

ILLINOIS MEDICINE

World Class Education. World Class Health Care.



Building Bridges

With a \$20 million federal grant, the **Center for Clinical and Translational Sciences** is changing medical research

also inside

Teaching **Robotic Surgery**

My **Bone Marrow** Transplant

Family Comfort in **Neonatal Intensive Care**

A College of Medicine **Legacy**

LOOK ONLINE @ Illinois Medicine Today

The New eNewsletter from the University of Illinois College of Medicine



- EVENTS
- ALUMNI NEWS
- GIFTS IN ACTION
- CAMPUS NEWS
- CLASS NOTES

READ ABOUT your fellow alumni—see where they are and what they're doing

DISCOVER current medical research results from your alma mater

LEARN news about advances in fields from cardiology to radiology

GIVE BACK—find out how you can make a gift that can change a life for good



UIC COLLEGE OF MEDICINE
UNIVERSITY OF ILLINOIS AT CHICAGO
Chicago | Peoria | Rockford | Urbana-Champaign

The University of Illinois College of Medicine eNewsletter comes directly to your e-mail inbox.
Illinois Medicine Today keeps alumni, residents, faculty and students in the loop.
E-mail us at: comalumni@uic.edu to request a subscription to *Illinois Medicine Today*.

WELCOME TO THE FIRST ISSUE OF *ILLINOIS MEDICINE*, a new name for a publication that has been around for a while. The term "Illinois Medicine" reflects the combined educational, research, clinical and community service endeavors of the University of Illinois College of Medicine as a whole—including all four campuses:

Chicago, Peoria, Rockford and Urbana-Champaign—and the University of Illinois Medical Center in Chicago.

Illinois Medicine acknowledges the greater integration that is taking place among the college's campuses and between the college and the medical center. By working together more closely, we are pooling our collective strengths to provide better education and care on behalf of the people of Illinois.

The changes in this issue don't end with the name. Our new design, with a cleaner look and an increased focus on the college's alumni, is aimed at providing more information about your fellow graduates and news about the many developments at your alma mater.

In this issue, for example, we cover how the University of Illinois at Chicago Center for Clinical and Translational Sciences is transforming research across the entire UIC campus, the \$40 million renovation of the University of Illinois Medical Center, and how a new generation of surgeons is learning how to operate robotic instruments at the medical center.

We're always moving forward. For example, Illinois Medicine will host a conference on diabetes and obesity on Sept. 21, co-sponsored by the Institute of Medicine of the National Academies of Science. Our efforts to advance medicine extend throughout the state, and we're expanding and strengthening a network of affiliated hospitals and clinics across Illinois to see how we can maximize patient care and research.

If you follow the news at all, you know that this progress is taking place in a very difficult fiscal environment in Illinois. The state's budget crisis has forced the University of Illinois to require its employees to take furlough days, and a reduction in state support of higher education is requiring us to increase tuition for our medical students in a way I wish we could avoid.

I am proud to say, though, that the dedicated physicians and teachers of the Illinois Medicine faculty have made sacrifices and accommodations to ensure that classes are not being interrupted and patient care is not being affected by the furloughs. And I would like to point out that the impact of the state's financial trouble is mitigated by the generous contributions of Illinois Medicine's alumni, patients and friends over the years. We are reminded again of how important private contributions are for scholarships to support our students and for better teaching and study facilities.

In a very real way, our future is increasingly dependent on the support of our alums, friends and grateful patients. I hope we can count on you to continue your support.

These are challenging times for education and medicine, but also an exciting period full of new advances and greater possibilities. Illinois Medicine has an important role to play in the future of medicine, and *Illinois Medicine* will continue to keep you informed about our work in patient care and in research and clinical progress.

Sincerely,

Joseph A. Flaherty '68, MD '71, Res '75
(alum of Urbana and Chicago campuses)
Dean, University of Illinois College of Medicine



COLLEGE OF MEDICINE ADMINISTRATION

DEAN
Joseph A. Flaherty '68, MD '71, Res '75

VICE DEAN
Sarah J. Kilpatrick, MD, PhD

SENIOR ASSOCIATE DEAN
FOR ADMINISTRATION
Arnim Dontes, MBA

SENIOR ASSOCIATE DEAN
FOR RESEARCH
Larry Tobacman, MD

SENIOR ASSOCIATE DEAN
FOR ACADEMIC AND EDUCATION AFFAIRS
Saul Weiner, MD

SENIOR ASSOCIATE DEAN
FOR STUDENTS
Kathleen Kashima, PhD

CHIEF DEVELOPMENT OFFICER FOR MEDICINE
ASSOCIATE DEAN FOR ADVANCEMENT
VICE PRESIDENT, UNIVERSITY OF ILLINOIS
FOUNDATION
L. Keith Todd

REGIONAL DEAN, PEORIA
Sara L. Rusch, MD, Res '81, FACP

REGIONAL DEAN, ROCKFORD
Martin Lipsky, MD

REGIONAL DEAN, URBANA-CHAMPAIGN
Bradford S. Schwartz '74, MD

ILLINOIS MEDICINE EDITORIAL STAFF

EXECUTIVE DIRECTOR OF DEVELOPMENT
PROGRAMS, PUBLISHER
Kimberly Gosell, CFRE

VISITING EDITOR
Carl Vogel

CONSULTING EDITOR
Kevin McKeough

EDITORIAL ASSISTANT
Michael Wesbecher

COPY EDITOR
Kathleen Kopitke

CONTRIBUTING WRITERS
Jim Burwitz, Jeanne Galatzer-Levy, Sherri
McGinnis González, Steve Hendershot, Pat Kampert,
Kevin McKeough, Mark Vruno

DESIGN
Anne Boyle, Boyle Design Associates

PHOTOGRAPHY
Steve Becker, Lloyd DeGrane, Roberta
Dupuis-Devlin, Katie Marchetti, Mike McCafrey,
Susan Reich

Illinois Medicine is a publication of the University
of Illinois Office of Medical Advancement.
©2010 All rights reserved.

All inquiries should be addressed to:
Illinois Medicine
Office of Medical Advancement (MC/792)
1747 W. Roosevelt Rd., Suite 302
Chicago, Illinois 60608-1203
Phone: (312) 996-4470
E-mail: medcomm@uic.edu
www.medicine.uic.edu

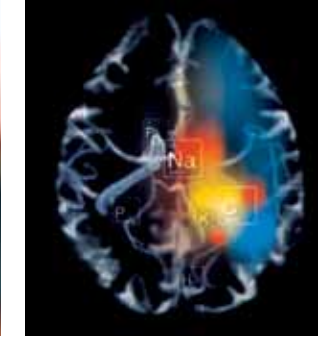
HIPAA This publication may contain information
used for fundraising purposes. If you would rather not
receive fundraising materials from us, please contact
us at (312) 996-4470 or medcomm@uic.edu.

MISSION

The mission of the University of Illinois College of
Medicine is to enhance the health of the citizens of
Illinois by educating physicians and biomedical
scientists, advancing knowledge of health and
disease, and providing health care in a setting
of education and research.

ON THE COVER

Theodore Mazzone, MD, director of the
Center for Clinical and Translational Sciences.
Cover photo credit: Susan Reich.



features

COVER STORY

The Rise of a Transformer 20

With the help of a \$20 million NIH grant, the UIC Center for Clinical and Translational Sciences is helping change research at the university.

SCHOLARSHIP

Chicago's Own 25

Advice and support from her family have helped Ebone Porch become a member of the Class of 2013.

On His Game 27

Jermaine Kyong White has taken a long road, but he's nearly at his goal of becoming a physician.

ILLINOIS MEDICINE

ONCOLOGY

My Stem Cell Transplant 28

A patient of the medical center's stem cell transplant program talks about how an innovative procedure saved his life.

NEONATOLOGY

A Place to Grow 30

The new suite at the medical center's neonatal intensive care unit gives parents and their premature babies more privacy and comfort.

ROBOTICS

With a Steady Hand 32

A leader in robotic surgery, Illinois Medicine is passing on that knowledge to its residents and to physicians worldwide.

Volume 14, Number 1 Spring 2010

departments

- 1 Dean's Message
- 4 Campus News
- 12 Salute to Graduates
- 13 Match Day
- 17 Faculty News
- 36 Alumni Profile
- 38 Reunion Report
- 40 Distinguished Alumni
- 43 Class Notes
- 47 In Memoriam
- 52 Five Questions
- 53 On the Map

A ROUTE TO THE HEART

New procedures in angiography and angioplasty are making it safer for patients and improving recovery time

THE USUAL PRACTICE for common cardiac procedures such as angiograms and clearing blocked arteries is to place the catheters through the femoral artery in the groin. The patient needs to lie still on his or her back for four to six hours, which can be uncomfortable for elderly patients with back problems, and walking can be uncomfortable for days. Although complications from standard catheterization procedures through the groin are low, they can occur in 2 to 9 percent of patients.

A new approach, transradial angiography, threads a catheter through the radial artery in the wrist rather than the larger femoral artery. Cardiologists at the University of Illinois and Jesse Brown VA medical centers are among the first in the Chicago area to offer the approach. "It's a simple change that has a dramatic impact on the experience and recovery of the patient," says Adhir Shroff, MD, assistant professor of cardiology at UIC.

Patients who have the procedure done via the wrist can immediately sit up, eat and walk without pain, Shroff says, and the transradial approach can reduce bleeding—the most common complication, particularly among women and the elderly—to less than 1 percent.

The transradial procedure has been widely adopted in Europe, where up to 60 percent of procedures are now done this way. In the U.S., only about 2 percent of coronary interventions use the procedure. At the end of last year, Shroff, Mladen Vidovich, MD, UIC assistant professor of cardiology, and Bernadette Speiser, MSN, nurse manager in cardiology at the Jesse Brown VA Medical Center, led an all-day workshop at UIC in implementing the approach that drew cardiologists and other catheter lab team members from the Chicago area



Adhir Shroff, MD, and his colleagues are local leaders for transradial angiography and use of a new heart pump.

and around the country.

"The issue is really just the learning curve," Shroff says. "The change requires dozens of small changes—everything from redesigning the sterile drape so that the openings are at the wrist rather than the leg and finding smaller needles, wires and catheters, to the way the table is set up."

In another clinical area within cardiology, Shroff, Vidovich and John Kao, MD, UIC assistant professor of medicine, have been leaders in using a new heart pump that can be inserted without the need for surgery, allowing cardiologists to treat high-risk patients with a procedure to unblock their heart arteries. The recently FDA-approved device was used to assist in six angioplasty procedures at the medical center since October.

Patients with the worst blockages are often the sickest, making it too dangerous to treat their coronary artery blockages with standard angioplasty or even with a bypass operation. "Often these patients, who may have complicating conditions like cancer, renal failure, severe lung disease or heart failure, are poor candidates for more invasive procedures and are left with few options," Shroff says.

With the Abiomed Impella 2.5 ventricular assist device, which has been used only about 1,000 times in the country, doctors can offer the less-invasive procedure to high-risk patients. Smaller than a No. 2 pencil eraser, the Impella pumps blood from within the heart into the aorta, supplementing the weakened pumping of

the patient's heart. Although it performs a large portion of the heart's work, it is silent and virtually imperceptible to the patient.

The Impella can be regulated during angioplasty to maintain blood flow, giving the physician the time needed to remove the blockage. If the patient needs further support, the Impella can be continued while the patient moves up to the ICU and until the heart is able to take on the task.

"We have created a seamless transition from the cath lab to the ICU," Shroff says. "We could not have done this without the collaboration of everyone who sees these patients as they move through the hospital, from the emergency room to the cath lab to the ICU, especially Nursing Services and the cath lab staff."



ANTI-CANCER FROM ANTIBIOTICS

A finding about thiazole antibiotics may lead to more effectively targeted cancer strategy

UNIVERSITY OF ILLINOIS College of Medicine at Chicago researchers have discovered how some recently approved drugs act against cancer cells. In a study reported in the online journal *PLoS ONE*, UIC researchers show how a class of drugs inhibits a protein called FoxM1—one of the most highly overproduced proteins in cancer cells—and suggest that this may account for the drugs' anti-cancer activity.

Andrei Gartel, PhD, UIC associate professor of molecular genetics, and his colleagues had previously shown that antibiotics called thiazoles kill cancer cells and inhibit FoxM1. When they went on to investigate whether the antibiotics attacked other proteins involved in cancer, they got a surprising result.

"We found that these thiazole antibiotics actually stabilized other cancer-causing proteins," says Gartel, who worked on the study with Uppoor G. Bhat, visiting assistant research professor in medicine, and Marianna Halasi, a graduate student in biochemistry and molecular biology.

Recently, a number of proteasome inhibitors have shown promise against cancer, but no one understands why they have anti-cancer effects. It's possible, Gartel suggests, that by using thiazole antibiotics in combination with well-known proteasome inhibitors, "we may see a synergy that allows us to markedly reduce the dose of any one of these drugs and still effectively kill the cancer cells."

"We found that these thiazole antibiotics actually stabilized other cancer-causing proteins."

UNROLLING THE BLUEPRINTS

The medical center unveils a \$40 million makeover

A NEW \$40 MILLION INVESTMENT in the University of Illinois Medical Center will modernize the infrastructure of the hospital and serve as the first step to renovate the facility. In January, the University of Illinois Board of Trustees gave its approval for a bond issue to raise the funds, and architectural and engineering plans should be ready by the start of July.

The three-year plan includes more than \$20 million for infrastructure replacement that will range from exhaust fans and elevators to hot water heat exchangers and electrical systems. "The hospital is 30 years old, and it's time to replace or upgrade these systems," says David Loffing, acting chief operating officer of the medical center. "This will allow the medical center to continue its mission of medical care, research and education."

New projects, such as a new stem cell lab and a 20-bed short-stay unit that will increase the capacity of interventional procedure and diagnostic areas, are also included in the plan. And in year three, the renovations will include a new state-of-the-art hybrid operating room with imaging and robotic capabilities that will enable the growth of neurosurgery, vascular and orthopedics procedures.

A \$650 million, five-year Facility Master Plan for the medical center, including a new \$450 million patient tower and a \$75 million upgrade of the Eye and Ear Infirmary, is still a goal. "This investment is a first step—it will help with the next 10 years of operation. Our eye is still on positioning the medical center for the next 30 years and re-establishing programs at the College of Medicine among the top five in the country," says Loffing, who points out that with the master planning complete, discrete, key elements can be started one by one or as a whole.

"We know where we want to go, but we also know that in the foreseeable future, the funds are not going to be available from the state," Loffing concludes. "We're excited about what the medical center can be, though, and we're finding other avenues to raise the necessary funding."



STOPPING THE PAIN

Study on sickle cell disease funded with \$2 million NIH grant

RESearchers at the University of Illinois at Chicago will use a \$2 million grant from the National Heart, Lung and Blood Institute, one of the National Institutes of Health, to investigate why patients with sickle cell disease experience chronic pain—and to develop drugs to treat it.

The neurobiology of pain in sickle cell disease is poorly understood, says Z. Jim Wang, PhD, associate professor of pharmacology and pharmaceuticals and lead researcher on the four-year study. Affecting more than 70,000 Americans, sickle cell disease causes red blood cells to become hard and pointed instead of soft and round, and the disease can damage lung tissue and cause excruciating pain and stroke. The blockage of blood flow caused by sickled cells also causes damage to most organs, including the spleen, kidneys and liver. About 2.5 million Americans have the sickle cell trait.

Research has been conducted on pain associated with the disease using several animal models, but the findings were limited. In preliminary studies conducted at UIC for the NIH grant, Wang and his team observed that CaMKII, an enzyme called a protein kinase that plays an important role in the generation and maintenance of opioid addiction, is a critical component leading to persistent pain. Several pain tests—some that are employed in ongoing human studies of sickle cell disease using quantitative sensory testing—will be used on mouse models, according to Wang.

UIC researchers will examine the expression and activity of CaMKII in mice carrying human sickle mutations and test the hypothesis that spinal CaMKII is a “molecular mechanism that promotes and maintains the manifestation of chronic pain in sickle cell disease,” Wang says.

Following the initial studies, the research team, including Diana Wilkie, PhD, RN, professor of biobehavioral health science, Robert Molokie, MD, instructor in medicine, and Joseph Desimone, PhD, director of the UIC Sickle Cell Center, will conduct pharmacological studies using an FDA-approved oral antipsychotic prescription medication. The medication—trifluoperazine—is found to be a CaMKII inhibitor that reduces inflammatory and neuropathic pain. The phase I work will be performed in humans with sickle cell disease.

Sickle cell disease causes red blood cells to become hard and pointed instead of soft and round, and the disease can damage lung tissue and cause excruciating pain and stroke.

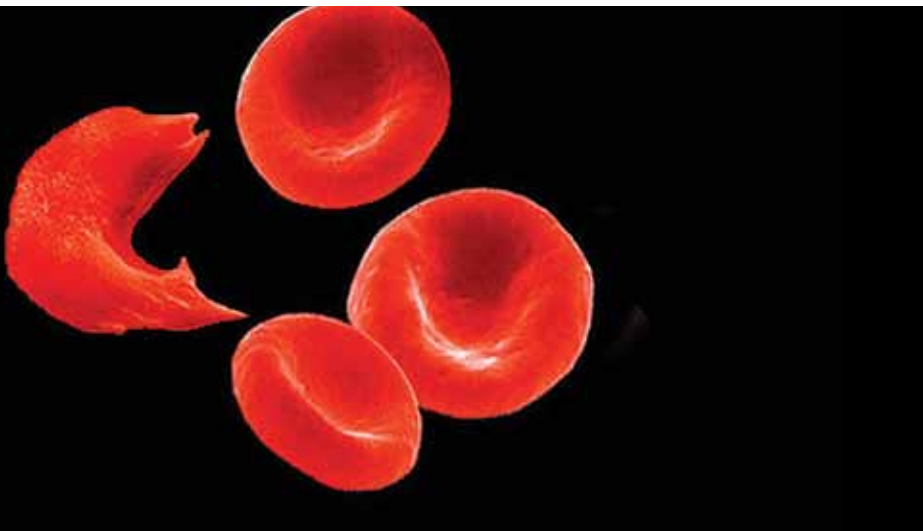


PHOTO: NESTLE OUTDOOR

A NEW PURPOSE

Diabetes drug shows promise against multiple sclerosis

A DRUG CURRENTLY FDA-APPROVED for use in diabetes shows some protective effects in the brains of patients with relapsing remitting multiple sclerosis, researchers at the College of Medicine reported in a study in the *Journal of Neuroimmunology* last year.

In a small, double-blind clinical trial, patients with relapsing remitting multiple sclerosis were assigned to take pioglitazone (a drug commercially known as Actos, used to treat type 2 diabetes) or a placebo. Patients taking pioglitazone showed significantly less loss of gray matter over the course of the one-year trial than patients taking a placebo. Of the 21 patients who finished the study, those taking pioglitazone had no adverse reactions and, further, found taking pioglitazone, which is administered in an oral tablet, easy.

“This is very encouraging,” says Douglas Feinstein, PhD, research professor of anesthesiology at UIC. “Gray matter in the brain is the part that is rich in neurons. These preliminary results suggest that the drug has important effects on neuronal survival.”

Feinstein’s lab has been interested in the class of drugs called thiazolidinediones, or TZDs. Several TZDs have been approved for use in the treatment of type 2 diabetes because of the drugs’ effect on the body’s response to insulin. The lab tested pioglitazone in an animal model of MS. They and other researchers have shown that pioglitazone and other TZDs “can significantly reduce the clinical signs in mice with an MS-type disease,” Feinstein says. “More importantly, when mice who are already ill are treated with pioglitazone, the clinical signs of the disease go away. We were able to induce almost complete remissions in a number of mice.”

The researchers focused on pioglitazone because of its known anti-inflammatory effects, Feinstein says. They used primary cultures of brain cells to show that pioglitazone reduced the production of toxic chemicals called cytokines and reactive oxygen species. These molecules are believed to be important in the development of symptoms in MS.

“We are now working to determine the mechanisms to explain the protective effect on neurons that we see in our studies,” Feinstein says. “We hope to expand into a larger trial to confirm these preliminary results.”

A BETTER VIEW

UIC has a powerful new magnetic resonance imaging center for patients and the world’s most powerful MRI machine for research



Keith Thulborn, MD, PhD, and his team are at the frontier of diagnosing disease. PHOTO: LLOYD DEGRANE

IN JUNE, THE UNIVERSITY OF ILLINOIS MEDICAL CENTER opened a new Advanced Imaging Center with the latest generation of magnetic resonance imaging, continuing UIC’s pioneering use of powerful 3.0-tesla MRI technology. The new MRI machine, an ultrahigh-field system, is the highest-resolution MRI scanner in Chicago and will be used exclusively for clinical practice.

The system enables faster and higher-resolution scans, resulting in improved image quality and potentially more accurate diagnoses, according to Masoud Hemmati, MD, professor and head of radiology at the University of Illinois College of Medicine. Faster scans mean less time in the scanner for the patient: Most scans at the new facility can be completed in only 15 to 40 minutes. The scanner’s compact design also makes it less intimidating—the patient opening is the widest of any 3.0-T system, further contributing to the patient’s comfort.



“Combine that with our vast experience with the 3.0-T imaging for more than 10 years, and our new center represents a tremendous diagnostic benefit to the community,” Hemmati says.

The level of detail the ultrahigh-field system provides can help radiologists make earlier diagnoses. Hemmati says the fine detail is ideal for neuroimaging and functional MRI, permitting neurosurgeons to map the brain prior to surgery for brain tumors. The new scanner will also allow functional MRI of the abdomen, permitting physicians to assess kidney or liver function before

and after transplant surgery. The new facility will also have a suite for breast MRI, which some studies have shown may yield important information missed by standard mammography.

Meanwhile, new images from the world’s most powerful magnetic resonance imaging machine, the 9.4-tesla MRI at UIC, are opening radical new possibilities for the diagnosis and treatment of disease.

“We are using the 9.4-T to develop a toolbox that allows us to see perturbations of tissue health at the very first sign of disease,” says Keith Thulborn, MD, PhD, director of the UIC Center for Magnetic Resonance Research. These tools, Thulborn says, will allow clinicians to gauge the health of the brain by showing the metabolic functioning of its tissue.

Developing effective therapies for neurodegenerative diseases such as Alzheimer’s and Parkinson’s, which damage the brain years before the appearance of clinical symptoms,

depends on recognizing the beginning of the disease process and then measuring whether a particular intervention is working. “In medical practice today we have very sophisticated technology, but we are treating advanced disease,” Thulborn says. “We are playing catch-up. The goal for medicine should be early intervention—to treat disease earlier. Think of treating hypertension at age 25 instead of performing a heart transplant at 65.”

Working from 9.4-T images, Thulborn and his colleagues at the center, assistant professors Ian Atkinson, PhD, and Aiming Lu, PhD, have developed a new metabolic-imaging toolbox that has three components, each of which measures a different “bioscale”—a quantitative parameter that is a measure of regional tissue health.

“Clinical trials are often considered a success if, say, 60 percent of patients respond to a treatment,” Thulborn says. “What if we could detect early in treatment, on an individual level, that 30 percent of patients show excellent response to treatment; 30 percent should perhaps combine this treatment with additional adjuvant therapy; and the nonresponders should immediately receive other treatments?”

Thulborn says that the 9.4-T’s 45-ton magnet, which has a magnetic field about 100,000 times stronger than Earth’s, has been critical to the advances his team has made. “It would have taken years and years to develop the insight and understanding to overcome the hurdles using the more widely available 3-T diagnostic MRI,” he says.

Right now there are only four 9.4-T MRI machines in the world. “We have used the 9.4-T’s sensitivity to develop this new way to see the disease process,” Thulborn says. “We will one day be able to interpret the less-sharp images in more widely available diagnostic MRIs and extract the same information.”

Ian C. Atkinson, PhD, prepares for a research study at the 9.4-tesla lab.



PHOTO: LLOYD DEGRANE

GIVING BACK

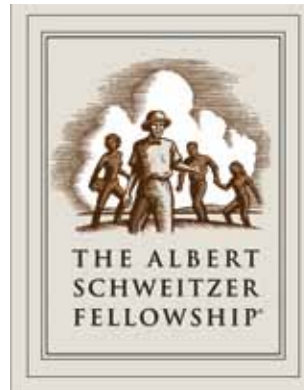
Two COM students are among eight at UIC named Schweitzer Fellows

SONYA KENKARE and Sangeeta Patel of the College of Medicine have been named 2009–2010 Schweitzer Fellows, joining six other students at the University of Illinois at

Chicago who have been honored with the award. The U.S. Schweitzer Fellows Programs provide community service fellowships for graduate students in health-related professional fields who are dedicated to addressing the unmet health needs in their local areas. The fellows will devote more than 200 hours of service to their projects over the course of a year.

Kenkare will begin a series of classes for teen mothers at the Maryville Academy Madden Teen Parenting Center in Des Plaines. Kenkare's presentations will cover nutrition, cooking, basic health principles, stress management and techniques on complementary and alternative medicine.

Patel, in collaboration with Chicago's Snow City Arts, will teach hospitalized children to play instruments, write music and digitally record their own songs. The project will primarily serve public aid patients and is designed to promote the healing process as well as facilitate learning outside the classroom.



AGING TEAMMATES

UIC researcher heads \$10 million grant to tackle Alzheimer's disease

MARY JO LADU, PhD, associate professor of anatomy and cell biology in the College of Medicine, has been awarded more than \$9.8 million to head a five-year National Institute on Aging Program Project Grant. The project will bring together a "dream team" of researchers from five institutions to examine the biology of the most important risk factor in Alzheimer's disease, the cholesterol-carrying protein apolipoprotein E (apoE), and its receptors in the central nervous system.

LaDu was one of the first researchers to investigate the role of apoE in neuronal injury and death. She showed that these lipoproteins in the central nervous system are distinct in structure and function from those found elsewhere in the body.

LaDu decided to use her long-term association with other researchers in the field to develop a project that could tackle the biology of apoE and apoE receptors from all angles. "I was able to bring together researchers who had overlapping interests and diverse expertise to attack the problem," she says.

