Toxin, Reveal Thyself
Anderson and Company on Quest to Map Deadly Diseases
Medicine is still proudly a learned profession. But whether we like it or not, the delivery of health care has become a complex business. The survival of both depends on thoughtful approaches to melding the two in ways not imagined a few short decades ago.

Necessity is the mother of invention and I am sure many of you are starting to hear of a new clinical alignment that has occurred within Northwestern Medicine, an alignment to emerge as a national leader through revitalized organization. The medical school’s faculty foundation and the hospital’s physician group came together recently as a single new physician organization, joining our hospitals as part of a now larger health system. This change helps strengthen our clinical, scientific, and education missions, which in turn should increase our visibility among the nation’s top academic medical centers.

So why is now a good time to develop more alignment across our institutions? By integrating the clinical enterprise under one management group, we wisely position ourselves for success in an ever more uncertain healthcare environment. At the core, these changes are about planning for the future so Northwestern Medicine can provide services where needed, remain competitive, stay financially sound, and focus resources to support bold new endeavors. This alignment also enhances our ability to recruit and develop the nation’s best physicians, scientists, students, and staff.

Locally, we are also witnessing a rapid expansion of primary and specialty care closer to where people live and work. At the national level, there are new incentives for integrated and well-coordinated care across the inpatient and ambulatory continuum. We are also slowly seeing a shift away from fee-for-service to bundled payments that include both physician and hospital components providing quality outcomes. In addition, the Affordable Care Act may introduce new forms of reimbursement that require better models of healthcare delivery. Many of our local and regional competitors have already taken steps to integrate their clinical services.

Right now, the medical school and the health system are in excellent financial shape, so in coming together we are positioned for synergy. It should also come as no surprise, in spite of earnest cost reductions over the last two years, that many of our clinical departments would not have survived financially going it alone without strategic partners. Alignment allows us to plan and budget our activities on a system-wide basis, leading our efforts from a united front of collaboration. In its essence, we are creating a new health system.

The transitions toward these new relationships began September 1, 2013, the official start of our new fiscal year, and will offer many new efficiencies over the coming months. And while some organizational change is occurring in the background, many of our outward features will remain the same, especially our dedication to delivering exceptional patient care. We realize it will take enthusiastic effort by all parties to advance our national brand as Northwestern Medicine.

This is an exciting time as we continue to grow and develop our new leadership, identity, and commitment to American medicine. I look forward to the possibilities as we enter a bold new future as aligned organizations.

With warmest regards,

Eric G. Neilson, MD
Vice President for Medical Affairs and Lewis Landsberg Dean
Northwestern Part of New Big Ten Cancer Research Consortium

WRITTEN BY: Roger Anderson

Opponents on the football field, a group of eleven schools from the Big Ten athletic conference came together this summer to launch an ambitious new effort against a common foe: cancer.

"By uniting to transform cancer research through collaborative oncology trials, we will be able to leverage the scientific and clinical expertise of the Big Ten universities," said Steven T. Rosen, MD, Genevieve E. Teuton Professor of Medicine and director of the Robert H. Lurie Comprehensive Cancer Center of Northwestern University. "The consortium will benefit patients because researchers will work together to turn ideas into potential new treatments. ..."

The Big Ten Cancer Research Consortium is meant to transform cancer research through collaborative trials that leverage the scientific and clinical expertise of each university, utilizing geographical locations and existing relationships. Newly developed clinical trials will be linked to molecular diagnostics, enabling researchers to understand what drives the cancers to grow and what might be done to stop their growth.

The consortium is meant to create a unique team-research culture in which senior faculty work with and mentor junior faculty and fellows, giving them the opportunity to write, conduct, and complete trials, which would not normally be done at a single institution or on a national level.

The 11 participating schools are: Indiana University, Northwestern University, Penn State University, Purdue University, Rutgers University, the University of Illinois, University of Iowa, University of Michigan, University of Minnesota, University of Nebraska, and University of Wisconsin.

Lurie Cancer Center Receives “Outstanding” Rating and Core Grant Renewal

WRITTEN BY: Lurie Cancer Center

The Robert H. Lurie Comprehensive Cancer Center of Northwestern University received its highest rating, an overall "Outstanding," on the competitive renewal of its National Cancer Institute (NCI) Cancer Center Support Grant (CCSG), along with recommended funding of $24.9 million over five years. The grant award, which will run through 2018, provides essential support for the Lurie Cancer Center's nine research programs and 15 shared research facilities.

The award follows a rigorous review process by the NCI, including a peer-review site visit in February. "This rating for the NCI Cancer Center Support Grant reflects the scope and strength of the work being done by our researchers, clinicians, and staff members," said Steven T. Rosen, MD, director of the Lurie Cancer Center. "We are honored by the NCI's continued recognition of our commitment to collaboration and to discovering more effective ways to prevent, detect, and treat cancer."

The Lurie Cancer Center, one of 41 institutions in the U.S. and one of only two in Illinois to be named a Comprehensive Cancer Center, received the prestigious NCI designation in 1998.

The center is dedicated to scientific discovery, advancing medical knowledge, providing compassionate, state-of-the-art cancer care, and training the next generation of clinicians and scientists. Outstanding basic, translational, and clinical research complements a full range of prevention, early detection, treatment, rehabilitation, and palliative care programs for all types of cancer.

More information can be found at cancer.northwestern.edu.
ARTICLE TITLE:

MD, PT and PA Programs Celebrate Class of 2013 Commencements

They were separated by nearly five weeks, but each included a flurry of excitement and anticipation of the future, when 264 students from Northwestern University Feinberg School of Medicine’s MD, PT and PA programs donned caps and gowns to receive their diplomas at separate ceremonies. While proud family and friends looked on, these trainees participated in their final crowning event as Feinberg students.

MD Class of 2013

Ronak Ajit Vashi, MD ’13, beamed as her oldest sister, Roopal Vashi Kundu, MD’01, associate professor in dermatology, hooded her at the medical school’s 154th graduation convocation on May 23 at Chicago’s Navy Pier Grand Ballroom. “Both my sisters graduated from Feinberg, and I feel honored to continue the tradition,” Vashi said as she celebrated with the 161 members of her class. “Graduating is bittersweet for me. It is exciting to imagine what the next chapter holds and to reflect on our past four years, but it is also hard to part ways with the many wonderful friends and faculty in the Northwestern community.”

Neilson gave the class his best wishes before introducing the commencement speaker, Elizabeth G. Nabel, MD, president of Brigham and Women’s Hospital and professor of medicine at Harvard Medical School and a leader in academic healthcare. “Welcome to medicine,” Nabel said. “It is an amazing profession that is so much more than a job or a career. … I know that all of you have worked so hard to do many things outside of getting your degree and making change for others. I congratulate you all for these wonderful efforts and I encourage you to keep them up. Class of 2013, you are the future of medicine. As you cross the next thresholds of your life, I wish you all the best.”

After degrees were conferred, Laura Sestokas Humphries, MD ’13, gave the senior class message, during which she thanked faculty, family, friends, and classmates—her “village”—for their support in making it possible for the class to graduate. She left her classmates with this final message. “So, fellow graduates, be kind, be thoughtful, be engaged in your village, because others deserve a village as good as ours was,” she said. “I am humbled and honored to have shared this space with you all, to call you my colleagues. I thank you for being part of my village. It was a wonderful place to grow up.”

Twenty-eight of this year’s graduates were inducted to the medical honor society, Alpha Omega Alpha, and two new Latin Honors awards were given this year, with eight graduates receiving Magna Cum Laude in Scientia Experimentali and 15 Cum Laude in Scientia Experimentali. Fourteen students were honored for graduating with distinction in research. Students graduating with joint degrees included 14 graduates earning a Master’s Degree in Public Health, four individuals receiving a Master’s Degree in Medical Humanities and Bioethics, and 11 completing a doctorate in the Medical Scientist Training Program. (story continued on pages 8 and 9)
Faculty Awards and Honors

Eric J. Russell, MD, FACR, FSIR, the Frederick John Bradd and William Kennedy Professor of Radiology and chair of radiology at Northwestern, received the American Society of Neuroradiology’s (ASNR) Gold Medal at the group’s annual meeting in San Diego in May. The medal honors neuroradiologists, scientists, and physicians who have greatly contributed to the specialty area through exceptional service and achievement.

“I am humbly and deeply honored to receive this prestigious award from the society that means so much to me,” says Dr. Russell. “The ASNR represents the best in the world in neuroradiology, and Dr. Russell. “The ASNR represents the best in the world in neuroradiology, and the medal honors neuroradiologists, scientists, and physicians who have greatly contributed to the specialty area through exceptional service and achievement.

Mary McConnell, MD, professor of internal medicine-general medicine and geriatrics and preventive medicine, was selected to receive the designation Master of the Society of Vascular Medicine (SVM), the highest award bestowed by the organization. The Society confers the annual award on up to three individuals for their outstanding contributions to the field. Dr. McDermott was presented with the award at the national SVM meeting in June.

“It is an honor to have my work and effort recognized by my colleagues across the nation. My goal as a clinician-scientist is to improve the health and quality of life of patients with vascular disease. This recognition suggests that perhaps I have made a small difference in this important work,” says Dr. McDermott.

Kari Bilimoria, MD, MS’08, GME’10, assistant professor in surgical oncology and medical social sciences, has been named a 2013 Young Investigator by the National Comprehensive Cancer Network® (NCNN), an alliance of 23 of the world’s leading cancer centers dedicated to improving patient care. Bilimoria will use the $150,000 grant to research the quality of care delivered to melanoma and breast cancer patients.

“In particular, the project will look at ways to help hospitals improve how they determine whether the cancer has spread to the lymph nodes,” says Bilimoria, a member of the Robert H. Lurie Comprehensive Cancer Center of Northwestern University. “We will also be trying to define which patients would benefit most from having their lymph nodes checked for the spread of the cancer. This is one of the most important factors with respect to prognosis, treatment planning, and enrollment in clinical trials.”

