWS
Northwestern Memorial Hospital (NMH) and Northwestern Lake Forest Hospital (NLFH) were selected as 2012 Top Hospitals by The Leapfrog Group, an organization that provides national, public comparison of hospitals across safety, quality, and efficiency dimensions. They are among an elite group of only 92 hospitals selected out of nearly 1,200. Dean M. Harrison, president and CEO of Northwestern Memorial HealthCare, said it was an honor to have both hospitals recognized as top performing.

CHILDREN’S REBIRTH, RANKINGS
Children’s Memorial Hospital shed its name and former location in Lincoln Park when it moved to Northwestern University’s Chicago campus in Streeterville in June. It was reborn as the Ann & Robert H. Lurie Children’s Hospital of Chicago, a unique 23-story facility that offers the latest advancements in pediatric patient care and comfort. The move enhanced the hospital’s collaboration with academic and clinical partners, including Northwestern Memorial Hospital and the Feinberg School of Medicine.

Lurie Children’s ranks No. 7 on the U.S. News & World Report Best Children’s Hospitals Honor Roll, a distinction awarded to only 12 institutions. In addition, the hospital has 10 specialties ranked nationally, five of which are among the top 10 in the country, including: urology (6), nephrology (7), gastroenterology (8), cancer (9), and orthopaedics (10).

MEDICAL EDUCATION
Northwestern University Feinberg School of Medicine received 6,910 applications for the 2012-13 academic year, with 166 students comprising the Class of 2016. The group lists 78 undergraduate majors, speaks 26 different languages (in addition to English), and boasts a high degree of prior research experience—90 percent at the undergraduate or graduate level—before beginning medical school. More than half of the graduates from the Class of 2012 were accepted into residencies at the top 25 schools.

SCHOLARSHIP GIVING
More than 965 friends of the Feinberg School donated $5.7 million in fiscal year 2012.
2012 for medical student scholarships, compared to $2.6 million in fiscal year 2011. Of the 2012 total, $1.4 million was provided for current-use scholarships and $4.3 million for endowed funds. Currently, 124 students are receiving support from named scholarships.

**PHYSICIAN ASSISTANT PROGRAM**

In May, Northwestern University’s Physician Assistant (PA) Program, a two-year Master of Medical Science (MMS) degree that launched in 2010, celebrated the graduation of its inaugural class of 30 students. In August, Northwestern welcomed its third class of students to the program, which includes one year of classroom instruction followed by 12 months of clinical rotations.

**RESIDENCY PROGRAM TRAINEES**

**McGAW**

In 2012, the McGaw Medical Center of Northwestern University filled 213 residency positions, with 22 percent from underrepresented minorities. Forty percent of the new recruits were from top 25 medical schools and more than 30 percent were Alpha Omega Alpha members.

**LEADERSHIP APPOINTMENTS**

**Serdar Bulun Named Chair of Obstetrics and Gynecology**

In March, Serdar Bulun, MD, chief of reproductive biology research, was named chair of the Department of Obstetrics and Gynecology and obstetrician-gynecologist-in-chief at Northwestern Memorial’s Prentice Women’s Hospital. Dr. Bulun started the Division of Reproductive Research in 2003. His major research initiatives, for which his team has received nearly $40 million in research funding, include the roles of estrogen and metabolism in diseases such as breast cancer, endometriosis, and uterine fibroids.

**Susan Quaggin Named Head of Cardiovascular Institute, Division of Nephrology**

In June, Susan Quaggin, MD, an international authority in nephrology, was named the Charles Horace Mayo Professor of Medicine, and serves as director of the Feinberg Cardiovascular Research Institute (FCVRI) and chief of the Division of Nephrology. She studies the genetic and molecular pathways that establish and maintain complex capillary structures, particularly those forming the renal glomerular filtration barrier — a highly-selective filter that separates circulating blood from the kidney’s urinary space.

**Katherine Wisner Named Director of Asher Center for Research and Treatment of Depressive Disorders**

In July, she arrived at Northwestern with a specific charge—to create a prominent center of cutting-edge research, and translate findings to alleviate the suffering of patients with mood disorders. Her area of specialty is reproductive psychiatry, and her work studying the impact of exposure to major depression and treatment options during pregnancy has resulted in more than 165 publications.

**MAJOR FACULTY ACHIEVEMENTS**

**Samuel Stupp Elected to Elite Society**

Samuel Stupp, PhD, professor in medicine, was elected to the National Academy of Engineering, one of the highest professional distinctions accorded in the field. Renowned for his research in regenerative medicine, Stupp,

**THREE SCIENTISTS WIN PRESIDENTIAL AWARD**

C. Shad Thaxton, MD, PhD, Steven Kosak, PhD, and Charlesnika Evans, PhD, MPH, received a 2012 Presidential Early Career Award for Scientists and Engineers. This is the highest honor the U.S. government gives to outstanding scientists and engineers who are in the early stages of their independent research careers. “Discoveries in science and technology not only strengthen our economy, they inspire us as a people,” President Barack Obama said.
director of the Institute for BioNanotechnology in Medicine, is cited for advances in processes of self-assembled polymers for biomedical applications. He seeks to better understand the relationship between nanoscale supramolecular structures and the functions of materials.

NEIL KELLEHER AWARDED W.M. KECK FOUNDATION GRANT

Neil Kelleher, PhD, the Walter and Mary E. Glass Professor of Molecular Biosciences, professor of medicine, and director of Northwestern’s Proteomics Center of Excellence, received a $1 million grant from the W. M. Keck Foundation in August. It will fund the development of a hybrid mass spectrometer, which will be used to better understand protein complexes from cell mitochondria. The project advances a key goal of the University’s strategic plan to “gain a deeper understanding of life processes, revealing new ways to diagnose and treat disease in the biomedical sciences.”

SIGNIFICANT RESEARCH NEWS

$10 MILLION DONATION TO FUND REGENERATIVE NANOMEDICINE RESEARCH

Northwestern University received a $10 million gift to establish The Louis A. Simpson and Kimberly K. Querrey Center for Regenerative Nanomedicine. The center will operate within Northwestern’s Institute for BioNanotechnology in Medicine and support bold, risk-taking research that could offer solutions and develop life-enhancing therapies to challenging health problems. Also, the center will encourage idea development that could lead to self-supporting research.