The other investigators are Steve Estus at the University of Kentucky's Sanders-Brown Center on Aging, who studies the molecular genetics of AD; cell biologist Guojun Bu of Washington University School of Medicine in St. Louis, an expert on apoE receptors; neurobiologist William Rebeck of Georgetown University, who studies the cellular mechanisms of signal transduction relevant to AD; and Edwin Weeber of the University of South Florida, a behaviorist and electrophysiologist who focuses on learning and memory and studies changes in synaptic function and animal behavior in genetically altered mice.

"This is the first time that an NIH Program Project Grant has brought together investigators from so many institutions," LaDu says.



Mary Jo LaDu, PhD, has brought together a "dream team" of researchers.



“These outcomes are a great achievement and are the result of dedication, long experience and a special combination of skills by a professional transplant team.”

POINT OF PRIDE

Medical center cited for best abdominal transplantation survival rates in Chicago

THE UNIVERSITY OF ILLINOIS MEDICAL CENTER has achieved the best one-year patient and graft survival rates in the Chicago area for adult kidney and kidney-pancreas transplantation, as well as ranked first in one-year patient survival and second in one-year graft survival for liver transplantation.

At or above the national average, the one-year patient survival rates were 100 percent for kidney-pancreas transplantation, 98 percent for kidney transplantation and 89 percent for liver transplantation. The one-year graft survival rates were 100 percent for kidney-pancreas transplantation, 96 percent for kidney transplantation and 85 percent for liver transplantation.

Enrico Benedetti, MD, Warren H. Cole Chair and head of surgery at UIC, attributes the successful results to many factors. "We have a team of surgeons with excellent surgical skills and judgment, a dedicated inpatient transplant unit with highly skilled nursing, support from doctors of pharmacy who specialize in transplantation, and close cooperation between transplant surgeons and an excellent team of hepatologists for liver transplantation," he says.

The statistics, based on transplants performed at the medical center between January 2006 and June 2008, were released last summer by the Scientific Registry of Transplant Recipients, a national database of transplantation statistics collected from hospitals and organ procurement organizations across the country.

"These outcomes are a great achievement and are the result of dedication, long experience and a special combination of skills by a professional transplant team," says José Oberholzer, MD, chief of transplantation surgery at UIC. "Historically, UIC has offered treatment to patients of all socioeconomic and ethnic backgrounds, and we are the last resort for many of the sickest patients in the Midwest, and, in some cases, the nation."



PHOTO: MIKE MCCAFREY

CONSTRUCTION IN PEORIA

A generous gift launches a new training facility

A NEW \$25 MILLION training and conference facility for the University of Illinois College of Medicine at Peoria and OSF Saint Francis Medical Center was announced on Feb. 27. The funding, the largest individual donation in OSF HealthCare and UICOMP's history, is from Jump Trading, a Chicago-based high frequency proprietary trading firm.

The Jump Trading Simulation and Conference Education Center on the OSF campus will include the latest in technology to teach procedural skills, as well as provide space for team training and structured simulated patient encounters. Rooms for small group learning and a tiered auditorium will allow for educational support services and distance learning. A collaborative group is working on programming needs for the new building, and architectural and construction firms have been chosen. The goal is

for a groundbreaking this fall.

"The brightest and best physicians will be attracted by the opportunity to learn in a modern setting using

the latest in technology and simulation equipment," says Sara Rusch, MD, UICOMP's regional dean. "This in turn will provide higher quality patient care

and better patient outcomes. Jump Trading's remarkable gift will have a lasting impact on medical education and on our community."

An artist rendering shows the plans for the new auditorium in the Jump Trading Simulation and Conference Education Center.



ADVANCED MEDICINE JUST GOT A LITTLE MORE ADVAN CED.



**WHEN IT COMES
TO TRANSPLANTS,
THERE'S NOTHING
SECOND
IN THIS CITY.**

The transplant program at UIMC is among the finest in the country. Having performed over 2,000 transplants to date, we also continue to pioneer numerous procedures, including robotic-assisted living donor kidney transplants, along with boasting some of the top-reported survival rates. As home to the state-of-the-art Walter Payton Liver Center, we're putting the most advanced technologies into the hands of world-renowned physicians to work towards the goal of curing liver cancer by the year 2020.

**FUTURE STROKES
ARE BECOMING
A THING
OF THE PAST.**



As the home of the Illinois Stroke Institute, we've been ranked first among Chicago hospitals in the treatment of stroke/aneurysm cases. And through our pioneering approach to stroke treatments, like being the first in the country to perform a laser bypass procedure, we're finding ways to prevent future strokes from happening. In fact, UIMC is ranked first in the state for neurosurgical procedures and has treated more than 2,000 brain aneurysms.

HOW ARE WE CHANGING MEDICINE? HERE ARE SOME OF OUR LATEST ADVANCEMENTS.

**OFFERING BREAKTHROUGH INSIGHTS IN
OPHTHALMOLOGY FOR 150 YEARS.**

This year marks the 150th anniversary of the Eye and Ear Infirmary at UIMC. What better way to mark this momentous occasion than to be named a top hospital for ophthalmology by U.S. News & World Report?



At the University of Illinois Medical Center our advancements in medicine have reached far and wide. From national recognition, to being the first in the state to perform numerous procedures to advancements in survival rates, we're constantly on a quest to change medicine. For good.

 **University of
Illinois
Medical Center**
Changing medicine. For good.

MEET THE CLASS OF 2010



REBECCA GARZA *College of Medicine at Chicago*

A native of south suburban Chicago and northwestern Indiana, Rebecca Garza returned to Chicago after earning her bachelor's degree in human biology at Stanford University, drawn both by family ties and the opportunity to participate in the college's Urban Medicine Program, which has a curriculum focused on addressing underserved urban communities.

"I like taking care of people, and medicine puts you in a unique position of being truly responsible for another person's well-being. It's very intimate and rewarding," Garza says.

Garza says she's particularly enjoyed her clinical experience, which has included rotations for everything from family medicine practice to trauma surgery in locations throughout the Chicago area. She ultimately plans to perform reconstructive surgery for breast cancer or pediatric craniofacial patients, and she also wants to remain in academic medicine and be a teacher herself someday.

A Dean's Scholar, Garza was inducted into AΩA, the medical school honor society, as a third-year student. "I wanted to do really well," she says, "because this is what I want to do for the rest of my life, and I want to be the best informed physician for my patients."



JOHN BARTON (BART) ROSE III *College of Medicine at Peoria*

Bart Rose's commitment to providing medical care to the underserved grew out of his upbringing as the son of a doctor who practiced in California's Sierra Nevada mountain range. "I remember going with him on drives into the back country to make house calls on people who couldn't get out of their home," he says.

After earning a bachelor's degree in microbiology from California Polytechnic University, Rose did Alzheimer's disease research in the neuroscience department of the University of California, San Diego, while earning a master's degree in leadership of health care organizations from UCSD.

Rose has made volunteer service a priority while at the College of Medicine at Peoria. He is one of the founding members of the college's Health Education, Awareness and Resources Teams, a student-run community service program that provides health education and screenings for underserved and Spanish-speaking individuals.

Rose plans to pursue residency training in surgery and thinks he may specialize in transplant surgery or surgical oncology. "I'm also sure there will be a public service aspect in my practice," he says.



SHAUNTE' GRAY *College of Medicine at Rockford*

Growing up with asthma in south Los Angeles, Shaunte' Gray experienced barriers to health care firsthand. "Even in the emergency room, I'd have to wait hours and hours to see a doctor," she remembers. "It made me interested in health care disparities. That's why I decided to go into medicine."

The first person in her family to earn a degree from a four-year university, Gray worked her way through the University of California at Irvine, where she earned a bachelor's degree in sociology, then a master's degree in biology from California State University, Dominguez Hills.

At the College of Medicine at Rockford, Gray has established herself as a student leader, serving as president of the Rockford campus' student council and as a member of the regional dean's executive council and other groups.

Gray plans to do her residency training in obstetrics and gynecology and hopes to then complete a fellowship in maternal-fetal medicine. Afterwards, she wants to work with high-risk mothers and provide counseling to adolescent women. "Where I come from, there's a high rate of teen pregnancy," she acknowledges. "There're so many things we can do to address it through adolescent outreach."



LOREN ZECH *College of Medicine at Urbana-Champaign*

The son of a physician and electrical engineer who performed mathematical modeling for the National Institutes of Health, Loren Zech attended the University of Maryland, where he began as a philosophy student and switched to pre-med after a summer internship at the NIH.

The combined MD/PhD program led Zech to the Urbana campus: His dissertation examines whether disease is an objective criteria or a social construction, as it has been regarded by various societies throughout history. He argues for the former, defining disease as a biologically abnormal variation in a system with an established model for normal function. He does point out, though, that there still are areas where normal function remains undefined, such as aging.

Zech plans to pursue a residency in dermatology and then practice at an academic medical center, putting him in a position to keep wrestling with this issue as a clinician, teacher, researcher and advocate.

"People are going to be bringing new problems to doctors because they believe biotechnology can address them," Zech predicts. "There's going to be debate about whether physicians should be doing it, why they should be doing it, and who's going to pay for it."



The Envelope, Please . . .



AT THE ANNUAL MATCH DAY CEREMONY, COM GRADUATES LEARNED WHERE THEIR MEDICAL CAREER WILL TAKE THEM NEXT



ON MARCH 18, A SUNNY CHICAGO morning, University of Illinois College of Medicine students and their families gathered in the Signature Room on the 95th floor of Chicago's landmark

John Hancock Center to see where they would be spending the next two years of their lives. Over the course of an hour, 193 students were matched to residencies in 23 states in the COM's 2010 Match Day ceremony.

Every year across the country on the third Thursday of March, like a pre-spring ritual, graduating students from 155 medical schools learn the results of a computer algorithm that matches them with hospital residencies in nearly every field of medicine. It's a real-life drama that every practicing U.S. physician remembers: arguably the biggest moment of their burgeoning young careers, learning

where they'll be assigned that crucial first job as interns. This year, approximately 31,000 applicants vied for some 24,000 vacant hospital positions in the National Residency Match Program selection process.

In the Signature Room, with the order of the names selected at random, the first student to learn his match was Michael Winstead, who quickly peeled open his acceptance letter to the pediatrics residency program at the University of New Mexico School of Medicine in Albuquerque. Minutes later, Jeremy Smiley's letter revealed that he is among the 105 Illinois Medicine students staying in the state. Smiley said he is elated to remain in Chicago at University of Illinois Medical Center's Internal Medicine and Emergency Medicine Program. The Highland Park native and his classmate Tom Alcorn of Hoffman Estates earned two of only 23 such IM/EM spots nationwide.

“SHE NEVER GAVE UP ON HER GOAL OF BEING A DOCTOR. SHE NEVER QUIT.”

Ann Kathleen Navarro-Leahy is one of the students who'll be leaving the state. She was placed in the family practice residency program at Exempla St. Joseph Hospital in Denver. “We're relieved and excited,” said her mother, Rose, a retired nurse. “For parents, the four years go so fast.” A Chicago native, Navarro-Leahy did her undergrad at the University of Wisconsin at Madison, but both her mother and father are UIUC alumni. “We never knew she wanted medicine until she was 22,” says her dad, Ron. “She spent a year with AmeriCorps at West Suburban [Resurrection] Medical Center on the West Side with nurse practitioners doing home visits and obstetrics.”

With the loud cheers, screams and applause in the main venue as matches were announced, some students moved to the hallway to make cell phone calls with the news. Caroline Nitschmann and her sister, Monica, were busy text-messaging friends and relatives with the news of her OB/GYN residency at Brigham and Women's Hospital, a teaching affiliate of Harvard Medical School. “This is probably a \$40 phone call,” Caroline said as she called her mother, who was travelling in Mexico, “but I don't care!”

Match Day had extra-special meaning for Margo Smith, a returning medical student from Houston whose three children were on hand with her father, Tellas Saucedo. Smith got her first choice: family medicine at Resurrection/St. Joseph Hospital in Chicago. She earned a biology degree from the University of California at Irvine in 2003, then got married and had a son and two daughters, the youngest while in med school.

“Margo's path has been non-linear, and she has made many sacrifices along the way,” said Saucedo, a mortician turned math teacher. “Yet she never gave up on her goal of being a doctor. She never quit. Margo is such a great role model for her kids, and it means the world to her that they're all here to help her celebrate.”

We are looking for alumni from the College of Medicine to host a reception in your city to welcome these new graduates to our COM family. Please contact our Office of Alumni Relations at (312) 355-5138 or comalumni@uic.edu to learn more.



ARIZONA

Scottsdale Healthcare-Osborn
Clifford J. Gazda
SPECIALTY: Family Medicine

CALIFORNIA

Alameda County Medical Center
Suzanne Hatsumi Hiramatsu
SPECIALTY: Emergency Medicine

Cedars-Sinai Medical Center
John Chan
SPECIALTY: Internal Medicine

Contra Costa Regional Medical Center
Melina Beaton
SPECIALTY: Family Medicine

David Grant Medical Center
Robert C. Ryu
SPECIALTY: Surgery

Harbor-UCLA Medical Center
Baia Jasmine Lasky
SPECIALTY: Pathology-Anatomic and Clinical
Shea Elizabeth Suskin
SPECIALTY: Family Medicine



University of California, Los Angeles
Steven Tham
SPECIALTY: Anesthesiology

University of Southern California
Neelmini Bernadette Emmanuel
SPECIALTY: Radiology-Diagnostic
Carol Lynn Ferro
SPECIALTY: Psychiatry
Nuzhath Amina Hussain
SPECIALTY: Obstetrics and Gynecology

FLORIDA

Halifax Medical Center
Rhonda Renee Verzal
SPECIALTY: Family Medicine

Jackson Memorial Hospital
Rahul Davé
SPECIALTY: Neurology
Elizabeth Homan-Sandoval
SPECIALTY: Psychiatry
Vikas Pandey
SPECIALTY: Neurology
Jean Sun
SPECIALTY: Neurology

Orlando Health
Rafael M. Bustamante
SPECIALTY: Surgery
Omolade O. Oduala
SPECIALTY: Pediatrics

GEORGIA

Emory University School of Medicine
Jihan Akhtar
SPECIALTY: Ophthalmology

Juan Pablo Alvarez
SPECIALTY: Obstetrics and Gynecology
Ahmed Raza Khan
SPECIALTY: Psychiatry

Allen R. Clark
SPECIALTY: Obstetrics and Gynecology
Susanne Gonzalez*
SPECIALTY: Internal Medicine
Matthew James King
SPECIALTY: Obstetrics and Gynecology
Staci Liker*
SPECIALTY: Internal Medicine

Advocate Lutheran General Hospital
Catherine Jiam
SPECIALTY: Family Medicine

Shayla T. Matthews
SPECIALTY: Obstetrics and Gynecology
Brian Neville
SPECIALTY: Internal Medicine
Chinelo C. Okafor
SPECIALTY: Pediatrics
Carly Beth Senescu
SPECIALTY: Pediatrics
Tiffany J. Wang
SPECIALTY: Family Medicine

John H. Stroger Jr. Hospital of Cook County
Sumul Ashok Gandhi
SPECIALTY: Dermatology
Julian David Wolfgang Hardman
SPECIALTY: Radiology-Diagnostic

Sumul Ashok Gandhi*
TRANSITIONAL SPECIALTY: Dermatology
Jeannine L. Hinds
SPECIALTY: Family Medicine
Monique O. Kamaria*
TRANSITIONAL SPECIALTY: Internal Medicine
Esther Jean Kim*
TRANSITIONAL SPECIALTY: Anesthesiology
Maximiliano Luna Jr.
SPECIALTY: Family Medicine
Kevin H. Patel*
TRANSITIONAL SPECIALTY: Ophthalmology
Jennifer D. Stromberg
SPECIALTY: Family Medicine
Adam Nathan Wallace*
TRANSITIONAL SPECIALTY: Radiology

McGaw Medical Center of Northwestern University
Amy A. Bellmeyer
SPECIALTY: Pathology-Anatomic and Clinical
Panagiotis D. Flevaris
SPECIALTY: Internal Medicine
Emily Hymen-Lieberman
SPECIALTY: Pediatrics
Loryn King Kromrey
SPECIALTY: Anesthesiology



2010 UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE RESIDENTS

Kaiser Permanente
Cristina Gamboa
SPECIALTY: Obstetrics and Gynecology

Kaiser Permanente Southern California
Robert J. Darflinger
SPECIALTY: Radiology-Diagnostic
Rachelle Dawn Padilla
SPECIALTY: Internal Medicine

Long Beach Memorial Medical Center
Gregory Isaac Winter
SPECIALTY: Family Medicine

Naval Hospital
Steven W. Saito
SPECIALTY: Family Medicine

Santa Barbara Cottage Hospital
Karen L. Fleming
SPECIALTY: Internal Medicine

Santa Clara Valley Medical Center
Eric Robert Mehlerberg*
TRANSITIONAL SPECIALTY: Anesthesiology

Stanford University Programs
Rebecca Marguerite Garza
SPECIALTY: Plastic Surgery (Integrated)

Eric Robert Mehlerberg
SPECIALTY: Anesthesiology

University of California, San Francisco
Sameir Ali Alhadi
SPECIALTY: Emergency Medicine
Christina Xochi Rose Chavez
SPECIALTY: Family Medicine
Patience Aboosedo Odele
SPECIALTY: Surgery
Tarkan Sidal
SPECIALTY: Oral and Maxillofacial Surgery

Kiran Baig Qidwai
SPECIALTY: Pathology-Anatomic and Clinical
Jennifer W. Yeh
SPECIALTY: Dermatology

COLORADO

Exempla St. Joseph Hospital
Ann Kathleen Navarro-Leahy
SPECIALTY: Family Medicine

CONNECTICUT

Hospital of St. Raphael
Emilia Genova
SPECIALTY: Surgery

University of Connecticut Health Center
Jermaine Bridges
SPECIALTY: Emergency Medicine

Yale-New Haven Hospital
Kara Simone Bagot
SPECIALTY: Psychiatry
Victoria Trendafilova*
TRANSITIONAL SPECIALTY: Internal Medicine



Audrey Helene Nuccio
SPECIALTY: Neurology

ILLINOIS

Advocate Christ Medical Center
David Alan Barounis
SPECIALTY: Emergency Medicine
Bradley M. Kutka
SPECIALTY: Emergency Medicine
Sofia Padilla
SPECIALTY: Pediatrics
Julia M. Philip-Kuli
SPECIALTY: Family Medicine
Jake Nicholas Tabel
SPECIALTY: Pediatrics

Advocate Illinois Masonic Medical Center
Anita Bordoloi
SPECIALTY: Obstetrics and Gynecology

Loyola University Medical Center
John George Annes
SPECIALTY: Radiology-Diagnostic
William Joseph Fischer III
SPECIALTY: Surgery

Michelle W. Ha
SPECIALTY: Internal Medicine
Lilia Christina Lovera
SPECIALTY: Neurology
Sahar Nadimi
SPECIALTY: Otolaryngology
Michael V. Tallarico
SPECIALTY: Internal Medicine

MacNeal Memorial Hospital
Jihan Akhtar*
TRANSITIONAL SPECIALTY: Ophthalmology
Jason Carroll*
TRANSITIONAL SPECIALTY: Radiology
Gabriela M. Delgado
SPECIALTY: Family Medicine

Melissa Beth Richard
SPECIALTY: Neurology
Santina Julianne Grant Wheat
SPECIALTY: Family Medicine

McGaw Medical Center of Northwestern University/Rehabilitation Institute of Chicago
Brian S. Clay
SPECIALTY: Physical Medicine and Rehabilitation
Sangeeta Patel
SPECIALTY: Physical Medicine and Rehabilitation

Mercy Hospital and Medical Center
Natasha R. Harvey
SPECIALTY: Obstetrics and Gynecology

Resurrection Medical Center
Stephen J. Bhandarkar
SPECIALTY: Emergency Medicine
Christine Lynn Carqueville*
TRANSITIONAL SPECIALTY: Anesthesiology
Ila L. Englof
SPECIALTY: Emergency Medicine

Loryn King Kromrey*
TRANSITIONAL SPECIALTY: Anesthesiology

Rush University Medical Center
Matthew Michael Malec
SPECIALTY: Psychiatry
Kristina Kelly Mitton
SPECIALTY: Pediatrics
David Aaron Nayak
SPECIALTY: Internal Medicine
Andrej Spec
SPECIALTY: Internal Medicine

St. Francis Hospital
Sonya B. Kenkare*
TRANSITIONAL SPECIALTY: Internal Medicine
Manthan R. Shah*
TRANSITIONAL SPECIALTY: Ophthalmology

St. Joseph Hospital
Furquan Mohammed Isa*
TRANSITIONAL SPECIALTY: Internal Medicine
Arpita Kadakia*
TRANSITIONAL SPECIALTY: Ophthalmology
Keerthi Prasad*
TRANSITIONAL SPECIALTY: Radiology

Margo R. Smith
SPECIALTY: Family Medicine
Kathya Michelle Valdez
SPECIALTY: Family Medicine
Donald V. Woznica Jr.
SPECIALTY: Family Medicine

The University of Chicago Hospitals
Kristen Michelle Aquino
SPECIALTY: Pathology-Anatomic and Clinical
Guilherme Baptista de Faria
SPECIALTY: Pediatrics
Christine Lynn Carqueville
SPECIALTY: Anesthesiology
Juliana K. Choi*
TRANSITIONAL SPECIALTY: Internal Medicine

Farhan Farooqui
SPECIALTY: Anesthesiology
Mark M. Gajjar
SPECIALTY: Internal Medicine
Joshuae German Gallardo
SPECIALTY: Neurology
Theodore J. Huang
SPECIALTY: Internal Medicine
Monique O. Kamaria
SPECIALTY: Dermatology
Sonya B. Kenkare
SPECIALTY: Dermatology

Esther Jean Kim
SPECIALTY: Anesthesiology
Staci Liker
SPECIALTY: Neurology
Akhil Narang
SPECIALTY: Internal Medicine
Charles L. Rhee
SPECIALTY: Internal Medicine
Adam Joseph Sanchez
SPECIALTY: Radiology-Diagnostic
Nirali R. Shah
SPECIALTY: Anesthesiology



Dmitry Shuster
SPECIALTY: Internal Medicine
Leanne Ward Trapp
SPECIALTY: Pediatrics
Victoria Trendafilova
SPECIALTY: Anesthesiology
Igor Trilisky
SPECIALTY: Radiology—Diagnostic
Jennifer W. Yeh*
TRANSITIONAL SPECIALTY:
Internal Medicine
Sophy C. Zheng
SPECIALTY: Anesthesiology



**University of Illinois
College of Medicine
at Chicago**

Niekoo Abbasian
SPECIALTY: Anesthesiology
Olabanmi A. Agboola
SPECIALTY: Internal Medicine—
Pediatrics
Thomas Ryan Alcorn
SPECIALTY: Internal Medicine—
Emergency Medicine
Sheila Margaret Barry
SPECIALTY: Internal Medicine
Julie Anne Bauml
SPECIALTY: Radiology—Diagnostic
Julia Marjorie Bregand-White
SPECIALTY: Obstetrics and
Gynecology
Alonso Cardenas
SPECIALTY: Psychiatry
Donald Milan Cheatem
SPECIALTY: Surgery
Austin Warren Chen
SPECIALTY: Orthopaedic Surgery

Rebecca E. Cho
SPECIALTY: Psychiatry
Juliana K. Choi
SPECIALTY: Dermatology
Vikas A. Desai
SPECIALTY: Surgery
Neelmini Bernadette Emmanuel*
TRANSITIONAL SPECIALTY:
Internal Medicine
Alexandra Golobof
SPECIALTY: Obstetrics and
Gynecology

Susanne Gonzalez
SPECIALTY: Neurology
Andrew Alexander Gonzalez
SPECIALTY: Surgery
Ryan Paul Hurth
SPECIALTY: Emergency Medicine
Furqaan Mohammed Isa
SPECIALTY: Radiology—Diagnostic
Aarti S. Jani
SPECIALTY: Radiology—Diagnostic
Eric I. Jeng
SPECIALTY: Surgery
Luke Kinsinger
SPECIALTY: Surgery



Judy Z. T. Liu
SPECIALTY: Otolaryngology
Edward C. Lo
SPECIALTY: Radiology—Diagnostic
Rachel Angelica Mariani
SPECIALTY: Pathology—Anatomic
and Clinical

Lee Katherine Moore
SPECIALTY: Emergency Medicine
Wendy Gabriela Morales
SPECIALTY: Surgery
Gerald S. Oh
SPECIALTY: Neurological Surgery
Tony J. Park
SPECIALTY: Family Medicine

Kevin H. Patel
SPECIALTY: Ophthalmology
Neel Bhaskar Patel
SPECIALTY: Otolaryngology
**Elizabeth Stella
Podczerwinski**
SPECIALTY: Surgery
Keerthi Prasad
SPECIALTY: Radiology—Diagnostic
Carmen Maria Rivera
SPECIALTY: Anesthesiology
Jeremy Lang Smiley
SPECIALTY: Internal Medicine—
Gynecology
**Chantale Nicole Stephens-
Archer**
SPECIALTY: Internal Medicine
Renee E. Westley
SPECIALTY: Internal Medicine
Jessica Lenore Wilson
SPECIALTY: Neurology

**Julian David Wolfgang
Hardman***
TRANSITIONAL SPECIALTY:
Surgery
**University of Illinois—
Methodist Medical Center**
Roxie Naomi Oliver
SPECIALTY: Family Medicine

**University of Illinois—
St. Francis Medical Center**
Amy H. Chelin
SPECIALTY: Emergency Medicine
Weiss Memorial Hospital
Edward C. Lo*
TRANSITIONAL SPECIALTY:
Internal Medicine
Adam Joseph Sanchez*
TRANSITIONAL SPECIALTY:
Radiology
**West Suburban
Medical Center**
Aarti S. Jani*
TRANSITIONAL SPECIALTY:
Internal Medicine
Ariel Hanna Leifer
SPECIALTY: Family Medicine

