

VOLUME 18 • NUMBER 1 • 2016

FOR ALUMNI, FRIENDS, FACULTY AND STUDENTS OF THE
UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH

Quarterly

Alzheimer's Choir

FOSTERS HARMONY AND
MEMORIES THROUGH MUSIC

TRAINING IN URBAN MEDICINE AND
PUBLIC HEALTH PROGRAM p. 4

PATHWAY TO COLLEGE p. 8

ALZHEIMER'S DISEASE-RELATED
TEAM APPROACH p. 10



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QUARTERLY

The Magazine for Alumni, Friends,
Faculty and Students of the University of Wisconsin
School of Medicine and Public Health

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CALENDAR

APRIL 2016

Friday, April 22

WMAA Board Meeting,
Scholarship Reception and
Awards Banquet

MAY 2016

Friday, May 13

UW-Madison Commencement

Friday, May 20
through
Saturday, May 21

Celebrating a Quarter Century of Leadership:
SMPH Department of Medicine Housestaff Reunion,
UW-Madison

JUNE 2016

Thursday, June 2
through
Saturday, June 4

Medical Alumni Weekend
Reunions for the Classes of 1951, '56, '61 and '66
and a celebration for all classes that graduated
in 1966 or earlier

SEPTEMBER 2016

Friday, September 16
through
Saturday, September 17

WMAA Board Meeting and
Fall Reunion Weekend
Reunions for the Classes of 1971, '76, '81, '86,
'91, '96, '01, '06 and '11

Friday, September 30

Middleton Society Dinner, Union South

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Alzheimer's Disease

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Campus Scene (above)

The new student lounge at the Health Sciences Learning Center features ways for students to unwind and socialize during their breaks.

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Members of the Alzheimer's Choir perform during a concert (see page 13).

Photo by Lori Kenney

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ROBERT N. GOLDEN, MD



In this issue of *Quarterly*, we include a “Connections” section featuring our most recent Mini Med School event, which focused on Alzheimer’s disease and dementia. In fact, “connections” is a common theme throughout this issue.

While our school has its home base in the heart of the University of Wisconsin-Madison, we enjoy connections throughout the state. Important connections are thriving with several organizations and programs in Milwaukee. Beginning on page 4, you’ll read about our “triumphant” program—TRIUMPH, or Training in Urban Medicine and Public Health—which connects our medical students with opportunities to provide care for underserved populations and engage in service-learning projects in partnership with community-based organizations in that city. We also describe a special program of our Wisconsin Alzheimer’s Institute that utilizes music to help maintain connectivity for individuals who are facing the challenge of dementing illnesses. The Milwaukee-based Alzheimer’s Choir brings joy to the singers and their families and friends.

The UW School of Medicine and Public Health (SMPH) academic campuses are critically important components of our statewide connectivity. Located in Milwaukee, Marshfield and La Crosse, these campuses serve as hubs of statewide academic activity, where hundreds of physicians teach and mentor our students. The Alumni Profile on pages 22 and 23 describes the distinguished career paths of Drs. Jeff Thompson and Sue Turney, who have provided outstanding leadership at Gundersen Health System and the Marshfield Clinic Health System, respectively—the homes of our Western and Marshfield Academic Campuses.

Other inspiring “connections” are embedded throughout this magazine. We are proud of SMPH student Nick Anderson, who connected with his long-time friend to complete the Ironman Wisconsin together despite his friend’s cerebral palsy-related limitations. Drs. Toby Campbell and James Cleary serve as outstanding role models for connecting the art with the science of clinical practice, as well as bringing together the

provision of palliative care with education and training.

Focusing on another high priority area for our school—expanding the diversity of Wisconsin’s clinical workforce—our Office of Multicultural Affairs has built connections with high schools, colleges and community groups throughout the state, building an expanding and inclusive pipeline of future physicians. These talented future medical students will add to the diversity of the SMPH and, more importantly, Wisconsin’s health care environment.

In addition to the SMPH’s outreach to diverse populations, we are committed to fostering greater connectivity with disadvantaged patients and communities. The Healer’s Journey describes the school’s Poverty Integrative Case, which represents a novel way to introduce our students, faculty and staff to the challenges faced by fellow citizens who are struggling to overcome the impact of poverty.

In terms of *your* connectivity, please continue to keep in touch with us via e-mail, “snail mail” or carrier pigeon . . . whatever works best for you. I thoroughly enjoy hearing from our growing family of alumni, friends and supporters, and deeply appreciate your ideas, suggestions and reflections.

Robert N. Golden, MD

*Dean, University of Wisconsin School of Medicine and Public Health
Vice Chancellor for Medical Affairs,
UW-Madison*

Greetings medical alumni and friends. Time, treasure and talent—our alumni have given it all!