Woodruff and Molitch Receive Honors at ENDO 2013

Teresa K. Woodruff, PhD, director of the Women’s Health Research Institute and chair, Division of Obstetrics and Gynecology-Fertility Preservation, received the Visionary Leadership Award from the University of California, San Francisco’s Program on Reproductive Health and the Environment. The awards reception took place at the Endocrine Society’s 95th Annual Meeting and Expo in San Francisco in June where, along with two others, Woodruff was honored for her work to improve reproductive health by preventing harmful environmental exposures. She was also inaugurated as president of the Society, the world’s oldest, largest, and most active organization dedicated to research on hormones and the clinical practice of endocrinology.

“Worldwide, the endocrinology community is facing a variety of challenges, including the colliding epidemics of obesity and diabetes, growing awareness of the health risks associated with endocrine-disrupting chemicals, the tension between global population expansion and personal reproductive needs, and the need to support scientific research in an environment with limited resources,” says Woodruff, the Thomas J. Watkins Memorial Professor of Obstetrics and Gynecology. “As president of the Endocrine Society, I am looking forward to working with the talented clinicians and researchers in our membership to develop tactics and offer continued scientific leadership to address these issues.”

At the same meeting in June, Mark Molitch, MD, Martha Leland Sherwin Professor at Northwestern University Feinberg School of Medicine, was awarded the 2013 Distinguished Educator Award from the Endocrine Society.

Molitch, who has taught students, staff, fellows, and other members of the endocrine community for nearly 40 years, was recognized for his lifelong commitment to education.

“This is a terrific honor and I am very proud of it,” says Molitch, professor in medicine-endocrinology. “I really have three roles at Northwestern: physician, scientist, and teacher. The balance of these means that I see patients, conduct clinical research, and educate patients, residents, and medical students on a daily basis.”

Molitch’s career is marked by a commitment to helping others. With his wife, Susan Hou, MD, Molitch founded the Centro Medico Humberto Parra Clinic in Bolivia to provide care to indigenous people. Since 2004, as part of rotations, Feinberg sends two medical students a month to work at the clinic.

Molitch is also a prominent figure nationally, leading the development and authorship of clinical practice guidelines. His research focuses on pituitary tumors and diabetic complications.
Physical Therapy Class of 2013

Her knee just gave out.

But while a torn ACL meant sacrificing time on the lacrosse pitch, for Mary Kate Casey, DPT ’13, it would also lead to the discovery of a budding career.

Seven years removed from her own rehabilitation, Casey walked off the stage inside Thorne Auditorium on Saturday, April 20, to take her first steps as a graduate of the Doctor of Physical Therapy Program (DPT) at Northwestern University Feinberg School of Medicine.

“This journey has been one with many challenges and obstacles along the way,” said Casey, recipient of the Sally C. Edelsberg Scholarship in Physical Therapy. “However, without these challenges and the support of the faculty and staff at the medical school, I wouldn’t feel ready to embark on my career. Although leaving is bittersweet, I am confident in my abilities and the skills that have been instilled in me and the values and beliefs I hold after participating in this program.”

Casey was among the 74 members of the Class of 2013 to celebrate the culmination of their physical therapy education. The three-year DPT program includes part-time clinical involvement during the academic portion of the curriculum, as well as 38 weeks of full-time clinical internships divided between four of more than 400 clinical education sites across the country.

Feinberg also offers research opportunities and more than half of DPT students present their research at national physical therapy association meetings or other scientific meetings.

Clinical Education Award recipients included Lacy Wiley, DPT ’13, and Erica Zverto, DPT ’13. The department’s Leadership Award was given to Caitlin Sureck, DPT ’13. Rachel Lauren HAVE, DPT ’13, Saturday’s only graduate who is also part of the groundbreaking DPT/PhD (Eng) Program, was recognized as the 2013 Dean’s Feinberg DPT/PhD Scholar.

Physician Assistant Class of 2013

The 28 members of Northwestern University Feinberg School of Medicine’s Physician Assistant (PA) Program Class of 2013 earned their Master of Medical Science degrees on Saturday, May 18.

Raymond Curry, MD, vice dean for education, welcomed family and friends and thanked the graduates of the program, which had recently received continued accreditation.

“You had the confidence to recognize the potential of this program and for that we thank you,” Curry said. “As our second graduating class, you will assume different positions of visibility and leadership in the community and profession. You will come to represent the program, and establish its reputation ... you will become the face of this program.”

After the national anthem, James Van Rhee, MS, PA-C, associate professor and director of the PA program, introduced commencement speaker Jim Delaney, PA-C, president of the American Academy of Physician Assistants.

“I encourage you to volunteer your time and expertise serving the medical and underserved communities in the country and throughout the world. I encourage you to become a mentor and a preceptor for current and future students so they can follow in your footsteps and also become healthcare providers,” Delaney said. “I encourage you to consider becoming educators and PA program administrators to continue to provide quality education and to expand the vision of moving this profession to new levels.”

Van Rhee gave special recognition to Stephanie Brooke Cohen, MMS ’13, and Shannon Elizabeth Crabtree, MMS ’13, for their research projects. Cohen studied the use of narrow band UVB phototherapy to treat psoriasis and the associated risk of skin cancer, and Crabtree investigated the prevention of acute kidney injury in high-risk patients with low doses of fenoldopam. He thanked class leaders, Sincer Kurian Jacob, MMS ’13, class president; Ann Cameron Haley, MMS ’13, vice-president; and Sarah W. Albarran, MMS ’13, secretary, for their commitment. He also presented Kunjali Sanjay Kadwala, MMS ’13, with the PA Program Academic Award.

Lisa Anne Werner, MMS ’13, served as the class speaker. During her address, she shared her experiences as a humanitarian aid worker in Afghanistan and how it related to her experience as a PA student.

“The lessons we learned in Afghanistan: one, embrace dependence on the people around you; two, treat your patients like guests; three, embrace a vision bigger than yourself … Friends, let us not forget that in the privacy of the exam room, our patients share their secrets and their fears with us. This is a sacred and precious gift,” she said.

Van Rhee echoed these thoughts in his closing remarks, “As a physician assistant you now have the responsibility to care for others to the best of your ability. This responsibility does not end at the office. Take this responsibility and trust very seriously and you will have a most enjoyable and fulfilling career.”
Northwestern Medicine® research.

Early Memory Loss in Alzheimer’s Disease (AD), According to A new class of experimental drug-like small molecules is promising new Alzheimer’s.

Promising New Alzheimer’s ‘Drug’ Halts Memory Loss Scientists achieved this in female mice by adding a currently approved chemotherapy drug, matuximab, to another chemotherapy drug, cisplatin. This blocked the action of a protein that triggers a cascade of events resulting in death of the immature eggs. The results were presented June 17 at The Endocrine Society’s 95th Annual Meeting in San Francisco.

“This research advances the efforts to find a medical treatment to protect the fertility and hormone health of girls and young women during cancer treatment,” says So-Youn Kim, the lead investigator and a postdoctoral fellow in the laboratory of Teresa Woodruff, PhD, chief of fertility preservation at Northwestern University Feinberg School of Medicine and a member of the Robert H. Lurie Comprehensive Cancer Center of Northwestern University. Kim is currently testing imatinib to see if it also protects fertility in combination with other chemotherapy agents.

The research was funded by the National Institutes of Health’s Eunice Kennedy Shriver National Institute of Child Health and Human Development of the National Institutes of Health, grant U54 HD076188.

Preventing Fertility Loss from Chemotherapy Young women who have cancer treatment often lose their fertility because chemotherapy and radiation can damage or kill their immature ovarian eggs. Now, Northwestern Medicine® scientists have found the molecular pathway that can prevent the death of immature ovarian eggs due to chemotherapy, potentially preserving fertility and endocrine function.

This research could one day help women know their risk for developing gestational diabetes before they become pregnant—and lead to preventive measures to protect the health of offspring.

Gestational diabetes affects 18 percent of pregnancies. Babies born to women with gestational diabetes are typically larger at birth, which can lead to complications during delivery. They are also at an increased risk of developing metabolic diseases, such as diabetes, in childhood and adulthood.

The findings were published online July 31 in Diabetes, a journal of the American Diabetes Association.

Gestational diabetes has been associated with type 2 diabetes, because during pregnancy, resistance to insulin increases, similar to the effect of weight gain during a lifetime.

But researchers found variants in two genes—HKDC1 and BACE2—that were associated with measures of glucose and insulin levels of pregnant women but not in the rest of the population, including people with type 2 diabetes.

With additional study and verification of these and other risk genes, we could one day have genetic risk profiles to identify individuals at elevated risk for developing gestational diabetes,” says M. Geoffrey Hayes, PhD, assistant professor of medicine-endocrinology at Northwestern University Feinberg School of Medicine.

Diabetes Discovery Could Lead to Big Difference in Lives of Moms and Offspring

The research was supported by the National Institutes of Health grants HD34242, HD34243, HS004415, and CA141688, Institutes of Health Research – INMD (funding reference #10791) and by the American Diabetes Association.

New Northwestern Medicine® research could one day help women know their risk for developing gestational diabetes before they become pregnant—and lead to preventive measures to protect the health of offspring.

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Study Shows Positive Results for New MS Therapy A phase 1 clinical trial for the first treatment to reset the immune system of multiple sclerosis (MS) patients showed the therapy was safe and dramatically reduced patients’ immune systems’ reactivity to myelin by 50 to 75 percent, according to new Northwestern Medicine® research.

In MS, the immune system attacks and destroys myelin, the insulating layer that forms around nerves in the spinal cord, brain, and optic nerve. With this destruction, electrical signals can’t be effectively conducted, resulting in symptoms that range from mild limb numbness to paralysis or blindness.

“The therapy stops autoimmune responses that are already activated and prevents the activation of new autimmune cells,” says Stephen Miller, PhD, the Judy Gugenheim Research Professor of Microbiology-Immunology at Northwestern University Feinberg School of Medicine. “Our approach leaves the function of the normal immune system intact. That’s the holy grail.”