IOWA

**Iowa Methodist
Medical Center**
Heidi Sue McLaughlin
SPECIALTY: Surgery
**University of Iowa
Hospitals and Clinics**
Christopher Mark Graves
SPECIALTY: Orthopaedic Surgery
Joshua Manabu Tokita
SPECIALTY: Otolaryngology

LOUISIANA

Louisiana State University
Darwin-Dean T. Castillo
SPECIALTY: Emergency Medicine

MARYLAND

Johns Hopkins Hospital
Virginia Akua Mensah
SPECIALTY: Obstetrics and Gynecology
**University of Maryland
Medical Center**
Madhurima Koka
SPECIALTY: Pathology—Anatomic
and Clinical
Jennilee Ann Tuazon
SPECIALTY: Psychiatry

MASSACHUSETTS

**Beth Israel Deaconess
Medical Center**
Melina Shabani
SPECIALTY: Pathology—Anatomic and
Clinical
**Brigham & Women's Hospital/
Massachusetts General
Hospital**
Shilpa Valmiki Iyer
SPECIALTY: Obstetrics and Gynecology
Caroline Cristina Nitschmann
SPECIALTY: Obstetrics and Gynecology
**Massachusetts General
Hospital**
Jason Carroll
SPECIALTY: Radiology—Diagnostic
University of Massachusetts
R. Scott Saunders
SPECIALTY: Surgery

MICHIGAN

**Grand Rapids Medical
Education & Research
Center / Michigan State
University**
Gregory Alan Flermoen
SPECIALTY: Surgery
**Henry Ford Health
Sciences Center**
Ankit Diptanshu Nanavati
SPECIALTY: Emergency Medicine
Manthan R. Shah
SPECIALTY: Ophthalmology
William Beaumont Hospital
Soumya Jayasankar
SPECIALTY: Emergency Medicine
Navpaul Singh
SPECIALTY: Emergency Medicine

MINNESOTA

**Hennepin County
Medical Center**
Jennifer Lynn Boklewski
SPECIALTY: Emergency Medicine

MISSOURI

Barnes Jewish Hospital
Zachary R. Cohen
SPECIALTY: Anesthesiology
Adam Nathan Wallace
SPECIALTY: Radiology—Diagnostic
**St. Louis University
School of Medicine**
**Mohammed Mohsin Yawar
Ahmed**
SPECIALTY: Orthopaedic Surgery

**Washington University/
St. Louis Children's Hospital**
Laura Marie Seske
SPECIALTY: Pediatrics

NEW JERSEY

St. Barnabas Medical Center
Sana Hussain
SPECIALTY: Obstetrics and
Gynecology
**University of Medicine
and Dentistry, New Jersey
Medical School**
Saritha Kartan
SPECIALTY: Internal Medicine
Sanjay K. Sharma
SPECIALTY: Emergency Medicine



NEW MEXICO

**University of New Mexico
School of Medicine**
Jessica Belmonte
SPECIALTY: Internal Medicine
Michael V. Winstead
SPECIALTY: Pediatrics

NEW YORK

**New York Presbyterian
Hospital (Cornell)**
Brendan M. Finnerty
SPECIALTY: Surgery
**New York Presbyterian
Hospital—Columbia University
Medical Center**
Neha Goel
SPECIALTY: Surgery
**University at Buffalo
School of Medicine**
Joseph B. Kuechle
SPECIALTY: Orthopaedic Surgery

PENNSYLVANIA

**Hospital of the
University of Pennsylvania**
Sharmistha Dev
SPECIALTY: Emergency Medicine
**University of Pittsburgh
Medical Center Medical
Education Program**
Sameer Gopal
SPECIALTY: Internal Medicine
David Clayton Prigge
SPECIALTY: Emergency Medicine
**Western Pennsylvania
Hospital**
Karen Slabas
SPECIALTY: Obstetrics and
Gynecology

TEXAS

**University of Texas
Southwestern**
Arpita Kadakia
SPECIALTY: Ophthalmology

WASHINGTON

**Madigan Army Medical
Center**
Matthew Michael Banti
SPECIALTY: Urology
**University of Washington
School of Medicine**
Oliver H. Chang
SPECIALTY: Pathology—Anatomic and
Clinical

WASHINGTON, D.C.

**Georgetown University
Hospital**
Catherine Anderton
SPECIALTY: Internal Medicine
Howard University Hospital
Jessica Lenore Wilson*
TRANSITIONAL SPECIALTY:
Internal Medicine



WISCONSIN

**Medical College of Wisconsin
Affiliated Hospitals**
Nikiya Odei Asamoah
SPECIALTY: Internal Medicine—
Pediatrics
Evan S. Plowgian
SPECIALTY: Family Medicine
**University of Wisconsin
Hospital and Clinics**
Zachary T. Hollis
SPECIALTY: Internal Medicine
Ravi Jay Patel
SPECIALTY: Internal Medicine
Melissa A. Goelitz
SPECIALTY: Psychiatry

* Residents who will begin their residency with one transitional year at the listed institution

**OZER NEW CHIEF FOR
HEMATOLOGY/ONCOLOGY**

On Feb. 1, **Howard Ozer, MD, PhD**, joined Illinois Medicine as chief of the section of hematology and oncology and associate director of clinical research in the Cancer Center. Previously, Ozer was Eason Chair, chief of hematology/oncology and cancer center director at the University of Oklahoma Health Sciences Center in Oklahoma City. He has also served as director of the Winship Cancer Institute at Emory University in Atlanta; director of the cancer center at MCP Hahnemann University in Philadelphia (now part of Drexel University College of Medicine); chief of oncology, professor of medicine and associate director of the Lineberger Comprehensive Cancer Center at the University of North Carolina School of Medicine in Chapel Hill; and an associate professor of medicine at Roswell Park Cancer Institute in Buffalo, N.Y.



Ozer is an authority in the use of white blood cell growth factors and an expert in lymphoma treatment. He has published more than 300 articles in the area of biology and therapeutics in the leukemias and lymphomas, with particular emphasis on biological therapies.

**HECHT HONORED
WITH RESEARCH AWARD**

A professor of medicine and chief of digestive disease and nutrition, **Gail Hecht, MD**, received the 2009 American Physiological Society Takeda Distinguished Research Award from the APS gastrointestinal and liver physiology section. The award recognizes an outstanding investigator who is internationally recognized for contributions to research in areas represented by the section.



**DUDLEY NAMED
CARDIOLOGY LEADER**



Samuel Dudley, MD, PhD, professor of medicine and chief of the section of cardiology, recently was inducted into the Association of University Cardiologists, which is limited to an active membership of 125 academic cardiologists from the United States who are elected by their peers. The AUC's members traditionally are leading investigators in cardiovascular disease.

**KATTAH WINS
STROKE AWARD**

Jorge Kattah, MD, professor and head of neurology at the University of Illinois College of Medicine at

Peoria, was honored with an Innovation Award from the editors of *Stroke*, the medical journal published by the American Heart Association. Kattah was the second-prize winner of this year's award in honor of his work as lead author of the research paper "HINTS to Diagnose Stroke in the Acute Vestibular Syndrome," which was published in *Stroke* last year.

**PSYCHOLOGICAL CITATION
FOR PLISKIN**

Neil Pliskin '79, PhD, professor of clinical psychiatry and neurology, director of the neurobehavior program and neuropsychology service and co-director of the Center for Cognitive Medicine, received the American Psychological Association's Presidential Citation in recognition of his distinguished service to psychology as an advocate, scientist, educator and practitioner of clinical neuropsychology, particularly his advocacy efforts to enhance the public's access to neuropsychological services.



**MAKI A TRUSTEE OF
MENOPAUSE SOCIETY**

An associate professor of psychiatry and psychology and director of women's mental health research, **Pauline M. Maki, PhD**, serves on the board of trustees of the North American Menopause Society,

a 2,000-member organization dedicated to promoting the health and quality of life of women through an understanding of menopause. Maki also serves on the editorial board of the society's journal, *Menopause*.



**STROKE LEADERSHIP
FOR GORELICK**

The John S. Garvin Professor and head of neurology and rehabilitation, **Philip B. Gorelick, MPH '88, MD**, has been named a co-chair of the National Stroke Association Transient Ischemic Attack Expert Panel Group, which is developing national recommendations for the management of TIA. He also has been appointed the coordinator of the American Heart Association Stroke Synergium Prevention Work Group and has been named co-chair of the World Federation of Neurology Applied Research Group.

**SCHRAUFNAGEL NAMED THORACIC
PRESIDENT**

A professor of medicine and pathology and fellowship program director in the section of pulmonary, critical care, sleep and allergy, **Dean Schraufnagel, MD, Res '77**, began his one-year term as president of the American Thoracic Society in May. The ATC is an international scientific society with 15,000 members that focuses on respiratory and critical care medicine. Schraufnagel previously chaired the society's audit and finance committee, Web editorial board and program and budget committee and has served on numerous other committees.



**THOMAS PRESIDENT-ELECT
FOR OTOLARYNGOLOGY—
HEAD AND NECK SURGERY**

J. Regan Thomas, MD, Francis Lederer Professor and head of otolaryngology—head and neck surgery, will begin a one-year term as president of the American Academy of Otolaryngology—Head and Neck Surgery in September. With more than 12,000 members, the AAO-HNS is the world's largest organization representing specialists who treat the ear, nose, throat and related structures of the head and neck.





WE ALWAYS KNEW WE HAD THE BEST DOCS IN AMERICA. NOW IT'S OFFICIAL.



The University of Illinois College of Medicine and Medical Center are proud that 117 of our physicians are included in this year's **America's Top Doctors**® and **Best Doctors**® lists. These physicians are pioneering clinicians who are pursuing patient care advances in areas such as diabetes, stroke prevention, maternal-fetal medicine, robotic surgery organ transplant and much more. They are accomplished researchers who consistently receive the Chicago area's largest amount of National Institute of Health-funded research grants. And they are committed medical educators who make it possible for more new physicians to earn their medical degrees at the University of Illinois College of Medicine than at any other medical school in the country. As leaders in patient care, research and education, these Illinois Medicine physicians are changing medicine for good.



www.uillinoismedcenter.org



www.medicine.uic.edu

Castle Connolly

AMERICA'S TOP DOCTORS 2010

- Herand Abcarian, MD '98**
Colon & Rectal Surgery
- Frederick G. Behm, MD**
Pathology
- Enrico Benedetti, MD, Res '93**
Surgery
- Joan E. Briller, MD**
Cardiovascular Disease
- Judith U. Hibbard, MD**
Maternal & Fetal Medicine
- Mark J. Holterman, MD, PhD**
Pediatric Surgery
- Andre A. Kajdacsy-Balla, MD, PhD**
Pathology
- Theodore Mazzone, MD**
Endocrinology, Diabetes & Metabolism
- William Mieler, MD**
Ophthalmology
- José Oberholzer, MD**
Surgery
- Lawrence S. Ross, MD**
Urology
- Dean M. Toriumi, MD, Res '84**
Otolaryngology/Plastic Surgery
- Isabelle A. Wilkins, MD**
Maternal & Fetal Medicine

Castle Connolly

AMERICA'S TOP DOCTORS FOR CANCER 2010

- Herand Abcarian, MD**
Colon & Rectal Surgery

- Frederick G. Behm, MD**
Pathology
- Andre Kajdacsy-Balla, MD, PhD**
Pathology
- William Mieler, MD**
Ophthalmology

Castle Connolly

AMERICA'S TOP DOCTORS REGIONAL 2010

- Herand Abcarian, MD**
Colon & Rectal Surgery
- Iris Klawir Aronson, MD**
Dermatology
- José A.L. Arruda, MD**
Nephrology
- Frederick G. Behm, MD**
Pathology
- Enrico Benedetti, MD, Res '93**
Surgery
- Joan E. Briller, MD**
Cardiovascular Disease
- Mimis Cohen, MD**
Plastic Surgery
- Sucheta Dattatray Connolly, MD, Res '90**
Pediatric Specialist/Child & Adolescent Psychiatry
- Edwin Haynes Cook Jr., MD**
Pediatric Specialist/Child & Adolescent Psychiatry
- Scott Jay Cotler, MD**
Gastroenterology/Hepatology
- James S. Feinberg, MD**
Dermatology
- Gerald A. Fishman, MD**
Ophthalmology
- Lawrence A. Frohman, MD**
Endocrinology, Diabetes & Metabolism
- Mark H. Gonzalez, MD**
Hand Surgery
- James A. Goodwin, MD**
Neurology
- Cathy Ann Helgason, MD**
Neurology
- Judith U. Hibbard, MD**
Maternal & Fetal Medicine
- Mark J. Holterman, MD, PhD**
Pediatric Surgery
- Dennis Hong, MD**
Critical Care Medicine
- Eunice John, MD**
Pediatric Nephrology
- Andre Kajdacsy-Balla, MD, PhD**
Pathology
- Kathleen Kelley, MD**
Child & Adolescent Psychiatry
- George T. Kondos, MD, Res '82**
Cardiovascular Disease
- Aleksandar Kronic, MD**
Dermatology
- Mark S. Kushner, MD '77, Res '82**
Internal Medicine
- Richard J. Labotka, MD**
Pediatric Hematology-Oncology
- Thomas J. Layden, MD**
Gastroenterology/Hepatology
- Malek G. Massad, MD, Res '93**
Thoracic Surgery
- Theodore Mazzone, MD**
Endocrinology, Diabetes & Metabolism
- Alfonso Mejia II, MD, MPH '90, Res '95**
Hand Surgery
- William Mieler, MD**
Ophthalmology
- Laura Jo Miller, MD**
Psychiatry
- Alvaro Montoya, MD**
Thoracic Surgery

- Terry L. Nicola, MD, MS**
Physical Medicine & Rehabilitation
- Craig S. Niederberger, MD**
Urology

- José Oberholzer, MD**
Surgery
- Peter Orris, MD, MPH**
Occupational Medicine
- C. Lucy Park, MD**
Pediatric Allergy & Immunology
- Dan G. Pavel, MD**
Nuclear Medicine
- David Peace, MD**
Medical Oncology
- John L. Perri, MD**
Psychiatry
- Lawrence S. Ross, MD**
Urology
- George I. Salti, MD, Res '97**
Surgery
- Humberto Scoccia, MD**
Reproductive Endocrinology
- Ruth Andrea Seeler, MD**
Pediatric Hematology-Oncology
- Roohollah R. Sharifi, MD**
Urology
- Brenda R.C. Solomon, MD '64**
Psychiatry
- Keith R. Thulborn, MD**
Neuroradiology
- Dean M. Toriumi, MD, Res '84**
Otolaryngology/Plastic Surgery
- Boris Alexander Vern, MD, MPH**
Neurology
- Joseph Vitello, MD**
Surgery
- Azhar Wan, MD**
Radiation Oncology
- Peter Weiden, MD**
Psychiatry
- Jacob T. Wilensky, MD**
Ophthalmology
- Herand Abcarian, MD**
Colon & Rectal Surgery
- Amjad Z. Ahmad, MD**
Ophthalmology
- Jennifer T. Ahn, MD**
Obstetrics & Gynecology
- Sepideh Amin-Hanjani, MD**
Neurological Surgery
- Iris Aronson, MD**
Dermatology
- Dimitri T. Azar, MD**
Ophthalmology
- Frederick G. Behm, MD**
Pathology
- Enrico Benedetti, MD, Res '93**
Surgery
- Alma R. Bicknese, MD**
Pediatric Specialist
- Michael Joseph Blend, PhD, DO**
Nuclear Medicine
- Russell D. Brown, MD**
Gastroenterology
- Fady T. Charbel, MD, Res '93**
Neurological Surgery
- Sucheta Dattatray Connolly, MD, Res '90**
Pediatric Specialist/Child & Adolescent Psychiatry
- Edwin Haynes Cook Jr., MD**
Pediatric Specialist/Child & Adolescent Psychiatry
- Scott Jay Cotler, MD**
Gastroenterology/Hepatology
- Allison Cowett, MD, MPH**
Obstetrics & Gynecology
- John T. Daugirdas, MD**
Nephrology

AMERICA'S BEST DOCTORS 2009-2010

- Ali Reza Djallilian, MD**
Ophthalmology
- Robert T. Egel, MD**
Pediatric Specialist
- Gloria L. Elam, MD, MPH '95**
Obstetrics & Gynecology
- Gerald A. Fishman, MD**
Ophthalmology
- Geraldine S. Fox, MD**
Pediatric Specialist
- Debra A. Goldstein, MD**
Ophthalmology
- Jay L. Goldstein, MD '78, Res '84**
Gastroenterology
- James A. Goodwin, MD**
Neurology
- Philip B. Gorelick, MD, MPH '88**
Neurology
- Allan G. Halline, MD '81**
Gastroenterology
- Bryna J. Harwood, MD, MS**
Obstetrics & Gynecology
- Cathy Ann Helgason, MD**
Neurology
- Judith U. Hibbard, MD**
Maternal & Fetal Medicine
- David S. Hillman, MD, Res '93**
Ophthalmology
- George Edward Hoganson, MD '78, MS**
Pediatric Specialist
- Allen L. Horwitz, MD, PhD**
Pediatric Specialist/Medical Genetics
- Mark R. Hutchinson, MD '87**
Orthopaedic Surgery
- Sandeep Jain, MD**
Ophthalmology
- Lawrence M. Kaufman, MD, Res '88, PhD**
Pediatric Specialist
- Asra R. Khan, MD**
Internal Medicine
- Sarah J. Kilpatrick, MD, PhD**
Obstetrics & Gynecology
- George T. Kondos, MD, Res '82**
Cardiovascular Disease
- Mark S. Kushner, MD**
Internal Medicine
- Thomas J. Layden, MD '77, Res '82**
Gastroenterology/Hepatology
- Jennifer I. Lim, MD, Res '90**
Ophthalmology
- Michael W. Naylor, MD**
Pediatric Specialist
- Terry L. Nicola, MD, MS**
Physical Medicine & Rehabilitation
- Craig S. Niederberger, MD**
Urology
- Leo Gerard Niederman, MD**
Pediatrics
- Richard M. Novak, MD, Res '89**
Infectious Disease
- Thomas B. Owley, MD**
Pediatric Specialist
- Songya Pang, MD**
Neurology
- Mani N. Pavuluri, MD, PhD**
Psychiatry
- Usha Raj, PhD**
Pediatric Specialist
- Kenneth C. Rich Jr., MD**
Allergy & Immunology
- Janet M. Riddle, MD**
Internal Medicine
- Robert T. Rosman, MD**
Internal Medicine
- Lawrence Ross, MD**
Urology
- David H. Sarne, MD**
Endocrinology and Metabolism
- William L. Schey, MD**
Pediatric Specialist
- Arthur B. Schneider, MD**
Endocrinology & Metabolism
- Dean E. Schraufnagel, MD**
Pulmonary Medicine
- Humberto Scoccia, MD**
Reproductive Endocrinology
- Konstantin V. Slavin, MD**
Pain Medicine
- Brenda Solomon, MD '64**
Psychiatry
- Joel Sugar, MD**
Ophthalmology
- William I. Swedler, MD '78**
Rheumatology
- Howard H. Tessler, MD, Res '72**
Ophthalmology
- J. Regan Thomas, MD**
Otolaryngology
- Dean M. Toriumi, MD, Res '84**
Otolaryngology/Plastic Surgery
- Patrick A. Tranmer, MD, MPH**
Family Medicine
- Elmer Yuchen Tu, MD**
Ophthalmology
- John Edward Tulley, MD**
Internal Medicine
- Mark Vajaranant, MD, Res '91**
Obstetrics and Gynecology
- Thasarat S. Vajaranant, MD, Res '87**
Ophthalmology
- Jacob T. Wilensky, MD**
Ophthalmology
- Elizabeth L. Wiley, MD**
Pathology
- Isabelle A. Wilkins, MD**
Maternal & Fetal Medicine
- Sophie M. Worobec, MD '73, Res '77**
Dermatology
- Fred Arthur Zar, MD '79, Res '84**
Infectious Disease



The Rise of a Transformer

With help of a \$20 million NIH grant, the UIC Center for Clinical and Translational Sciences is helping change research at the university

Several years ago, the National Institutes of Health asked a question: What would it take to develop teams of investigators from various fields of research to work across disciplines with the goal of more quickly translating scientific breakthroughs into treatments for patients in the clinic? The answer was the Clinical Translational Science Award, an NIH National Center for Research Resources program that is funding a national consortium of medical research institutions that have the capacity to transform the efficiency and quality of clinical and translational research. Last July, the center awarded the University of Illinois at Chicago Center for Clinical and Translational Sciences a grant of \$20 million over five years, the largest grant in UIC's history.

The grant provided a major affirmation and increase in capabilities for the CCTS (www.uic.edu/depts/mcam/CCTS/CCTS-home.html), which was established in 2007 with university funding. Housed on two floors of the Medical Center Administration Building, the center fosters innovative and collaborative health research efforts across the UIC campus and across clinical disciplines, research inquiries and methodologies. It provides health researchers with financial, clinical and technical support and educates investigators in research methods—researchers working in conjunction with the center are investigating issues ranging from the role of an enzyme in ischemic heart disease to the development of new devices to evaluate diseases of the retina.

"The NIH's decision to include UIC in this important effort is a recognition of the strength of the university's research endeavors and the university's crucial role in providing health services to the Chicago area," says Michael Tanner, PhD, UIC provost and vice chancellor for academic affairs. "This grant will enable UIC's research and clinical efforts to have an even greater impact, increasing the capacities of the immensely talented researchers working here and encouraging more collaboration between them."

With six health science colleges and more than 100 research centers, UIC provides fertile ground for nurturing the movement of knowledge from the laboratory bench to the patient bedside. As of July 2009, more than 2,300 human health research projects were under way at the university, supported in part by 373 NIH grants totaling more than \$127 million per year. Overall research expenditures at the university totaled more than \$335 million in 2009.

Theodore Mazzone, MD, director of the CCTS, is quick to point out that the center is a cross-campus effort. "The College of Medicine has been instrumental in getting the center off the ground and providing important resources and leadership, but all of the university's health science colleges and a number of colleges on the university's east campus also provide leadership and important services," says Mazzone, chief of the section of endocrinology, diabetes and metabolism and professor of medicine and pharmacology. The center's collaborators also include Illinois Medicine sites in Peoria, Rockford and Urbana-Champaign, Advocate Health Care and the Jesse Brown VA Medical Center.

"There might be researchers who are working on the same topic and not know it because they're separated. The idea of translational research is to break down geographic, academic, administrative and technical boundaries

The CCTS connects people from across the University of Illinois, including the researchers, staff and administrators pictured to the right.

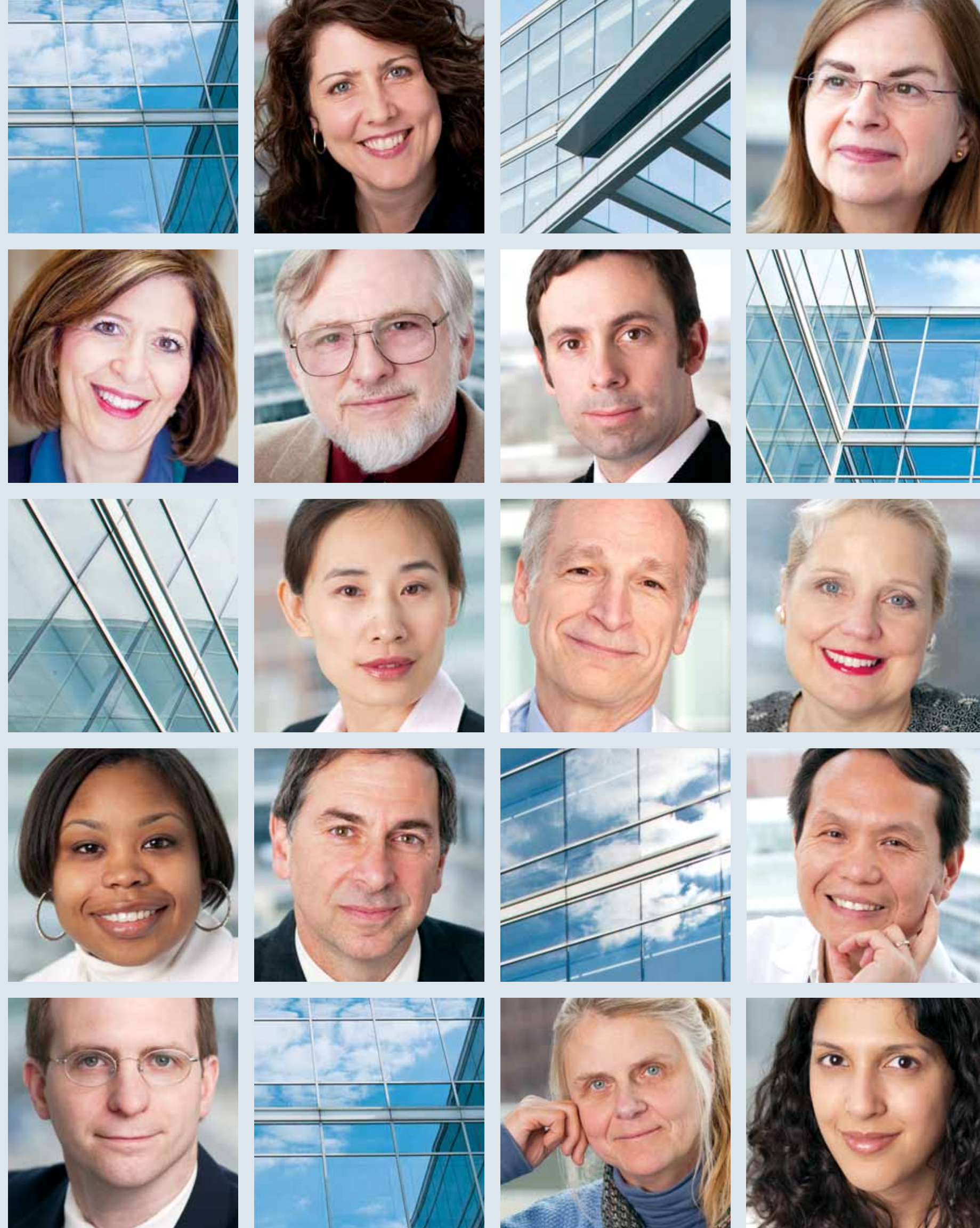
(First row: L-R)
Andrea Carnegie, PhD, visiting center coordinator, CCTS
Mary Kapella, PhD, RN, research assistant professor, behavior health science

(Second row: L-R)
Robin Mermelstein, PhD, director, Institute for Health Research and Policy, and director, CCTS novel translational and collaborative studies program
Michael Berbaum, PhD, CCTS design and analysis core, and senior biostatistician, Institute for Health Research and Policy
Shane Phillips, PT, PhD, CCTS KL2 Scholar, assistant professor, physical therapy

(Third row: L-R)
Weihua Gao, MS, design and analysis specialist, CCTS design and analysis core
Theodore Mazzone, MD, director, CCTS, and professor of medicine
Annette Valenta, DPh, associate director, CCTS biomedical informatics core

(Fourth row: L-R)
Danyelle Martin, PECTS Fellow, CCTS TL1 trainee, department of microbiology and immunology
Mark Stein, PhD, director, CCTS regulatory support and advocacy core
Yunbo Ke, PhD, CCTS pilot grant recipient, research assistant professor, department of physiology and biophysics

(Fifth row: L-R)
Andrew Boyd, MD, lead health informatician, CCTS biomedical informatics core
Birute Petrauskas, visiting center coordinator, CCTS research, education and careers in health program
Sharmilee Nyenhuis, MD, assistant professor, CCTS KL2 Scholar, pulmonary, critical care and sleep medicine



“We hope that by making research easier, we will free up people to think more creatively.”