NEW TREATMENT MAY ELIMINATE NEED FOR ANTI-REJECTION DRUGS

An innovative use of stem cells may eliminate the need for organ transplant recipients to use anti-rejection medication. Joseph Leventhal, MD, PhD, transplant surgeon at Northwestern Memorial Hospital and associate professor of surgery and director of kidney and pancreas transplantation, collaborated with the University of Louisville to study the use of donor stem cells that were engineered to “trick” the recipient's immune system into thinking the donated organ is part of the patient’s natural self.

MULTI-MILLION DOLLAR GRANT FROM NIH FOR PARKINSON’S RESEARCH

In September, D. James Surmeier, PhD, chair of the Department of Physiology, was awarded one of four new Blueprint for Neuroscience Research grants by the National Institutes of Health. The grants fund projects that seek to develop new drugs for nervous system disorders. Surmeier is the first Blueprint scientist to focus on Parkinson’s disease (PD). He is exploring the use of a high blood pressure medication to combat PD.

A NANO TECHNOLOGY BREAKTHROUGH FOR MULTIPLE SCLEROSIS

Northwestern Medicine researchers developed a biodegradable nanoparticle that regulates the immune system in mice with multiple sclerosis (MS) and may one day be used to treat patients. The therapy does not suppress the entire immune system as do current treatments. The new nanotechnology also can be applied to a variety of immune-mediated diseases, including Type 1 diabetes, food allergies, and asthma.

PLANS FOR NEW RESEARCH FACILITY

Northwestern University revealed plans to build a state-of-the-art research center on the old Prentice Women’s Hospital site. The new facility, which would attract the world’s best medical scientists, would bring in an additional $150 million in annual research dollars, create 2,000 new full-time jobs, and generate $390 million more a year in economic activity in Chicago.
The photo dates from March 15, 2012. In it Alan M. Krensky, MD, stands with nine leaders, including Chicago Mayor Rahm Emanuel, from all walks of life. The occasion? An event recognizing outstanding alumni of New Trier Township High School on Chicago’s North Shore. Inducted in the school’s Hall of Honor, Dr. Krensky found himself home again—a state of being he made permanent six months later after more than 40 years away from the Windy City. In September, he joined Northwestern University Feinberg School of Medicine as the new Northwestern Medicine executive for development and vice dean for development and alumni relations.

“This move rang true for me,” says the native Chicagoan, whose leadership roles at Stanford University and most recently, the National Institutes of Health (NIH), kept him busy at both ends of the country. “Through New Trier and other contacts, I’ve grown up with many of the supporters of the medical school and the hospital.”

In his new role, Krensky will lead collaborative fundraising campaigns that will strengthen the Feinberg School and more closely align development efforts with Northwestern Memorial Hospital (NMH) to enhance the Northwestern Medicine brand.
ALAN KRENSKY, MD, RETURNED TO CHICAGO IN SEPTEMBER TO LEAD DEVELOPMENT EFFORTS FOR THE MEDICAL SCHOOL AND ENHANCE THE NORTHWESTERN MEDICINE BRAND.
“We want to build a big, bold vision that shows the world that Northwestern is at the epicenter of care, for example, in heart disease or cancer,” says Dr. Krensky, who views fundraising as a critical component of strategic planning. “By presenting a new and different vision for the medical center, we’ll hopefully entice larger donations than we’ve seen in the past.”

Preliminary plans call for the two organizations to create development strategies that center on “institutes” focusing on clinical care, research, education, advocacy, and community service. The two key players will also partner on fundraising for the advancement of disease-specific initiatives, support of entities like the Northwestern University Clinical and Translational Sciences Institute, and development of new concepts ranging from tissue engineering to children’s and mothers’ health. Explains Krensky, “We intend to create umbrellas under which everyone fits, so people can more effectively work together.”

BUILDING GIVING RELATIONSHIPS

Making his first “ask” of a prospective donor had Dr. Krensky entering the sweaty palms territory. “I was very nervous,” recalls the pediatric nephrologist. “It may be even more difficult for a physician to ask an individual, especially a patient with whom you’ve had a certain type of relationship, for support.”

Fortunately, his early forays into the world of fundraising got easier as he developed his academic medicine career, first at Harvard and then Stanford, where he was on faculty from 1984 to 2007. So easy, in fact, that in 1999 when the then dean of Stanford’s School of Medicine and Feinberg alumnus Eugene A. Bauer, MD ’67, tapped him to head a $500 million fundraising campaign to advance pediatric health services at Packard Children’s Hospital, Dr. Krensky accepted the challenge. Meeting with and seeking out donors became a new way of life for the academic physician, who served as Stanford’s executive director of the Children’s Health Initiative and associate dean for Children’s Health. In three years’ time, he and his team raised $240 million, in addition to $200 million in matching gifts and a $100 million initial donation. They also created six centers of excellence, five multidisciplinary cores, and recruited more than 40 new faculty members.

Dr. Krensky possesses a rather unique résumé among development professionals in the academic medical center environment—most are not physicians or, at least, he’s never met one with the same credentials. After years as an accomplished investigator in immunology, he became passionate about fundraising when he realized that he could make a larger impact.

“I had had a lot of experience writing grants and receiving awards,” he explains, “but what was exciting about this career direction was that I could have a shorter plan and raise a lot more money.”

CAROL CLAYBERGER, PHD, JOINS HUSBAND ALAN KRENSKY AT FEINBERG AS A PROFESSOR IN MICROBIOLOGY-IMMUNOLOGY AFTER WORKING AS A SENIOR SCIENTIST AT THE NATIONAL CANCER INSTITUTE.
Enjoying the insights he gains from donors, the father of three relies on his knack for relaying complex scientific concepts in intelligible lay language to connect with people. Additionally, he credits his medical background for his ability to provide a depth and breadth of information that may better influence a potential donor’s willingness to support an academic institution like the Feinberg School of Medicine.