I would like to express heartfelt thanks to all of you who have supported the University of Wisconsin School of Medicine and Public Health (SMPH) and Wisconsin Medical Alumni Association (WMAA) with your generous donations of time, money and expertise during the past year. Your gifts are the lifeblood of our organization.

You have helped with our goal to ensure that every medical student will make a meaningful connection with one or more alumni. You also have helped us reduce student indebtedness and provide many opportunities to ensure that our students have an excellent experience during their time at the SMPH. You have shared your areas of expertise to broaden the perspectives that our students get to learn about. Thank you!

As you page through this issue of *Quarterly*, you will see highlights from one of our most popular events, the WMAA Winter Event, with the theme “A Taste of Wisconsin.” That evening, medical students and alumni had the opportunity to network, enjoy music performed by SMPH students and sample locally produced foods. Also, starting on page 14, you can read about our Alumni Host Program—also known as the “Help Our Students Travel” program. The fourth-year student participants have appreciated the assistance and enjoyed time with alumni who hosted them during their residency visits in the places they are considering residencies and other academic pursuits.

Staff in the WMAA Office are looking toward the spring and summer seasons with great enthusiasm. We hope you will join us.

Please consider engaging with your SMPH! Here are some ways to consider:

- make a gift to the SMPH or the WMAA by joining the Middleton Society;
- sign up for Medical Alumni Weekend,* June 2 through 4, 2016—during which

we will hold several class reunions, and we would like all medical alumni who graduated more than 50 years ago to join the festivities;

- sponsor a stethoscope for an incoming medical student;
- join us for the Fall Reunion Weekend on September 16 through 17, 2016; and/or
- share your expertise by joining the WMAA “Student Alumni Partnership Program.”

To learn more about the programs and events I’ve mentioned, including how to volunteer to share your expertise with our students, please visit the WMAA web site at med.wisc.edu/alumni, check out our Facebook page or call the WMAA office at (608) 263-4915.

As always, please feel free to contact me with your ideas, issues and/or any concerns. You can reach me at kspeters@wisc.edu or (608) 263-4913. My mailing address is listed on the back cover. I look forward to hearing from you!

Karen S. Peterson

Executive Director, Wisconsin Medical Alumni Association

** During the spring Medical Alumni Weekend, participants will enjoy a tour of their “old stomping grounds” (Bardeen lecture hall and the Medical Sciences Center) and the recently renovated anatomy laboratory. We will offer a campus tour aboard the Badger Trolley, and the WMAA will partner with Mini Med School to feature SMPH experts who will discuss “Caring for Your Heart and Arteries.”*





WALNUT WAY CENTER

Did you know the Walnut Way Center is a place to learn about neighborhood history?

Neighborhood residents shared their stories and experiences through neighborhood interviews conducted by students and staff members. They and their stories are archived in the Walnut Way Neighborhood History Room.

The Walnut Way Center is a place for neighborhood-based teaching and learning through programs, classes, and events. Neighbors and friends gather here to socialize, play and work for the common good.



Walnut Way staff member Tyler Weber and former TRIUMPH student Elizabeth Corey stand on the porch of the revitalized building that used to be a drug house.

TRIUMPH

PROMOTING HEALTH AND HEALTH EQUITY IN URBAN WISCONSIN

In a central Milwaukee, Wisconsin, neighborhood landmarked by Jake's Deli and the Northside YMCA, transformations are taking place.

Lots that once held broken glass and weeds blossom with gardens and hoop houses. A notorious drug den now houses a nonprofit neighborhood center called the Walnut Way Conservation Corporation

It's here that third- and fourth-year medical students enrolled in the University of Wisconsin School of Medicine and Public Health's (SMPH) Training in Urban Medicine and Public Health (TRIUMPH) Program are undergoing their own transformations. The neighborhood is their classroom, and their efforts target broad public health goals: promote health equity; reduce infant mortality and gun violence; increase nutrition and exercise; increase immunization rates; and prepare for careers as community-engaged physicians.

TRIUMPH is the urban counterpart to the Wisconsin Academy for Rural Medicine (WARM). Both programs place medical students in medically underserved communities outside of Madison to

address health challenges. For fourth-year medical student Chrissy Ripp, TRIUMPH means working in a predominantly Latino neighborhood on Milwaukee's south side, where obesity rates and lack of exercise are issues of concern for schoolchildren.

Presenting her project at Walnut Way recently to UW-Madison Chancellor Rebecca Blank, PhD, Ripp said that by reaching out to neighborhood groups and other organizations, such as the Wisconsin Bike Fed, they were able to launch a two-week summer bike camp to teach school-age children and families safe ways to use bicycles for transportation. Other TRIUMPH students presented a range of projects they are conducting in partnership with community organizations. Ripp said the experience was unlike any previous part of her medical education. Her fellow students agreed that what they were learning in TRIUMPH could not happen in a classroom.