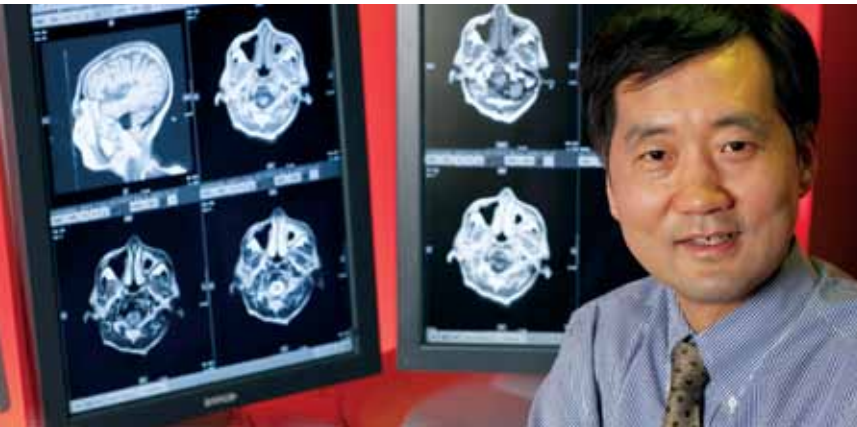
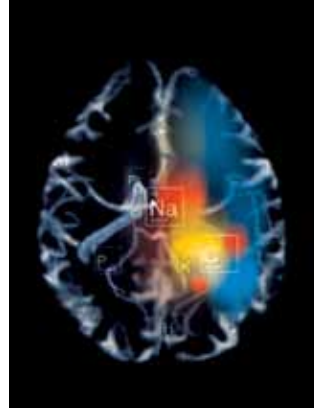


PHOTO: STEVE BRONKHORST

BY COMPARING HIGHLY SOPHISTICATED magnetic resonance images and the results of surgical biopsies, medical physicist Xiaohong Joe Zhou, PhD, hopes to track the spread of cancer cells in the brain. Zhou, a professor of radiology, neurosurgery and bioengineering, received one of the initial CCTS pilot grants for a study he leads that's testing a method of tracking the spread of malignant glioma, a brain tumor that is diagnosed in 10,000 new cases in the U.S. each year and has a two-year survival rate of 25 percent. The cancer is so deadly in part because it's difficult for doctors to determine which parts of the brain it has infiltrated.

THE PATH TO FIGHT CANCER

Zhou's team is examining the brain's white matter fiber tracts, which provide the network for the brain to transmit and receive neurological signals. Using a form

of MRI called diffusion tensor imaging, the researchers will examine brain cancer patients before they undergo surgery to remove their tumors, then compare the possible migration of tumor cells with the pathology results of the biopsy taken during surgery.

Reflecting the CCTS emphasis on cross-disciplinary collaboration, Zhou's research team includes Herbert Engelhard, MD, PhD, chief of neuro-oncology and associate professor of neurosurgery; John Villano, MD, PhD, assistant professor of medicine in the section of hematology/oncology; and Tibor Valyi-Nagy, MD, PhD, director of neuropathology and associate professor of pathology. Keith Thulborn, MD, PhD, professor of radiology and director of the Center for MR Research at UIC, also is a consultant on the project. The \$90,000 CCTS grant will fund a postdoctoral fellow with a PhD in medical imaging who will work on the study full time over the next two years. It also will fund the purchase of computer equipment and materials for the pathology analysis.

"The support is critical," Zhou says. "We have been planning on doing this study for a long time. Now we can go ahead with it and generate preliminary results that we can use to pursue NIH funding."

and bring people together to create communities of researchers around a human health problem," Mazzone says. "The aim is to foster unique, high-impact research that relates directly to important issues in human health."

ONE OF THE CCTS' PRIMARY TOOLS is providing financial support for new translational research investigations. The center funds a program of pilot grants for promising research projects that need seed money to get off the ground and potentially develop to the point that they can qualify for external funding. In its first two years, the center awarded 14 grants totaling \$1.1 million, and the expectation is that the center will use NIH funding to award another half-dozen similarly sized grants each year.

Getting more researchers to work together across disciplines is a big part of the goal. Mazzone notes that research scientists are divided by boundaries of methodological approach (e.g., basic science, patient or community-based research), area of study (cardiology, oncology, neurology, etc.) and academic area (between colleges and the departments within each one).

Robin Mermelstein, PhD, director of the pilot grant program, adds that such collaborations are important to speeding the progress from scientific discovery to clinical implementation, which the NIH has estimated can take up to 15 years. "For most scientists, the endpoint of their work is to publish in peer-reviewed journals in their own discipline. If you develop collaborative teams that include people who take the science and think immediately about what the clinical application is, we will speed up that process," explains Mermelstein, a professor of psychology and director of the Institute for Health Research and Policy in the UIC School of Public Health.

To stimulate such collaborations, the pilot grants are awarded to studies that are multidisciplinary in their methodology. "Often it's risky to go outside your department, so we're providing an incentive for people to take that risk," Mermelstein says.

The center's financial support for research also includes a scholars program, which funds between 50 and 75 percent of selected junior faculty members' salaries for a two-year period, freeing up an equal percentage of their work time to devote to research. Typically, the CCTS scholars program protects a faculty member's time while he or she gathers sufficient data to seek external funding. So far, the program has supported five faculty members, four of whom have gone on to obtain external funding for their studies.

"It's tremendously liberating," says Mazzone, whose own research is centered on obesity and diabetes, which is a research and clinical focus at Illinois Medicine, in part due to a prioritization suggested years ago by Tom Layden, MD, Edmund F. Foley Professor and chair of the department of medicine and former head of hepatology. "Research is something you can't stop and start. You have to concentrate on it for a sustained period of time if you're going to get maximum benefit."

THE CCTS ALSO MAINTAINS SIX RESEARCH SERVICE CORES, which assist researchers in their studies (see "Core Support"). Faculty experts at UIC provide free consulting services and online tools for NIH- and foundation-funded researchers, including statistical design and analysis, data management, regulatory compliance, development of research partnerships both on and off campus, and access to facilities, new technologies and other resources. So far, these service cores have provided more than 400 consultations to UIC investigators.

"We hope that by making research easier, we will free up people to think more creatively and to think outside their boundaries. If you're not bogged down with the details, you might be willing to think about attempting a new project or collaboration that otherwise might be overwhelming," Mazzone says.

The support cores also include the Clinical Interface Core/Clinical Research Center, which provides space and trained personnel to assist with clinical research studies at UIC. Previously located on the fifth floor of the hospital, the CRC moved last summer into a newly renovated, 5,300-square-foot space on the first floor of the UIC Clinical Sciences Building.

"The Clinical Research Center provides a conducive space and specially trained staff to make research easy for the investigators and pleasant for the subjects. We envision it as the central hub for clinical research on the UIC campus," says Jay Goldstein, MD, co-director of the CRC, professor of medicine and vice head for clinical affairs in the department of medicine.

The new facility includes eight private exam rooms, including two intensive exam rooms with hospital beds; infusion, conference and consent rooms; and exercise, physiology, diagnostic and sample processing laboratories and offices. A staff of nine, including Director of Research Operations Julie Hoff, PhD, RN, seven registered nurses and an advanced practice nurse, assists investigators from all of the colleges on campus with more than 30 ongoing studies.

THE THIRD MAJOR COMPONENT OF THE CENTER for Clinical and Translational Sciences is instruction, preparing investigators to conduct translational research by educating them in research methods. "Clinicians have some education in statistics and epidemiology, but it's not in the depth that's really required to do research," explains Jack Zwanziger, PhD, director of the division of health policy and administration in the UIC School of Public Health. "There are a lot of people who, in the course of their clinical practice, have noticed things that might be significant to improving patient care but don't have the training to convert their hypothesis into an appropriate study design and to collect data properly."



PHOTO: SUSAN REICH

ONE OF THE FIRST CCTS SCHOLARS, Suma Jacob, MD, PhD, is using the program to help her foster a better understanding of the processes leading from genetic risk factors to autistic behavior. Jacob, assistant professor of psychiatry in the Institute for Juvenile Research, is trying to correlate the role of certain hormones and genetic factors with the symptoms of children with autism.

Jacob received funding for her research examining the role of two neural peptide hormones—oxytocin and vasopressin. She is conducting a multilayered study that considers family genetic profiles (comparing the person with autism with unaffected family members), the levels of the hormones in the subjects' blood (to see if specific genetic differences result in atypical levels) and which clinical symptoms of autism are most related to neuropeptide dysfunction.

TIME AND FOCUS

She's hoping her approach will help determine if it's safe to use oxytocin—which has had positive results in adults—to treat autism in children. "You want to be particularly careful with children to make sure there aren't dangerous side effects, and that treatments are safe across each developmental stage," she says. "Being a CCTS scholar was extremely helpful to me in getting my project started. It gave me time and helped me pay for blood assays and genotyping kits that I needed. If I hadn't had that support, I wouldn't have had time to hit the ground running to do this intensive project."

CORE SUPPORT

CCTS offers six Research Service Cores, directed by academics from a wide variety of UIC colleges and disciplines.

Biomedical Informatics

Director: Denise M. Hynes, PhD, MPH, RN, professor of public health in medicine

Clinical Interface

Co-director: Jay Goldstein, MD, professor of medicine
Co-director: Stephen Porges, PhD, professor of psychiatry

Community Engagement and Research

Co-director: Carol E. Ferrans, PhD, RN, associate dean for research and professor of biobehavioral health science, College of Nursing, and co-director, UIC Center for Excellence in Eliminating Health Disparities
Co-director: Barbara Dancy, PhD, MSN, RN, associate dean for nursing science studies and professor of health systems science, College of Nursing

Design and Analysis

Director: Michael L. Berbaum, PhD, senior biostatistician and director, methodology research core, UIC Institute for Health Research and Policy

Regulatory Support and Advocacy

Director: Mark A. Stein, PhD, professor of psychiatry and pediatrics

Translational Technologies and Resources

Director: Mike Johnson, PhD, director, Center for Pharmaceutical Biotechnology, and professor of medicinal chemistry and pharmacognosy, College of Pharmacy
Associate Director: James L. Cook, MD, Harry F. Dowling Professor and chief of infectious diseases, immunology and international medicine

“It is amazing the cutting-edge work [the investigators] do and the impact they have.”



IN HIS WORK TO DEFINE RISK FACTORS for the progression of chronic kidney and cardiovascular disease, James Lash, MD, draws on the Clinical Research Center extensively. Lash, an associate professor of medicine in the section of nephrology, utilizes an extensive array of metabolic tests in his two long-term studies of patients with chronic kidney disease—one focused on Hispanic patients, the other on a multiethnic population—to define risk factors for the progression of their illness and the progression of related cardiovascular diseases.

PASSING THE TEST

Part of a seven-site nationwide study funded by the National Institute of Diabetes and Digestive and Kidney Diseases, Lash's studies have enrolled 800 participants, each of whom receives a comprehensive annual physical assessment at the center that takes from four to eight hours.

“We rely on the center's nursing staff to administer forms to the patients and do cardiovascular testing, kidney function testing, and urine and blood collection. Kidney testing requires a special lab, and the staff follow a testing protocol in a very rigorous, precise manner,” Lash says. “Without the center, it wouldn't be viable to do a project of this magnitude. It's a wonderful facility for supporting this type of research.”

Zwanziger is the director of the CCTS's Research, Education and Careers in Health Core, which offers a Master of Science degree program in clinical translational science and an online certificate program in clinical research methods. The programs are aimed mainly at clinicians early in their careers, plus established faculty who want to branch out into clinical translational research. More than 20 students—including pharmacists and dentists as well as physicians—are enrolled in the master's degree program, and this past fall another 20 took the first class in the five-course online program.

“The program is the perfect way for me to gain the knowledge I need to be a good researcher,” says Claudia Lora, MD, a clinical instructor in nephrology. “I'm learning to conceptualize a research study into a good question, to identify ways to answer that question, and to make sure the study is going to answer the questions I'm asking.”

For her master's thesis, Lora analyzed Hispanic patients' health literacy, measured in terms of how well the patients understand health information, and acculturation, measured by language preference, and its correlation with levels of kidney and cardiovascular diseases. She determined there was an association with the language spoken and blood pressure control, and now is seeking grant funding to look at the association of health literacy and kidney disease progression. “I've always wanted to work with underserved populations,” she says. “So many questions are left unanswered about kidney disease and minorities. I want to find answers and have a broader impact.”

The CCTS also holds a series of seminars and professional development workshops, including a seminar held monthly throughout the academic year at which senior investigators from across the UIC campus present their work in clinical translational research. “It has been no problem finding people to present,” says Robin Mermelstein, who is responsible for the series. “It's amazing the cutting-edge work they do and the impact they have. I leave these seminars thinking, ‘Wow, it's great stuff, and I never knew this person existed before.’ We have an enormous amount of talent here, but people are content to do their work and not call attention to themselves.”

Over the course of its five-year grant period, the center will track the increase in the amount of extramural funding that UIC researchers receive for translational studies, the number of journal articles they publish and the development of interdisciplinary endeavors. “When we apply for renewal of the NIH grant, we'll be judged by how many investigators we've helped,” Mazzone says, “so we want to be as helpful as possible to as many investigators as possible.”

Reflecting the center's emphasis on turning academic research into treatment, Mazzone also is looking beyond the university when he considers how the center will measure success. “The longer term goal is to have an impact on the day-to-day care of patients in terms of the kinds of therapies and diagnostic techniques that are available.”



Chicago's Own

Advice and support from her family have helped **Ebone Porch** become a member of the Class of 2013

ENGLEWOOD IS ONE OF CHICAGO'S TOUGHEST NEIGHBORHOODS, and one could understand if Ebone Porch, a first-year medical student at the Chicago campus, never again wanted to set foot on the streets where she experienced so many

growing pains.

But in fact, her aim is to face her past head on. “Eventually, I'd like to open a clinic in Englewood and give back to the community,” Porch says. “I know what it's like to be raised in poverty and without health care.”

Porch has been a volunteer in the juvenile court system, where she counseled troubled teens and wards of the state. Years ago, though, she passed through those same doors in a tumultuous adolescence that included a brush with the law. “That was a big motivation for me back then. I knew I didn't want to come back to that,” she says. “I do not feel that I would be where I am right now—academically, spiritually or

“When she was really tiny, she came over to visit me and she said she wanted to be a doctor. We believed her. We were just watching and waiting.”



Family Portrait: Some of the more than 40 family members that came out for Ebone Porch's participation in the White Coat Ceremony. Porch says she is particularly touched that her grandfather (back row, second from left) and grandmother (seated in the front row, fourth from left) were able to attend; both have since passed away.

personally—if it were not for the hardships that I encountered in my life.”

Even through troubled times, Porch was a good student, graduating from Whitney Young High School. After graduation, she got her own apartment, working as a data programmer to save money for college. She moved to Arkansas to begin her undergraduate studies at Henderson State University—and moved back to Chicago when it got too expensive. She enrolled for a time at Chicago State University, then settled down at UIC, where she graduated summa cum laude and Phi Beta Kappa with a dual major, psychology and biological sciences.

Porch's mother, Alma Porch, remembers her daughter as a rebellious child whose determination helped her achieve her educational goals. “A lot of the things that I wanted to provide for her, I wasn't able to do. She wanted to be involved in a lot of after-school programs and the money just wasn't there for that,” she says. “She thought I was stern, but I saw something in her that she would be successful.”

THE FANS OF THE UIC FORUM on August 15 were happier than any crowd in the seats for a basketball game or concert. As the members of the College of Medicine's Class of 2013 were officially welcomed into the field of medicine at the school's White Coat Ceremony, friends and family members watched proudly. The students helped each other into their new medical coats and recited the 800-year-old Oath of Moses Maimonides.

The 40-member cheering section for Ebone Porch—or “Bo,” as her family sometimes calls her—was about the biggest group in the crowd. And it was only appropriate that so many supporters were on hand, considering the role her family has played in her success.

“One thing about Ebone is that she's got a lot of strong, God-

fearing relatives,” says Zelma Martin, Porch's aunt. “I remember when she was really tiny, she came over to visit me and she said she wanted to be a doctor. We believed her. We were just watching and waiting.”

Porch was particularly proud that her maternal grandparents, Eddie and Evia Tharbs, were

able to see her on that stage. “My grandfather gave me many life lessons. He taught me that I have to finish school, and to have a kind heart,” Porch says. “When he was younger, there were not very many African Americans involved in medicine. He said he wanted to live to see me become a doctor.”

Porch's uncle, Robert Astone, a retired cardiologist in the Palm Springs, Calif., area, admits he was at first “dubious” when he heard his niece had set her sights on medical school. But once he saw her determination as an undergraduate, he encouraged her to go to medical school, and his wife, Barbara, kept in frequent contact. “Ebone's a unique young lady in a lot of ways,” he says. “We'll do everything we can to help her achieve her dreams. And she will.”

Hoping to specialize in cardiovascular surgery or neurosurgery, Porch has now begun her first year of classes. She's discovered that it seems like there are never enough hours in the day as a medical student.

“I find it easier [to focus on medical classes] as opposed to taking a physics course or an English course. The amount of work we're doing is massive, though, and we're moving at a faster pace,” Porch says, adding that she especially appreciates the challenge of her anatomy class taught by Norman Lieska, PhD. “He demands—I wouldn't say ‘perfection’—but you really have to know everything for his class. I spend a lot of time studying for that.”

A few months after Porch's entry into the College of Medicine, her grandfather Eddie Tharbs passed away. But as she tackles the demands of her course work, she remembers the strength that he helped instill in her. “Any time he wanted to make sure I'd remember something, he'd say, ‘Bo, get your lesson,’” she says. “Now, every time I have problems in medical school, that voice always replays in my mind.”

SCHOLARSHIP MAKES A DIFFERENCE

Private funding is becoming increasingly important to the College of Medicine's future. Scholarships alleviate the burden on students and their families, allow recipients to focus more fully on their studies, and keep the COM competitive with peer institutions.

92.4 PERCENT

The percentage of the COM's current 1,293 students who receive some form of financial assistance, including student loans, aid and scholarships

9 PERCENT

The annual growth rate of loan indebtedness for COM students

\$161,000

The average individual debt for the Class of 2009

24 PERCENT

Percentage of COM students across all campuses who received a scholarship for the 2009-10 academic year

To learn more about how you can enable students to receive a quality medical education, please call Jane Johnson, assistant director of stewardship, at (312) 355-1899.



ON HIS GAME

Jermaine Kyong White has taken a long road, but he's nearly at his goal of becoming a physician

WHEN YOUR FOOTBALL TEAM PLAYS IN A LEAGUE WITH NINE MEN on the field instead of 11 and your high school's graduating class numbers 32, it's pretty hard to attract a gridiron scholarship offer from an NCAA Division I program, even for one-time prep star Jermaine Kyong White. It didn't help that White played quarterback at a Department of Defense high school in Taegu, South Korea—an area that isn't exactly teeming with collegiate scouts.

“The competition wasn't as good as it was in the States,” says third-year student White, the recipient of the COM Class of 1938 Scholarship and the Dr. and Mrs. A.J. Novotny Scholarship. “So I got an academic scholarship to Florida A&M and walked on the football team my junior and senior years.” Perhaps it comes as no surprise, then, that White's interests include sports medicine.

After his parents divorced when he was 5, White moved around frequently—his father was in the military and his mother is a native of South Korea. From the age of 5 to 14, he lived with his father in Texas, North Carolina, Florida, Louisiana and Germany. When he was about to enter high school, he moved to South Korea to live with his mother and stepfather. As a biracial student, he says he never felt like he fit in, going from an all-black elementary school to a white and Asian high school to a predominantly African-American campus at Florida A&M. “The only thing that kept me going,” he said, “was sports.”

“Jermaine has a remarkable life story,” says Albert Novotny, a 1949 graduate of the College of Medicine, an orthopaedic surgeon for 30 years and a former faculty member of the University of Illinois College of Medicine at Peoria. Novotny and his wife, Marjorie, who graduated with a degree in speech therapy from the Urbana-Champaign campus in 1948, started their scholarship to support students in their quest to become doctors. The scholarship is one of about 100 such funds that provided nearly \$1 million in support to COM students this school year—an important factor in continuing to attract the most talented and diverse students to the college.

When Novotny was attending his 60th class reunion in Chicago last October, he and Marjorie had dinner with White. “In talking with him, we were sorry the scholarship wasn't larger,” Novotny says. “Now that we've gotten to know him, it's a great incentive to increase the amount.”

The international flavor of the College of Medicine sits well with the adult White, who, at 27, is older than some of his classmates. “It's probably the most diverse school I've been to, in all honesty,” he says. “And it's also the best school I've been to.” Ultimately, White's hopes for the future are almost low-key compared with his busy life growing up: He'd like to have a family, a stable physician's practice and a return to the gridiron—this time as a medical professional. “I'd love to be along the sidelines as the doctor on-site for my kids' football games.”

My Stem Cell Transplant

A patient of the medical center's stem cell transplant program talks about how an innovative procedure saved his life



TRACY "BEN" MILLER IS ONE OF THE MORE THAN 500 PATIENTS with blood and bone marrow cancers who have been treated by the bone marrow and blood stem cell transplant program at the University of Illinois Medical Center since its founding in 1997. Miller suffered from myelofibrosis, a rare cancer of the bone marrow

that reduces production of blood cells, causes a large increase in the size of the spleen and over the years leads to acute leukemia. As opposed to other bone marrow cancers, there is no chemotherapy that can cure myelofibrosis, and a stem cell transplant is the only hope.

Stem cell transplants from bone marrow or peripheral blood are difficult because the set of possible donors is much smaller than for organ transplants, and even siblings have only a 25 percent chance for a match. There is also a high risk of complications from a possible reaction of the donor's immune system in the stem cells against the recipient, called graft-versus-host disease. Fifteen years ago, Miller would not have even been considered as a candidate for this procedure: Patients over age 50 could not handle the level of chemotherapy required to prepare the body for the transplant.

However, today's strategy in these cases allows for a reduced dose of chemotherapy to limit possible toxicity to the patient's organs but still be effective to attack the cancer. The University of Illinois Medical Center was the first hospital to use this limited-dose transplant procedure for myelofibrosis. Led by Damiano Rondelli, MD, director of the stem cell transplant program at the hospital, the program continues to be a leader in research on expanding the possibilities for stem cell transplants.

After his procedure, Miller spent nearly a year recovering at his home in Sandwich before returning to work. Today, he is still taking immunosuppressive medication, but eventually will be able to cease taking all medication from the procedure. Here, Miller shares his transplant experience, and what it means to be on the other side.

My story begins in January 2005, when I went to the local hospital for some minor surgery.

During the procedure, the doctor discovered that I had a disorder of the red blood cells. After two bone marrow biopsies, my doctor was unable to diagnose my problem, and I was referred to the oncology clinic at the University of Illinois Medical Center in Chicago.

After several more bone marrow biopsies and tests in Chicago, I was diagnosed with myelofibrosis. My blood count was closely monitored for over a year, with many trips from my home to downtown Chicago. In December of 2006, Dr. Ronald Hoffman observed that my white cell count had climbed to an alarming level. He asked me if anyone had discussed a stem cell transplant. All I can remember is how numb I felt knowing that the inevitable was near. My only knowledge of a stem cell transplant was that it was not fun and I was going to be very sick!

The next four months were very busy with a variety of tests and consultations with Dr. Damiano Rondelli. I think that every part of my body inside and out was tested to ensure that I was healthy enough to go through a transplant, including detailed exams of my respiratory system and heart.

Meanwhile the stem cell transplant team began the task of searching for a suitable donor after my sister was determined not to be a suitable match. Fortunately about six donors in the National Marrow Donor Program were found to be near perfect matches, and a 19-year-old man was selected to be my donor. My family and I felt a great deal of relief once a donor was found, because we had heard it often isn't that easy.

The big day arrived: May 2, 2007. I was admitted to the hospital and the process began. During the first five days I received eight chemo treatments, and two days later I received my new donor stem cells. One of the doctors and a nurse stood by as every last stem cell transferred through the IV and into my body. A day or two later "the hammer

dropped." Thankfully, they have some wonderful meds that really help with the nausea and discomfort.