Miller is the co-senior author of a paper on the study, which was published June 5 in the journal Science Translational Medicine. The study is a collaboration between Feinberg, University Hospital Zurich in Switzerland, and University Medical Center Hamburg-Eppendorf in Germany.

The human trial is the translation of more than 30 years of preclinical research in Miller’s lab. In the trial, the MS patients’ own specially processed white blood cells were used to deliver billions of myelin antigens so their immune systems would recognize them as harmless and develop tolerance.

Current therapies for MS suppress the entire immune system, making patients more susceptible to everyday infections and higher rates of cancer.

The primary aim of the study was to demonstrate the treatment’s safety and tolerability. It caused no adverse effects, nor did it reactivate the patients’ disease or affect their immunity to pathogens. This therapy, with further testing, may be used to treat a host of other autoimmune and allergic diseases simply by switching the antigens attached to the cells. Previously published preclinical research by Miller showed the therapy’s effectiveness for type 1 diabetes and airway allergy (asthma) and peanut allergy.

The research was supported by the German Federal Ministry for Education and Research and the Cummings Foundation.
Psychiatrist Herb Meltzer sadly watched the agitated woman accuse her son of trying to poison her. Although not her physician, Dr. Meltzer certainly recognized the devastating effects of his mother-in-law’s Parkinson’s disease psychosis (PDP). Occurring in up to half of all patients with Parkinson’s, symptoms of the psychotic disorder may include hallucinations and delusions. The development of PDP often leads to institutionalization and increased mortality.

“I was on the sidelines,” explains Dr. Meltzer, professor of psychiatry and physiology and director of the Translational Neuropharmacology Program at Northwestern University Feinberg School of Medicine. “I told my brother-in-law it was the disease talking, not his mother.”

Ironically, Dr. Meltzer has been far from the sidelines and right on the PDP playing field for quite a while. In fact, he may soon see a drug he helped develop become the first approved treatment for the disorder. In early April, Dr. Meltzer celebrated, along with colleagues at ACADIA Pharmaceuticals in San Diego for which he has been a clinical advisor, the stunning announcement: the Food and Drug Administration (FDA) had expedited the company’s path to filing a new drug application (NDA) for pimavanserin, a selective serotonin 5-HT2A receptor blocker. Typically, the FDA requires data from two successful pivotal Phase III clinical studies affirming a drug candidate’s safety and efficacy before the agency will even consider an NDA. Just as ACADIA was planning to launch another Phase III study to fulfill this requirement, the FDA decided the company had amassed enough data to support an NDA filing.

“This action on the part of the FDA is extremely unusual,” says Dr. Meltzer, who designed ACADIA’s initial proof-of-concept trial of pimavanserin, a drug he had initially suggested ACADIA develop to treat schizophrenia, with PDP as a secondary indication. “The FDA staff decided that results from my small clinical study and the first successful Phase III study were sufficient to establish efficacy and safety.”

Bringing a safe and effective drug to market is a monumental achievement. Pimavanserin is not yet there but has significantly moved within striking distance with this recent nod from the regulatory agency.

24 YEARS IN THE MAKING

The neuropharmacologist’s collaboration with ACADIA began in 2000. The company wanted to develop a drug targeting the serotonin 5-HT2A receptor, a neurotransmitter ACADIA believed played a key role in schizophrenia based upon basic research from Meltzer and their own studies. A distinguished schizophrenia investigator, then at Case Western Reserve University, he welcomed ACADIA’s offer to translate his ideas about developing safer and more effective drug treatments for psychosis. Through his provocative and groundbreaking research, Dr. Meltzer originally championed the idea that blocking the 5-HT2A receptor would lead to better antipsychotic drugs with fewer side effects. Existing drugs often impaired motor function because they targeted the dopamine D2 receptor. Of the 14 different types of serotonin receptors in this complex area of study, Dr. Meltzer zeroed in on the 5-HT2A type—the same receptor that leads to hallucinogenic properties of LSD and mescaline. It was an ideal target to complement weak D2 receptor blockade in schizophrenia and as a standalone treatment for PD psychosis.

“In the 1980s, I identified the drug clozapine as the first antipsychotic for treatment-resistant schizophrenia,” says Dr. Meltzer, explaining what led him to propose the development of a drug like pimavanserin. Never approved in the United States, clozapine had been...
withdrawn as an antipsychotic in Europe due to toxicity issues. I was interested in understanding the drug’s motor system effects. Clozapine was different from first-generation antipsychotics. Unlike the so-called ‘typical’ drugs then in wide use, clozapine didn’t produce Parkinsonian symptoms, such as muscle stiffness, slowed movement and tremor, or tardive dyskinesia, abnormal involuntary muscle movements of the face, trunk and limbs. Prior to Dr. Meltzer’s research, the commonly accepted view was that the psychotic behavior of schizophrenia resulted mainly, if not exclusively, from excessive activity of the neurotransmitter dopamine stimulating one of its key receptors, the D2 type in the limbic brain. Similarly, PD develops after initiating replacement therapy for the loss of dopamine neurons by administering the precursor of dopamine, L-DOPA. First-generation antipsychotic drugs work by blocking dopamine D2 receptors in the area of the brain involved in functions such as reality testing, reward, emotion, and memory. This action, however, results in the unwanted motor disturbance of antipsychotic drugs.

As co-PI for the single clinical study that led to the FDA-approval of clozapine for treatment-resistant schizophrenia, Meltzer dedicated his basic research effort to understanding why clozapine and other ‘atypicals’ (called such because they don’t cause motor movement problems) worked. In 1988, in a widely cited landmark paper that generated 2,700 citations, the results of the clozapine trial in schizophrenia were published. In 1989, just a few months later, Dr. Meltzer and his colleagues published the results of their efforts to understand the pharmacologic basis for atypical antipsychotic drugs. The core concept? Strong 5-HT2A and weaker D2 receptor stimulation, a ratio which is also known as the “Meltzer Index.” In the same papers, he proposed that the psychotic component of schizophrenia was due to a combination of both excessive 5-HT2A and D2 receptor stimulation.

“We found that the ‘atypical’ drugs, which produced little or no motor side effects, were more potent serotonin 5-HT2A than D2 receptors,” says Dr. Meltzer. “Eventually, we showed that clozapine could be an effective antipsychotic and tolerable to patients with PD psychosis at very low doses, which did not block D2 receptors but could block 5-HT2A receptors.”

His discoveries contributed to a rush to develop a new class of atypical antipsychotics. These “sons of clozapine,” rather than clozapine, became the dominant treatments for schizophrenia and other disorders, because the severity of clozapine’s side effects was off-putting to many prescribers and patients. Additionally, Dr. Meltzer’s serotonin-dopamine hypothesis wasn’t universally accepted.

“No one doubted clozapine’s effectiveness at treating dopamine-based psychosis,” says Bryan L. Roth, MD, PhD, professor of pharmacology at the University of North Carolina, who joined Case Western as a junior faculty member in the early 1990s specifically because of Dr. Meltzer’s well-regarded pre-clinical and clinical neuropharmacology program in schizophrenia. “But there was debate about whether it was the action of 5-HT2A or some other receptor.” Agrees Dr. Meltzer, “My theory met with some resistance. It wasn’t the only one advocated and was not immediately obvious the correct one.” Then ACADIA called. The start-up company’s founder, scientist Mark Brann, believed that Dr. Meltzer was on to something good.

A RECEPTIVE AUDIENCE

“ACADIA had looked over the theories of schizophrenia and appropriate drug targets and thought that I had gotten it right with advocating for the role of the 5-HT2A,” recalls Dr. Meltzer, who in the summer of 1996 moved to Vanderbilt University as Douglas Brand Professor of Psychiatry and director of psychopharmacology in the Department of Psychiatry. His work with ACADIA led to the discovery of

RISPERIDONE

Pimavanserin, a drug that holds much promise for the treatment of schizophrenia, bipolar disorder, and depression, as well as the psychosis of Alzheimer’s disease. So 24 years later, Meltzer has seen his hypothesis come to light in a novel compound, in part, due to his unflagging belief in serotonin receptors and their role in psychosis. “He has single-mindedly studied this once trendy area through its ups and downs,” says Dr. Roth, an expert in molecular neuropharmacology. “Without the vast amount of data he has generated and his devotion over the years, it is safe to say this drug would not exist.”

Advancing novel research findings that bring the next breakthrough drug to market requires substantial investment of capital, as much as a billion dollars, by some industry estimates, when all is said and done. Clinical trials can cost as much as $150,000 per patient, and 600 subjects is the norm for a pivotal trial. Driven to pursue new knowledge, academia is full of people with great ideas. Interested in developing new therapeutics, pharmaceutical companies have the drug development and regulatory know-how, as well as the funding, to invest in ideas they believe will yield the best products. How academia and private industry come together isn’t an exact science but based on the successful collaboration of Dr. Meltzer and ACADIA, it is a relationship that can truly help to translate research into clinical practice.

It’s critical to overcome the bias in academics and look for more ways to partner with industry,” says Dr. Meltzer, who plans to soon start conducting clinical trials for the use of pimavanserin in patients with schizophrenia. “If our medical center’s mission is to do the best for everyone, developing these types of relationships is the best way to achieve this goal.”

ADVANCING SCHIZOPHRENIA TREATMENT

Risperidone is a widely used antipsychotic drug for schizophrenia patients experiencing a relapse of psychosis. In 2012 Dr. Meltzer published a study showing the benefits of combining pimavanserin with a sub-effective dose of risperidone to restore full 5-HT2A receptor blockade. Used together, the two drugs are more effective at alleviating schizophrenia-related psychosis and produce much fewer side effects than the standard dose of risperidone.

Dr. Meltzer hopes to test this concept in a clinical trial in the very near future. He says, “If successful, it will be another major milestone in our efforts to help people with severe mental illnesses.”
The road to happiness is never long for Deborah Clements, MD, chair of family and community medicine. “I’ve learned that you have to be willing to take opportunities as they arise, not necessarily knowing where they’ll lead,” she says. “Some of the best experiences I’ve had have grown from the randomness of life.”