“In my interactions with donors, I can cover a broad range of topics that it normally takes a team to do,” he explains. “It has been important and relevant to them that I have done and still do the science and have done the clinical work. I’ve been involved in all aspects of biomedicine, and I think that helps a lot in having productive dialogues and building meaningful relationships with donors.”

In 2007, after completing the Stanford multimillion dollar campaign, he seized the opportunity to expand his skill set by accepting an offer to become the first deputy director at the NIH for its new Office of Portfolio Analysis and Strategic Initiatives (OPASI). In this role, Krensky oversaw the Roadmap for Biomedical Research, introducing new programs in epigenomics, human microbiome, and transformative RO1s to rapidly respond to emerging scientific opportunities and public health needs. He also led the development of the Research, Condition, and Disease Categorization (RCDC), a computerized tool to permit transparent accounting of NIH funding, and a Science of Science Management effort to develop metrics for accountability in scientific progress. Additionally, he chaired the NIH Council of Councils with responsibility for trans-NIH initiatives.

WORKING TOGETHER

During the nation’s bicentennial year, a lab chief at Children’s Hospital of Philadelphia played Cupid with a medical student and a lab technician. She deemed the young couple a perfect match. And indeed, Alan Krensky, who earned his MD degree at the University of Pennsylvania in 1977, and Carol Clayberger, who graduated from Yale in 1979 with a PhD in cell biology and completed a post-doctoral fellowship at the Dana Farber Cancer Institute and Harvard, concurred. They married; raised children Andrew, Matthew, and Lauren; and embarked on becoming a research duo par excellence in the field of T-cell immunobiology research—work they will continue at Northwestern. Dr. Clayberger arrived at the medical school this fall as professor of microbiology-immunology. Formerly a faculty member at Stanford in pediatrics and cardiothoracic surgery, she was most recently a senior scientist at the National Cancer Institute.

The two count more than 400 publications between them and hold 12 patents resulting from their professional collaboration that began once Dr. Clayberger completed her graduate studies.

“Alan was considering a research fellowship in physiology but I said, ‘No, no. You must do an immunology fellowship,’” says Dr. Clayberger, who, interestingly, had switched her focus from physiology to immunology after becoming intrigued with the field. “It’s much more exciting and current.” Dr. Krensky heeded his spouse’s advice and the husband and wife have worked together ever since.

The two began by studying T-lymphocytes to better understand their role in the rejection of organ transplants. At Harvard, they helped identify the human lymphocyte function-associated antigens 1, 2, and 3, which led to FDA-approved therapeutics for transplant patients. At Stanford, they developed immunomodulatory HLA-derived peptides that gave rise to other drugs that promote transplant graft acceptance. Recently, the couple has been focusing on two molecules identified in transplantation: the chemokine RANTES and cytotoxic and pro-inflammatory granulysin. Disease fighters, they kill bacteria and viruses and show great promise in the development of novel drugs for the treatment of HIV/AIDS, tuberculosis, and malaria. Says Dr. Krensky, “We call them the ‘scourges of mankind.’”

While many may wonder how a couple can partner well in a professional capacity, Drs. Krensky and Clayberger have enjoyed a successful and complementary relationship.

“He’s the big picture guy,” shares Dr. Clayberger. “I am the minutia person.” An effective collaborator, Dr. Krensky intends, in his new role, to ramp up the theme of working together at Northwestern.

“It’s been programmed in my DNA, I think, to bring people together to achieve bold ideas,” says Krensky, whose study section members at the NIH all had T-shirts that stated “Bold Science.” At the medical school and the hospital, we each have powerful groups and programs that are currently viewed as separate entities. By being more closely aligned, we can begin to transform how Northwestern is viewed and tell our story on a much grander scale than ever before.”

I’ve been involved in all aspects of biomedicine and I think that helps a lot in having productive dialogues and building meaningful relationships with donors. 
We Mourn the Loss of Two Past Leaders

REMEMBERING FORMER DEAN AND PROFESSOR EMERITUS HARRY BEATY

Harry Beaty, MD, a specialist in internal medicine and infectious diseases and former dean of Northwestern University Feinberg School of Medicine, passed away December 8, 2012, at age 80.

Dr. Beaty served as dean of the medical school from 1983 to 1997, and became president of McGaw Medical Center in 1990. He most recently served as professor emeritus of infectious diseases.

“Speaking on behalf of the medical school, Northwestern benefitted greatly from Dean Beaty’s dedication to building a top-tier research enterprise,” said Eric G. Neilson, MD, vice president for Medical Affairs and Lewis Landsberg Dean at Feinberg. “The positive impact of his deanship will continue to be felt well into the future.”

Beaty oversaw construction of the Tarry Building, the first major research investment in a quarter century. Opened in 1990, the additional space enabled the medical school to recruit a number of renowned scientists. Within six years, the medical school’s research grants grew by 88 percent, more than double the rate of growth for medical schools nationwide.

During Dr. Beaty’s tenure, the medical school also made its first appearance on the U.S. News & World Report list of top 25 research-based medical schools in the country in 1997.

As dean, he established several multidisciplinary centers, such as the Markey Program in Developmental Biology, the Asher Center for the Study of Depressive Disorders, and the Interdisciplinary Immunology Center. He also is credited with implementing a new management system and a solid infrastructure for growth.

“He was a remarkably focused and determined leader who had a vision for greatness for our medical school,” said Jeffrey Glassroth, MD, professor in medicine-pulmonary, former interim medical school dean, and past president and CEO of NMFF. Dr. Glassroth was part of NMFF leadership when Beaty was its president and CEO.

Before he succeeded James E. Eckenhoff, MD, as dean, Beaty was chair of medicine at the University of Vermont College of Medicine. During his career, he published more than 90 journal articles and book chapters on infectious diseases.

Dr. Beaty is survived by his wife Georgia, daughter Kara, and son Chris.

A fund has been established in Dr. Beaty’s name and memory at the medical school. Gifts can be sent directly to June Ulrey, Northwestern University Feinberg School of Medicine, Development & Alumni Relations, 420 E. Superior Street, Rubloff-9, Chicago, IL 60611. Checks should be made payable to Northwestern University.