One of the worst experiences was that I would become instantly nauseous at the sight or smell of food, any kind of food. I have always been a big eater, your typical "meat and potatoes" guy. The thought of losing my taste for food was absurd. During my pre-transplant consultations, the doctors had warned me that this would most likely happen, and I would be fed through the IV. It happened!

Despite all this, my progress during the transplant process went very well. Dr. Rondelli constantly referred to me as his "rock star" patient, because I was doing so well. I was discharged exactly four weeks to the day. What an exciting day that was. The worst was over.

Once back in my own home, the process of recovery at first was very slow, at least I thought so. Just a walk around my house was a major journey with a couple of stops to rest, and my desire for food

was equally slow to recover. I had many frequent trips to the University of Illinois clinic for follow-up blood tests and a variety of other tests to make sure that my body was truly in recovery.

Six months after I was discharged, though, I flew an airplane again, and in another six months I was back at my job for American Airlines. In the summer of 2008, my wife, Shirley, and I were able to go for our annual boating vacation in Kentucky. I feel good and I think I have quite a bit of energy for a 64-year-old man!

I have so very many people to thank. It is a humbling experience to see the generosity of so many wonderful friends, co-workers and family, especially my wonderful wife, who was there for me every step of the way. I have a deep belief and faith in God, and I felt his hand in all that has transpired during my transplant. I would also like to stress the importance of volunteering to become a marrow donor. I am alive and able to enjoy life because a generous person made the decision to become a donor. ◀▶



ABOVE: Ben Miller is back at work and back in his home in Sandwich three years after his successful transplant.

Supporting the Donors

BEN MILLER WORKS as an aircraft systems' technical crew chief for American Airlines, which has made a conscious effort to support bone marrow donations. More than a decade ago, the philanthropy of American Airlines' parent company, the AMR Foundation, became connected with the National Marrow Donor Program through a generous grant. Over the past five years, the airline has increased its role—now running donor drives all around the country for employees and their families. Today, American Airlines will cover all of an employee's sick days if he or she is chosen as a donor.



"To date we've helped more than 150 people join the registry, and eight have become donors," says Tanya Kelley, who runs American Airlines' employee outreach program for donors. "We're very proud of that, because it is very difficult for patients to find a match for bone marrow."

A Place to Grow

The new suite at the medical center's neonatal intensive care unit gives parents and their premature babies more privacy and comfort

Like most new parents, Chuck and Geraldine Brewster have decorated their newborn daughter Aisling's room and filled it with stuffed animals.

That room isn't in the Brewster's home on Chicago's Northwest Side, though. Delivered two-and-a-half months prematurely, Aisling has spent the first months since her mid-December birth in the neonatal intensive care unit at the University of Illinois Medical Center.

In early January she became one of the first babies to occupy a new suite of four private patient rooms in the NICU, which opened at the beginning of the year. Both an addition to and departure from the shared common areas in which most of the unit's babies stay, the suite is designed to provide a more nurturing environment for the fragile patients and to give their anxious parents greater privacy, comfort and support as they learn to care for their child.

"This is our home away from home right now. We have a space for her clothes. We're able to hang up pictures of us, which means nothing to her, but it shows that we love her. It gives us a sense that we have a place for her," Geraldine Brewster says. "I'm so thankful that I was sent here, because I think she's receiving exemplary care. The nurses teach us how to care for her, this tiny little person. They're doing an outstanding job, because she is growing and she is doing well."

The NICU and intermediate care nursery serve about 650 infants a year, and demand sometimes has exceeded the NICU's capacity. Nearly 80 percent of the children are either African-American or Hispanic, and about 60 percent are from families receiving public aid. "A lot of these mothers have had little or no prenatal care," notes Beena Peters, RN, associate director of nursing, women and children's services.

Born as early as 23 weeks after conception, the NICU's babies typically remain in the unit for two or three months, although some are there for half a year. To protect from infection, they spend most of their time in the two dozen enclosed, transparent plastic cribs that fill two large rooms in the NICU. Ventilators do the work of lungs that haven't yet developed enough to breathe on their own, and intravenous lines provide nourishment. Computerized pumps deliver steady doses of life-supporting medication, and monitors keep track of each infant's heart rate, respiration and oxygen levels.

In the main room of the NICU, the emphasis is on the high-tech equipment, and not the atmosphere. "The babies are receiving the best possible care, but the tight quarters put an added burden on the nurses and the physicians, and the parents don't have any degree of privacy,"

says Usha Raj, MD, head of the Illinois Medicine department of pediatrics.

The nursery also doesn't provide a womb-like environment for the premature newborns. Blankets are draped over the retractable tops of the cribs to block out the bright overhead lights, but there's little anyone can do to muffle the sound generated by the equipment and by parents and caregivers.

WHILE LARGE, OPEN ROOMS REMAIN STANDARD for NICUs, hospitals such as Vanderbilt University Medical Center in Nashville and Community Hospital North in Indianapolis have built private rooms in their NICUs. Johns Hopkins University Hospital in Baltimore and Rush University Medical Center, neighboring the UIC campus in Chicago, are building new hospitals that will include NICUs with entirely private rooms.

At the University of Illinois Medical Center, the four new rooms in the patient suite were created with a \$1.3 million renovation of space that had once been used for offices and a conference room. Each of the rooms in the 1,200-square-foot space includes armchairs and pullout couches, allowing parents to stay overnight, closets and a nurse's station with a computer. Sound-dampening tiles cover the ceiling, and a color-coded monitor alerts parents and nurses if the volume is becoming too loud for the baby. The level of the adjustable lighting, normally kept low, can be raised to allow for bedside surgery if needed.

A curtain can be drawn on each room, providing parents with privacy.

Two adjoining rooms can be separated by a glass partition, or combined into one area for twins (the suite already has welcomed its first set).

"Having this suite makes it easier for us to provide high-quality care, and it makes it easy for the family and the babies, because now they have more space," Raj says. "We hope that we eventually will be able to convert all our beds to be like it." Raj currently is seeking funding opportunities to make such an additional renovation possible.

Geraldine Brewster certainly appreciates the difference between the new suite and the NICU's common-area nursery. "It's so much better. It's more developmentally appropriate for her and for premature babies in general," says the 33-year-old, first-time mother.

The Brewsters, who both are schoolteachers, were expecting their child to be born in March and hadn't even begun painting her room when Geraldine suddenly began to retain fluid and became swollen. She was diagnosed with preeclampsia—a pregnancy-related condition that causes elevated blood pressure and can be fatal to both mother and child—and transferred to the medical center. Such emergency "maternal transports" are common for Illinois Medicine's department of obstetrics and gynecology, which specializes in high-risk deliveries.

When she was delivered by emergency cesarean section, Aisling weighed less than 2 pounds and was a mere 13 inches in length. By the beginning of February, Aisling had grown to 3 lbs., 2.7 oz., and 16 inches, was taken off a respirator and breathing on her own, and was in an open-air crib.

The privacy of the new suite is making it easier for the Brewsters to care for their daughter themselves. "At first it was frightening to hold her, because she was so tiny, but then it was a relief," Geraldine says. "Just to feel her on me gave me perspective. Yes, she's tiny, but she's still a baby. She has brought us more joy than we ever thought we could experience. But I feel like she should still be inside me, still in a warm, dark, safe place. We're trying to recreate what it should be like for her." ◀▶



A nurse checks on an infant in the dark and quiet of a room in the new patient suite.

With a Steady Hand

A leader in robotic surgery, **Illinois Medicine** is passing on that knowledge to its residents and to physicians worldwide



A pincer navigates the space between a 30-year-old woman's gallbladder and liver, its alligator jaws opened wide to hold a white clip. Snapping shut to seal the clip across the cystic artery, the pincer withdraws, then returns to repeat the process further down the blood vessel.

Once both clips are in place, a scissors appears and severs the artery in between them.

A few yards from the unconscious patient, a three-dimensional video of the procedure plays out on a large, flat-screen television hanging from the ceiling. Seated below, fifth-year surgery resident Kendra Grubb, MD, her head and arms buried in a console, is performing the gallbladder removal surgery, handling the controls of the pencil-thin robotic instruments and watching her handiwork in 3-D on the console's viewfinder. Except for her blue surgical scrubs, Grubb looks a bit like a teenager in a video arcade, an impression furthered by the steady chirps and beats of the patient monitors that fill the operating room in the University of Illinois Medical Center.

Standing alongside Grubb, Pier Christoforo Giulianotti, MD, monitors her progress on the screen above, his dark-tinted 3-D glasses giving him an air of movie star cool. During the course of the surgery, Giulianotti, the Lloyd M. Nyhus Professor of Surgery and chief of general, minimally invasive and robotic surgery, coaches Grubb in the fine points of the procedure, offering suggestions about ways of retracting the gallbladder and obtaining a better view of the patient's anatomy.

The University of Illinois Medical Center has the largest general and thoracic robotic surgery program in the world, an endeavor that has pioneered numerous advanced procedures. The program is also an international leader in education, one of only a few academic medical centers in the country to have a robotics training lab. The American College of Surgeons has asked the Illinois Medicine program to develop a robotic surgery curriculum for other residency programs nationwide, and in the last two years, almost 300 surgeons from around the world have come to the medical center to receive robotic surgery training.

"These tools can be moved in a microscopic way, with even more possibilities than the human hand," Giulianotti says. "Robotics is the future of surgery. We need to prepare more surgeons in this technique."





DOUBLE CARE

A MATCHING GIFT IS HELPING UIC TO RAISE \$1.5 MILLION FOR DUAL-CONTROL TEACHING ROBOT

ILLINOIS MEDICINE IS WORKING TO ACQUIRE high-end, dual-control robotic equipment that will enable the department of surgery to train residents in even more complex robotic techniques, further preparing them for an emerging field in 21st century medicine. Adding another robotic operating system would also increase the overall number of robotic procedures performed at the medical center.

"Right now the residents do a fair number of robotic cases, but not the more complex cases, because there's no way for the attending surgeon to maintain control and guide them in the way he would in a conventional surgery," explains Gary Merlotti, MD, director of the surgical residency program. "Getting the teaching console is a critical step that opens up a huge vista of complex surgery that the resident will be able to do."

The dual-control system's \$1.5 million price tag is daunting, but the initiative has received a major boost from an anonymous donor, a grateful surgery patient who has pledged to match any gifts for the acquisition of the system dollar for dollar until all the needed funds are raised, which will include more than another million dollars to install and maintain the equipment.

"Obviously, it's an enormous help," Merlotti says. "We hope it will encourage our past residents and other friends of the program to make contributions."

To make a donation or for more information, please contact Stephanie Hilbert in the Office of Medical Advancement at (312) 996-8769 or shilbert@uic.edu.



DURING ROBOTIC PROCEDURES, A SURGEON manually makes dime-sized incisions in the patient and passes a 3-D camera and robotic instruments through them. With the robot arms hanging over the operating table like tree branches, the surgeon guides and views the instruments from the console.

"One of the biggest adjustments from conventional surgery is that you have no tactile sensation," Grubb says. "But you very quickly realize you don't need it, because the view is enough." In fact, the clarity and vividness of the magnified 3-D imaging puts *Avatar* to shame.

Robotic surgery offers patients the advantages of other minimally invasive surgical procedures such as laparoscopy—including reduced blood loss, pain, recovery time, scarring and risk of infection—and has some unique additional advantages. While laparoscopic instruments have immovable straight arms, which Grubb compares to operating with chopsticks, the instruments at the end of robotic arms rotate with the movements of the surgeon's wrist's, allowing for far more intricate surgery.

Furthermore, because the instruments are remote controlled, robotic surgery eliminates the hand tremors that accompany even laparoscopic surgery. The combination of the tiny instruments' flexibility and steadiness makes it possible to use robotic techniques for complex procedures that, until just a few years ago, always required open surgeries with major incisions.

Robots were first incorporated into surgery in 1985 to increase the precision of neurosurgical biopsies. That innovation led to the first laparoscopy using a robotic system, performed in 1987. It wasn't until 2000, though, that the da Vinci robotic surgery system—which is used at the medical center—became the first complete robotic system of surgical and imaging instruments to receive approval from the U.S. Food and Drug Administration for general laparoscopic surgery.

Since then, robotic surgery has become increasingly common, particularly for prostate cancer, its primary clinical application. Citing data from Intuitive Surgical, the da Vinci system's manufacturer, *The New York Times* recently reported that 73,000 out of the 85,000 men who had prostate cancer operations in America last year had robotic prostate surgery.

With more than 1,000 robotic procedures to his credit, Giulianotti has been a pioneer in expanding robotic surgery's scope. He performed a number of the first surgeries in the world with the robot, including the first major right hepatectomy, renal aneurysm, pneumonectomy and Whipple surgery (a treatment for tumors of the head of the pancreas that entails removal of the gallbladder, bile duct and parts of the pancreas, stomach and duodenum). Giulianotti has performed more than 80 robotic Whipple procedures, along with 150 robotic pancreatectomies and more than 80 hepatectomies (partial or complete removal of the pancreas and liver, respectively).

Giulianotti came to Illinois Medicine in the spring of 2007 from Misericordia Hospital in Grosseto, Italy, where he was head of surgery. "The robotic surgery project here was bigger," he says. "You have more opportunities in research, training, teaching and clinical work to have a complete validation of the technique."

The robotic surgery program at the medical center has grown considerably in the last three years. The year prior to Giulianotti's arrival, 156 robotic surgeries took place at the medical center. By last year, that number had grown to 492 procedures—178 of them led by Giulianotti himself. Giulianotti and his Illinois Medicine colleagues have performed the world's first robotic liver resection for transplant from a living donor, the first robotic thyroid removal in the U.S., the Midwest's first fully robotic kidney transplant and the first robotic Whipple procedure in the Midwest.

Giulianotti and the other surgeons in the division of general, minimally invasive and robotic surgery now employ robotic techniques in more than 90 percent of their cases. His colleagues in other divisions within the department of surgery are following his lead, working with him to expand the range of procedures they can conduct robotically. "The



Pier Christoforo Giulianotti, MD, shows fifth-year surgery resident Kendra Grubb, MD, some of the fine points of using the robot for surgery.

PHOTO: LLOYD DEGRANE

most important factor is experience," Giulianotti says. "When you're an experienced surgeon, the difficulty of using robotics is less and less."

BY THE TIME KENDRA GRUBB BEGAN HER THIRD YEAR of residency in the fall of 2007, robotic surgery was part of the Illinois Medicine surgical residency program, which aims to provide sufficient training in surgery fundamentals that physicians can begin practice immediately after residency while also having sufficient experience to go on to train in advanced sub-specialties. The program annually admits seven residents, and on average about a quarter of them go straight into practice when they're done, with more than half of the program's graduates remaining at academic medical centers, assuming responsibility for advancing surgical practice themselves.

"We do a good job of educating residents about both the cutting-edge stuff and the principles of surgery that have been there for 150 years," says Gary Merlotti, MD, director of the surgical residency program. For example, half of the Wednesday morning resident conferences are simple case presentations, while the other half are given over to what Merlotti describes as "very high-level didactics."

Robotics training falls into the latter category. In the Illinois Medicine lab, residents become familiar with the imaging and they practice hand control of the robotic tools on plastic models. Once they've learned how to work with the technology, they can begin to apply it to surgical procedures in which they've already proved competent. "You cannot forget the principles of traditional surgery. If you have a comprehensive and well-developed grounding in them, the development of robotics skills is faster and more effective," Giulianotti says.

By the end of the program, most Illinois Medicine residents will have been involved in about 100 robotic procedures, out of the 1,000 to 1,500 surgical cases in which they'll have participated overall (well more than the 750 cases required for board eligibility). "We definitely have the most well-organized robotic training program in the country, and people are looking to us to be a leader in how surgeons are trained in robotics elsewhere," Merlotti says.

For Grubb, her training in robotic surgery is the latest step in her rigorous journey to a medical career. Growing up in Olympia, Wash.,

she was inspired to become a surgeon by watching her veterinarian father operate on animals. She still remembers him healing a Jack Russell Terrier with a broken leg when she was 5 years old. "You see an animal who couldn't walk and the next day he's walking," Grubb says. "I thought it was magic."

Grubb spent 10 years at the University of Southern California, where she earned undergraduate degrees in biology and East Asian language and culture, a master's degree in health administration and her medical degree. She then came to the medical center for her surgery residency, drawn to the program by its clinical emphasis and opportunities.

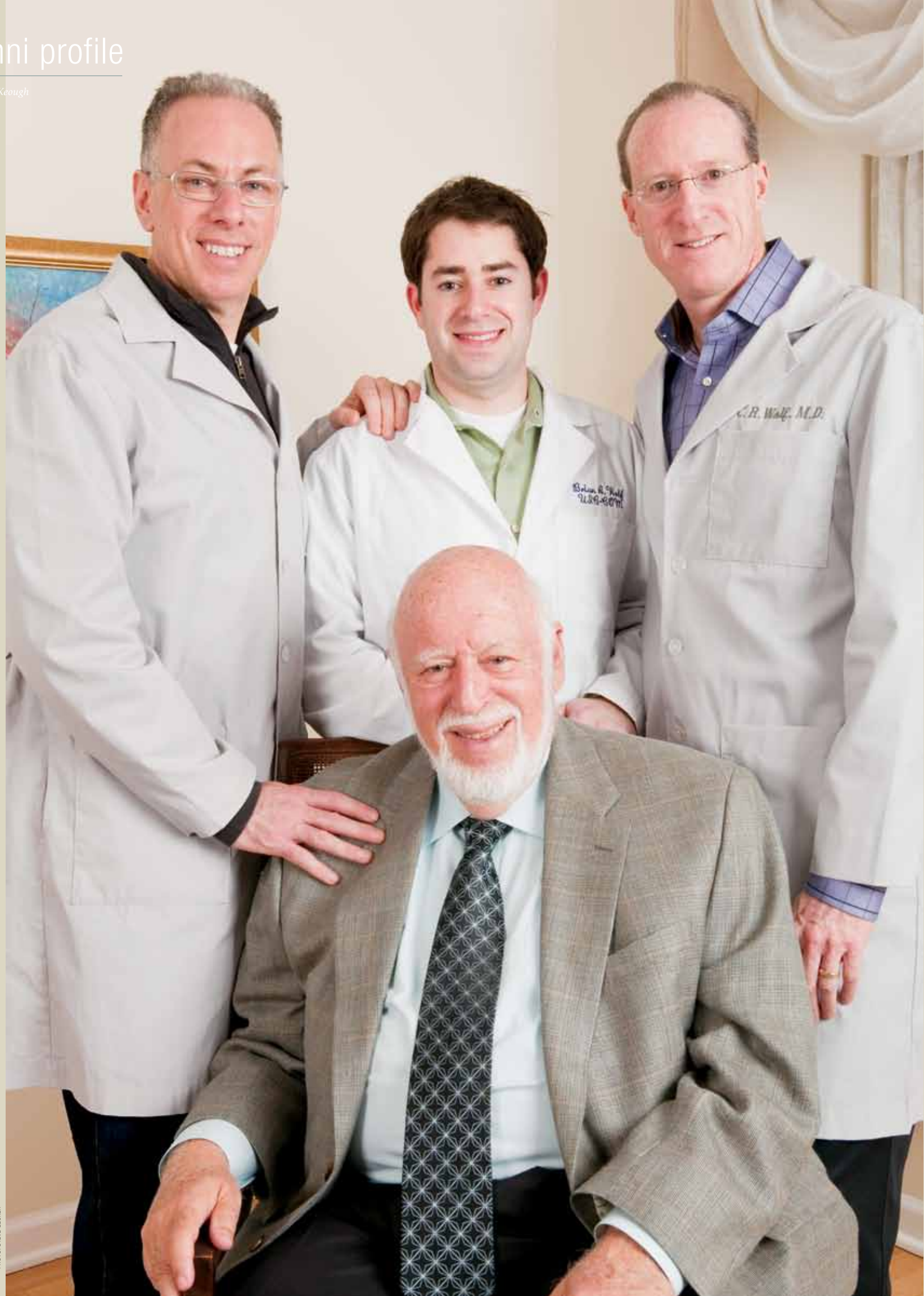
"The residents operate a lot, and they train in places like the VA [Jesse Brown VA Medical Center] and county [John H. Stroger Jr. Hospital], where residents are allowed to run a team and make decisions," Grubb explains. "And at U of I, you see all the unique presentations, the advanced disease that your typical community surgeon can't deal with and sends here." She'll have been involved in more than 1,500 surgeries and procedures by the end of her residency, including nearly 900 in which she was primary surgeon.

"She's what you want a surgeon to be. She learned very well how to assess medical problems and move forward, she's very decisive, and her technical skills are superb. She's an outstanding resident," Merlotti says.

Grubb's training isn't done, though. When she's finished at the medical center, Grubb will begin a fellowship in cardiothoracic surgery at University of Virginia Health System in Charlottesville, and she expects to remain in academic medicine for the duration of her career. "I love teaching and mentoring," she says. "I can't think of anything more gratifying than continuing to master a skill while teaching other people to do it."

That desire to be a clinical leader fueled her interest in robotics, which already is used in surgery on the heart's mitral valve. Grubb is interested in finding other applications for cardiac surgery. "Think of doing open heart surgery through an incision this big," she says, holding her thumb and forefinger an inch apart. "That's amazing."

Even if she's part of a generation of physicians who use robotics to usher in a new era of surgery, Grubb knows her medical education won't end there. "Robotic surgery will not be the last advance in surgery," she observes. "There always will be a next step. I want to be part of that."



Family Medicine

THE COLLEGE OF MEDICINE HAS BEEN THE TRAINING GROUND FOR THREE GENERATIONS OF ONE FAMILY

WHEN THE FAMILY OF LEE MALMED '56, MD '59, sits down for dinner together, the conversation frequently turns to X-Rays, CT scans and patient diagnoses. A radiologist, Malmed inspired both his son and his son-in-law — Allan Malmed '82, MD '86, and Cliff Wolf '80, MD '84, Res '88—to take up his specialty as well. Now Cliff's son, Brian Wolf '07, is a student at the College of Medicine, marking three generations of the Malmed clan who have received their medical education at the college.

"I feel very fortunate that the school was available to me. It's given opportunity to a lot of people who would not have been able to gain entry into a wonderful profession, and my kids also have received the same opportunity," Lee says.

The son of Russian immigrants, Lee grew up in the Lawndale neighborhood on Chicago's West Side and attended the U of I Navy Pier campus, where he met his wife of 54 years, Bonnie (Shellist) Malmed '60. Drawn to medicine by his experience working as an apprentice pharmacist in high school, he enrolled in the College of Medicine, driving himself and fellow students to school in a \$50 Pontiac with holes in the floorboards.

"I had to struggle through, but the school itself was wonderful," he says. "The professors were excellent. I didn't realize how good they were until I went into the Air Force, and how much more grounded I was than doctors from other medical schools in good practices of medicine."

Following his Air Force service, Lee completed his residency in radiology at Michael Reese Hospital, then joined Northwest Community Hospital in Arlington Heights in 1965. Lee stayed at Northwest Community for the next 41 years—at times Allan would tag along as a young boy—helping build up a program that today includes 17 radiologists.

He served as department chair from 1990 through 2001 and as president of the hospital's medical staff and a member of its board of directors and executive committee.

Retired since 2006, Lee attended the College of Medicine reunion as part of the 50th anniversary class. "I'm very proud of my classmates and what they achieved," he says. "They've gone all over the country, they're good at what they do, and they're very moral individuals. It's nice to be part of that group."

Although his father never pressured him to go into medicine, Allan Malmed knew he wanted to be a doctor by the time he was in his early teens. "I never consciously decided to be a doctor. It was just part of me," he says. "It may be because I grew up seeing that my father loved his work, that he was stimulated by it always."

Like his sisters Robin (Malmed) Wolf '82 and Pamela (Malmed) Grad '85, Allan earned a bachelor's degree from U of I Urbana-Cham-

paign. He then attended the College of Medicine, choosing it for its combination of affordability and quality. "Once I was admitted, there was no question of where I was going to go. If you do well at U of I, the whole world is open to you," he says.

Following a radiology residency at Loyola University Medical Center, Allan joined his father at Northwest Community Hospital. Now the vice chairman of the radiology department, he says he sees his father's influence constantly. "Our main goal every day is to do the exact best thing for every patient no matter what," he says. "The focus on quality over what's expedient or what would be more profitable is because of his strong philosophy that we do things right, not just what's easy."

CLIFF WOLF ALSO GREW UP WANTING TO BE A DOCTOR.

A native of Southeast Chicago, he attended UIUC, where he met Robin, whom he married in 1982. Following his first year of study on the Chicago campus, Cliff attended the College of Medicine at Peoria while Robin worked as a nurse at the college-affiliated OSF St. Francis Medical Center. While in medical school, Cliff spent time accompanying his father-in-law at work, and came away impressed. He completed his radiology residency at the University of Illinois Medical Center, performing scans for everything from gunshot wounds to brain hemorrhages and learning enough Spanish to communicate with the hospital's many Hispanic patients. "By the time I finished and I was ready to begin my practice, I had seen everything," he remembers with pride.

Lee also recruited Cliff to Northwest Community Hospital. "I love what I do. It's interesting, it's challenging," says Cliff, who's now chair of the radiology department. "As a radiologist, I'm not looking at just one disease process or one organ or one methodology. I have to be an expert in every field."

Unlike his father and uncle, Brian Wolf considered other career options growing up. "With a bunch of physicians in the family, I wanted to keep an open mind for myself," he says—but decided on medicine after visiting a hospital as part of a trip to Jerusalem during his senior year in high school.

"We were visiting with children who were diagnosed with terminal cancer," he explains. "I talked with a girl for an hour and a half, and afterwards the physician told me he hadn't seen her smiling as much and with as much energy in a long time. I thought that being able to enjoy your work while making a difference in people's lives would be a great profession to follow."

After graduating from UIUC, Brian enrolled at the College of Medicine. He's currently considering urology and, yes, radiology, as future clinical specialties. "It's nice to have something I can relate to with my dad and my uncle and my grandfather," he says. "We all have gone to school in the same buildings, we can talk about things about medical school that are still similar and have that connection. That's pretty special." ◀▶

LEFT: Lee Malmed, MD, sits with his family of doctors (from left): son Allan Malmed, MD, grandson Brian Wolf and son-in-law Cliff Wolf, MD.