Blank asked students about their projects and how this experience would affect how they approach their careers.

It's a question that the medical community is watching closely. TRIUMPH



BRYCE RICHTER/UNIVERSITY COMMUNICATIONS

Left to right: TRIUMPH Director Cynthia Haq, MD, UW-Madison Chancellor Rebecca Blank, PhD, and Wisconsin Senator Nikiya Harris Dodd listen to SMPH medical students describe their learning experiences at Walnut Way in Milwaukee.

partners, such as Aurora Health Care in Milwaukee, are contributing to the efforts and watching the effects of projects that aim to address the root causes of health problems.

"This is the future of medicine," says Andrew Anderson, MD, executive vice president and chief medical officer at Aurora Health Care, the home of the SMPH's

Community Partners

TRIUMPH is grateful to the people of Milwaukee and a network of organizational and community partners, including:

- Aurora Family Service
- Aurora School-Based Health Program at South Division High School
- Aurora Health Center Midtown
- Aurora St. Luke's Family Practice
- Aurora UW Medical Group (Aurora Sinai)
- Aurora Walker's Point Community Clinic
- Bread of Healing Clinic
- Center for Urban Population Health
- Children's Health Alliance of Wisconsin
- City of Milwaukee Health Department
- City on a Hill Health Clinic
- Community Advocates
- CORE/EI Centro
- Diverse and Resilient
- Fondy Foods
- Growing Power
- Keenan Central Health Clinic (City of Milwaukee Health Department)
- Lifecourse Initiative for Healthy Families
- Lovell Johnson Quality of Life Center
- Milwaukee Academy of Science/Aurora School-Based Health
- Milwaukee Area Health Education Center
- Milwaukee Center for Independence
- Milwaukee County Breastfeeding Coalition
- Milwaukee Health Care Partnership
- Milwaukee Health Services, MLK Heritage Health Clinic
- Milwaukee Homicide Review Commission
- Milwaukee North Division High School
- Outreach Community Health Center
- Penfield Children's Center
- Progressive Community Health Centers
- Sixteenth Street Community Health Centers
- Sojourner Family Peace Center
- Southeastern Oneida Tribal Services
- United Community Center
- United Way of Greater Milwaukee and Waukesha County
- Walnut Way Conservation Corporation
- WI WISEWOMAN
- Zilber Family Foundation



UW-Madison Chancellor Rebecca Blank, PhD (left), speaks with medical students from the SMPH who are working with the TRIUMPH Program in Milwaukee.

Milwaukee Academic Campus. “The future of health care is in promoting health and not just treating diseases.”

The City of Milwaukee Health Department—a national leader as an academic health department with multiple long-standing partnerships with UW-Madison and other academic institutions—works with TRIUMPH students to help build healthy communities.

“Graduates come out of TRIUMPH knowing not just about medicine, but about health,” said Geof Swain, MD, MPH, professor in the SMPH Department of Family Medicine and Community Health and chief medical officer of the Milwaukee Health Department.

Cynthia Haq, MD, a professor in the same SMPH department—who founded and directs TRIUMPH—says the program has enrolled more than 100 students and has more than 60 graduates. All graduates have entered residencies serving urban, medically underserved populations and they have been more likely than other medical students to choose primary care careers and to train and practice in Wisconsin. Several are already practicing in Milwaukee after completing postgraduate training, and others are planning to return.

At Walnut Way, staff, medical professionals and trainees work under the principle that “Caring Neighbors Make Good Communities.” The number of caring neighbors that have emerged is striking—

TRIUMPH has worked with more than 26 Milwaukee community partners, including schools, and public health and neighborhood organizations. The program also draws support directly from neighborhood activists and those who live where the students work.

Haq says one of the program's strengths is that the students are embedded within local organizations, get to know local residents outside of clinical settings, learn to appreciate the resilience and challenges faced by the people they serve, and cultivate skills to become effective community-engaged physician partners.

One example of a neighbor who teaches TRIUMPH students is Andre Lee Ellis, who came to Walnut Way for Blank's visit. Ellis founded an organization called “We Got This” that puts youth to work in Milwaukee's gardens and neighborhoods. He says he founded his organization on the fly to intervene for a young man who was in trouble with the police. Law enforcement told him that the young man could perform community service rather than be charged if an official organization agreed to take responsibility for his supervision. Ellis shares that he invented “We Got This” on the spot. Steve Harvey recently featured Ellis' work on his national daytime talk show.

Examples like this, and the way TRIUMPH interacts with community members and builds on their positive work, is “the epitome of the Wisconsin Idea,” according to TRIUMPH Program Manager Melissa Lemke.

Alumni Couple's Experiences Benefit Medically Underserved Populations

by Kris Whitman

J.R.R. Tolkien's famous words "Not all those who wander are lost" describe a married pair of University of Wisconsin School of Medicine and Public Health (SMPH) alumni who've learned much through their wanderings.