In 2010, that approach brought Dr. Clements to one of the most devastated cities on the planet. As her plane touched down in Port-au-Prince, it was evident that only a resilient people could endure through such destruction and despair. “The Haitians would walk for miles and miles to get even the simplest things,” says Clements, who arrived on the Caribbean island about a month after the deadly earthquake. “They didn’t have so much as a Tylenol®, but they wanted to get better. They wanted to live.”

This spring, her own resilient nature brought Clements “home” to her native Chicago, where she now serves as chair and directs a residency program poised to double in size. “With the Affordable Care Act and universal coverage, there is a recognition that the best healthcare system will be primary care-based, making this an exciting time to lead the Department of Family and Community Medicine,” she explains. “It’s amazing to help learners develop into physicians and then watch them go off into the community, seeing their growth and thinking about the lives they will touch.”

Clements Leads Training Expansion of Primary Care Physicians

The road to happiness is never long for Deborah Clements, MD, chair of family and community medicine. “I’ve learned that you have to be willing to take opportunities as they arise, not necessarily knowing where they’ll lead,” she says. “Some of the best experiences I’ve had have grown from the randomness of life.” In 2010, that approach brought Dr. Clements to one of the most devastated cities on the planet. As her plane touched down in Port-au-Prince, it was evident that only a resilient people could endure through such destruction and despair. “The Haitians would walk for miles and miles to get even the simplest things,” says Clements, who arrived on the Caribbean island about a month after the deadly earthquake. “They didn’t have so much as a Tylenol®, but they wanted to get better. They wanted to live.”

This spring, her own resilient nature brought Clements “home” to her native Chicago, where she now serves as chair and directs a residency program poised to double in size. “With the Affordable Care Act and universal coverage, there is a recognition that the best healthcare system will be primary care-based, making this an exciting time to lead the Department of Family and Community Medicine,” she explains. “It’s amazing to help learners develop into physicians and then watch them go off into the community, seeing their growth and thinking about the lives they will touch.”

Clements’ route to family physician began later in life than most, following a successful career in healthcare administration and the contemplation that stems from personal...
DEB CLEMENTS, MD, CHAIR OF FAMILY AND COMMUNITY MEDICINE, IS A MOTORCYCLE ENTHUSIAST. SHE CELEBRATED HER VICTORY OVER BREAST CANCER BY PURCHASING A HARLEY-DAVIDSON.

tragedy. At the age of 30, she found herself a widow. At 33, she began to pursue a passion harbored since high school.

With renewed perspective and a belief that she had to work harder than her peers, Clements quickly took on various leadership roles, serving as a delegate and later the national resident representative on the American Academy of Family Physicians’ (AAFP) board of directors.

“I got the 50,000-foot view of what organized medicine looked like and how we could affect change individually in a way that I never really appreciated before,” she recalls. “A big part of family medicine—and medicine in general—is about relationships building, so it’s important for me to know that I am doing my part, whether it be at a local, statewide, or national level.”

DOCTOR AND PATIENT

Board certified in family medicine, Clements received her MD from the University of Nebraska College of Medicine, at which point she completed her family medicine residency, serving as chief resident in 1999. In 2002, she became a fellow of the AAFP and the Society of National Primary Care Policy, before completing an interdisciplinary primary care fellowship at the U.S. Department of Health and Human Services and later a fellowship in family medicine residency programs at the National Institute for Program Director Development.

She joined the faculty at the University of Kansas Medical Center (KUMC) in 2004, remained, and became program director of family medicine and vice chair for medical residency.

And then in 2007, breast cancer struck.

“My first priority was to go to the clinic for the first time. It was devastating,” she says. “I was forced to confront the idea that cancer was changing the way she lived. When the deadly quake struck Haiti, she would go to help, spending 10 days in the cities of Port-au-Prince and Leogane.

“It was absolutely unbelievable,” she recalls, having also been part of medical response teams following massive tornadoes in Joplin, Mo., and Greensburg, Kan. “We had hundreds and hundreds of people that would come for care in a never-ending flow.”

RIDING INTO THE FUTURE

First from the burden of disease and turning 50, Clements implored husband, Walt, to abide by one of life’s unwritten rules. “When you survive cancer, you get a motorcycle,” she says.

As the program director of the new Northwestern McGaw Family Medicine Residency to be based at Northwestern Lake Forest Hospital, Dr. Clements plans to trade her white coat for a leather jacket a few times this summer, making the 15-mile commute from home on her Harley-Davidson.

“My passion for motorcycles became a child,” Clements says, stressing that she always wears a helmet. “Harley owners are really a family. I’ve been impressed throughout my life; when trouble has come, the Harley family is always there.”

RESIDENCY EXPANSION

Practicing family medicine in Grayslake, Clements will lead the expansion into Lake County of a residency program which began in 2010 at Norwegian American Hospital and Erie Family Health Center in Chicago.

Graduating its first class this past July, Clements was pleased to see seven of the eight doctors moving on to Federally Qualified Health Centers (FQHC) or FQHC-like clinics.

“We’re really demonstrating that we are meeting the mission for that residency program and we’d like that to continue in Lake County,” she says.

The new program at Lake Forest is expected to enroll its first class of eight trainees in July 2015, bringing the total number of doctors in the Northwestern McGaw Family Medicine Residency program to 48 five years from now. While residents will have some interaction with one another, the urban and suburban programs will remain separate, focusing care on their distinct patient populations.

“These residents will help reduce the burden and cost of care and begin to offset an underrepresentation of family physicians in the Chicagoland area,” Dr. Clements believes. “Before we began our residency in Humboldt Park, Feinberg was ranked near the bottom of the 140-plus family medicine programs in the country. One of the ways we will continue to make it stronger is by calling upon the expertise of our strong alumni base. In the very near future, I’d like to start a lecture series led by alumni to help educate our trainees.”

CHANGING VIEWS

Clements would also like to change the national misconception that family physicians are not specialized—they are board certified to offer treatment across a spectrum of care from birth to death.

“As leaders, it is our responsibility to change the way people think and to increase the opportunities for medical students to pursue a future in family medicine,” she says. “One way we can do this is to expand the availability of family physician mentors in Streteville for Feinberg students. Our new residency program is going to double our output of qualified physicians, but we still have plenty of work to do.”

In addition to their clinical duties, which include rotations in school-based and teen health centers and within a safety-net community hospital, trainees in the first graduating class at Humboldt Park also led projects to develop insulin protocols and increase patient safety.

“I see this large void between Chicago and Milwaukee, where family medicine residencies don’t exist,” Dr. Clements says. “Our entry into Lake County will be the first step in a process that will help establish Northwestern as a regional leader in training America’s future family physicians.”

“...The Haitians would walk for miles and miles to get even the simplest things...they wanted to get better. They wanted to live.”

208 MILLION

Nearly one in four office visits in the U.S. are to a family physician, accounting for approximately 208 million visits each year.

1,080

The family medicine residents will deliver at least 1,080 children during their training and care for thousands of hospitalized patients, all under the supervision of the excellent physician faculty at Northwestern Lake Forest Hospital.

40,000

Family medicine residents will care for more than 40,000 individuals as outpatients, based on national requirements.

Family physicians provide more care for America’s underserved and rural populations than any other medical specialty.
Similarly, Wayne Anderson, PhD, professor of molecular pharmacology and biological chemistry at Northwestern University Feinberg School of Medicine, uncovers the atomic structure of proteins in order to move a new generation of drug development forward.

Throughout the world, bacteria are increasingly resistant to old antibiotics, including penicillins, cephalosporins, and carbapenems (the main defense against “Superbugs”). Utilizing pharmacology and chemistry on cellular levels, pharmaceutical companies have tried diligently—but failed—to create alternative broad-spectrum antibiotics.

With that discouraging outlook and some potentially nightmarish scenarios ahead, the idea snowballed for the academic community to reset the stage for drug discovery. Anderson feels the pressure: “We can—and have to—do better.”

His team has taken the lead by administering the Center for Structural Genomics of Infectious Disease (CSGID) based at the Feinberg School of Medicine. CSGID finds the position of the thousands of atoms that make up a protein, which gives scientists throughout the world unprecedented insight into their molecular structure and behavior to re-invigorate the quest for new drugs and diagnostics.

**THE ATTACKER UNMASKED**

Funded by the National Institute of Allergy and Infectious Diseases (NIAID), CSGID uses high technology and computation to determine 3-D structures of proteins using X-ray crystallography. Images are produced at the Advanced Photon Source at the U.S. Department of Energy’s Argonne National Laboratory and reveal convoluted shapes that scientists will use to design new drugs.
They are not just pretty pictures. Images pinpoint, down to a ten-billionth of a meter, the average position of atoms, how they interact, and the distance between them. This data tells researchers how to refine a compound so it can link to the non-profit Seattle Biomedical Research Institute. They work closely to divide the protein mapping work.

In those early days of crystallography, it took up to four years to map a protein, sometimes using plastic parts and weak computers. Now, Anderson’s team is averaging two to three maps a week.

Let’s Start Talking

CSGID services are free of charge to the global scientific community, including non-profit and for-profit organizations such as pharmaceutical companies and educational institutions. If requests for imaging are approved by NIAID, the service is an unbelievable bargain, offered by the federal government to dramatically speed up drug discovery.

So far, CSGID has received approximately 6,700 requests: about 4,600 of them have come from the center's member institutions and the rest from other scientific organizations throughout the world. Less than 10 percent of requests have been successfully imaged—a low rate because there are many opportunities for things to go wrong. To map a protein, it must be processed through multiple steps, and many don’t make it through all of them.