HARRY BEATY, MD, FORMER DEAN OF THE MEDICAL SCHOOL (LEFT). HARRY LINDE, PHD, FORMER HPME ASSOCIATE DEAN.

REMEMBERING HARRY WIGHT LINDE, FORMER ASSOCIATE DEAN OF HPME

Harry Wight Linde, PhD, professor emeritus of anesthesiology and former associate dean of the Honors Program in Medical Education (HPME), passed away of pneumonia on January 28, 2013, at age 87.

Arriving at Northwestern in 1965, Linde conducted the first comprehensive study of the effects of trace anesthetics on people with frequent exposure. He was director of research in anesthesiology from 1965 to 1971 and from 1977 to his retirement in 1991. From 1971 to 1977, he served as associate director of the university’s Office of Research and Sponsored Programs.

In 1976 Linde became the associate dean of HPME, a position he held for 15 years. In this role, he was a source of advice and consultation for young investigators. Students knew him as a father figure, remembering him as open-minded and patient. Faculty members describe him as someone with integrity, as well as democratic and pleasant.

“Harry always cared deeply for the welfare of his students,” said Christine Stock, MD, chair of anesthesiology and former HPME student. “He met with us regularly to make certain that we were progressing academically and personally. There is no doubt in my mind that despite his quiet, understated style, he cared for each one of us, professionally and personally.”

Dr. Linde taught anesthesia residents and attendings, as well as medical students during their third-year anesthesia clerkships. He introduced CPR classes to first-year students and directed recertification and advanced cardiovascular life support courses. He authored and co-authored more than 60 papers and book chapters.

He is survived by his wife of 56 years, Myra D. Linde; his son, Brian P. Linde; his daughter, Carolyn E. Johnson; and nine grandchildren.

Donations can be made in his memory to the Harry W. Linde Honors Program Fellowship at Northwestern University at https://www.give-northwestern.org/donate.
This is my last message as president of the medical school’s National Alumni Board, and I feel the same as I did when I wrote my first letter to you in 2011. I am still honored and humbled to have been your president.

The positive changes to Northwestern University Feinberg School of Medicine have been enormous. Some of the highlights during these past two years have been:

- Dean Eric G. Neilson joining the Feinberg School on September 1, 2011, as vice president for Medical Affairs and Lewis Landsberg Dean, as well as chairman of the board/president of Northwestern Medical Faculty Foundation;
- The Ann and Robert H. Lurie Children’s Hospital of Chicago moving to the Streeterville Campus in June 2012;
- During the 2012-13 academic year, the implementation of a renewed innovative medical school curriculum that provides students with earlier clinical experience, increased flexibility in designing their course of study, and the opportunity to explore scholarly areas of interest in greater depth;
- The establishment of the Institute for Public Health and Medicine in the summer of 2012. The goal of the institute is to “accelerate innovation at the interface of medicine and public health and achieve measurable improvements in health for patients and populations.”

These highlights are only a few of the many advances that occurred over the past two years. I can hardly wait to see the new biomedical research center built on the site of the old Prentice Hospital.

I am proud to be an alumnus of the medical school at Northwestern University, and I am sure you are as well. Please remain committed to supporting our alma mater because all mankind will benefit from the efforts of Northwestern in advancing medical research, improving patient care, and producing outstanding future physicians.

I hope to see you at a future alumni event. Stay well.

Carpe diem,

Jimmy Hill, BA ’71, MD ’74, GME ’79
President, Alumni Association
j-hill2@northwestern.edu
RADM Lushniak was introduced to the USPHS in 1983 as a senior medical student when he completed a rotation with the Indian Health Service in Winslow, Ariz. “I worked alongside these officers in the clinic in Winslow and in outlying clinics on the Navajo tribal lands providing primary care services,” says Lushniak, a native of Chicago. “Seeing the dedication of these officers in providing patient care in very difficult settings, especially in some of the remote outlying clinics, really inspired me to consider a career in the PHS. The excitement of the medical degree pathway is that it is not limited, it is open; it allows you to see the world.”

Lushniak, an Honors Program in Medical Education (HPME) student at Northwestern University, received his bachelor’s degree in medical sciences in 1981 and his medical degree in 1983. In 1984 he completed the Master of Public Health degree at Harvard University and followed it up with a residency in family medicine in 1987 at St. Joseph Hospital in Chicago.

“I loved my family medicine program at St. Joseph’s,” he says. “Just out of school you are invigorated and fresh. I loved the generalist approach. I still believe that you start general and then you do something else and that allows you to feel you have some grasp of the human body.”

“DISEASE DETECTIVE” TRAVELS THE WORLD
He began his career at USPHS in 1988 as a lieutenant in the Epidemic Intelligence Service (EIS) at the Centers for Disease Control and Prevention (CDC). His favorite years of his career, he described the service as the “disease detectives,” he and fellow officers were sent into the field to solve disease outbreaks and conduct disaster response.

“When I became an EIS officer with the CDC, the first time I put on this uniform I didn’t know what the USPHS was, but I knew I wanted to see the world and I wanted to prevent disease,” he explains. “Those years were exceptionally exciting as I learned the skills of being a disease detective while stationed at the National Institute for Occupational Safety and Health in Cincinnati, Ohio.”
He spent four months in Bangladesh on his first assignment and later had deployments to Russia, Kosovo, and St. Croix. The cases he worked on varied from diphtheria outbreaks to hurricane response.

“The EIS program offered my first real taste of international public health work,” Dr. Lushniak says. “I was stationed in Dhaka, Bangladesh, working on a post-disaster disease surveillance system. I really fell in love with public health during those years. Each experience made me grow as a physician and as a person. I can’t give enough credence to the world of international health; we live in a small global society now.”

TRANSITION INTO A NEW ROLE
In 1990 he was accepted into the CDC’s long-term training program and completed a 3-year residency in dermatology at the University of Cincinnati, after which he established an occupational skin disease program at the National Institute for Occupational Safety and Health (NIOSH). He was part of the CDC/NIOSH team at Ground Zero in New York City and a member of the CDC team investigating the anthrax attacks in Washington, D.C.