2009 ALUMNI REUNION



SCENES FROM THE REUNION

(left to right): Leonard Berlin '57, MD '59, Res '63, accepts the COM Distinguished Alumnus Award from Arlene Norsym, vice president and associate chancellor of alumni relations, and College of Medicine Dean Joseph A. Flaherty '68, MD '71, Res '75; Milton Kramer '50, '52, MD '54, and his wife, Fradie, dance at the awards dinner; Lou Liay Spirit Award winner John C. Mason Jr. '53, MD '55, Res '59, and his wife, Donna, at the alumni awards dinner; alumni tour the robotic surgery training lab; Charles DeShazer, MD '84, and Linda O'Bannon, MD '84, reunite at the alumni awards reception.

NEARLY 200 ALUMNI AND GUESTS attended the College of Medicine's 2009 reunion weekend, Oct. 15 and 16. The 50th anniversary Class of 1959 was well-represented, with nearly 60 members in attendance. "Fifty is special. I know a lot of classmates will be here," said Rollo Nettet '55, MD '59, Res '63, during a welcoming reception Thursday night in the historic University Club of Chicago in downtown Chicago.

A full day of reunion activities followed, starting with a tour of the Dr. Allan L. and Mary L. Graham Clinical Performance Center, which provides simulated patient encounters to help educate and train medical students. Other highlights included a presentation on the medical center's acclaimed system for acknowledging medical errors, the state of the college report by Dean Joseph A. Flaherty '68, MD '71, Res '75, at the dean's luncheon, and an opportunity to handle the controls in the robotic surgery resident training lab. The afternoon concluded with a bus tour of the sites on the College of Medicine's Chicago campus.

At the Alumni Awards Dinner, held in the University Club's Cathedral Hall, Dean Flaherty received the Loyalty Award for Exceptional Alumni Service, and John Mason '53, MD '55, Res '59, a retired obstetrician and chair of the college's Medical Alumni Council, was honored with the Lou Liay Spirit Award for Extraordinary Alumni Service. Leonard Berlin '57, MD '59, Res '63, winner of the Distinguished Alumni Award (see page 40), summed up the feeling repeatedly voiced by the alumni when he told the crowd, "This has been an absolutely wonderful weekend."

MEMBERS OF THE CLASS OF 1959

(left to right)

ROW 1 (BACK): Edwin Carey, Jay Crittenden, T. Richard Harelak, Richard Norenberg, Ron Kowalski, Charles Lane, Richard Phillips, Ronald Kite, Donald Lubert, Howard Lopata

ROW 2: Ronald DeWald, Lee Malmed, Leonard Berlin, Everett Grahn, Arnold Curnyn, Walter Whisler, David Discher

ROW 3: William Cavender, Robert Pasnau, Robert Jenkins, William Kramer, Rollo Nettet, Herbert Hostetler, Jerry Hoffman, Eugene Borchar, Larry Keer, Leo Fitzgerald, David Walzem

ROW 4: Roger Quinn, Robert Thurnblad, Lee Vida, Alex Solik, Ted Gabrielsen, Jerry Brody, Don Wasserman, William Caro, Jerry Jacobson

ROW 5: J.B. Pinski, Sherman Minkoff, Max Finkel, Sheldon Schwartz, Bob Epstein, Leslie Lindberg, Marilyn Miller, Barry Goldsmith

ROW 6: Fred Kobak, Roger Powell, Tom Peyla, Hal Swartz, Jay Ellenby, Gerald Glantz, Gordon Bloomberg, Ron Fishman



RECONNECT in a World Class City



REDISCOVER our World Class Education



EXPERIENCE a World Class Reunion

University of Illinois College of Medicine

REUNION 2010

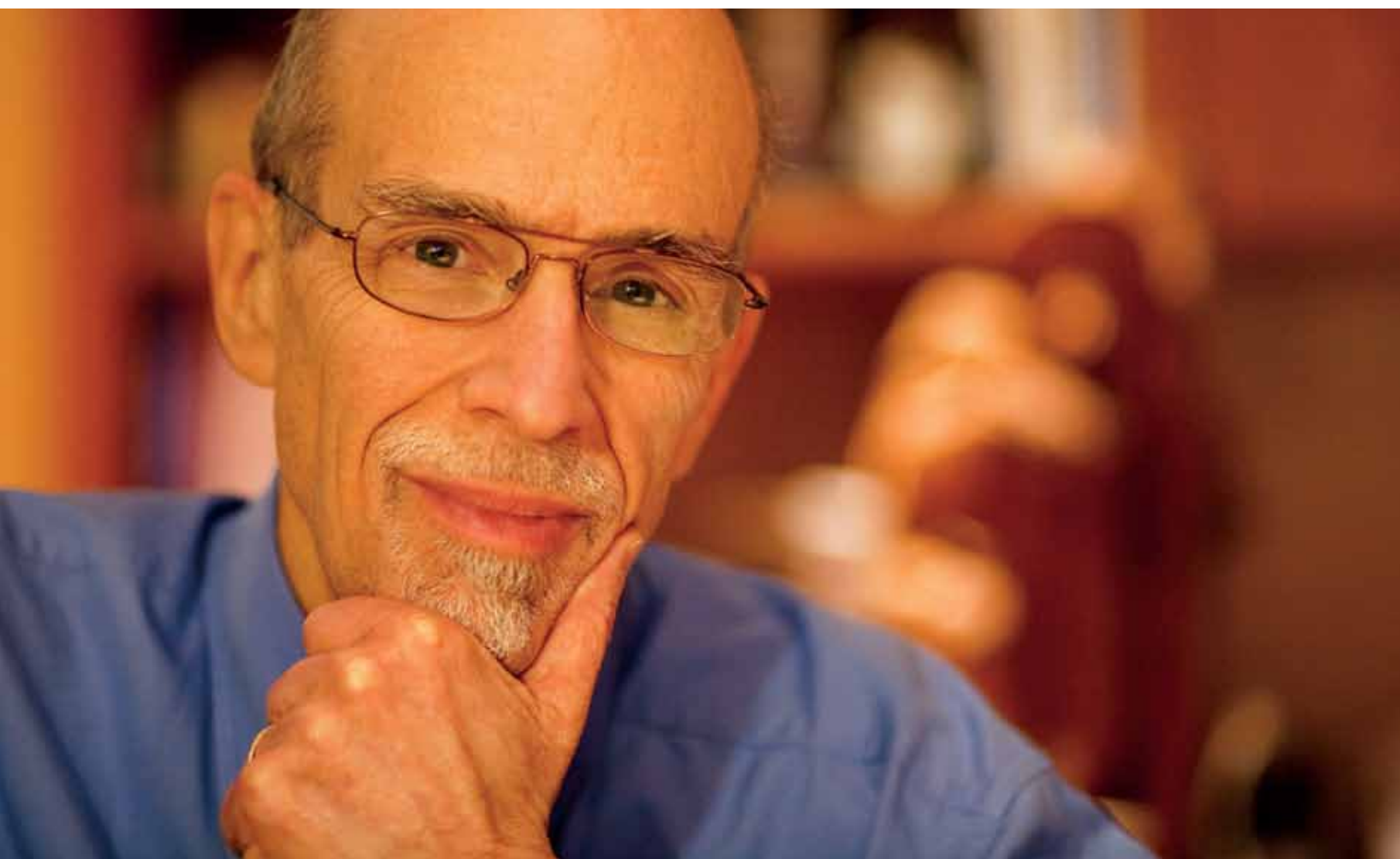
Thursday, October 21, 22 and 23

1945 1950 1955 1960 1965 1970 1975 1980 1985 1990 1995 2000 2005 2010

www.medicine.uic.edu/reunion

UIC COLLEGE OF
UNIVERSITY OF ILLINOIS
AT CHICAGO **MEDICINE**
CHICAGO | PEORIA | ROCKFORD | URBANA-CHAMPAIGN

A Career of Careful Attention



Leonard Berlin has helped the field of radiology become safer and smarter

THE NUMBERS that outline the career of Leonard Berlin '57, MD '59, Res '63, are astounding. A member of the radiology department at Skokie

Hospital for more than 44 years, Berlin has pushed through the doors of the facility more than ten thousand times—and witnessed three changes to the name of the hospital itself. He's authored more than 300 journal articles and delivered hundreds of speeches. But numbers alone are insufficient to capture his impact on thousands of patients and on the field itself.

"With Dr. Berlin, the professional and the personal are blended together. He treats his staff like family, he is honest, beyond fair and always pushes all of us to care about the patients and to focus on quality and service," says Mark Edelman, MD, Skokie Hospital's director of interventional radiology. "That sense of family, that dedication to one another—it's a lost art now in corporate medicine."

In recognition of his leadership, the College of Medicine chose Berlin as the recipient of its 2009 Distinguished Alumni Award, which was presented during the school's reunion in October. "The whole foundation of my career was at the University of Illinois, and I have wonderful feelings towards the university, so this award means a great deal to me," he says.

In 1966, Berlin joined the staff of what originally was Skokie Valley Community Hospital. He

became chair of the department of radiology in 1977, 10 years before the hospital affiliated with Rush-Presbyterian-St. Luke's Medical Center in Chicago and became known as Rush North Shore Medical Center. In 2009 the hospital again changed hands and its name, becoming NorthShore University HealthSystem's Skokie Hospital, and with that transition, Berlin assumed the position of vice chairman of the system's radiology department.

"He always took care of business and made sure he got a correct diagnosis, and patients would love coming to us," says Laura Neglia, who worked as an administrator for Berlin for 43 years. "He was very flexible, and very focused on making the patient happy."

Since 1987 Berlin has also been a professor of radiology at Rush University, and his colleagues say he virtually invented the notion of risk management as applied to radiology. After he was sued for malpractice in the 1970s—the case involved a broken bone from a tennis injury that was hidden on the first X-ray that he examined—Berlin filed the first successful medical countersuit against a frivolous lawsuit. When he won the case in 1976, *Time*, *Newsweek* and many of the nation's newspapers covered the story, and a number of doctors followed his lead (the courts later reversed the judgment on a technicality, however).

But Berlin's interest in the topic didn't end. He studied malpractice issues and developed best practices—his textbook on malpractice issues and risk management for radiologists is in its third edition. "He carved out that subspecialty and made us all aware of the issues," says Jim Borgstede '70, MD '74, a Colorado radiologist and past president of the American

College of Radiologists. "Because of that, his legacy is quality radiology and safe radiology."

Berlin fears that the threat of lawsuits forces all physicians to order expensive, unnecessary additional tests. He also believes, though, that most malpractice suits filed in recent years are more viable than their 1970s counterparts. "Very seldom today do you see a case that has no merit whatsoever," he says. "It costs so much money for plaintiffs' lawyers to prosecute cases that they look at these cases much more carefully."

In Berlin's view, radiologists can protect themselves from legal trouble by offering better patient care. He says good documentation is critical, and he recommends communicating radiology results directly to patients. "Traditionally, the radiologist doesn't talk to the patient, only to the referring physician," he acknowledges. "Unfortunately, too often information is lost in the process. Then suddenly there's a patient who wasn't told he has a shadow on his lung and needs a CAT scan, and a year later he has outright cancer."

Now 74, Berlin has enjoyed a full life, one enriched by 54 years of marriage to his wife, Phyllis, their four sons and their seven grandchildren. Still, he isn't yet thinking about retirement. "The change in management at Skokie Hospital severed the hospital's ties with Rush University, so he is in the process of transferring his academic affiliation to the College of Medicine's radiology department.

"As I enter the winter of my career," Berlin told the crowd at a UIC-sponsored dinner in his honor in November, "perhaps it is now time—and fitting and appropriate—for me to return full circle to where it all began, to my alma mater." ◀▶

Distinguished Alumni Winners

Established in 1994, the Distinguished Alumni Award is bestowed upon alumni who have made outstanding professional achievements and displayed exceptional service to the medical profession, the community, the college and/or the university.

- 2009 Leonard Berlin '57, MD '59, Res '63, Radiology
- 2008 Georges C. Benjamin, MD '78, Internal Medicine
James C. Pritchard '54, MD '58, Res '63, Pathology
- 2007 John A. Degiovanni, MD '72, Surgery
- 2006 Jack S. Remington '54, MD '56, Internal Medicine
- 2005 Truman O. Anderson Jr. '50, MS '52, PhD '55, MD '60, Res '61, Preventative Medicine—Microbiology
- 2004 Edward J. Hertko '52, MD '54, Internal Medicine
- 2003 Robert W. Williams '56, MD '58, Surgery
- 2002 Al L. Watne '50, MD '52, MS '56, Res '58, Surgery
- 2001 Louis F. Scaramella, MD, Res '60, Otolaryngology
- 2000 James A. McDermott, MD '63, Res '66, Psychiatry
- 1999 Marilyn T. Miller '56, MD '59, Res '64, MS '66, Ophthalmology
- 1998 G. William Arends, MD '40, Family Practice
Robert J. Jensik, MS '38, MD '39, Res '48, Surgery
- 1997 Gloria Jackson Bacon, MD '62, PhD '84, Family Practice
- 1996 Robert A. Fantus, MD '39, Psychiatry
Stuart S. Roberts '53, MD '55, MS '56, Surgery
Philip Thorek '28, MD '31, Surgery
- 1995 Stanley G. Rousonelos '48, '50, MD '52, Family Practice
- 1994 Alex S. Tulsy, MD '34, Obstetrics & Gynecology

Now is your chance to nominate a deserving alumnus. For more information visit www.medicine.uic.edu/reunion or call (312) 355-5138. Do it today...nominations are due July 1!

THE DIAGNOSIS: “INCREASED COSTS OF MEDICAL EDUCATION...”



THE RECOMMENDED TREATMENT: INCREASED SUPPORT

With your investment in our students, we can continue to ensure that they make career choices based on their passions and **not their debt.**

Your gift to the Annual Fund makes a real difference by supporting the immediate needs of the college—but more importantly, **your gift helps ensure the health care providers of tomorrow are not only prepared to face the future, they're starting a career with a manageable amount of debt.**

Give today and help us ensure a bright future for tomorrow's doctors and your patients.

Please make your contribution to the Annual Fund by sending your gift in the enclosed envelope or give online at www.medicine.uic.edu.

For more information, contact the Office of Annual Giving at (312) 996-1511 or med@uic.edu.

'48 **Robert A. Green '46, MD '48**, has published *A Journey Through Medicine: A Doctor's Lessons From His*

Patients Reflecting Medical Practice During the Mid and Late Twentieth Century, which covers his career chronologically, from his undergraduate education, interrupted by WWII, and medical school at the College of Medicine, including Drs. Poncher and Richmond, the county and R&E. Green is retired from the faculty of the University of Michigan Medical School.

'59 **Richard G. Norenberg '57, MD '59**, of St. Petersburg, Fla., is currently on the active thoracic surgical staff

of the local VA hospital. Previously he enjoyed solo private practice in the city for 24 years. He and his wife, Arlene, celebrated their 50th wedding anniversary last year; they have four children.



Richard G. Norenberg '57, MD '59, and his wife, Arlene

James B. Pinski '55, '57, MD '59, of Longboat Key, Fla., and Chicago, has retired. His oldest son, Kevin, has continued his practice on Michigan Avenue in downtown Chicago. Pinski specialized in dermatology and cos-

metic surgery and was voted "One of the Best Doctors in Chicago." He and his wife, Dee, have three sons and six grandchildren. They live in Florida most of the year and spend summers in Chicago.

'61 **David S. Robbin '57, MD '61, Res '68**, has been in practice for 40 years focusing on glaucoma.

He began his residency at the old EEI building on Peoria and Adams, and spent 15 years in Maywood, then moved to the West Coast, where he volunteered at UCLA and practiced in Upland and Rancho Cucamonga, Calif. Presently on a medical leave of absence, Robbin is married with four children and nine grandchildren, and lives in Spokane, Wash., the Chicago-land area and Durham, N.C.

'63 **James E. Puklin, MD '63, Res '69**, is a professor in the department of ophthalmology/Kresge Eye Institute at

Wayne State University in Detroit, Mich. He is also chairman of the Human Investigation Committee for Wayne State University. During his service in the Navy, stationed in Chicago, he was a volunteer instructor at the University of Illinois College of Medicine. Puklin has been in Detroit for 20 years. He and his wife, Gail, have two daughters and four grandchildren. He has run 75 marathons and enjoys his family, running and the theater in his spare time.



'64 **Ronald L. Gillum, MD '64, Res '69**, of Norman, Okla., is the sole 2009 inductee to the Danville High

School Wall of Fame, which honors graduates who have made distinguished achievements in business, arts, entertainment, sports and community service. A 1956 Danville graduate, Gillum is a retired pathologist and professor of pathology. He served as director of clinical chemistry laboratories at the University of Texas Medical Branch in Galveston and was the chemistry lab director and an associate professor at the University of Texas medical school in Houston. He also served as chief of the clinical pathology labs at The University Hospitals, Oklahoma Children's Memorial Hospital and the VA Medical Center in Oklahoma City until he retired in 1999.

'67 **Carl W. Soderstrom Jr. '64, MD '67**, received the 2009 Chicago Dermatological Society's Practitioner of

the Year Award last May. Soderstrom, founder of and dermatology practitioner at the Soderstrom Skin Institute for more than 35 years, provides one of the largest laser treatment programs outside of Chicago. He is on active staff at OSF Saint Francis and Methodist medical centers. He is also assistant clinical professor of dermatology at the College of Medicine at Peoria.

'72 **Harry R. Jacobson '69, MD '72**, recently received the inaugural Nashville Health Care Council Crystal Leaf

Award. Vice chancellor emeritus for health affairs at Vanderbilt University Medical Center, Jacobson was recognized for his significant role in fostering health care industry innovation and entrepreneurialism in Nashville. He is board-certified in both internal medicine and nephrology, has published over 100 research articles, reviews and book chapters, and co-edited the book *The Principles and Practice of Nephrology*.



Harry R. Jacobson '69, MD '72 (left), receives the Crystal Leaf Award.

John Read, MD, Res '72, spent two years in the Air Force followed by 13 years of general practice before completing his residency at EEI. He practiced general ophthalmology from 1973 to 1993 in Chesterton, Ind., where he is now retired and living on property that was previously owned by his family and now part of Sand Creek Country Club. He has four children, 11 grandchildren and three great-grandchildren and has enjoyed fishing, golfing and flying. Read still finds it rewarding to teach residents and keep current on the latest trends in ophthalmology.

'75 **Bruce M. Bell, MD, MS '68, Res '75**, of Lake Zurich, has been in private medical practice



My most vivid memories from my medical student days include the camaraderie of living in the Student Residence Hall on Wolcott Street and teaching rounds at Cook County Hospital with Dr. Edmond Foley.

During the summer between my freshman and sophomore years, I worked as a "nurse technician," along with a number of my classmates, at Cook County Hospital, and the next summer I worked in the research laboratory of Dr. Harris Busch under a National Science Foundation Grant. Joseph Davis, Dolores Anderson, Richard Corzatt and George Honig worked there, too. Kenneth Brandt and I went to Denver the summer before my senior year to work as externs at St. Anthony's Hospital.

For today's medical students my advice is, for the evaluation of any patient with known or suspected disease, obtain a careful history and do an appropriate physical examination even though, at the present time, it is more financially rewarding to perform either diagnostic or therapeutic procedures. And if you demonstrate to your patients that you apply the 4 C's—Competence, Conscientiousness, Communication and Compassion—you will gain their respect and make it highly unlikely that you will ever get sued.

— HOWARD N. ALLEN, MD, Class of 1960

reflection



reflection

Just before I started classes at the University of Illinois College of Medicine, I was taken on a tour of Cook County Hospital. The odor of the cleaning products made me feel woozy. It made me wonder: If I almost faint in my new environment, have I chosen the right profession? And on the first day of our gross anatomy lab, it was a creepy feeling to cut into the flesh of a human body.

After the second lab, however, it wasn't a body I was cutting into, it was just an inanimate object for learning. In my surgery clerkship, I was witnessing the very first cardiac surgical procedures. The surgeons had gained their first experience with surgery on dogs and other lower animals. The mortality rate was over 50 percent, but it was a necessary step in the development of this new and important field. These procedures now have mortality rates of under 5 percent.

There was excitement in being elected president of the senior class and in expressing appreciation to the faculty in an address at our graduation. I was greatly moved by the gradual feeling that I was entering an historical profession, a profession with the prospect of great accomplishment and satisfaction and of service to others, a profession with the responsibility of high standards and of continued learning.

— PETER BAKER, MD, Class of 1960

in the Barrington area since 1975. He played an important role in the formation of the medical staff and the writing of its bylaws when Good Shepherd Hospital opened in 1979. He was also one of the initial medical staff presidents. Bell continues to practice family medicine and is involved in a research project that will enhance the understanding of the autonomic nervous system and brain stem function.

Richard M. Chavis, MD, Res '75, has practiced in Washington, D.C., and Bethesda, Md., for 32 years and has been on the staff



of Georgetown University Hospital and Children's National Medical Center. He plans to spend six months each year working in Florida with uninsured patients. He and his wife, Jan, have three children and seven grandchildren. As a former resident of Morton F. Goldberg, MD, he practices the 6 P's—Proper Prior Preparation Prevents Poor Performance.

Ernest D. Gutmann, MD, Res '76, is an ophthalmology resident graduate. After many years of private practice at Ravenswood, he now practices at Methodist Hospital in Chicago. Gutmann enjoys tennis, golfing, reading and collecting wine. He is married to Cheryl and has three daughters.

Donald Jacobs, MD, Res '76, cites Joel Sugar, MD, and Jacob Wilensky, MD, as his most influential professors while at the College of Medicine. For the past 15 years, Jacobs has been working at the Cincinnati Eye Institute,

a group of 50 physicians. Prior to this he was in private practice for 17 years. He and his wife, Lynn, have three children and one grandchild.



Robert G. Einhorn, MD '77, Res '80, of Olney, recently was honored with a Rural Physician of Excellence Award. A pediatrician for nearly 30 years, he practices at Weber Medical Clinic in Olney. He enjoys water skiing and being outdoors, and just became certified in scuba diving this past December.

Dwight W. Borrow '74, MD '78, of Naperville, is co-medical director of Laboratory and Pathology Diagnostics at Edward Hospital and has been on its medical staff since 1996. When not working, Borrow enjoys weight lifting, bicycling and jogging.

Mark J. Greenwald, MD, Res '80, is the interim section chief of ophthalmology and visual science at the University of Chicago. He sees outpatients at the Center for Advanced Medicine on the U of C campus and at Weiss Memorial Hospital.

Sheldon L. Brownstein, MD, Res '85, has been named medical director of electrophysiology services at West Chester Medical Center

in West Chester, Ohio. Brownstein currently practices at Comprehensive Cardiology Consultants Inc. in Cincinnati and is the medical director of the EP lab at St. Elizabeth Medical Center in Kentucky. He was previously a clinical

assistant professor at the University of Cincinnati College of Medicine.

Benjamin A. Dubin, MD, Res '85, is president of the Chicago Dermatological Society, a 350-member associa-

ALUMNI SPOTLIGHT

A Vision to Serve

ONE OF THE BEST PARTS OF BEING AN OPHTHALMOLOGIST, says **Ron Friederich, MD '71, Res '75**, is how quickly a person's health issue can be addressed—even more so when that person is homeless. "It's very gratifying," Friederich says, "that a simple pair of glasses can really make a difference in a person's life."

Friederich has been volunteering his time and services to the homeless of Albuquerque, N.M., since 1989. In 2001, the city of Albuquerque honored him with the Martin Luther King Human Rights Award for his work at the clinic he established more than two decades ago. A one-man operation at the very beginning, the clinic now has two other eye-care professionals who also volunteer at the site, as well as 10 opticians in the Albuquerque area to fill the prescriptions with new frames and lenses.

"There's really a great need among the homeless, who have difficulty accessing health care. It means a lot to help people see better. I see many glasses held together with wire or duct tape," he says.

Friederich, a native of Pekin, first worked with the Navajos and Zunis in New Mexico after his residency when he served in the U.S. Public Health Service as he fulfilled a military obligation. Making a dramatic difference in people's lives extends to his private practice as well, where he has an emphasis on cataract surgery. He also has participated in eye surgery projects in the Dominican Republic, Mexico and Honduras.

Friederich says his time at UIC—including his residency under Morton Goldberg, MD—set him up for success. "The best things about my experience in Chicago were the high quality of the education, the faculty and fellow students," he says. "The emphasis on clinical material was a really good preparation for my career."



tion consisting of practicing dermatologists from the Chicagoland area as well as several neighboring states. His term is from June 2009 to June 2010.

Dorothy Moore, MD, Res '85, is in solo practice at the Delaware Eye M.D. Associates in Wilmington, Del. She is married and has two children, a freshman in college and a freshman in high school. Moore is very involved in her field at the state level, but when she has spare time she enjoys the performing and visual arts.



Luis G. Fernandez III, MD, Res '87, was awarded the Daughters of the American Revolution Americanism Medal for the state of Texas, Mary Tyler chapter. Chairman of trauma and surgical critical care at Trinity Mother Frances Hospital in Tyler, Texas, and brigadier general of the Texas State Guard Medical Brigade, Fernandez was selected on his qualities of leadership, trustworthiness, patriotism and service. The DAR Americanism Medal is the highest award given by the organization to a naturalized citizen. Board-certified in several specialties, Fernandez is the recipient of numerous medical and military awards, and holds memberships in 40 professional medical societies. His academic positions include clinical assistant professor of surgery and family practice at the University of Texas Health Center at Tyler, adjunct professor of nursing and medicine and physician preceptor at the University of Texas at Arlington, and clinical professor of surgery at the University of Chicago Pritzker School of Medicine.

Daniel Billman, MD, Res '88, joined St. Luke's Pediatric Associates. He is board-certified in pediatrics and neonatal/prenatal medicine. Billman received his medical degree and completed his internship at Hahnemann Medical College in Philadelphia. He completed a residency in pediatrics at Monmouth Medical Center in Long Beach, N.J., a residency in neonatology at UIC and a fellowship at the University of Michigan at Ann Arbor.