Michelle Buelow, MPH, MD '11, and Ben Weston, MPH '10, MD '11—who hail from Milwaukee, Wisconsin, suburbs and met as first-year medical students—share a zest for experiencing cultures around the world. Some adventures have been personal, including their wedding in Honduras and a vacation in Argentina (see photo). Other travels have focused on global health.

Now living in Milwaukee, they've established careers caring for underserved patients in the inner city. Buelow is the associate director of the SMPH's Training in Urban Medicine and Public Health (TRIUMPH) Program and a family physician at the Sixteenth Street Community Health Center; and Weston is an assistant professor of emergency medicine and director of the Mass Gathering and Event Medicine Program at the Medical College of Wisconsin (MCW) and Froedtert Hospital. He also is the assistant medical director for Milwaukee County Emergency Medical Systems. They both credit strong SMPH mentors for helping guide their careers.

Buelow met Cynthia Haq, MD, while pursuing a certificate in global health. TRIUMPH director and a professor in the SMPH Department of Family Medicine and Community Health, Haq encouraged her to follow her dreams: pursuing global health training, earning a master of public health (MPH) degree and participating in TRIUMPH.

Haq says, "We desperately need more physicians to serve people in urban and rural low-income areas, which have a

shortage of health professionals throughout the nation. Some students are motivated to work with disadvantaged urban populations. Drs. Buelow and Weston are two such people, and they're helping train the next generation of physicians to do so."

Although Weston did not train in TRIUMPH, he and Buelow earned MPH degrees at the SMPH and Emory University, respectively, and embraced global health throughout their education. Between their first and second years of medical school, they worked in Honduras, as Buelow had done the summer before medical school.

While earning her MPH, Buelow worked in Bolivia and for the Centers for Disease Control and Prevention's Center for Global Migration and Quarantine in Atlanta on a project at the Mexico-Texas border. She returned to Bolivia a year later.

At the SMPH, Weston established the Healthy Classrooms Foundation, which continues as a medical student-run, nonprofit foundation committed to integrating public health education into Wisconsin primary and secondary schools.

Buelow and Weston matched to residencies in St. Paul and Minneapolis, Minnesota, respectively. He specialized in emergency medicine at the Hennepin County Medical Center, and she joined the United Family Medicine Residency Program through Allina Health. Both worked with underserved, underinsured urban patients.

"My training has allowed me to take the best possible care of my patients, most of whom are Mexican and Puerto Rican immigrants," says Buelow, who speaks Spanish. "We also serve a large refugee population, so I feel like I'm able to do 'global health' in Milwaukee."

She feels fortunate to be able to spend 20 percent of her time with TRIUMPH and the balance in her clinical practice.



In TRIUMPH, Buelow and Haq mentor third- and fourth-year medical students who are conducting projects with partner organizations throughout the community, and they constantly work to improve the program.

Buelow often serves as a liaison between TRIUMPH and the Sixteenth Street Community Health Center, which hosts students who want to learn about the unique challenges and rewards of working with its medically underserved patients, as she did during that stage of her training.

"Our community partners are incredibly valuable, as they teach students firsthand about community and public health—exemplifying the Wisconsin Idea," she says.

Similarly, Weston calls upon knowledge and skills from his medical school, global health and residency experiences.

"Lessons I learned in population health apply well to mass-gathering medicine, such as sporting events, where medical needs on a large scale inevitably arise," he explains, adding that he also works with groups in Belize and Tanzania to help them develop emergency medical services.

Weston spends most of his time caring for patients in the emergency room, where he teaches residents and medical students. He splits the balance among more formal education of fellows, residents and medical students; planning for mass gathering events; and other related responsibilities.

While the couple would love to consider future global health trips, their careers are keeping them busy for the time being.

Perhaps J.R.R. Tolkien's words ring true again: "All we have to decide is what to do with the time that is given us."

Pathway to College Program



Above: The Latino Arts Mariachi Juvenil performs in the Health Sciences Learning Center. Left: Two band members learn about organs. Below: Students listen to a classroom lesson.



Mariachi music was a lively change of pace at the Health Sciences Learning Center during a fall 2015 concert. Amazingly, the performers had quickly changed after being learners all day.

The musicians in Latino Arts Mariachi Juvenil—which has members from various Milwaukee, Wisconsin-area high schools, including the Academy of Health Sciences at South Division High School—and other

middle and high school youth from three Milwaukee public schools spent the day attending a “Mini Med School” hosted by the University of Wisconsin School of Medicine and Public Health’s (SMPH) Office of Multicultural Affairs and the Medical Students for Minority Concerns (MSMC).