Some proteins are very dynamic, twitching and gyrating, refusing to “stand still” so they can be studied. Other wicked ones are so toxic that purifying them for experiments has been impossible. To carry out crystallography, Anderson's teams use Argonne’s ultra-powerful synchrotron, the Advanced Photon Source in Lemont, Ill. The size of a major league baseball stadium, the circular synchrotron is a particle accelerator where electromagnetic radiation is generated and shared by scientists throughout the world. Photons are accelerated to more than 99 percent of the speed of light, producing the brightest X-rays in the Western Hemisphere. In typical X-rays, the picture is a shadow of an object. In contrast, X-ray crystallography generates images through diffraction patterns. The synchrotron sends X-ray beams through crystallized proteins. Beam patterns are recorded when the intense light bounces off the electrons of atoms in the crystallized molecules. Restating those patterns, scientists use sophisticated computation to determine where atoms and other structures are located inside proteins. Scientists use computer graphics to build atomic models.

Another method, nuclear magnetic resonance spectroscopy, is used much less often on extremely small proteins. Images are generated by measuring the protein’s response when placed in a magnetic field.

All of these advanced capabilities launched Anderson light years ahead in his research. He has been keen on crystallography since the 1970s, when he was inspired as a Yale graduate student working for Thomas Steitz, another structural biologist and 2009 Nobel Prize winner for Chemistry for his work on the structure of the ribosome. Working together, these institutions function like an assembly line. Each performs one or more of the steps needed to process the protein for imaging. Fls also collaborate on analysis of results, co-author publications, and can partner with organizations for further investigation of structures after they are revealed.

RELATED PROTEINS INCLUDE:

- Bacillus anthracis (anthrax)
- Dengue virus (dengue fever)
- Escherichia coli (E. coli)
- Listeria (L. monocytogenes)
- Streptococcus (staph infections)
- Staphylococcus aureus (staph infections)
- Yersinia pestis (plague)
- Vibrio cholerae (cholera)
- Vibrio vulnificus (wound infection)
- Clostridium difficile (clostridial disease)
- Chlamydia trachomatis (chlamydia)
- Mycobacterium tuberculosis (tuberculosis)
- Trypanosoma brucei (sleeping sickness)
- Plasmodium falciparum (malaria)
- Zika virus (zika virus)

With Anderson as CSGID’s director, Northwestern heads the effort. Other institutions with research teams in the center include: University of Chicago, University of Toronto, University of Virginia, Washington University, University College London, Southwestern Medical Center, Sanford-Burnham Medical Research Institute, and J. Craig Venter Institute.

A sister center also funded by NIAID, the Seattle Structural Genomics Center for Infectious Disease, also serves a similar function as CSGID and is headquartered at the nonprofit Seattle Biomedical Research Institute. They work closely to divide the protein mapping work.

CSGID researchers already hit milestones during the first five-year, $31-million grant period that started in 2007. CSGID determined protein structures from the lethal Bacillus anthracis (anthrax), Salmonella enterica (salmonellosis food poisoning), Vibrio cholerae (cholera), and Yersinia pestis (plague), among other bacteria. NIH chose these pathogens because of potential use in bio-terrorism attacks.

Now in the second five-year grant period for $25 million, CSGID’s efforts branched out to decipher additional organisms from NIAID’s A-C priority pathogen list, including proteins from Staphylococcus aureus (staph infections) and Clostridium difficile (C. diff).

EXTRA INNINGS AT THE BALLGAME

To carry out crystallography, Anderson’s teams use Argonne’s ultra-powerful synchrotron, the Advanced Photon Source in Lemont, Ill. The size of a major league baseball stadium, the circular synchrotron is a particle accelerator where electromagnetic radiation is generated and shared by scientists throughout the world. Photons are accelerated to more than 99 percent of the speed of light, producing the brightest X-rays in the Western Hemisphere. In typical X-rays, the picture is a shadow of an object. In contrast, X-ray crystallography generates images through diffraction patterns. The synchrotron sends X-ray beams through crystallized proteins. Beam patterns are recorded when the intense light bounces off the electrons of atoms in the crystallized molecules. Restating those patterns, scientists use sophisticated computation to determine where atoms and other structures are located inside proteins. Scientists use computer graphics to build atomic models.

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Karla Satchell, PhD, associate professor in microbiology-immunology at Feinberg, marveled when she actually saw what one of the domains in the toxin Vibrio vulnificus looked like after working with it for nearly five years. A pathogen found in seafood, the toxin is evolving into a huge problem as it spreads with global warming. Satchell is devising better surveillance methods for the FDA.

She notes the boon that CSGID is for Northwestern: scientists no longer have to wait years for protein imaging and don’t need grant money for structural biology investigation because the center already does this.

“Wayne’s group has really expanded biochemistry on this campus,” Satchell explains. “One of the big advantages he brings is that biochemists are interacting a whole lot more with structural biologists, and these one-on-one interactions are invaluable.”

BACTERIA BEHAVING BADLY

It’s not just how proteins look, but what they do and how they do it that are key pieces of information.

CSGID collaborate with over 500 companies, numerous federal agencies, and hundreds of research institutions worldwide.

Precursor for drug discovery

CSGID does not do the actual chemistry for drug discovery. In fact, it is too soon for new drugs to be discovered or reach clinical trials following the center’s findings. However, studies point researchers in the right directions to find the best drug candidates faster than conventional methods, helping scientists quickly sift through millions of potential compounds.

Following a professorship at Vanderbilt University, Anderson came to Northwestern in 1994 and has served on more than 20 committees at Feinberg, the Molecular Pharmacology and Biological Chemistry Department, and university-wide. He came to Chicago mainly because of the capabilities he foresaw with the Advanced Photon Source, and emphasizes that he appreciates Northwestern’s support for the facility.

“Making crystallography available to any biomedical scientist who is interested in doing it has been very rewarding,” he says.

His findings expand opportunities for investigators throughout the world to work on new drugs and vaccines because CSGID’s results are available in the public domain. Access to this information allows scientists to speed up their research, instead of waiting for peer-reviewed publications or proprietary information.

As word got out about the service, Anderson says requests for imaging escalated from outside Northwestern starting in 2010. Requests have come from all over the U.S., Canada, and Europe. As a result, collaborations formed with local scientists from institutions like the University of Illinois-Chicago and the University of Chicago, institutions on the East and West coasts, and with researchers from other countries like England, France, Germany, Italy, Russia, and Japan.

High time demands for the CSGID led him to step down this year as co-director of the Northwestern Synchrotron Research Center and the Scientific Director of the Life Sciences Collaborative Access Team at the Advanced Photon Source.

The days of serendipitous drug discovery are long gone, and past experiments through traditional methods have been disheartening. But new and better information provided through Anderson’s teams are prompting scientists to look again for new antibiotics.

“Detailed structural information on protein targets will increase the efficiency of new drug discovery. I am very optimistic that we are refocusing on the right protein targets that will bring us new antibiotics. This is imperative,” Anderson emphasizes.

CSGID is funded with Federal funds from the National Institute of Allergy and Infectious Diseases, National Institutes of Health, Department of Health and Human Services, under Contracts No. HHSN272200700005C and HHSN272201300026C.
President’s Message

There are many changes underway at the medical school, including the direction and function of the National Medical Alumni Association Board. On Saturday, August 10, the Executive Committee of the board met in Chicago for a half-day retreat. Our objective was to brainstorm ideas to chart a new course for the Alumni Board, with input from Feinberg Dean Eric Neilson and Vice Dean for Development Alan Krensky.

One result of our discussions was the development of a new structure that focuses on increased involvement and action, with four pillars to guide our activities—fundraising, engagement/communications, mentoring/networking, and administration. Our progress will be presented to the full National Board at our fall meeting on November 15-16 and we will then decide how to implement. Here I share a few of the details, including a proposed Mission and Vision for the National Medical Alumni Association Board.

Our objective was to brainstorm ideas to chart a new course for the Alumni Board…"

In addition, we will be forming committees to represent the four pillars, and I would be happy to hear from anyone who would like to join what I envision will be four very active groups. Those involved will work with alumni relations and development staff to create new opportunities and implement new programs of interest to all of our alumni and students as well. Visit our newly revamped Medical Alumni Association website for more details about the pillars and how we plan to build upon them.

Another recent change at the medical school was the August 31 retirement of Ginny Darakjian, assistant dean of alumni relations. I’d like to recognize her many years of service to the medical school and alumni. She was instrumental in putting in place new tools (see story on page 27) to help keep alumni connected to one another and to the school and led the team that planned many events and activities on our behalf.

Ginny has been a great friend to us over the past 23 years, and we will miss her guidance and support. However, she left us in good stead—before her departure she paved the way for her replacement, ML Farrell, senior associate director of alumni relations.

ML has spent her career in higher education, working at several academic institutions including, most recently, Johns Hopkins and Brown University.

"...and I would be happy to hear from anyone who would like to join what I envision will be four very active groups."

Over the years, she has worked with medical alumni, students, grateful patients, donors, and physicians on special events, alumni programs, and fundraising activities. Her breadth of experience will be extremely helpful as she leads alumni relations at the Feinberg School of Medicine. I look forward to working with ML as the Alumni Board takes a more active role in support of the medical school.

All the best,
David Winchester, MD ’63
President

Darakjian Retires After More than Two Decades in Alumni Relations

After 23 years of service, Virginia “Ginny” Darakjian, the assistant dean for Alumni Relations, announced in July her plans to retire August 31. She has been the voice and friend of alumni at the medical school at Northwestern University since she began her role as director of Alumni Affairs and Annual Giving in 1990.

"With a desire to better serve the medical school’s 16,000+ alumni, Darakjian tripled the size of her team, which initially began as a startup group with one employee. Together they published annual giving reports to recognize alumni donors and produced three alumni directories before establishing an online version. They also created a website for the alumni association. She expanded and elevated what began as the Alumni Council into a National Alumni Association Board with elected officials who had more responsibilities. Including student and faculty participation, Alumni Weekend was expanded, with attendance doubling to more than 600.

In 1999, she was named assistant dean for Alumni Relations. Darakjian traveled regularly to strengthen ties with alumni, and partnered with leadership to introduce five new medical school deans to graduates across the nation. During her tenure, medical alumni contributed approximately $35 million in support of their alma mater.