Brenda L. Brak '83, MD '88, of Lake Barrington, has been in private

practice in family medicine since 1991 and is on the medical staff of both Good Shepherd Hospital and St. Alexius Medical Center. She enjoys being involved in her children's school and community activities and is an advisor for the Cavaliers Drum and Bugle Corps.



Anne Coleman, MD, PhD, Res '88, is a professor of ophthalmology in the Jules Stein Eye Institute of the David Geffen School of Medicine at UCLA, as well as a professor of epidemiology in the UCLA School of Public Health. She holds the Frances and Ray Stark Endowed Chair and is director of the Jules Stein Eye Institute Mobile Eye Clinic. Coleman also is secretary of quality care and director of the Hoskins Center for Quality Eye Care with the American Academy of Ophthalmology. She is married to Tom Belin, PhD, and has a daughter, 12, for whom she enjoys being a "Soccer Mom."

George Reiss, MD, Res '88, completed his fellowship in glaucoma with Drs. Eve Higgenbotham and Jacob Wilensky at the Eye and Ear Infirmary in 1988. He married Maria in 2009 and they have six dogs. Reiss focuses on glaucoma and cataract surgery and is in private practice with an associate. He is a member of the Arizona Ocular Trauma Service that covers the state for ocular trauma cases. He plays ice hockey and has served as team ophthalmologist for the NHL Phoenix Coyotes since 1997.

Ronald D. Ford, MD '89, FACS, has been appointed program director of the Grand Rapids Medical Education and Research Center/Michigan State University Plastic and Reconstructive Surgery Residency Program. He is currently a partner in Elite Plastic Surgery of Grand Rapids, Mich., and is fellowship-trained in hand surgery, with special interest areas including breast, hand and cosmetic surgery, and cancer and burn reconstruction. Ford is also an assistant professor at



ALUMNI SPOTLIGHT

Building a Teaching Tool

IT'S NOT OFTEN THAT AN ACTIVE FACULTY MEMBER gets a center at a major university named after him. But the two-year-old, 34,000-square-foot Gordon Center for Research in Medical Education at the University of Miami, honoring cardiologist **Michael Gordon, MD '61**, is proof that it's not impossible.

Gordon has been a pioneer for more than 40 years and has been presented with the highest teaching award given by the American College of Cardiology. His work with simulators trains thousands of first responders each year—in fact, medical professionals from all over the world travel to Miami for training from Gordon.

Gordon created his first medical mannequin in the mid-1960s. Named Harvey, it weighed 675 pounds. Today, the latest iteration of Harvey—the eighth one—weighs a mere 83 pounds.

Before his stints at Miami, the National Institutes of Health, Georgetown and the Mayo Clinic, Gordon called Chicago home. He graduated from UIC with two degrees at the same time, an MD as well as a master's degree in physiology. "I love the medical center. It gave me the best possible preparation. I learned how to study there," he says.

UIC professor and cardiologist George Kondos, MD, is part of Gordon's MIAMI Group, a think tank of medical leaders from major universities and hospitals. He has used Harvey for more than 20 years to train more than 2,000 students on the art of the cardiovascular physical exam.

"Dr. Gordon really taught me how to teach and, more importantly, how to love teaching," Kondos says. "The gleam in a medical student, resident or cardiology fellow's eyes when they have mastered the cardiovascular physical exam is rewarding, and that's due to the work of Dr. Gordon and his group at the University of Miami."



MSU's College of Human Medicine in the department of surgery and chief of surgery at Saint Mary's Mercy Medical Center in Grand Rapids.

Luis R. Munoz, MD, Res '89, MPH '91, is president and medical director of Work Care Medical Center, a clinic that provides immigrants with examinations as well as travel medicine and work injury treatments. He is an associate professor in the department of medical education at the College of Medicine and is active on the board of directors for the Cook County Bureau of Health. He is one of the founders and director of the Illinois Hispanic Physician Association and an advocate for Illinois Hispanic public health care issues and medical education opportunities for Latino students. Munoz has been an ambassador for the Hispanic Center of Excellence at UIC and in 2007 became a part-time member of its staff.

Lawrence J. Bartusek '79, MD '90, is a partner with Pathology Consultants at Delnor Hospital in

Geneva. He completed his internship, residency and fellowship at the University of California, San Francisco. When not working, both he and his wife, Sandy, keep busy with their three sons' school sports and music activities.

James J. Gomez, MD '90, of River Forest, is in private practice in Melrose Park and is also an assistant clinical professor of obstetrics and gynecology at Loyola University Medical Center. In addition, he is the assistant chairman of the department of obstetrics and gynecology at Loyola University Medical Center-Gottlieb Memorial Hospital. He and his wife, Anita Alvarez, Cook County state's attorney, both enjoy running and are the

The Impact of a Mentor

MARGARET HEITKEMPER, PHD '81, HAD SOME DOUBTS when she arrived at UIC to study for a PhD in physiology and biophysics in the late 1970s. True, she had a master's degree in nursing from the University of Washington, but she'd never been to the Midwest, and the studies seemed daunting.

"I didn't have a biochemistry background, I didn't have a biology background," Heitkemper says. "But my family said, 'Just go and give it a shot. You want to do this.'"

Heitkemper not only excelled at UIC, she discovered her life's work. Chairperson of the department of biobehavioral nursing and health systems at the University of Washington, as well as director of the Center for Women's Health and Gender Research at the school, Heitkemper is a leading researcher in the impact of stress and hormones on the gastrointestinal system. The National Institutes of Health has funded her research since 1983, and she has written two nursing textbooks and won the University of Washington's Distinguished Teaching Award.

Heitkemper credits her mentor at UIC, Sabath Marotta, MD, for launching her to success. "My time in Chicago was extremely pivotal for my career; it was profound," she says. "Dr. Marotta was the most incredible mentor that any student could have. He was a classic physiologist in terms of experimental design. He was creative and innovative and really focused on training students. I've tried to be the type of mentor that Dr. Marotta was."

When Heitkemper began publishing her studies, often conducted with her collaborator, Monica Jarrett, PhD, she sent them to Marotta first. That practice continued until Marotta's death in 1996. "Whenever I had a question, I would turn to him," she says. "I'm sure any number of his former students would say the same thing."



proud parents of four children.

'93 Steven H. Dayan, MD '93, Res '98, of Highland Park, started his own foundation several years ago, the

Enhance Educational Foundation, to help high school students considering careers in medicine. A plastic surgeon, he awards scholarships, hosts a summer internship in his practice, works with Starbucks on a special photography program and is financing construction of a classroom building in Cambodia for about 200 students. He has combined his medical interests with writing and is the author of *Instant Beauty: The Complete Consumer's Guide to Quick, Safe and Effective Cosmetic Procedures*. The proceeds help support his foundation, which can be reached on the Web at enhancefoundation.org.

Joseph B. Garber '89, MD '93, Res '97, provides comprehensive ophthalmology care and cataract and refractive surgery to patients at Eye Physicians and Surgeons, which has offices in Chicago and Skokie. In addition, he is also an assistant professor at Rush University Medical Center. Garber and his wife, Leslie, have two daughters. In his free time, Garber enjoys working out, watching the Chicago Cubs play baseball and spending time with his family.

Kerstin Stenson, MD, Res '93, married Jerry Latherow. They have two children, 7-year-old twins, Brandon and Alessandra. She is an associate professor of surgery, focusing on head and neck cancers at the University of Chicago. In her free time, she enjoys reading, exercising and trying new restaurants.

'95 Garry L. Brake, MD, Res '95, recently announced the opening of the Beach Plum Med Spa, a new medical spa

and laser center at the Cape Codder Resort in Hyannis, Mass., and the John Carver Inn in Plymouth, Mass., of which he is the medical director. The spa offers noninvasive and minimally invasive cosmetic medical treatments. Brake is a surgeon with a private practice based out of Falmouth Hospital since 1995. He has served on the board of Cape Cod Healthcare and as chief of staff at Falmouth Hospital. He is currently a board member of Physicians of Cape Cod.

Lawrence C. Tsen, MD, Res '95, has been a faculty member at Harvard University for 14 years. He is an associate professor in anesthesia at Harvard Medical School and vice chair of the department of anesthesiology, perioperative and pain medicine at Brigham and Women's Hospital. Tsen serves as president of the Society for Obstetric Anesthesia and Perinatology and is the co-editor in chief of the *International Journal of Obstetric Anesthesia*. He and his wife, Paulita, are the proud parents of two toddlers.

'04 Scott M. Harter '00, MD '04, Res '08, joined the Ministry Medical Groups' department of anesthesiology at Saint Michael's Hospital in Stevens Point, Wis. He completed

a fellowship at Stanford University in obstetric anesthesiology, is a member of the American Society of Anesthesiology and is board-eligible for the American Board of Anesthesiology.

Paul E. Loethen '99, MD '04, Res '04, of Edwardsville, recently joined the Saint Anthony's Health Center medical staff. His main interests include minimally invasive and laparoscopic surgical techniques. Originally from Troy, Loethen and his wife, Jennifer, a pediatrician, have three children.

'07 Rizwan Ahmad, MD, Res '07, recently joined a private practice in Streator. His areas of specialty include rectal prolapse, fecal incontinence, rectal, anal and colon cancer, diverticular disease and inflammatory bowel diseases. Ahmad is board-certified in both colon and rectal surgery and general surgery. He is a fellow of the American College of Surgeons and the American College of Colon and Rectal Surgeons. He has been awarded the University of Glasgow's Pediatric Surgery Prize and the Internal Medicine Prize.

Alicia-Maria Fernandez, DO, Res '07, recently joined Ripon Medical Center's Primary Care Services Clinic. Fernandez specializes in both internal medicine and pediatrics. She is especially interested in preventive medicine, diabetes, obesity, hypertension, dyslipidemias, nutrition and cardiovascular disease in women.



Tell us what you're up to!

Your classmates are curious about what you are doing.

Fill them in by sending your latest news and accomplishments to medcomm@uic.edu, and we'll be sure to include it in the next issue of *Illinois Medicine*.

FACULTY

Erminio Costa, MD, retired director of the Psychiatric Institute, professor of biochemistry at the University of Illinois College of Medicine, Chicago campus, and world-renowned expert in neuropsychopharmacology, died Oct. 16, 2009. A member of the National Academy of Sciences, Costa played a prominent role in the development of modern pharmacology and neuroscience. He was the author of over 1,000 papers in peer-reviewed journals.

"Professor Costa was a *rara avis* even among academic scientists, with tremendous passion for his work and the people that worked with him," says Joseph Flaherty, MD, dean of the University of Illinois College of Medicine. "He was a pioneer in the brain chemistry of illness and health."

Born in Cagliari, Italy, Costa received a medical degree from the University of Cagliari in 1947. His long career included serving as the deputy chief of the National Heart Institute's Laboratory of Chemical Pharmacology and the director of pharmacology at Columbia University's W. Black Center for the study of Parkinson's disease, as well as founding and directing both the Laboratory of Preclinical Pharmacology of the National Institute of Mental Health at St. Elizabeth's Hospital in Washington, D.C., and Fidia-Georgetown Institute for the Neurosciences at Georgetown University.

Costa's scientific achievements include groundbreaking studies of the neurotransmitter serotonin that established that the brain chemical is a target for antidepressant and antipsychotic drugs. His studies of the molecule cyclic AMP in the early 1970s were among the first to show a regulatory action of this molecule in the activation of a specific gene, a mechanism now considered to play an important role in depression and in the mechanism of dependence on drugs of abuse.

In 1996, Costa was invited to direct a research program in psychiatry at UIC, where his work centered on finding better treatments for schizophrenia, including research that pointed to the possibility that an epigenetic mechanism—changes in gene expression in response to the environment—underlies schizophrenia. More than 100 colleagues, representing every continent, attended his retirement party in October.

"Dr. Costa was an incredibly passionate leader and outstanding scientist in the field of neuroscience," said Alessandro Guidotti, MD, scientific director and professor of biochemistry and psychiatry at UIC and a frequent collaborator. "He was a creative, dynamic, indefatigable scientist, teacher, editor, organizer—and most of all, a catalyzer of people and ideas."



Irvin Stephen Belgrade, MD '43, of San Jose, Calif., died March 8, 2010. A dedicated, board-certified private practice family physician, Belgrade served in Europe as a physician and surgeon during WWII. He was an assistant professor at the University of Illinois and he taught residents at Illinois Masonic Medical Center. He was also a 32nd degree Mason for 60 years. In 1998, Belgrade moved to San Jose, thus fulfilling his lifelong dream to live in California.

Vlastimil Capek, MD, Res '70, of The Dalles, Ore., died June 21, 2008. After World War II, where Capek worked as a spy for the underground, he earned his medical degree and became head of radiology in Cheb, Czechoslovakia. In 1968 Capek im-

migrated to the U.S. and became professor and head of radiology at the University of Illinois at Chicago. After 17 years there teaching and publishing his work, and serving as an examiner for the American Board of Radiology, Capek retired. He enjoyed travel, made easier by his fluency in Czech, German, English and Russian.

Karyn K. Chermel '76, MD '84, Res '88, of LaGrange, died Dec. 6, 2009. Chermel was a member of Doctors Without Borders, and while serving in Bosnia during the war, her group won the Nobel Peace Prize. She set up primary care centers in Angola with the International Medical Corps. Chermel was an emergency room physician at Westlake, Rush/Oak Park and Loretto hospitals. She was also an instructor

at the University of Illinois College of Medicine, Chicago campus.

Philip E. Donahue, MD '68, Res '76, of Oak Park, died Oct. 10, 2009. A Vietnam veteran, he completed his surgical residency and a fellowship in surgical gastroenterology under the leadership of Lloyd Nyhus, MD, who was his mentor and close friend for more than 30 years. Donahue and his colleagues developed the principles and technique of the "floppy Nissen Fundoplication" procedure to cure gastro-esophageal reflux disease without incurring the sometimes disabling postoperative side effects. He published over 200 articles and book chapters devoted to the medical study of the gastrointestinal tract.

Donahue was a member of many

regional and national surgical societies and served as past president of the Chicago Surgical Society and the Illinois Surgical Society. He was nominated by his residents annually for Attending Surgeon of the Year, winning it twice. At the time of his death he was chairman of the department of general surgery at John H. Stroger Jr. Hospital in Chicago and professor emeritus of surgery at UIC.

Robert S. Easton, MD, of Peoria, died Jan. 6, 2010. A Navy veteran, he was on staff at St. Francis Hospital and had a pediatric practice in Peoria for 37 years until his retirement in 1987. He wore bow ties, dispensed Chicklet chewing gum and made house calls. He became a faculty member of the University of Illinois College of Medicine and participated in grand rounds for 20 years after he retired. He served on numerous boards and was an active member of the Peoria Medical Society and state and national medical societies. Easton played the trumpet, tennis and bridge, and was an avid gardener and lifelong bird-watcher.

Malachi J. Flanagan, MD, Res '62, of Winnetka, died Sept. 25, 2009. Flanagan spent his entire career at Rush-Presbyterian-St. Luke's Medical Center, where he pioneered research and treatment of bladder and prostate cancers. He was named president of the hospital's medical staff from 1985 to 1986, as well as acting chairman of the department of urology. Flanagan received various academic appointments over the course of his career. He was an associate professor of urology at UIC from 1969 to 1971, and professor at Rush Medical College from 1971 until his retirement in 1999. He was also active in numerous medical societies. Flanagan was an avid historian who, after retirement, researched and authored histories on his parish in Winnetka and Rush University Medical Center. Throughout his life, he was blessed by a love of music, his

MEMORIAL GIFTS

To make a memorial gift to the college, please contact the Office of Medical Advancement at (312) 996-4470 or med-email@uic.edu.

rose garden and the White Sox.

Edsel K. Hudson, MD '55, Res '61, a longtime Hyde Park physician and mentor, died January 13, 2010. Over the years he held positions at various hospitals, including assistant vice president of ambulatory care at Rush-Presbyterian-St. Luke's Medical Center and assistant chairman, department of medicine, at Rush Medical College. Additionally, he served as director of planning of the Community Health Project as well as associate professor, internal medicine, at the University of Illinois Hospital. He was also medical director, employee health services, at Provident Hospital. After retirement, he devoted his time as a mentor to students at Park Manor Elementary School.

Roland W. Lippold, MD '41, of Sacramento, Calif., died Feb. 2, 2009. Lippold served in the U.S. Navy Medical Corps and the Naval Reserve. Following his service, Lippold worked in a private surgical practice in Chicago from 1950 to 1953. He also taught anatomy at the University of Illinois during those years. He relocated to Sacramento in 1954 and opened a private medical/surgical practice. He was the chief medical officer for the Northern Reception Center Clinic, California Youth Authority, from 1954 to 1968 and chief of medical services for the CYA from 1968 to 1979. He was a member of the AMA, CMA and Sacramento County medical and surgical societies. He retired in 1979. Lippold was a musician and played the piano, saxophone (in the University of Illinois marching band) and other instruments. He enjoyed travel, photography, tennis, hunting, fishing, bird watching and reading.

Louise J.M. Riff Schaen, MD '64, Res '67, of Lincolnwood, died Dec. 2, 2009. Following her internship, residency and infectious diseases fellowship at the Univer-

sity of Illinois College of Medicine, Schaen became a faculty member, attaining the rank of associate professor in 1977. Her research contributed to the effective use of gentamicin, an important antibiotic. She went on to direct the section of infectious diseases at Chicago Medical School (now the Rosalind Franklin School of Medicine), where she served as professor of medicine.

Alvar Svanborg, MD, PhD, of Chicago, died July 15, 2009. A pioneering geriatrician in Sweden, he came to the University of Illinois at Chicago at age 65 to head the section of geriatric medicine. His main interest was the physiology of aging. He and his colleagues in Sweden established three cohorts of 70 year olds and followed them longitudinally to establish the physiologic changes accompanying aging. In the third cohort, he made interventions to ameliorate the negative impacts of aging. Svanborg's international reputation found him in demand as a consultant on policies for the care of older persons. He is remembered for his broad experience, leadership and conceptualizations of aging and care of older persons.

Herman Vergara, MD, Res '59, of Chicago and Naples, Fla., died March 19, 2010. He was born and raised in Sincelajo, Colombia, and attended Havianna University in Bogota, Colombia, where he received his medical degree prior to relocating to the United States in 1958. He interned at Illinois Masonic Hospital and completed his residency at the Illinois State Psychiatric Institute. Vergara served as medical director of the Outpatient Psychiatric Clinic at Mercy Hospital for over 30 years. He also operated a private practice and was an instructor at the University of Illinois. He loved horses, bullfighting, history and art and had an insatiable interest in people of all cultures.

ALUMNI

35 **Martha P. Esten, MD '35**, of Milwaukee, Wis., died July 19, 2009. Esten was born in Lysa, Czech

Republic, and at the age of 2 immigrated with her family to Chicago. She was married to classmate **Forest C. Parker, MD '35**, and both were practicing physicians in Danville for more than 30 years. Esten was the first woman president of the Vermilion County Medical Society and served the community in many ways. She enjoyed classical music, gardening and cooking and, after moving to Englewood, Fla., in 1973, became an avid golfer and taught water safety at local schools as a member of the Coast Guard Auxiliary.

39 **Max E. Klein, MD '39**, of Northbrook, died July 25, 2009. A WWII veteran, Klein served in the Army's Pacific Campaign as a lieutenant colonel. He specialized in dermatology.

41 **Jerome S. Beigler, MD, Res '41**, of Chicago, died Nov. 11, 2009. A teacher and psychoanalyst in

Chicago for more than five decades, he served during World War II, where he helped soldiers cope with the rigors of war so they could remain at the front lines. In the process, he helped refine techniques for the treatment of "shell shock." After the war he turned to psychiatry and joined the staff of Michael Reese Hospital. In addition to the downtown practice he maintained, Beigler taught at the University of Chicago and the Chicago Institute for Psychoanalysis, while also maintaining ties to Michael Reese Hospital as chief of liaison psychiatry. He became an expert on patient-doctor confidentiality laws. As president of the Illinois Psychiatric Society in the late 1970s, Beigler played an advocacy role on a number of issues involving his profession.

Robert I. Cutts, MD '41, of Tucson,

Ariz., died April 23, 2006. He was 91 years old.

Lawrence O. Goodman, MD '41, of Marshalltown, Iowa, died Aug. 12, 2009. He served in the U.S. Army Air Force, earning five battle stars. In 1946, Goodman joined the Marshalltown Medical Clinic and retired in 1996 at age 79. He was active in the American Medical Association and served in the House of Delegates of the Iowa Medical Society. He was very active on the Evangelical Hospital medical staff and dedicated to teaching the cardiac arrhythmia course for ICU nurses.

Robert Davison Lowrey, MD '41, died Jan. 27, 2010. After serving in the U.S. Army Air Force as a flight surgeon during World War II, he returned to Illinois where he began a general practice. In 1951, he set up practice in Glendale, Calif., and retired on his 80th birthday in 1998. Lowrey joined the staff of Behrens, which later became Verdugo Hills, Hospital in 1956. Over the years he served as the hospital's chief of staff, chairman of the department of medicine and chair of the board of trustees, as well as a member and chairman of the Verdugo Hills Health Services Board of Trustees. He was also on the part-time faculty at the University of Southern California from 1953 to 1960 and spent most of his time in the thyroid and endocrine clinics.

William P. Marshall '37, MD '41, of Scottsdale, Ariz., died April 12, 2009. After serving as a captain in the Army Medical Corps in the Pacific Theater from 1943 to 1945, Marshall moved to Kalamazoo, Mich., to begin his medical practice. In 1964 he co-founded Kalamazoo Anesthesiology, PC. The group became one of the first professional medical corporations in the state of Michigan and today employs 33 anesthesiologists and more than 100 total staff. In 1977 Marshall moved to Scottsdale to work part time for the national Joint Commission on the Accreditation of Hospitals. Among other activities, he volunteered at the Arizona Library for the Blind.

Pliny Norcross '37, MD '41, of Amherst, Mass., died May 5, 2009. The son, grandson and great-grandson of physicians, Norcross specialized in diabetes. In 1950 he moved to West Springfield, Mass., where he began a 23-year internal medicine private practice. As a beloved physician with a longtime affiliation with Springfield Hospital, he watched the practice of medicine move from house calls and personable office visits to HMOs, voice mail and computers. Norcross was a founding physician of Medical West in Chicopee, Mass. Retired since 1973, he spoiled his dogs and loved to travel with his wife.

Joseph M. Robbins, MD '41, Res '62, of Beverly Hills, Calif., died July 18, 2008. He served as a captain in the U.S. Army Medical Corps in Belfast from 1941 to 1945. After 20 years in general practice, Robbins specialized in ophthalmology and practiced in Los Angeles for 40 years. He served as chief of staff at Midway Hospital and was on staff at Cedars-Sinai. After "retirement" he worked for the state of California evaluating Medicare claims. Having put himself through medical school by leading his own band, he recently had returned to music, playing clarinet in the Emeritus Community Band.

Theodore C. Zeman '40, MD '41, of Sacramento, Calif., died March 31, 2009. After serving as a U.S. Army battalion surgeon, Zeman practiced ophthalmology in Sacramento, Calif., from 1951 to 1975, followed by positions with Mercy Hospital as chief of professional services and the state of California as a medical consultant. He was an associate professor of ophthalmology at UC Davis and a member of the American Academy of Ophthalmology and the International and American College of Surgeons. He was past president of Temple B'nai Israel.

42 **Robert J. Brennan, MD '42, JD '55**, of Ponte Vedra Beach, Fla., died Jan. 11, 2009. Born in Chicago of

Irish decent, he paid his way through medical school playing cards, rolling cigars, donating blood and working in a steel mill. He enlisted in the U.S. Navy in December 1941. He then earned his degree in internal medicine as well as a law degree. He was instrumental in forming the board certification of

Doctors for Allergy, Immunology and Internal Medicine. While serving as chief of medicine at Holy Cross Hospital, he was the recipient of many awards, including ones from the ACA, ACAI, AACIA and FMA for his dedication and outstanding service.

Robert Kaplan, MD '42, of Jacksonville, Fla., died April 12, 2009. A Chicago native, he entered the U.S. Army as a medical officer. He served in Germany in the immediate post-war period assessing the nutritional status of prisoners of war and German citizens. Upon returning to Chicago, Kaplan completed training in pediatrics, and in 1949 he began his medical practice in Rock Island, which lasted 46 years. In 1995, he retired and moved to Jacksonville. He is survived by his son, **Joseph Kaplan, MD '74**, a consultant at Mayo Clinic.

John S. Roane, MD '42, of Moline, died Oct. 22, 2008. Roane served in the U.S. Army as a medical doctor during World War II. A urologist, he retired in 1984 as a partner of the Urology Group, Moline. His patients remembered him for his compassionate care and dedication. Roane was a member of the Rock Island County Medical Society and American Legion Post 246, Moline.

Paul J. Schmidt, MD '42, of Palos Park, died July 6, 2009.

43 **Phyllis M. Orland '39, MD '43**, of Forest Park, died July 1, 2009. She was a dedicated and caring pediatrician in the western suburbs for more than 40 years.

44 **Robert F. Thorpe '42, MD '44**, of Fresno, Calif., died Aug. 18, 2009. He served as a captain in the U.S. Army Medical Corps during World War II. Thorpe co-founded the Manitowoc Clinic in 1950 and practiced pediatrics there until his retirement in 1985. He was a member of the Manitowoc Opticist Club and enjoyed golf.

46 **Richard H. Hart '44, MD '46**, of Sarasota, Fla., died July 27, 2008. In 1953, Hart started his general surgery practice

in Akron, Ohio, retiring after 35 years. He was a member of the American College of Surgeons, AMA, Ohio State and Summit County medical societies, F.A. Coller Surgical Society and Sigma Chi. He was chief of staff at Akron City (Summa) Hospital from 1974 to 1975. A pioneer in bariatric surgery, it was rewarding to him that he lived to see surgical intervention as a widely accepted treatment for obesity.