Focusing on connecting with students from medically underrepresented populations to help them understand health-related



HAPPY II Program Inspires Healthy Lifestyles



careers and challenges of minorities, these groups partner in recruiting pre-medical students and increasing diversity at the SMPH.

Manuel Santiago, MEd, is the advisor to the MSMC and director of the Office of Multicultural Affairs, which works with students in programs that are “pipelines” to various SMPH degree programs. He also continues to guide SMPH students throughout their time at the school. Santiago notes that diverse role models help prepare trainees for careers in which they will care for patients from myriad backgrounds.

“Our school is deeply committed to increasing the diversity in our health care workforce, as one of the key strategies for reducing health disparities,” says SMPH Dean Robert Golden, MD.

The Mini Med School session, held during Hispanic Heritage Month, featured the theme “Diversifying the Face of Medicine” and a “Pathway to College” presentation. Participants had hands-on opportunities to learn about health care fields, and SMPH students, admissions experts and physicians shared advice on steps the students can take to successfully prepare for undergraduate work and medical school.



A student checks out microscopic images during a Microbes Detectives workshop.

by Anne Pankratz

For the past three years, middle school students at Bruce Guadalupe Community School in Milwaukee have participated in a special program—the Health Activities Partnership Program for Youth II (HAPPY II)—that encourages them to live healthy lifestyles by choosing nutritious foods and incorporating ample physical activity into their lives.

In February 2016, students from that school and their parents visited the University of Wisconsin School of Medicine and Public Health (SMPH) and other UW-Madison venues to see the science behind HAPPY II. They toured biotech and genetics laboratories and attended educational sessions—including a “Microbes Detectives” workshop—highlighting the science behind their healthy lifestyle skills and environmental knowledge.

Funded by the SMPH’s Wisconsin Partnership Program, HAPPY II is a community-academic partnership between the school and the United Community Center (UCC) in Milwaukee. The UCC houses the Bruce Guadalupe Community School, which serves 950 students, of whom 95 percent are Latino and 78 percent are economically disadvantaged. The community’s obesity rates are higher than the national average.

Through activities such as lunchtime nutrition classes and neighborhood hikes, HAPPY II uses culturally appropriate lessons in physical activity, healthy eating and media literacy.

Sam Dennis, Jr., PhD, an academic partner and UW-Madison associate professor, is pleased with the progress the kids have made. Through HAPPY II, they are learning to believe in their own ability to make healthier choices.

“Our program has been less about facts and figures and more about real ways kids can incorporate healthy eating and physical activity into their daily lives,” says Dennis. “By bringing them to the lab, we wanted to expand their knowledge and motivation beyond their own environment. Our hope is that they will see themselves as UW-Madison students or as scientists one day.”

The Wisconsin Partnership Program represents a far-reaching commitment by the SMPH to improve the health and well-being of Wisconsin residents through investments in research, education and community partnerships. Established in 2004, the program has awarded more than 400 research, education and community partnership grants totaling more than \$180 million aimed at improving the health of the people of Wisconsin.



Sigrid Knuti participates in a memory test for the Wisconsin Registry for Alzheimer's Prevention study.

Alzheimer's Disease

TEAM APPROACH FURTHERS PREVENTION, DIAGNOSIS AND TREATMENT

Sigrid Knuti calls herself “a member of a club I never wanted to join.”

But she and hundreds of other members of that club—adults whose parents have or had Alzheimer's disease—are partnering with the University of Wisconsin School of Medicine and Public Health (SMPH) in the effort to better prevent, diagnose and treat Alzheimer's disease.

Over the past decade, as part of the Wisconsin Registry for Alzheimer's Prevention (WRAP) study, Knuti has given blood and spinal fluid, run on treadmills, had her brain imaged and participated in timed memory tests so difficult they sometimes made her cry. Sometime this year, she'll be assessed to see whether she can join yet another UW-Madison study, dubbed the A4 drug trial, this one to test an experimental drug that may help slow the progress of Alzheimer's.

“I don't think there's going to be a cure in time for me,” says Knuti, who is still sharp at age 74. “But I want my generation to be the last with this disease. I'm participating in this research for my daughters.”

Knuti, her sister Karin Lange and their husbands are among 1,500 participants enrolled in the WRAP study of middle-aged

people at risk of developing Alzheimer's. As daughters of a mother who had the disease, they are in the at-risk arm; their husbands are controls. Another 300 people take part in a different SMPH-based study, the IMPACT study, which also recruits subjects at increased risk for Alzheimer's and will continue doing so until it reaches almost 700 subjects. Once enrolled, these subjects and those in WRAP will form the largest and longest-studied cohort in the world of middle-aged adults at increased risk for non-familial, sporadic Alzheimer's disease.