“The World Trade Center is where things changed for me personally,” he recalls. “Being deployed to that site in the midst of the tragedy and destruction allowed me to concentrate on the mission of rescue and recovery worker safety and health. I felt honored to be able to serve my nation in this time of need. Responding to the anthrax event in Washington, D.C., put me in a situation that allowed me to develop my knowledge base of bioterrorism in a very stressful environment.”

These events led to a transition in his career path from occupational medicine to counterterrorism policy and planning at the Food and Drug Administration (FDA) in Washington, D.C. While at the FDA Lushniak served as the Department of Health and Human Services (DHHS) representative in San Antonio after Hurricane Katrina and also served as the FDA deputy incident commander for the 2009 pandemic influenza response.

A BEAUTIFUL MISSION
He was appointed deputy surgeon general in 2010. Some of his current responsibilities are tackling issues such as tobacco and obesity and supporting the National Prevention Strategy.

“Public health—it is a beautiful mission,” he reflects. “There is nobility to it because, ultimately, it isn’t about me or my family; it is a bigger thing.”

His strong sense of duty and commitment extend to other facets of his life. As the alumni association representative for the Class of 1983, Dr. Lushniak says his connectivity with Northwestern happened after graduation.

“When I look at my career path, I see a stronger bond with friends from medical school and the HPME program than with other groups,” he explains. “The friends I made at Northwestern were friends for life. Reflecting back, I realized Northwestern played a key role in my career path. As a graduate you owe a gratitude to this institution.”
Dr. Filice making children’s policy impact in nation’s capital

Clara Filice, MD/MPH ’07, MHS, has learned that one voice can represent millions. As the Pediatric Environmental Health and Food Policy Fellow at the American Academy of Pediatrics (AAP), her reality is one where politics and physicians intersect.

“It is an exciting and optimistic time to be working in Washington as health reform is unfolding and children’s health issues become a part of the national agenda,” Dr. Filice says. “As a pediatrician, I believe advocacy on behalf of patients is central to my role, so I feel very fortunate to have this opportunity to help craft federal policy with children’s health in mind.”

POLICY WONK

Over the past 12 months that role has guided Filice’s interest in policies affecting the nutritional value of school lunches. Although the Healthy, Hunger-Free Kids Act resulted in the development of school meal standards, its implementation this year has Dr. Filice motivated to making sure competing foods—from vending machines, a la carte lines, or school stores—meet strict nutritional criteria as well.

“I am also working on food safety and production issues like the use of antibiotics in food-producing animals and their contribution to antimicrobial resistance,” she says. “In the environmental health realm, I have worked on a range of issues that include the promotion of active living, arsenic in rice products, and chemicals such as BPA.”

Inside the Federal Affairs Department of the AAP, Filice spends her days developing, analyzing, and advocating for stronger policy governing the health of America’s 75 million children. But this isn’t the first time she’s called the District of Columbia home.

After completing her undergraduate degree in history at Rice University, Filice spent two months as a health policy intern for Minnesota Senator Paul Wellstone, before working on health and social policy issues for North Dakota Senator Byron Dorgan. Felice recalls the good fortune of working alongside a retired physician while having the opportunity to be involved in efforts to pass a Patients’ Bill of Rights.

“The time I spent in the Senate introduced me to the way the federal government works,” Filice said. “I was also inspired by how seriously constituent concerns and needs were considered by the Senators as they thought about their legislative work. I try to take the same approach when thinking about how to translate the needs of children, their families, and pediatricians into my work with the AAP.”

UNIQUE PATH

Filice arrived at Northwestern University Feinberg School of Medicine in 2003, concurrently earning medical and master of public health (MPH) degrees and focusing her MPH research on physician advocacy. Staying in Chicago to complete
As much as we all want to optimize the health of our patients in the exam room, there are many environmental and social determinants of health that can’t be addressed in that context.

The reason I decided to come to Feinberg was because it offered a progressive curriculum that addressed not only the basic science behind medicine, but also the social determinants of health,” she explains. “Additionally, I was very eager to enhance my education by joining the combined MD/MPH program, where I could pursue medicine, public health, and policy all at once.”

By stepping away from the MD curriculum each quarter, Filice says she gained a better understanding of public and population health.

“While we were busy learning about the basic pathophysiology of asthma, for instance, I was simultaneously learning about the history of public housing in Chicago and how economically disadvantaged families may not have a choice in eliminating asthma triggers in the home,” she says. “As much as we all want to optimize the health of our patients in the exam room, there are many environmental and social determinants of health that can’t be addressed in that context.”

Today, Dr. Filice visits Chicago and the mentor she credits with helping her examine the reasons why physicians become advocates, Karen Sheehan, MD ’89, MPH, while traveling to AAP headquarters in Elk Grove Village, about 25 miles outside of the city. Those semiannual trips continue to deepen her belief of what future pediatricians can accomplish.

“Although you may not be an expert in the legislative or regulatory details of an issue, the experiences taking care of children provides a perspective that policymakers may not personally have,” she says. “Don’t underestimate the power of your voice as a child health professional advocating for children.”
Progress Notes

**1940s**

Vernon Lightfoot, MD ‘46, on his 92nd birthday, published his first book, *Buddy! What Happened?*, inspired by his granddaughter’s dog. Vernon, who played football under Coach Lynn “Pappy” Waldorf while attending Northwestern Medical School, also has two patents pending, reports his son, David Lightfoot, MD ’80. David works with his brother Dan in the ophthalmology practice their father established in Santa Rosa, Calif.

Louis Fazen, Jr., MD ’41, and wife Helen recently celebrated their 75th wedding anniversary in Palm Beach. Dr. Fazen’s son, Louis Fazen, III, MD ’69, shared the story of his parent’s long marriage. “As a second year medical student, Dr. Louis Fazen, Jr. married his college sweetheart, Helen Josephine Reichert, in Sheboygan, Wis. They have five children, 13 grandchildren, 17 great-grandchildren and still counting. After medical school and residency training at Wesley Memorial Hospital, my father joined his father, Dr. Louis Fazen, Sr., MD ’00, in the practice of medicine and surgery. My father became a Fellow of the American College of Surgeons and a leading surgeon in Racine, Wis., during his exemplary career. When my parents retired to Florida, they started to play competitive bridge. Eventually, they were designated as Silver Life Masters by the American Contract Bridge League. They continue to play a mean hand of bridge, walk the beach, and entertain extensive family in their condo by the sea.”