With an appreciation for students as future alumni, she increased the number of student events that were sponsored by the Office of Alumni Relations and began an annual program through which alumni could connect with and mentor current medical students.

On behalf of the medical school, Darakjian shared her leadership skills, serving on several University-wide committees and task forces, as a member and then chair of the Northwestern University Staff Advisory Council, and as president of the Association of Northwest University Women. In addition, she was a frequent presenter at the Association of American Medical Colleges Group on Institutional Advancement, of which she served as vice chair.

"When we’ve lost dear friends like Lou Blashe, Ken Vote, Howard Traisman, Alan Yasko, Harry Miller, Paul Olness, Cliff Raasbeck, Harry Beatty, and so many more.

Now that it’s time to say good-bye, I leave with profound gratitude for the treasured memories, dear friends, and happy knowledge that we all, together, have been a part of, and contributed to the life and success of this great institution.

To honor Darakjian’s dedicated service, Feinberg has launched the “Ginny Fund” Medical School Scholarship. Alumni, friends, and colleagues are encouraged to support this effort to attain a tuition-free medical school.

...getting to know so many alumni and colleagues, meeting their families, helping solve problems, and bringing new ideas to fruition.

Our alumni leadership—especially Walter Doren, David Sanders, Richard Heller, Andrew Bunta, Suzan Rayner, Walter Huurnan, Bonnie Typlin, Doug Carr, James Hild, David Winchester, Bruce Scharschmidt, Mary Ann Molloy, Beth Hahneman, Sandra Olson, Melvin Gerbie, Marvin Peiken, Irwin Benack, Finley Brown, among so many—I have provided tremendous support for our programs as well as for me personally. I’ve also had the great fortune of working with wonderful people in the Alumni Office—Laura LaSota, Beth Dwyer, Chris Staton, Arthur Hill, Olympia Asmacopoulus, Jewel Herrell, Erin Mater Hagan—as well as six deans and their entire administrative teams, especially Jonathan Lewis, Cathy May, Jeff Miller, Ellen Sow Hao, Janet Stevens, and Michele Weber; two vice deans; and two University presidents. We’ve worked, cried together when we’ve lost dear friends like Lou Blashe, Ken Vote, Howard Traisman, Alan Yasko, Harry Miller, Paul Olness, Cliff Raasbeck, Harry Beatty, and so many more.

Now that it’s time to say good-bye, I leave with profound gratitude for the treasured memories, dear friends, and happy knowledge that we all, together, have been a part of, and contributed to the life and success of this great institution.

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A Family Calling

DR. OFODILE FOLLOWS IN FOOTSTEPS OF NIGERIAN ANCESTORS

WRITTEN BY:
Sarah Plumridge

Ferdinand Ofodile, MD ’68, has healing in his blood line. His great-great-grandfather, a traditional medicine doctor in Nigeria, passed on his passion for medicine, as had been the family custom for generations. His uncle, the first family member trained in Western practices, became a famous surgeon in Nigeria in the 1950s and 60s. Troubled by the poor healthcare he observed in his country, Ofodile followed their lead, forging his own path in medicine. Today, he is clinical professor of surgery at Columbia University and chief of plastic surgery at Harlem Hospital Center in New York.

Establishting A U.S. Home

After completing high school at a British-model boarding school in Nigeria, Ofodile came to Northwestern University for undergraduate studies through the Africa Scholarship Program of American Universities, a joint project of the Africa-America Institute, the U.S. Agency for International Development, and American universities that began in 1960. He connected with other America-bound students in Paris before boarding a ship to New York City. Arriving in the U.S., the 21-year-old met his host family from Rockford, Ill., with whom he would spend summers and vacations. During his first year of medical school, the young Nigerian was elected class president and a student council representative. Ofodile was also a member of the Phi Chi Theta fraternity, which he says was a unique experience that enabled him to socialize with like-minded people.

“It was very gratifying to be elected as the vice president of my class,” he says. “As a foreign student, I felt accepted and welcomed by my peers.”

As for classroom experiences, he fondly remembers being taught by Leslie B. Arey, PhD, professor emeritus of embryology and anatomy.

“He was a fascinating man and rubbed off on me greatly. He instilled in me the hope that I had a chance to fulfill the dream of becoming a physician and being able to go back to Nigeria to help my country. My Nigerian peers and I had a lot of ideals.”

Charting His Career

For years, Ofodile wanted to be a vascular surgeon to address cardiovascular disease. Returning to West Africa during the civil war, he saw person after person streaming in from the front lines with major injuries and deformities.

“I thought, ‘Somebody has to do something,’” he explains. “Seeing so many people who needed reconstructive surgery drove my interest toward plastic surgery.”

Back in the U.S., Ofodile completed his surgical training at Columbia Presbyterian and Harlem hospitals and his plastic surgery chief residency at the Mayo Clinic. He then returned to his home country to work as a lecturer and consultant at the University of Ibadan for six years.

While in Nigeria, Dr. Ofodile treated children with cleft lips and adults with post-burn injuries and deformities from war and car accidents. Despite helping these people, he felt hopeless.

“I really wanted to make an impact,” he recalls. “But by the time I got back to Nigeria in 1997, the country had changed. The healthcare system had deteriorated and there was little funding for universities. It was difficult to practice current medicine. There were so many patients, and so few resources.”

Going to Harlem

In 1982, Dr. Ofodile was inducted into the American College of Surgeons as a fellow. During his visit to New York, he was recruited to head up plastic surgery at Harlem Hospital.

“It became clear that I had to come back to the U.S. to be able to accomplish my dreams,” he says.

Ofodile had his work cut out for him—to resuscitate a plastic surgery program that suffered from insufficient support. Within a year he turned it around and kept it going for two decades. In 2004, the program, which was initially begun by the first African American plastic surgeon in the U.S., became affiliated with the New York Presbyterian Hospital, under Cornell and Columbia universities. Plastic surgery residents now spend four months training at Harlem Hospital.

“Looking back at the progress we’ve made makes me feel proud,” he says. “At the same time, I also feel the weight of responsibility to continue the tradition of excellence in training and addressing the unique issues of the underserved African American community in the city.”

Black Nose Expertise

Dr. Ofodile’s special area of interest is the Black nose. Following his return to the U.S., he studied hundreds of Black noses from different cultures and classified them into three types.

The classifications helped him create varied approaches to reconstructive and cosmetic rhinoplasty and led him to design a nasal implant for the Black nose. He says black people have wider and lower bridges, while Caucasians have narrower and higher ones. Previously, implants were designed for Caucasian noses.

“You can’t put a Caucasian nose on a Black face,” he says. “My implant addressed that issue and improved the profile of the Black nose.”

Staying Connected to Africa

Even though Dr. Ofodile has lived in the States for many years, he remains active in medical education in West Africa. He has helped train teachers in Nigeria to use new medical techniques and to connect African students and surgeons to opportunities in the U.S.

“I feel Nigeria has something to gain by having Nigerian-born doctors here in the U.S.,” he explains. “I have continued to encourage faculty to travel to Nigeria to give lectures and try to help education programs in plastic surgery.”

In March, Dr. Ofodile organized the conference of West African Plastic Surgeons in Lome, Togo. From early 2010 to 2013, Dr. Ofodile served as vice president of the Nigeria Higher Education Foundation, a group formed by the MacArthur Foundation to teach Nigerian universities how to raise money, so they are not limited by government funding.

“I find my work quite fulfilling,” he says. “There are not enough hours in the day for all the different things I need to do. But I wouldn’t have it any other way. I’m grateful to Northwestern for preparing me for my career and for the education and opportunities that were available. The skills and knowledge I learned have been well-weathered, and I hope I have used them effectively.”

Dr. Ferdinand Ofodile as a Medical Student at Northwestern, With Patients at a Medical Mission in Africa, With Family at Son Donnami and Ike’s Graduation from Columbia University.
Ward Rounds Gets New Look, Name under Northwestern Medicine

After nearly 30 years in existence, Ward Rounds magazine is undergoing a bit of a style transformation following the rollout of the new Northwestern Medicine® branding and is being renamed to better represent the three missions of research, education, and clinical care at our academic medical center. While it will remain an alumni publication, the quarterly vehicle will contain more information to showcase the important work of the interconnected institutions that now comprise Northwestern Medicine. In late 2013/early 2014, we will unveil the refreshed publication Northwestern Medicine Magazine. This continues the trend that began in fall 2011 with the launch of the medical school’s weekly e-newsletter, My Northwestern Medicine.

But have no fear, the Ward Rounds name, which many alumni know all too well because of its ties to the illustrious Ward Building, where medical students for many generations have spent countless hours studying in its classrooms and labs, will still play an integral role. The alumni news section, which contains alumni profiles, the Alumni Association’s President’s Message, and Progress Notes (the back part of the magazine that many alumni say they turn to first), will now be known as “Ward Rounds News.”

We will continue to print four issues each year, following Dean Neilson’s commitment that began in summer 2012 to communicate more frequently with our strong alumni base in varied formats. As in the past, there will be three to four longer feature stories, with some articles being expanded to include even more detail. There will also be more quick reads for those who prefer to skim. The number of pages in each issue will grow to accommodate additional news and information about the impact and changes that our connected institutions are making locally and nationally, to highlight alumni contributions in support of the medical school’s important teaching mission, and to offer outside perspectives and commentary on research, education, and health care issues.

Currently mailed to approximately 25,000 alumni, donors, faculty and staff, the reach will be expanded to include external audiences such as education and research deans and residency program directors across the country, as well as Illinois legislators to increase the visibility of efforts conducted across the academic medical center.

While the cover is being completely redesigned (see example), the various sections of the magazine will remain essentially the same, with a slightly different look and feel, including color framing to define each section, more photos and illustrations, numbers presented in separate fact boxes, and more visible callouts that highlight unique content (slideshows and audio/video) that can be found in the online version. The online vehicle will also be updated to mirror the look and feel of the print magazine.