These long-running cohort studies are a small sampling of UW-Madison's unique assets that share related goals. These include the National Institutes of Health-funded Wisconsin Alzheimer's Disease Research Center (ADRC); Wisconsin Alzheimer's Institute (WAI), which leads a statewide network of 44 diagnostic clinics; a faculty of 21 principal investigators working on research across campus; and laboratories with cutting-edge imaging equipment.

The breadth is astounding. A five-minute walk around campus could take you to the laboratory of Luigi Puglielli, MD, PhD, a professor in the Division of Geriatrics and

Gerontology in the Department of Medicine and member of the ADRC, who has a mouse model of Alzheimer's disease. He found a compound that, when fed to the mice, reduced beta amyloid and tau proteins, which are Alzheimer's-related proteins that build up in the brain. Nearby, his colleague Amy Kind, MD '01, PhD '11, an associate professor in the same division, has a federal grant to improve the care of dementia patients when they return home from the hospital. Kind has shown that home follow-up by nurses—via phone or, if necessary, in person—can keep people healthier than those who are not followed and can dramatically reduce hospital readmissions. Just a short walk from her lab, you'll find a brain bank, where about 120 of the more than 200 donated human brains having the “gold standard” of an Alzheimer's diagnosis are available for study.

Richard Moss, PhD, the SMPH senior associate dean for basic research, biotechnology and graduate studies, believes UW-Madison is uniquely positioned to help stem the coming tsunami of dementia. The national Alzheimer's Association says the number of people age 65 and older who

have Alzheimer's disease may nearly triple by 2050 to a projected 13.8 million.

"No place else has the resources we do," says Moss. "We have all the pieces: basic science research, clinical trials and long-running cohort studies that began before the participants started showing symptoms. And we have the key public health piece: our network of memory clinics across Wisconsin through which we are able to quickly move what we discover about interventions and treatment into the community. This is truly the Wisconsin Idea in action."

In 2015, Sanjay Asthana, MD, the Duncan G. and Lottie H. Ballantine Chair in Geriatrics, a professor in the Department of Medicine and head of the Division of Geriatrics and Gerontology, was named the SMPH's first associate dean for gerontology. He heads the ADRC, a unique program that combines academic, clinical and research expertise at the SMPH and the Geriatric Research, Education and Clinical Center at the adjacent William S. Middleton Memorial Veterans Hospital.

Established in 2009 under Asthana's leadership, the ADRC team is dedicated to creating a total systems approach to Alzheimer's disease diagnosis, treatment, prevention, education and research. The nationally designated center of excellence has more than \$88 million in federal funding and supports collaborative, interdisciplinary studies with investigators based locally, nationally and internationally.

"UW-Madison is unique in the world," says Asthana, who also cares for dementia patients at the UW Health Memory Assessment Clinic. "We are especially known for our studies of people with preclinical disease, but we have a full spectrum of research, from molecular biology to translational and clinical studies aimed at improving care and health services for people who have dementia."

Moss and Asthana say translating this research into everyday health care will be enhanced with the recent naming of Jane Mahoney, MD (PG '89), to lead the Wisconsin Alzheimer's Institute. A professor in the

Department of Medicine, Mahoney is a geriatrician who leads research and outreach programs focused on healthy aging and improved health care for older adults. She is known internationally for disseminating research to prevent falls, and her successful program has expanded throughout the country. She has a strong background working with public health constituents, such as the state- and county-level Aging Network, and groups like the Alzheimer's Association.

Mahoney says she feels fortunate to take over the WAI from its founding director, Mark Sager, MD (PG '87), who started the statewide network of diagnostic clinics. An SMPH professor emeritus, Sager also established the WRAP study in 2000 by recruiting adult children who were bringing their parents to be assessed at the clinics. Mahoney agrees with Moss and Asthana that nowhere else in the nation is there a diagnostic clinic network like this.

"In addition to putting us in touch with patients and providing state-of-the-art care, it allows us to extend research on supporting caregivers and delaying the time when patients enter nursing homes," she says.

Beyond the clinics and research cohort, the WAI and ADRC are strongly committed to working on health disparities associated with Alzheimer's disease. African-Americans have double the risk of developing the disease, and they are less likely to seek help. The WAI's office in Milwaukee, Wisconsin, headed by Gina Green-Harris, MBA, helps African-American families get to the diagnostic clinics, connects families to local resources from the point of diagnosis to the end of the spectrum of long-term care, and provides families with one-on-one assistance to guide them through the health care systems.

The Amazing Grace Choir (see sidebar on the next page) is an example of a successful WAI outreach project.

Together with the WAI, the Wisconsin ADRC supports extensive outreach and community events to educate and increase recruitment of minority individuals from Madison and surrounding areas in center-supported research studies. Altogether,

hundreds of African-American older adults and their families receive early and personalized care for the disease, and many are enrolled in research studies to identify novel genetic, medical, lifestyle, socioeconomic and other factors specifically related to increased risk of Alzheimer's disease in these participants.