**1950s**

Robert Kyle, MD ’52, has been on staff at the Mayo Clinic since 1961. His major area of interest is multiple myeloma and the monoclonal gammopathies. He has published more than 900 peer-reviewed papers and book chapters as well as more than 1200 abstracts. Dr. Kyle writes, “I was the recipient of the David Karnofsky Award for Lifetime Achievement from the American Society of Clinical Oncology and the Wallace Coulter Lifetime Achievement Award from the American Society of Hematology. I no longer see patients but work full-time in hematology research. I also have a busy lecture and travel schedule.”

Ivan Fucilla, MD ’57, GME ’58; Bill Karras, MD ’58, GME ’59; and Larry Kretchmar, MD ’58, recently got together with their wives for the El Camino Hospital 50th Anniversary celebration in Mountain View, Calif. Drs. Karras and Fucilla are retired radiologists and Dr. Kretchmar is a semi-retired urologist.

Perry Roberts, MD ’58, is serving as a missionary for The Church of Jesus Christ of Latter Day Saints in Santiago, Chile.

Alon P. Winnie, MD ’58, professor of clinical anesthesiology at Northwestern University Feinberg School of Medicine, was profiled in a video by the Wood Library of Anesthesiology as part of the Living History Collection. After graduation from Northwestern Medical School and an internship at Cook County Hospital, Dr. Winnie was struck with Poliomyelitis, or sudden incapacitation, and was confined to a wheelchair. He overcame the illness and physically mastered the techniques of anesthesia from a wheelchair. He went on to make significant discoveries in anesthesia, publishing *Plexus Anesthesia*, which led to many new techniques in pain management.

**1960s**

Mrs. Valerie Burhans, widow of John Burhans, MD ’51, wrote to share an update on the medical careers of her family. “I have a granddaughter practicing Chinese medicine in San Francisco area, and a son, a DO, practicing for the past 25 years in Kalamazoo, MI, also a grandson with a biomedical degree in San Francisco, and a 2nd grandson, a DO, practicing in Troy, MI, with his wife.

Henry H. Roenigk, Jr., MD ’60, turned 78 last year and is still in full-time private practice in Phoenix and Scottsdale, Ariz. Dr. Roenigk writes that the practice has three partners and five physician assistants. He is still giving talks on dermatology subjects at medical meetings and has been published in more than 360 papers and 10 textbooks. Four generations of Dr. Roenigk’s family are Northwestern graduates including his father, Henry H. Roenigk, Sr., MD ’39, his son, Randall K. Roenigk, MD ’81 and his granddaughter, Katherine L. Roenigk, Medill ’08. His last text on dermatologic surgery was with his son Randall, who was chair of dermatology at the Mayo Clinic.
Michael L. Friedman, MD ’67, of Rancho Palos Verdes, Calif., is still working and still loving it. Dr. Friedman writes, “I got rid of the night and weekend call – finally. I love being an old-fashioned real doc who talks to patients about everything. I learn something new every day. Since my associate died from cancer, I have decided to take more vacations and spend more time with my kids and grandkids.”

**1970s**

Eric Brody, MD ’71, has been happily retired for ten years from the department of pediatrics at Kaiser Permanente Northwest. His wife, pediatrician Beryl Burns, is now also retired. Dr. Brody writes, “Our children have scattered: our daughter lives in New Zealand with her Kiwi fiancée; our son is an aeronautics engineer and lives (where else?) in Seattle, but does not work for Boeing. We built a house last year and enjoy living within walking distance of the library, restaurants, and shopping. I remain active by hiking and doing a lot of photography. Visit my website, www.ericbrodyphoto.com and see what I have been up to. I hope all my classmates are thriving.”

Robert C. Rankin, MD ’75, of Pittsburgh, continues in the private practice of OB/GYN. Dr. Rankin writes, “This will be the third year in a row in which I’ve organized a multi-specialty medical conference designed primarily for private physicians. This year’s conference will be on a cruise ship in the Baltic. My guess is that there will be a fourth annual conference in 2013.”

Barbara Pettitt, MD ’76, serves as the director of medical education in the Department of Surgery at Emory University School of Medicine in Atlanta, where she directs the M3 surgery clerkship, the M4 surgery sub-internship and M4 surgery electives, and the M4 intern preparatory surgical anatomy and operative techniques course. Dr. Pettitt writes, “I was awarded ‘Best Clerkship Director’ by last year’s senior class and recently served as a faculty supervisor for a month-long medical student surgical trip to Haiti. After living in Atlanta for 27 years, I completed my first Peachtree Road Race 10K on July 4th!”

**1980s**

Joseph T. Morris, MD ’84, became chief, Department of Surgery at Madigan Healthcare System in Tacoma, Wash., in October 2010. He is still actively involved in clinical medicine, as well as the infectious disease service and teaching residents and medical students. His son is in his final year of college in California.

After graduating from the HPME program, Evangelia Razis, MD ’87, completed a three-year internal medicine residency at Beth Israel Medical Center in New York, N.Y., followed by a two-year oncology fellowship and a one-year bone marrow transplantation fellowship, both at New York Medical College/ Westchester County Medical Center. Dr. Razis then worked as an Instructor of Medicine at New York Medical College from July 1993 to December 1993 and then returned to her home country, Greece, and started working as an attending at Hygeia Hospital in Athens and is currently the director in the 3rd Oncology Department. She completed a PhD in medicine in July 1998 titled “Phase II, High Dose Chemotherapy with Peripheral Stem Cell Support in Early High Risk Breast Cancer,” at the University of Crete, Department of Medicine. She is board certified in medical oncology in the U.S., Greece, and by the European Society of Medical Oncology. (To read more about D. Razis, visit Progress Notes online.)