I hope alumni will continue to respond to my quarterly requests for Progress Notes and photos so the Ward Rounds News section remains an important part of the publication. I encourage you to send me your feedback after you receive the new Northwestern Medicine Magazine in the mail in January.

Michele Weber
Ward Rounds Editor
William B. Hobbins, MD ’48, had his book, “Breast Cancer Boot Camp” published in June 2013. The book explores the medical rumors surrounding breast cancer, estrogen, PMS, menopause, and other medical myths and aims to arm women with real knowledge. Dr. Hobbins writes, “This book was five years in the writing, and a lifetime of dedication to breast cancer starting in 1968.”

Wayne Wertz, MD ’53, of Glendale, Ariz., retired in 1992 yet continued to work, doing surgical assisting for 20 years. Dr. Wertz writes, “In 2004, I had coronary artery bypass grafting and in 2008, radiation (intensity-modulated radiation therapy) for prostate cancer and remain in good health. A radiation office uses me to cover once a week and I volunteer at a free clinic in central Phoenix. My wife and I still sing in the church choir; I also tell a joke in my church every Sunday, so as a retired general surgeon, I still keep them in stitches!”

Sam Di Bona, MD ’57, and his family visited Cliff Stiles, MD ’57, and his family in St. John, Virgin Islands, in December 2012.

Perry T. Roberts, MD ’58, is currently serving as a missionary in the Latter Day Saints Temple in Santiago, Chile.

Larry Kretchmar, MD ’58, is a semi-retired urologist, still working one day a week. Dr. Kretchmar, the former chief of staff at El Camino Hospital in Mountain View, Calif., writes, “There are four younger doctors in the office to take care of anything serious. I’ve been married 55 years to Bernis and we have three children and four grandchildren. I stay busy playing tennis three days a week, keeping track of grandchildren, and traveling occasionally. I’m frequently in touch with classmates Gus Karras, MD ’58, GME ’59, a retired radiologist, and Frank Bott, MD ’58, a retired internist. I live in Los Altos, about 40 minutes south of San Francisco, very near Palo Alto and Stanford. Go Giants!”

David Criswell, MD ’59, retired from Beloit Memorial Hospital in December 2012 in Beloit, Wis., after 50 years of OB-GYN practice and 8,000 babies delivered.

Jerrold Weinstock, MD ’59, of Key West, Fla., is retired from clinical psychiatry. He was a psychiatrist in the Monroe County School system for 40 years. Today, Dr. Weinstock is writing a book, along with editorials. He is an environmental activist and swims more than a mile daily. He enjoys fishing on his boat and even has some world records.

Joel West, MD ’59, of Laguna Woods, Calif., is still practicing part-time as a psychoanalyst. Dr. West writes, “The rest of that time is spent in a retirement community. My wife Joan Schain West died four years ago, and I am currently living with Jean Richland, doing appreciable traveling. My daughter Laura West graduated from Harvard and is a psychiatrist. She has two children. My daughter Anne West Greenfield is a lawyer. She also has two children and lives near Chicago.”

William G. Thomas, MD ’50, writes that life is good in the small resort area of Northport, Mich. “Virginia and I stay active in community affairs, especially an area museum. Northport was a main port between Chicago and Detroit during the Civil War and thus has a rich history worthy of keeping for posterity. Vineyards now exceed cherry orchards in Leelanau County as the main fruit producer with about 20 wineries. We are part of the gentrification of the area. The number of school children has decreased steadily. The lake water level has dropped, impacting the several marinas and the economy.”
Josephine Taraska Colbach, MD '64, is retired from emergency and expanding that course, available to the 10,000 employees of the Carolina mountains where we have linked up after many years of many Pacific Northwest outdoor activities, especially hiking. Our youngest, Prasad, 18, is working and saving money (not sure for what), way (and living in our garage apartment until the way appears), and his wife Ann, have signed contracts to another career, he authored 71 original reports, 39 abstracts, six osteopathy textbooks, and authored the memoir, "On Wings of Trust". "This year our second oldest, Joseph, married a delightful young lady in March. It was great to share with family and friends, including fellow classmates Elaine Dreg, MD '85, GME '89, and Brian O'Leary, MD '85, MPH '87, MPH, returned to Chicago in May to take the positions of senior vice president and chief medical officer at Schwab Rehabilitation Hospital and chief of physical medicine and rehabilitation for Sinai Health System. The first rehabilitation hospital in the Midwest, the 102-bed Schwab provides comprehensive inpatient and outpatient medical rehabilitation to children and adults with disabling conditions. Sinai Health System, a private, safety-net organization, leads the nation in provision of urban health care. Since 2007, Dr. Sandin led Sister Kenny Rehabilitation Institute in the Twin Cities of Minneapolis/St. Paul, Minn., where his work focused on achievement of meaningful and durable rehabilitation outcomes and high patient satisfaction, culminating in the merger of Sister Kenny with Courage Center.

Michael Gonzales, MD '75, is chairman of the Department of Pain Medicine at Sanford Health in Fargo, N.D. Sanford Health is a multi-state health care organization covering several states in the upper midwest. Dr. Gonzales writes, "I work in Fargo and live in Glyndon, Minn. I live (to quote "The Big Lebowski") on a farm outside Moorhead, Minn. We have dogs, cats, goats, chickens, an iguana, a red-bellied African parrot, and a Gouladin, as well as some of the largest mosquitoes known to science." Yes, it does get cold here in the winter, but it really does not feel much worse than walking east on Superior Street in Chicago in February. "This summer here are delightful and rarely as muggy and miserable as Chicago."

I have no plans for retirement any time in the next 15 years.”

Deborah Callis, MD '62, of Western Springs, IL., retired from her position as Director of the Department of Diagnostic Imaging at Hinsdale Hospital and the Hinsdale Hospital Imaging Center (HHC) in Hinsdale, Ill. She has been highly influential in the imaging field and is a leader in the field of musculoskeletal imaging. She also served as the President of the Society of Magnetic Resonance Imaging (SMRI) and has been a leader in the field of musculoskeletal imaging for over 30 years. In her retirement, Dr. Callis continues to be involved in the field of imaging and is a consultant for several medical imaging companies. She is also involved in mentoring and teaching future medical imaging professionals. In her career, she has published numerous articles in peer-reviewed journals and has presented at numerous conferences. She has received several awards for her contributions to the field of imaging and for her leadership in the field. In her retirement, she continues to pursue her passion for teaching and mentoring future medical imaging professionals, and she also enjoys spending time with her family and traveling to new places. She is looking forward to this next chapter in her life and all the opportunities it will bring.
David Kattan, MD/MPH ’07, and wife Laura welcomed son, Luke Bjorn, on February 24. Dr. Kattan completed a fellowship in family planning at Boston University/Boston Medical Center in June and began a new position as the section head of family planning in the Department of Obstetrics and Gynecology at Baystate Medical Center in Springfield, Mass.

Nicole Mohlman, MD/MPH ’07, of Petaluma, Calif., works at a busy community health center, a forward-thinking Federally Qualified Health Center that offers a wide range of wellness services in addition to medical care. Dr. Mohlman writes, “Approximately 50 percent of my patients are monolingual Spanish speakers and another large percentage are uninsured. I have become certified in acupuncture and am honored to be able to provide acupuncture to this patient and am pleased to support this research. I have found acupuncture to be a calming tea!”

Michelle Lin, MD/MPH ’09, of Cambridge, Mass., recently began a fellowship in health policy research in emergency medicine at Brigham and Women’s Hospital and the Harvard School of Public Health.

June marked David Berman’s, MD, GME ’83, 30th year in private practice in Lowell, Mass. He writes, “We have expanded from three to seven ophthalmologists, from open surgery to robotics, from a significantly uninsured to an almost universally insured population. My oldest son will be the chief resident in internal medicine at the University of Washington, my middle son works at the Perkins School for the Blind, and my youngest son is a guitarist in Brooklyn. My wife and I recently welcomed an 8-week-old yellow lab to our home and life is good.”

In January 2012, Anita Lane, MD, GME ’94, and her colleague started a direct-pay practice called Touchstone Internal Medicine in Colorado Springs, Colo. They have enjoyed making house calls and providing a more intimate office setting to their patients.

David Parker, MD, GME ’94, has served as the team physician for the Washington Redskins since 2011.

Stephen Wolters, PT ’84, earned a DPT from Hardin-Simmons University in December 2012. He continues to practice at Texas Health Fort Worth where he is the outpatient physical therapy coordinator.

Robert Feder, MD ’78, of Chicago, was honored by the Illinois Eye Bank at the 15th Annual Gift of Sight Gala in June. The second edition of his book, “The LASIK Handbook: A Case-based Approach” was published in April with contributors from eight countries worldwide. It is a teaching tool for LASIK training with more than 100 cases and 20 surgical videos.

Irvin Benuck, MD ’79, GME ’92, professor of clinical pediatrics at Northwestern University Feinberg School of Medicine, was elected to the Alpha Omega Alpha Honor Medical Society in 2013.

Michael ‘Mickey’ Kron, MD ’80, GME ’83, a professor of medicine in the infectious diseases division at the Medical College of Wisconsin, was selected as a Jefferson Science Fellow by the National Academy of Sciences. The Jefferson Science Fellows program at the U.S. Department of State establishes a new model for engaging the American academic science, technology, engineering, and medical communities in the formulation and implementation of U.S. foreign policy.

Aamir Siddiqui, MD ’90, GME ’93, has been the division head of plastic surgery at Henry Ford Hospital since 2005. He was awarded a $4 million grant from the CMS Innovation Center to explore the benefits of maintaining inpant mobility to reduce the impact of hospital-acquired conditions and complications.

John J. Kresl, PhD ’92, MD ’93, was inducted as a Fellow in the American College of Radiology (ACR) in May during the ACR Annual Meeting and Chair Leadership Conference in Washington, D.C. Dr. Kresl is general partner and managing partner at Radiation Oncologists of Central Arizona in Phoenix; radiation oncologist and medical director at Phoenix Cyberknife and Radiation Oncology Center; and chief medical officer at Alliance Oncology and U.S. Radiosurgery in Newport Beach.