47 **William R. Bertelsen '45, MD '47**, of Rock Island, died July 16, 2009. After serving in the U.S. Navy Reserve,

Bertelsen was in general practice in Neponset from 1948 to 1963 and on staff at Kewanee Public Hospital. He later practiced medicine in Rock Island. He served as medical director of the Model Cities Neighborhood Health Center in Rock Island and medical director of Moline Public Hospital's Trauma Center. In 1985, he founded the Immediate Care Center for Moline Public Hospital. He was honored by the Rock Island County Medical Society in 2004 for a lifetime of service to the community. He was a world pioneer in the development of air cushion vehicles and invented the Aeromobile in 1958, which is credited as the first hovercraft to carry a human over land and water: Early models are in the permanent collection of the Smithsonian Institution in Washington, D.C. He also originated the Arcoputer concept for vertical takeoff aircraft. His 32 domestic and international patents include the Aeroplrow and the Aeroduct System of Mass Transportation.

Robert C. Weiss '45, MD '47, of Manhattan Beach, Calif., died Nov. 15, 2008. His early career in pediatrics led him to the Los Angeles County Health Department in 1960, heading maternal and child health. He then served as director of child health disability prevention, with much involvement in youth clinics, sudden infant death syndrome, seatbelt safety and other aspects of children's public health. In retirement Weiss began doctoring at Marineland until it closed, followed by service to Cabrillo Marine Aquarium and California Whale Watch.

48 **Raymond Yow '46, MD '48**, of Sarasota, Fla., died Nov. 30, 2009. A retired Salisbury, Md., physician and insurance

company executive, Yow was the first urological surgeon to establish a practice in Salisbury, opening his office in 1955. He served on the board of trustees of Peninsula General Hospital and as its medical staff president and chief of surgery. In 1975 Yow was appointed to the founding board of Medical Mutual Liability Insurance Society of Maryland by then-Gov. Marvin Mandel. In 1996, he retired as chairman of the board and CEO. He retired from medical practice in 1987. An Army veteran of World War II, he also served in the U.S. Navy as a medical officer from 1949 to 1951.

50 **William E. Deutsch '48, MD '50, Res '53**, of Evanston, died July 16, 2009.

Robert P. Johnson Jr. '43, MD '50, of Santa Rosa, Calif., died June 11, 2009. Johnson practiced in Middletown, Ohio, specializing in OB/GYN and later taught at the Southern Illinois School of Medicine. He was past president of the Illinois State Medical Society, a longtime member of Kiwanis and active in Boy Scouts of America. Johnson was also a U.S. Navy veteran of WWII.

Harold M. Schoolman '44, '48, MD '50, of Washington, D.C., died Aug. 17, 2009. He served during World War II and saw combat in the Pacific. From 1960 to 1967, he was chief of the biostatistical research support center at the Illinois VA Hospital and then settled in the Washington area to work for the VA as director of education service. Schoolman joined the National Library of Medicine in 1970 and helped expand the National Network of Libraries of Medicine and the Unified Medical Language System. He also did research on intellectual property in the health field. He retired in 1999.

51 **Molly P. Coulter, MD, Res '51**, of Pittsford, N.Y., died March 22, 2008. She worked at the Manhattan

Project and Planned Parenthood and later joined the full-time faculty of the University of Rochester's medical school and the staff of the Jordan Health Center in 1969. The following year she was named medical director, a position she held for the next 16 years.

Robert James Maganani '50, MD '52, of Glen Ellyn, died March 4, 2010.

52

A U.S. Army veteran of World War II, Maganini was a distinguished surgeon for more than 40 years, a fellow of the American College of Surgeons and on staff at several area hospitals, including MacNeal, LaGrange and Hinsdale hospitals. He was one of the first physicians locally to adopt mammography into clinical practice. A dedicated father and grandfather with a quick sense of humor, he had many hobbies, including cooking, story writing and genealogical research. He was also an avid fisherman and once wrote a book about his fishing adventures for his grandchildren.

John J. Mathewson '50, MD '52, of Pana, died June 10, 2009. An Army veteran of World War II, Mathewson was one of the first physicians to be certified in emergency medicine when it was recognized as a medical specialty. Over the years he practiced medicine in Lubbock and Shiner, Texas, and in Lakeland, Fla., as well as in Pana and Springfield. He was board-certified in family practice. He retired from medical practice in August 2008. Mathewson liked being with his family, raising Charolais cattle and farming as well as hunting and fishing.

53

James F. Guhl, MD, Res '53, of Elm Grove, Wis., died Jan. 23, 2008. As a young physician, he was intrigued by fiber-optics and its use in an arthroscopy. By the early 1970s, he devoted his practice full time to this innovative approach to surgery and became one of the first in the country to practice operative arthroscopy. He earned worldwide recognition for his arthroscopic surgery in foot and ankle problems, holding a patent for his invention of the ankle distractor that allows surgeons to open the ankle joint for better viewing and surgical intervention. He was a founding member of the International Arthroscopy Association and the Arthroscopy Association of North America. He was named Outstanding Faculty Member of the Year in the department of orthopaedics in 1995 at the Medical College of Wisconsin. A sailing enthusiast, he participated in numerous races, the highlight being his first-place finish in the Chicago-Mackinac race of 1972.

Jack W. Pearson '49, MD '53, of Tuscon, Ariz., died April 25, 2009. Pearson's medical career began as the chief of obstetrics and gynecology in Orleans, France, in the military in 1958 and ended as professor emeritus, department of obstetrics and gynecology, at the University of Arizona College of Medicine in Tucson, Ariz. During his career, he served as examiner and director pro tem of the American Board of Obstetrics and Gynecology, consultant to the Army surgeon general in OB/GYN as well as to the Army OB/GYN residency programs. Among his many awards, Pearson received the Legion of Merit and the Zimmermann Award. He wrote over 50 publications along with book chapters and abstracts, and gave numerous presentations.

54

George N. Kerrihard '52, MD '54, of Tuscon, Ariz., died Feb. 1, 2009. Following two years in the Navy on the aircraft carrier USS Princeton, Kerrihard entered family practice in Madison, Wis. In 1970 he moved to Tucson, Ariz., where he returned to a residency in internal medicine, followed by a fellowship in gastroenterology. He practiced in that field from 1974 until his retirement in 1998. Kerrihard loved the practice of medicine, the outdoors, golf and travel with his wife and family.

56

Herbert A. Atkinson '54, MD '56, of Stevensville, died July 20, 2009. He served as chief of staff at Berrien General Hospital for three years. Before joining Southwestern Medical Clinic, Atkinson was a missionary physician and surgeon for 15 years in Zaire, Africa. He was with the clinic since 1965. He was certified by the American Board of Family Practice and was a member of the Christian Medical and Dental Society and the Berrien County Medical Society. Atkinson also attended Johnson City Baptist Bible Seminary.

Keith C. Knapp, MD, Res '56, of Chicago, died July 5, 2009. He was a veteran of the U.S. Navy.

John A. Kozak, MD, Res '56, of Elk Grove Village, died Nov. 1, 2008. An Army veteran, Kozak was the founder of Northwest Urological Associates of Arlington Heights, president of

the medical and dental staff at Alexian Brothers Medical Center from 1973 to 1974 and on staff at Alexian Brothers Medical Center and Northwest Community Hospital. In 1974 he was named Doctor of the Year at Alexian Brothers Medical Center.

57

Donald T. Fullerton Jr. '55, MD '57, of Cazenovia, Wis., died May 26, 2009. While at the Marshfield Clinic he served in various capacities, was instrumental in the establishment of the Marshfield Clinic Residency Program and served as its first director of medical education. Before retiring as professor emeritus of psychiatry, he was associate dean at the UW-Madison Medical School and Clinics, director of clinical affairs and chairman of the medical board. After moving to Richland County, as president of the Richland Hospital Foundation, he oversaw a major fundraising campaign.

59

Neil S. Cherniack, MD, Res '59, of Parsippany, N.J., died Oct. 21, 2009. Cherniack pioneered breathing treatments and boosted research as head of Case Western Reserve University School of Medicine. He wrote eight books and nearly 400 articles, and taught on six continents. On the side, Cherniack wrote humor and exhibited artwork. He taught at the University of Pennsylvania and led its hospital's pulmonary disease section. He was also pulmonary director of University Hospitals and the Veterans Administration hospital in Brecksville, Ohio. University Hospitals named the Cherniack Medical Service, a pulmonary training program for students, after him. He retired in 1995 but was soon lured back to teaching and research at the New Jersey Medical School in Newark.

John M. Larson '56, MD '59, Res '62, of Earlville, and of Fletcher, N.C., died Nov. 12, 2009. He was a member of Phi Beta Kappa and Alpha Omega Alpha, and a 50-year member of the American Medical Association, American Society of Anesthesiologists, Illinois Medical Society, Illinois Society of Anesthesia and Chicago Medical Society. Larson served as lieutenant commander in the U.S. Navy during the Vietnam War. He was chief of anesthesiology at Great Lakes Hospital in Great

Lakes, and practiced anesthesia for 35 years at Community Memorial Hospital in LaGrange.

61

Charles R. Daisy '59, MD '61, of Naples, Fla., died Sept. 3, 2009. He was a longtime Greenville physician.

Donald S. Kullerstrand '59, MD '61, of Oregon, Wis., died Nov. 1, 2008. He served in the U.S. Army for two years in Korea. An obstetrician, Kullerstrand opened his own practice and delivered nearly all of the babies of his patients. Kullerstrand was one of the first obstetricians in Green Bay to encourage Lamaze childbirth and fathers in the delivery room. He also encouraged mothers to breastfeed their babies when bottle feeding was the norm. He and his wife helped start the Green Bay chapter of LaLeche League to promote and support breastfeeding in the mid-'60s. He declined the opportunity to provide abortions and helped counsel single mothers and helped them find the resources and support they needed to be good parents. He retired in 1992.

63

David McDaniel, MD, Res '63, of The Dalles, Ore., died June 27, 2009. After completing his education, McDaniel entered the U.S. Air Force as an ophthalmologist. Following his military service he joined his brother Donald McDaniel's ophthalmology practice before opening his own office. He maintained his practice in The Dalles for 32 years, retiring in 1998. He enjoyed hiking the trails of the Columbia River Gorge, photography, gardening and travel.

64

David M. Pogue, MD '64, Res '70, of Wichita Falls, Texas, died Oct. 27, 2008. Pogue practiced cardiology for 29 years at the Clinics of North Texas. In 1999, his emphysema, caused by a genetic disorder, forced him to stop his private office practice, and he became co-director of the cardio-pulmonary rehabilitation unit at United Regional Health Care System, where he was both a patient and medical doctor. Pogue started the first cardiac rehab unit at the Clinics of North Texas in 1980. Years later URHCS dedicated the cardio-pulmonary unit in his honor. He was a charter member of the Wichita Falls Runners Club, completed



Allan L. Graham, DVM '54, '58, MD '60, Res '65, died on Oct. 21, 2009. Graham practiced cardiovascular and thoracic surgery in Fort Worth, Texas, for a quarter century, was a leader in Texas medicine throughout his career and was a generous donor to Illinois Medicine, including a gift that supported the Allan L. and Mary L. Graham Clinical Performance Center.

Born in Ursa, Graham graduated from the University of Illinois College of Veterinary Medicine with honors in 1952 and spent the next two years in the Army Veterinary Corps. He then attended the University of Illinois College of Medicine, Chicago campus, where he again graduated with honors in 1960. Following his residency at the medical center and fellowship, Graham moved to Fort Worth with his family to open his practice.

During the course of his career, Graham served as president of the Tarrant County American Heart Association, the North Texas chapter of the American College of Surgeons and the Fort Worth Surgical Society. He was a member of the Warren H. Cole Society, Texas Surgical Society, Texas Medical Association, Tarrant County Medical Society and Tarrant County Medical Society Retired Physicians Group.

In 2007, the Clinical Performance Center at the Medical Sciences Building at the Chicago campus was renamed the Dr. Allan L. and Mary L. Graham Clinical Performance Center, in recognition of a \$1 million gift to the center from Graham and his wife, Mary, herself a 1957 graduate in education from the Urbana campus. One of the first standardized patient centers in the world, the then nearly 20-year-old facility was operating at capacity when the Grahams provided funding to remodel and upgrade the space, add additional equipment and create an endowment for future upgrades.

The official University of Illinois Board of Trustees action to rename the facility noted that Graham believed that both veterinary medicine and the College of Medicine have contributed significantly to his lifetime success. His gift ensured that current and future generations of physicians have the same opportunity.

five marathons, and rode in and completed the HHH 100-mile bike ride. In 2004, Pogue received the Distinguished Service Award from the Wichita County Medical Society.

Joseph A. Provenzano, MD '64, Res '70, of Toledo, Ohio, died March 30, 2009. After serving in the Army Medical Corps during World War II, Provenzano maintained a private practice in Toledo for more than 50 years. He received the Ohio Family Practice Physician of the Year award in 1980 and was a member of the first class of Family Practice Fellows of the United States. He and his wife performed medical missions in Costa Rica several times, and on another mission trip to southern rural Arkansas, they introduced the first educational and screening program for sickle cell anemia in that area. He was an active volunteer in numerous organi-

zations in the Toledo area. Provenzano also served on the faculty of the family practice department of the Medical College of Ohio and as a medical advisor to the Selective Service Draft Board for 23 years.

William F. Stach '61, MD '64, of DeKalb, died Oct. 19, 2009. He was a partner in Radiologists Ltd. in Sycamore, and worked as a radiologist for Illinois Masonic Medical Center and Cook County, Edward, Sherman, Central DuPage, Kishwaukee Community, Rochelle and Sycamore hospitals, and hospitals in Mendota, Sandwich, Sterling and Byron, as well as NIU Health Services. Stach was a past president of the DeKalb County Medical Society, member of Kishwaukee Community Hospital 100 and former board member of the Kishwaukee Family YMCA. He enjoyed shooting sporting clay

targets and traveling.

65

Daniel S. Levine '61, MD '65, Res '70, of Belmont, Calif., died May 22, 2009. Levine dedicated his entire professional career of 37 years to caring for underprivileged communities and individuals. He served as a physician at a Native American reservation in Arizona and at the San Jose Medical Clinic in San Jose, Calif. He also served low-income residents of Los Angeles as the chief of internal medicine at a local hospital. Before retiring, he was the physician at a correctional facility in Santa Clara, Calif.

Joseph R. Shannon, MD, Res '65, of Jupiter, Fla., died Dec. 17, 2009. He served as an officer in the Navy and practiced dermatology until retiring from Meyer Medical Group in 1998.

66

Joseph C. Chisholm Jr., MD, Res '66, of Washington, D.C., died Dec. 8, 2009. Prior to serving as a U.S. naval officer in Oakland, Calif., Chisholm completed his residency in internal medicine, as well as a fellowship in pulmonary diseases. In 1968, he relocated to the Washington metropolitan area, where he was a solo practitioner for nearly 40 years while on staff at the Washington Hospital Center and Providence Hospital.

68

Raymond N. Sweeney, MD '68, of Belleville, died Jan. 25, 2009. Sweeney was a board-certified radiologist who practiced in St. Louis, Mo., El Paso, Texas, and Vincennes, Ind. A U.S. Army Vietnam veteran, he enjoyed traveling, especially to Southern California, and was a devoted son, serving as his mother's caregiver in his last few years.

Thom J. Zimmerman '64, MD '68, PhD, of Louisville, Ky., died Aug. 4, 2009. He was professor emeritus and chair of the department of ophthalmology and visual sciences and professor emeritus of the department of pharmacology and toxicology at the University of Louisville. He was best known for the development of drugs for treatment of glaucoma, including Timolol. With his business partner, he spearheaded the

building of the addition to the Kentucky Lions Eye Center and the Rounsavall Eye Clinic.

69

Joseph W. Bruckman '63, MD '69, of Washington, died May 5, 2009. He was a graduate of the Outdoor Survival Leadership School and a descendant of the Roehm family, one of the first families to settle in Washington.

77

José E. Gonzales, MD, Res '77, of Virginia Beach, Va., died Nov. 14, 2008. A native of Mangatarem in the Philippines, Gonzales had recently retired from a successful urology practice. He was chief resident in the department of surgery at the UP-Philippine General Hospital. Following his residency, he joined the Public Health Service in Norfolk, Va. In 1979, Gonzales started private practice, joining a urology group. He was a previous president and active member of the Philippine Medical Association of Southeastern Virginia Inc. He also was a member of the medical staff at Chesapeake Regional Medical Center, Sentara Hospitals-Norfolk and Bayside, and DePaul Hospital.

90

Stephen T. Hampton, MS, MD, Res '90, of Bedford, Ind., died Oct. 16, 2009. After completing his orthopaedic residency, he moved to Anderson, Ind., and practiced 16 years before moving to Bedford and working for Dunn Memorial Hospital as part of South Central Indiana Orthopedics and Sports Medicine. While living in Anderson, Hampton was the team doctor for all athletics at Anderson University. He also taught and provided job-shadowing opportunities for many high school and college students.

08

Kendall P. Solomon, MD, Res '08, of Lafayette, La., died Jan. 27, 2009. His ambition in life was to become a successful physician and return to his community to open his own practice. His hobbies were socializing, dancing, volunteering, and being a positive mentor to younger children and teenagers. While at the COM, Soloman volunteered with the local Boy Scouts and was very active in political campaigns.

5 QUESTIONS

Damaris Tapia is the associate director of alumni relations for the University of Illinois College of Medicine, a new position established to strengthen the community of alumni and their connections to the college. Bringing 10 years of experience, Tapia has worked at Northeastern Illinois University and most recently at Roosevelt University, where she served as director of alumni relations. With extensive experience building and reinvigorating alumni communities, Tapia is well-poised to launch a new era of alumni outreach and engagement for the College of Medicine.

1 Welcome! What's your approach to building an alumni community?

Alumni relationships start with the student experience and last a lifetime. If you can introduce students early on to the community of alumni out there, and determine ways for alumni to support students directly, the impact on both groups can be incredible. This work is about connecting people and giving them meaningful ways to stay involved and make a difference.

My main focus will be to build upon existing efforts while introducing new strategies for three unique groups: current students, recent graduates and more established alumni.

2 What are some of your ideas to improve the alumni experience for COM grads?

I want our graduates to see their alma mater as a resource—for professional development, social contacts and connections to fellow alumni who are leaders in the field. We think that our world-class faculty can be more involved as well as alumni volunteers. I'm working closely with the Medical Alumni Council to build a stronger presence and more effectively communicate and celebrate alumni successes.

3 The COM has graduates all over the country. How can they be a part of alumni activities?

We're working on that, too. This summer we'll begin hosting welcome receptions in key cities, where alumni can meet residents from the college who are new to their city, and hopefully build relationships. Alumni everywhere can be reunion volunteers, encouraging fellow alumni to attend, or help raise money for scholarships to allow us to continue to attract the best students. Don't let distance keep you away!

4 Why should alumni come to this year's reunion?

We're going to highlight high-caliber alumni worldwide, so it'll be a great way to see fellow graduates who are doing groundbreaking work. Of course, the event is in Chicago, where there's so much to do for everyone in the family—it's a great vacation on top of being a great event.

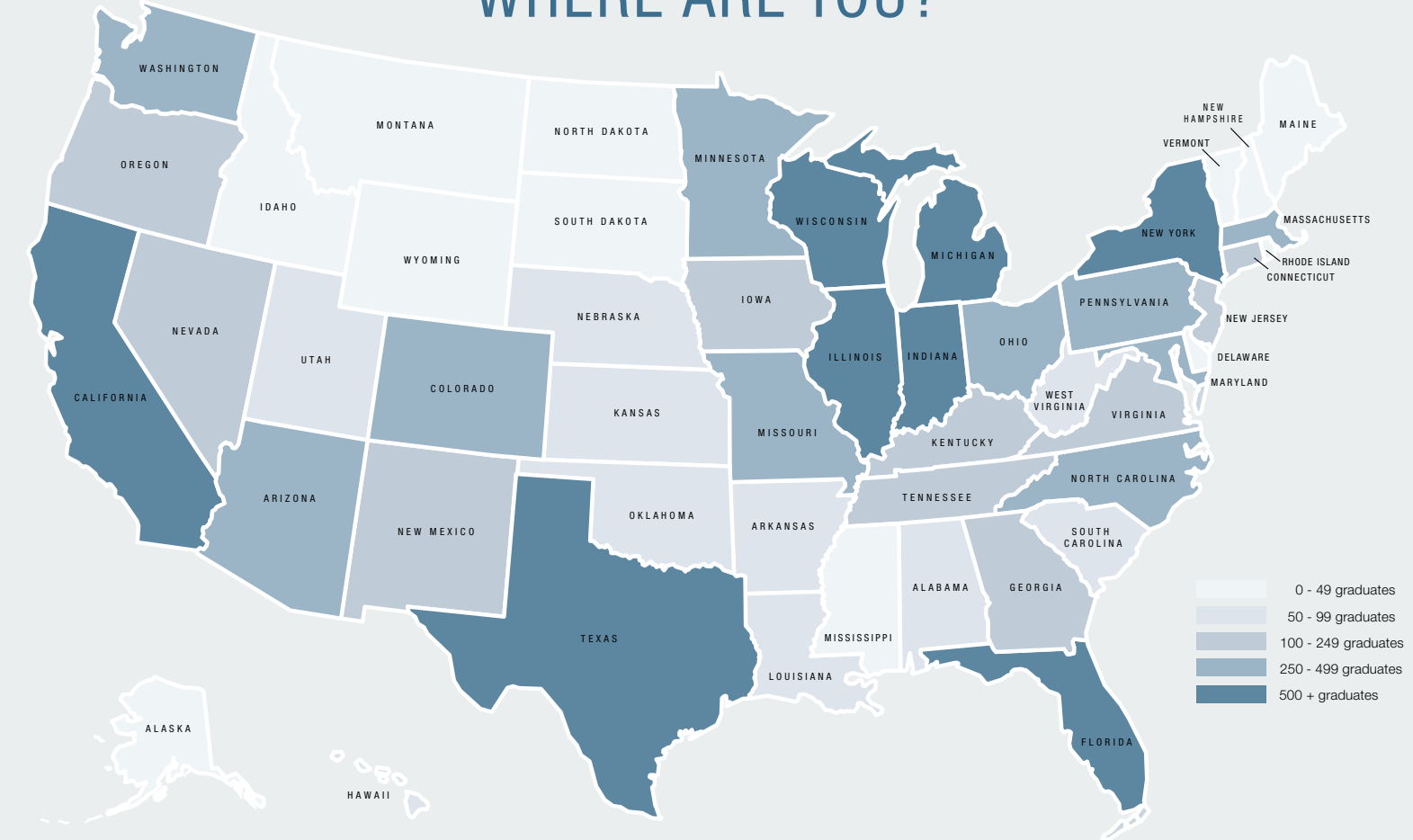
5 What is the most important thing alumni should know about the COM?

That they should be proud of their alma mater. The COM's world-class faculty, students and alumni are accomplishing amazing things. Alumni should also know that they are a vital part of the college's past, present and future. We need their energy, involvement and support!



on the map

WHERE ARE YOU?



The University of Illinois College of Medicine has 23,487 alumni. Our graduates live all over the United States—and the world. Not surprisingly, nearly half of the school's graduates are here in Illinois, but states like California, Florida and Michigan also have a large number, and alumni live as far away as Argentina and Zimbabwe.

United States	361 Minnesota	234 Virginia	1 Costa Rica	1 Nepal
69 Alabama	37 Mississippi	391 Washington	1 Denmark	1 Netherlands
19 Alaska	363 Missouri	53 Washington, D.C.	2 Ecuador	3 Nigeria
461 Arizona	49 Montana	50 West Virginia	6 Egypt	5 Pakistan
45 Arkansas	50 Nebraska	815 Wisconsin	14 England/Great Britain	2 Panama
2,313 California	113 Nevada	24 Wyoming	2 Ethiopia	2 People's Republic of China
324 Colorado	36 New Hampshire		1 Finland	1 Peru
102 Connecticut	175 New Jersey		3 France	5 Philippines
19 Delaware	109 New Mexico	12 Puerto Rico	6 Germany	4 Republic of Korea (South)
860 Florida	516 New York	2 U.S. Virgin Islands	1 Ghana	1 Poland
245 Georgia	282 North Carolina	13 Military	12 Greece	3 Singapore
65 Hawaii	25 North Dakota		3 Guatemala	2 Russia
45 Idaho	430 Ohio		2 Hong Kong	6 Saudi Arabia
10,225 Illinois	73 Oklahoma	Around the World	13 India	2 Spain
558 Indiana	230 Oregon	1 Argentina	7 Iran	1 Sweden
199 Iowa	333 Pennsylvania	4 Australia	2 Ireland	2 Switzerland
88 Kansas	33 Rhode Island	1 Austria	10 Israel	13 Taiwan
131 Kentucky	96 South Carolina	1 Bahamas	1 Italy	16 Thailand
87 Louisiana	30 South Dakota	2 Bahrain	2 Jamaica	1 Turkey
43 Maine	212 Tennessee	1 Bolivia	10 Japan	1 Uganda
266 Maryland	569 Texas	12 Brazil	1 Jordan	1 United Arab Emirates
293 Massachusetts	81 Utah	60 Canada	1 Lebanon	1 Venezuela
572 Michigan	31 Vermont	2 Chile	4 Mexico	1 Zimbabwe
		2 Colombia		



THE CAMPAIGN FOR THE
UNIVERSITY OF ILLINOIS

Supporting the **Brilliant Futures** campaign will help us invest in knowledge, increase access to education, enhance the student experience, ensure a healthy society and strengthen our commitment to our community.

brilliantfutures.uic.edu

DO YOU KNOW THESE PEOPLE?

In our last issue, a graduate of the College of Medicine recognized himself in an archive photo from the 1960s. Are you—or a classmate or colleague—in this picture from the past? E-mail to comalumni@uic.edu and let us know. We'll post any answers we get in the next issue of our eNewsletter, *Illinois Medicine Today*.