Robert Grzonka, MD ’85, GME ’85, moved to a new practice in September 2012 and believes he found his dream institution with Hampton Roads Urology at Riverside Medical Center in Newport News, Va. Both of his children are in college which made the transition to the new location easier.

Charles V. Clevenger, MD ’87, PhD ’86, will become chair of pathology and the Carolyn Windgate Hyde Professor of Cancer Research at Virginia Commonwealth University in Richmond, Va., this summer. He leaves Northwestern University Feinberg School of Medicine after an eight-year tenure as the leader of the Women’s Cancer Research Program and the Diana, Princess of Wales Professor of Cancer Research.

**1990s**

Vikram Khanna, MD ’95, and wife, Ruby, of Woodstock, Ill., welcomed their third child, Kaashvi Devi Khanna, in 2012.
Simon Myint, MD ’53, of Newhall, Calif., will receive the 2013 Outstanding Alumni Award from the American Association of Community Colleges at a reception in April 2013. This award is given annually to former community college students who are making outstanding contributions in their chosen career fields and to their communities. Dr. Myint continues to travel the world and writes, “My travels this year have been short term, with a group called ‘His Helping Hands’ to the Dominican Republic, a non-medical mission to Belize, and a fifth trip to attend two weddings of colleagues from Chaurajahari Hospital. In Dominica we visited...”
poor outlying villages and held clinics, some outdoors and sometimes by the light of our van. The electricity goes off at 5 p.m. Occasionally it rained. The most common medical problems were parasites and enteric and liver diseases, skin conditions and emphysema. We were somewhat handicapped by the fact that most spoke Spanish or local dialects and working through lay interpreters was sometimes difficult. (To read more about Dr. Myint’s travels, visit Progress Notes Awards online.)

1960s

James J. Conway, MD ‘63, GME ‘64, of Glenview, Ill., will be honored with an award in his name from the Pediatric Imaging Council of the Society of Nuclear Medicine. The Conway-Treves Senior Investigator Award will be given to senior scientists and physicians who have contributed greatly to the subspecialty of pediatric nuclear medicine as a scientist, teacher, mentor, and leader, or who have contributed substantially to the work of the Society of Nuclear Medicine of the SNM Pediatric Imaging Council. Dr. Conway worked in pediatric radiology and pediatric nuclear medicine at Children’s Memorial Hospital from 1968 to 2008 and remains on staff at the hospital, now Ann and Robert H. Lurie Children’s Hospital of Chicago. He currently serves as a private contractor in radiology to the Shriners Hospitals for Children in Chicago. Dr. Conway writes, “In 2013, Dolores, my wife of 57 years, and I will be celebrating our 50th year since graduating from the medical school. We are looking forward to the reunion and celebrating with our classmates and friends. Dolores and I will also be celebrating our very happy marriage with three successful children and two grandchildren. What more could anyone ask for!”

1970s

Robert Lohr, MD ‘76, was elected to the Board of Regents of the American College of Physicians (ACP), the nation’s largest medical specialty organization. His term began in April 2012 at ACP’s annual scientific meeting, Internal Medicine 2012. Dr. Lohr has been a fellow of the ACP since 1989. FACP is an honorary designation that recognizes ongoing individual service and contributions to the practice of medicine.

Roger Packer, MD ‘76, of Washington, D.C., was honored by the Child Neurology Society with the Bernard Sachs Award, the society’s highest honor which recognizes the scientific contributions of an individual to the field of neurology. Dr. Packer is currently senior vice president of neuroscience and behavioral medicine, director of the Brain Tumor Institute, and director of the Gilbert Neurofibromatosis Institute at the Children’s National Medical Center, Washington, D.C., and professor of neurology and pediatrics at George Washington University.

1990s

Larry Greenblatt, MD ’90, of Durham, N.C., was selected by the North Carolina Medical Society Foundation as one of 20 North Carolina physicians and physician assistants (PAs) from across the state to help lead the future of North Carolina’s medical community. This is part of the Foundation’s 11th annual Leadership College, an elite program that allows physicians and PAs to excel as leaders within organized medicine, hospitals, health care systems, medical staff, group practices, and in the public policy arena. Dr. Greenblatt is currently medical director of the Community Care of North Carolina (CCNC). He also is a member of the North Carolina Medical Society and both the American College of Physicians and the Society of General Internal Medicine. Dr. Greenblatt hopes with the help of the Leadership College that he can further develop his skills.

Andrew M. Eisen, MD ’94, was elected to the Nevada State Legislature in late 2012. He represents Nevada Assembly District 21, which is the Las Vegas metropolitan area. Dr. Eisen will only be the 11th physician to serve in the State Legislature in its 148-year history, the first Democratic physician since 1918, and the first pediatrician.

Ernest Wang, MD ’95, GME ’99, was invested as the Alvin H. Baum Family Fund Chair of Simulation and Innovation by NorthShore University HealthSystem in August 2012. As medical director of NorthShore Center for Simulation and Innovation (NCSI), Dr. Wang has worked with his colleagues to leverage NorthShore’s role as a teaching hospital by training students, residents, physicians, and nurses to better master complex medical care, to improve patient outcomes, drive research and enhance clinical skills. NCSI is regarded as one of the nation’s most productive, proactive, and leading-edge simulation learning centers.

GME PROGRAMS

Scott L. Heller, MD, GME ’84, was honored at the Les Turner ALS Foundation’s 26th annual “Hope Through Caring” Award Dinner Dance on March 16, 2013. Dr. Heller became the first director of the Lois Insolia ALS Center at Northwestern in 1986 and has played a critical role in how patient care is provided today. In addition to his work at the Center, Dr. Heller is an associate clinical professor of neurology at Northwestern University Feinberg School of Medicine, an attending physician at Northwestern Memorial Hospital, and also sees patients in his private practice. He joined the Les Turner ALS Foundation Board of Directors in 2003.
In Memoriam


Wilford G. Biesinger, MD '43, of Springville, Utah, died November 28, 2012.

Richard F. Chapman, MD '59, of La Jolla, Calif., died October 12, 2012.

M. Michael Dorr, MD '65, of Kildeer, Ill., died May 19, 2012.

Willard M. Easton, MD '45, of Peoria, Ill., died December 12, 2012.