A major mission of the Alzheimer's program is to train the next generation of academic geriatrics clinicians. The WAI runs a student interest group and New Friends Program, which matches health professions students with people in the early stages of Alzheimer's disease. It has helped place 30 medical students in summer geriatrics-related externships, including time in Milwaukee, Rhinelander and Richland Center, Wisconsin. The WAI trains staff of the 44 diagnostic clinics through several sessions per year, and the ADRC trains physicians and doctoral-level scientists who wish to pursue academic careers in geriatrics and dementia research. Many scientists have been trained, and several are working at UW-Madison and other institutions across the nation.

The WAI's WRAP study is starting to reveal intriguing data about the onset of Alzheimer's disease. For instance, through use of the latest diagnostic techniques, studies of WRAP participants show that Alzheimer's-associated brain changes begin 10 to 20 years earlier than when symptoms are diagnosed. These brain differences include volume changes in key areas such as the hippocampus, connectivity changes in the white matter, metabolic alterations and amyloid plaque build-up.

WRAP researchers have shown that metabolic syndrome, uncontrolled diabetes and disrupted sleep in middle age are associated with dementia.

On the positive side, WRAP is yielding some good tips to help preserve brain health. Studies led by Ozioma Okonkwo, PhD, and others have shown that physical activity and cardiovascular fitness can delay brain changes, and cognitive activities such as playing challenging games and doing puzzles seem to help. An assistant

—continued on page 36

Alzheimer's Choir Fosters Harmony and Memories

Denise Weaver doesn't talk much these days, but oh, can she sing.

She'll take a solo lead on the spiritual "Please Be Patient with Me" and have you humming it for days.

And Deacon Willie Wade may be 93 years old and caring for a wife with memory problems, but his "Amazing Grace" solo is, well, amazing.

While dementia has stolen some memories from the Amazing Grace Choir, it sure hasn't taken their music.

The choir began as an outreach project of the Wisconsin Alzheimer's Institute (WAI). The Bader Foundation paid for a group from the institute to travel to New York University, where a pilot program started by Mary Mittelman, DPH, was studying whether singing could improve mood in caregivers and people with memory issues.

They brought the program to Milwaukee, where the WAI—which is part of the University of Wisconsin School of Medicine and Public Health (SMPH)—has an outreach effort in the African-American community.

The Milwaukee choir began in summer 2014. With about 16 members, the group has given two public concerts, including one at the "Breaking the Silence: Addressing Dementia in Communities of Color" breakfast that showcased the singers' skills to hundreds of families who are affected by Alzheimer's disease.



Music is a trigger for memory and a feeling of being connected. Members of the Amazing Grace Choir show jubilation during their performances, which bring joy to their loved ones.

LORI KENNEY

The audience heard some beautiful harmony and solo singing. While the New York group had little musical background, many of the Milwaukee singers had decades of choir experience.

"African-Americans came up in the black church, and they've been singing four-part harmony all their lives, so we can do more complicated music with them," says Arlene Skwierawski, one of an all-star cast of community conductors who work with the choir on Saturday mornings.

Skwierawski led the music program at Milwaukee's North Division High School for many years and remains involved in the city's music and theater scene. Other directors include Kevin C. Williams; church music directors Vanta Jones and Micah Shaw; and Community Advisor Joe Nathaniel, Jr.

One of Skwierawski's former students, Williams is a country music artist and a Milwaukee Public Schools music teacher; he recently led the group's practice.

He's a lively conductor, hamming it up and pushing his choir to learn a song with

lyrics in English, German, Spanish and sign language. Williams says music seems to provide a bridge back to the singers' younger selves.

"I think the music is a trigger for memory," he says. "When you're recognized and loved, what you've forgotten comes back."

The choir practice also forms a community for families who are struggling with the same issues. They worry when someone doesn't show up, and chorus coordinator Stephanie Houston spends time making sure members have transportation and other social supports in place so they can just sing on Saturday mornings.

Gina Green-Harris, MBA, director of the WAI's Milwaukee Outreach Program and Services, says the music doesn't heal only those in the choir.

"When you see these people singing, it brings tears to your eyes," she says. "It's why we come to work every day. This is powerful!"



Students and Alumni Connect

THROUGH HOST PROGRAM

The Wisconsin Medical Alumni Association (WMAA) coordinates an Alumni Host Program to help fourth-year medical students connect with alumni who live in places they need to visit. For instance, medical students often use the program to find alumni with whom they can stay during residency interviews.

Across the United States, more than 350 graduates of the University of Wisconsin School of Medicine and Public Health (SMPH) have signed up to host students.

Hosts provide overnight accommodations and often meals, transportation and insight into the regional medical community. Medical students can view alumni host information on a secure database or ask WMAA staff to help them find hosts in specific areas.