Paula Tanabe, MPH ’07, of Durham, N.C., an associate professor at Duke University’s schools of nursing and medicine in the divisions of hematology and emergency medicine, was inducted as a fellow into the American Academy of Nursing last October. It is one of the highest honors a nurse can receive. Her career contributions include improvements in emergency department pain management practices, particularly for patients with sickle cell disease. Her research with the Emergency Severity Index five-level triage system has helped emergency clinicians around the country in triage patients. With 20 years of experience as an emergency department nurse, researcher, and educator, Tanabe has published more than 40 journal articles and was co-author and co-editor of the “Emergency Severity Index, Version 4: Implementation Handbook” (Agency for Healthcare Research and Quality). She also co-led the production of a video that is included in the Emergency Severity Index standard training materials.

Julian D’Achille, MD ’08, graduated from the Boston University School of Public Health in May 2013. He received a Masters in Public Health in Health Policy and Management with a focus in Health Policy. Dr. D’Achille was awarded the school’s Allan R. Meyers Memorial Prize, given annually to one or more graduating Health Policy and Management students who exemplify the late Professor Meyers’ commitments to academic excellence, to careful research—particularly into the problems of disabled and other underserved patients — and developing solutions that ameliorate those problems. He was also inducted into the Upsilon Phi Delta national honor society for healthcare management.

Ivan Cinc, MD, GME ’66, emeritus professor at Northwestern University Feinberg School of Medicine, was honored in June by the Department of Neurological Surgery with a Lifetime Achievement Award. The department also established the Ivan S. Cinc Distinguished Educator Award to recognize other faculty who have demonstrated a commitment to excellence in teaching.

Kenneth G. Busch, MD, GME ’75, of Chicago, was reelected to the Illinois State Medical Society Board of Trustees during its annual meeting. His term as trustee will run through April 2016. Dr. Busch is a clinical assistant professor in the Department of Psychiatry at the University of Illinois College of Medicine.

Shastri Swaminathan, MD, GME ’77, of Chicago, was reelected trustee of the Illinois State Medical Society during its annual meeting. His term as trustee will run through April 2016. A board-certified psychiatrist, Dr. Swaminathan is the medical director of the Department of Psychiatry at Advocate Illinois Masonic Medical Center, in addition to his full-time practice. He is also a clinical associate professor at the University of Illinois, College of Medicine.

Amy Paller, MD, GME ’93, chair of the Department of Dermatology at Northwestern University Feinberg School of Medicine, became president of the 1,200-member Women’s Dermatologic Society in March. She was honored at a testimonial dinner in July by the Foundation for Ichthyosis and Related Skin Types, a national support organization.
In Memoriam

Ferdinand V. Berley, MD ’39, GME ’47, of Jacksonville, Fla., died June 17, 2013.

Spencer Block, MD ’87, of Milwaukee, died May 2, 2013.

Craig D. Brigham, MD ’82, GME ’87, of Charlotte, N.C., died April 22, 2013.

Osnaba Emminger, MD ’44, of Union Springs, Ala., died June 14, 2013.

Leah N. Ferrazzi, CERT ’58, of Tempe, Ariz., died May 8, 2013.

DeWayne Hofer, MD ’62, of Prescott, Ariz., died May 12, 2013.

V. Carl Jelley, MD ’69, of Blue Springs, Mo., died May 29, 2013.


Irwin A. Levinson, MD ’52, of Los Angeles, died May 18, 2013.

Richard S. Marsh, MD ’44, of San Diego, died April 16, 2013.

Roger D. McNenna, MD ’51, of San Diego, died April 27, 2013.

E. Eugene Miller, MD ’47, of Colorado Springs, Colo., died April 17, 2013.

Thurman Mott, Jr., MD ’52, of Ijamsville, Md., died July 15, 2013.

Richard G. Nollmeyer, MD ’57, of Belgrade, Mont., died May 2, 2013.


John W. Ovitz, Jr., MD ’40, of Sycamore, Ill., died May 21, 2013.

Donald J. Pauw, MD ’55, of Ripon, Calif., died February 5, 2013.

John F. Pember, II, MD ’47, of Janesville, Wis., died April 23, 2013.

Edward F. Randak, Jr., MD ’46, of Billings, Mont., died July 6, 2013.

James C. Ratcliff, MD ’56, of Ridgeland, Miss., died May 13, 2013.

James E. Riley, MD ’75, of Decatur, Ill., died June 18, 2013.

Gary R. Snyder, MD ’66, of Bellingham, Wash., died July 8, 2013.

Loy T. Swineheart, MD ’44, of Billings, Mont., died April 10, 2013.

M. Robert Warden, MD ’54, of Riverside, Calif., died April 3, 2013.

Robert C. Watson, MD ’47, of Fallbrook, Calif., died June 25, 2013.

Wesley Willborn, MD, GME ’70, of Atlanta, died April 26, 2013.

Lewis A. Yocum, MD, GME ’77, of Manhattan Beach, Calif., died May 25, 2013.

Northwestern Memorial Ranks 6th Nationally on U.S. News’ Best Hospitals Honor Roll

Northwestern Memorial Hospital (NMH) continues to earn national recognition as part of the U.S. News & World Report ranking of America’s Best Hospitals. Northwestern Memorial climbed six places to 6th in the nation on the Best Hospitals 2013-14 Honor Roll. It was the only hospital in Illinois to make this prestigious list.

This year’s Honor Roll highlights 18 hospitals that excel in treating the most challenging patients, out of nearly 5,000 institutions nationwide.

U.S. News also evaluates hospitals in 16 adult specialties, of which NMH is recognized in 14: cancer (14), cardiology and heart surgery (12), diabetes and endocrinology (9), ear, nose and throat (17), gastroenterology and GI surgery (10), gynecology (11), gynecology (11), nephrology (14), neurology and neurosurgery (7), orthopedics (7), pulmonology (13), urology (9), and ophthalmology and rheumatology are both high-performing.

RIC Breaks Ground on New Rehabilitation Research Hospital

The Rehabilitation Institute of Chicago (RIC) broke ground on July 1 for a $550 million research hospital. The new facility, located two blocks south of its flagship location, has been named the Angel Institute of RIC and will launch a new paradigm for physical medicine and rehabilitation.

Central to the new hospital will be five Innovation Centers that leverage RIC’s core expertise in brain, spinal cord, neuro-musculoskeletal, pediatric, and cancer research and recovery. Each Center will introduce a model of care that will bring together clinicians and patients in the same space as scientists, engineers, and device developers to focus on the most important challenges their patients face.

All human-subject research, applied research and proof-of-concept testing will be embedded with the clinical units in five uniquely designed spaces, called AbilityLabs™, which will address speech and cognition, fine motor, gait and locomotion, coordination and endurance, and pediatrics. (See Ward Rounds Online story, “Found in Translation” to learn more about the prototype AbilityLab RIC launched in January 2012.)

Projected to open in early 2017, the new 1.1 million-square-foot facility will have an initial capacity of 242 beds and 900,000 square feet dedicated to clinical and research programs, nearly three times the current research space.

Multiple Nursing Programs Once Part of Northwestern Offerings

The first nursing programs under the Northwestern banner were run indirectly through a variety of general hospitals affiliated with the medical school, including Wesley (1892), Mercy (1892), Passavant (1896) and Evanston (1899) hospitals. Through the years, thousands of individuals graduated from these programs. Learn more about the history of nursing education at Northwestern from Special Collections librarian Ron Sims in the Ward Rounds History Blog.

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

OCTOBER 3, 2013
Alzheimer’s Disease Seminar Series
Robert H. Lurie Medical Research Center, Searle Seminar Room
303 E. Superior St., Chicago.
For more information, call 312-908-9023.

OCTOBER 3-5, 2013
9th Annual Midwestern Hospital Medicine Conference
Northwestern Memorial Hospital
541 N. Fairbanks, Chicago.
For more information, call 312-503-8533.

OCTOBER 21, 2013
18th Annual James E. & Bonnie L. Edererhoff Lecture
Robert H. Lurie Medical Research Center, Hughes Auditorium
303 E. Superior St., Chicago.
For more information, call 312-503-3732.

NOVEMBER 13, 2013
18th Annual Drug Discovery Symposium
Robert H. Lurie Medical Research Center, 303 E. Superior St., Chicago.
For more information, call 847-647-2629.

NOVEMBER 14, 2013
Therapeutic Interventions in Neurorehabilitation
Rehabilitation Institute of Chicago, 16th floor
345 E. Chicago, Chicago.
For more information, call 312-238-6042.

NOVEMBER 16, 2013
Pediatric Dermatology for the Practitioner
Robert H. Lurie Medical Research Center, Hughes Auditorium
303 E. Superior St., Chicago.
For more information, call 312-227-6062.

DECEMBER 9-10, 2013
Kinetic Chain Evaluation and Functional Exercise Rehabilitation Institute of Chicago
345 E. Chicago, Chicago.
For more information, call 312-238-6042.

DECEMBER 12, 2013
38th Annual Northwestern Vascular Symposium
InterContinental Chicago
535 N. Michigan Ave., Chicago.
For more information, call 312-503-8533.

DECEMBER 14-15, 2013
Pediatric Gait Analysis: A Segmental Kinematic Approach to Orthotic Management
Rehabilitation Institute of Chicago
345 E. Chicago, Chicago.
For more information, call 312-238-6042.

ADDITIONAL PHOTOGRAPHY:
Randy Belice: pp. 3, 4, 5, 27
Jim Ziv: pp. 8, 9
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Coming Soon—Our Northwestern is a new, online community where medical alumni can connect to all things and all people Northwestern. Here you can find old friends, classmates, and mentors, and catch up by reading Class Notes or submitting your own. Joining is easy, free, and secure. Purple for life, connected in an instant on Our Northwestern.

Our memories. Our relationships.

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