Richard D. Estensen, MD '61, of Webster, Wis., died October 29, 2012.

Richard William Gurich, MD, GME '83, of Tuscaloosa, Ala., died December 10, 2012.

William H. Hale, MD '50, of Appleton, Wis., died November 20, 2012.

Edward T. Humphreys, MD '44, of Blue Springs, Mo., died December 3, 2012.


Armin T. Keil, MD '56, of Raton, N.M., died October 25, 2012.

Michael W. Kent, MD '71, of West Des Moines, Iowa, died January 6, 2013.

Geraldine Murcshison, CERT '48, of Daytona Beach, Fla., died December 11, 2012.

Seymour E. Wheelock, MD '44, of Taos, N.M., died December 26, 2012.

Upcoming Events

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

APRIL 3, 2013
Pediatric Pearls Spring Conference
The Double Tree Hotel, 1909 Spring Road, Oak Brook, IL.
For more information, call 773-880-6772.

APRIL 6, 2013
Thyroid Cancer Public Education Symposium
Robert H. Lurie Medical Research Center, Baldwin Auditorium
303 E. Superior St., Chicago.
For more information, call 312-695-1304.

APRIL 8-9, 2013
Theory, Evidence and Innovation: Interdisciplinary Care for Parkinson’s Disease
Rehabilitation Institute of Chicago
345 E. Superior St., Chicago.
For more information, call 312-238-4251.

APRIL 11, 2013
Oncofertility Virtual Grand Rounds: Case Studies in Oncofertility
Robert H. Lurie Medical Research Center, Ste. 10-123
303 E. Superior St., Chicago.
For more information, call 312-695-1304.

APRIL 12, 2013
Atrial Fibrillation: An Interventional Perspective
InterContinental Chicago
505 N. Michigan Ave., Chicago.
For more information, call 312-503-8533.

APRIL 25, 2013
Oncofertility Virtual Grand Rounds: Management of Abnormal Uterine Bleeding During Cancer Treatment
Robert H. Lurie Medical Research Center, Ste. 10-123
303 E. Superior St., Chicago.
For more information, call 312-695-1304.

APRIL 25-26, 2013
Annual Interdisciplinary Stroke Course — Practical Stroke Rehabilitation Care
Rehabilitation Institute of Chicago
345 E. Superior St., Chicago.
For more information, call 312-238-1202.

MAY 4, 2013
Overview of Neurology from a Feminine Perspective
Northwestern Memorial Hospital
251 E. Huron St., Chicago.
For more information, call 312-926-7975.

MAY 10, 2013
Pediatric Pearls Immunology: From Allergy to Rheumatology
The Hilton Rosemont,
5550 N. River Road, Rosemont, IL.
For more information, call 773-800-6772.

MAY 30-31, 2013
8th Annual Northwestern Radiosurgery Symposium
Prentice Women’s Hospital, Conference Room L
250 E. Superior St., Chicago
For more information, call 312-926-5070.

JUNE 2, 2013
20th Annual Cancer Survivors’ Celebration & Walk
Grant Park
Columbus Drive at Balbo.
For more information, call 312-695-1304.
We Need Your Help to Record the Contributions of Northwestern Men and Women during Military Conflicts

In Ron Sims’ latest Ward Rounds history blog post, he shares fascinating information (and photos) detailing support from the medical school’s faculty, staff, students, and alumni in lending their medical and surgical expertise on battlefields across the globe. This dedication to serve dates back to one of the school’s founders, Dr. Edmund Andrews, who was a surgeon during the American Civil War in the 1860s.

Sadly, after 1945 we have very little historical information about the men and women with ties to Northwestern University’s medical school who served in more recent conflicts in Korea, Viet Nam, Iraq, or Afghanistan.

Any alumni (or spouses) and faculty or staff members who would like to share their personal experiences, photographs, or recollections about military training and service, are welcome to do so by sending an e-mail to ward-rounds@northwestern.edu or by submitting a comment on the magazine’s history blog at www.wardrounds.northwestern.edu/category/history-blog.

Glenview Outpatient Center Expands Reach of Northwestern Medicine®

On March 1, 2013, the Northwestern Medicine Glenview Outpatient Center opened, expanding access to quality care in the northern suburbs. This site is the first to offer specialty and primary care in one outpatient setting.

The Glenview site is one of seven new Northwestern Medicine clinics, five of which have already opened in Chicago’s Lakeview neighborhood, Evanston, Libertyville, Grayslake and Highland Park, Illinois. A seventh site will open in north suburban Deerfield this spring.

Northwestern Medicine® Sponsors AEDs on Metra Trains

Sending an important health care message about sudden cardiac arrest in the Chicagoland area, Northwestern Medicine is helping to sponsor 300 automated external defibrillators (AEDs) on Metra trains. Each train will have at least one of these life-saving devices. Northwestern will help offset the costs of training about 1,000 Metra staff members and maintaining the AED units for five years.

“With two-thirds of Illinois’ sudden cardiac arrests occurring in Chicago, this initiative is a step in the right direction and an enhancement toward Metra passengers’ safety,” said Amer Aldeen, MD, a Northwestern emergency medicine physician.
Thanking those who give and serve so generously

NATHAN SMITH DAVIS RECOGNITION PROGRAM REPORT

Fiscal Year 2011 (9/1/11–8/31/12)

The medical school’s Nathan Smith Davis Recognition Program Report is now available online at http://www.feinberg.northwestern.edu/nsdreport/2012. We are so grateful for your support and service over the past fiscal year.

Through the Nathan Smith Davis Recognition Program, we are proud to recognize six groups of supporters that reflect giving to our school from the annual, to planned, to lifetime giving levels, as well as volunteer service to the Feinberg School.

We hope you enjoy reading about our inspiring members of the program, as well as the program’s namesake, Dr. Nathan Smith Davis. Please note that gifts made on or after September 1, 2012, will be reported in next year’s Nathan Smith Davis Recognition Program report. If you have questions about this report, please contact Rita Kisielius at r-kisielius@northwestern.edu or 312-503-3459.