Pat Fehling, MD '07, who serves as a host, points out one major advantage to the program: "When you're expecting to move somewhere unfamiliar, you need some advice outside of what they tell you at the residency program. You need to know what your life is going to be like there."

Another host, William Summers, MD '67, notes, "The students need to know how good of ambassadors they are for the school to the alumni. We enjoy their visits as a way to learn more about the current happenings at the University of Wisconsin School of Medicine and Public Health."



Left photo: In Indianapolis, Caitlin Rublee (left) stayed with Mary Erickson, MD '15, and the two got creative at a glass art shop. Right photo: Dana Dieringer, MD '15 (left) hosted Rublee during her residency interview in Seattle. The two enjoyed a coffee break to catch up on each other's news.

Caitlin Rublee, 2016 MD/MPH Candidate

The Alumni Host experience provided an invaluable opportunity for me to stay in touch with alumni who recently graduated. Because I added a fifth year to my training at the UW School of Medicine and Public Health to combine my medical degree with a master of public health degree, I did not graduate with the class members with whom I spent my first three years of medical school. The two friends who hosted me—Dr. Mary Erickson (MD '15), and Dr. Dana Dieringer (MD '15)—were fellow Wisconsin Academy for Rural Medicine (WARM) students out of Marshfield. They offered comfortable

accommodations, transportation assistance and some entertainment at their favorite local restaurants and coffee shops.

Dana and I took the bus to my interview, and she walked me upstairs to the exact location of the interview. She made the early morning hassle-free. Later that evening, Dana and her husband took me to an excellent seafood restaurant for fresh Alaskan cod and clams.

Perhaps most importantly, my hosts shared extensive insight into the residency application process and life as an intern. Their generosity translated into a more positive interview experience for me. I feel more prepared for my upcoming transition into a residency.

I found our visits to be a wonderful chance to swap stories of our time at UW-Madison and to celebrate the journeys we've taken thus far. Our time together catching up added another memory to share at future Badger reunions!

Get Involved—Become a Host!

If you are interested in becoming a host for SMPH students who are traveling for residency interviews and similar academic activities, please contact Maureen Brady at the WMAA office by e-mail or phone: mbrady@wisc.edu or (608) 263-4914; or via postal mail using the address on the back cover of *Quarterly*.

On behalf of students, the WMAA needs more willing hosts in various locations. Please consider this opportunity, which other alumni have enjoyed!

Jennifer Wagner, 2016 MD Candidate

I'm a fourth-year medical student and am applying for internal medicine residencies. I used the Alumni Host Program for three of my interviews. I found the program to be exceedingly valuable, not only for the cost savings of avoiding a hotel, but also for connecting with incredible alumni in new cities where I may be living next year.

I have found that the people who choose to participate in the Host Program are uniformly generous and caring people. They are willing to take in a stranger for a day or two. I felt very comfortable and cared for in all three places.

The three people who hosted my visits are all very special to me. In Portland, Oregon, I stayed with Dr. Julie Kim (MD '92), who fed me meals with her family and gave me rides whenever I needed them. In Seattle, I stayed with Dr. Yuan Zhou (MD '11), who included me in a dinner out with her friend at an awesome pot pie restaurant.



During Jennifer Wagner's (left) residency interview in San Diego, Dennis Hemingway, MD '61, hosted her; pictured here at the Pacific Ocean, they toured the world's oldest active sailing ship.

And in San Diego, I stayed with Dr. Dennis Hemingway (MD '61). He showed me around the city, gave me a personal tour of the world's oldest active sailing ship, and took me out to eat on several occasions.

My hosts went out of their way to make sure I was enjoying my stay in their cities. I consider them friends.

I feel fortunate to have had access to this remarkable volunteer alumni network, as it greatly enhanced my interview experiences. I plan to "pay it forward" and host medical students in the future.

Thank you to everyone who participates in the program—it means a lot to students!

Chulhi Kang, 2016 MD Candidate

I am grateful for the hospitality of Drs. Mary Beth (MD '69) and Robert Metcalf (PhD '70 from the UW College of Agricultural and Life Sciences). It was nice to see that while you can take a Badger out of the Midwest, you can't take the Midwest out of a Badger! They offered to pick me up from the airport and chauffeur me around Sacramento during my interview at the University of California, Davis. They are wonderful conversationalists on many topics, a reflection of their interesting lives. The Metcalf house in Sacramento feels truly like a home, and although I was a stranger to them, I don't know that I could have felt any more welcome if they had invited me themselves outside of this program.

I am thankful to have the support of alumni during this exciting and stressful time while I am pursuing residencies. I decided to make use of the Host Program because I ended up going on 20 interviews, and the travel became quite expensive. The Drs. Metcalf represent the WMAA Host Program well, and I am honored to soon join ranks with them after I graduate.



Mary Beth Metcalf, MD '69 (left) and her husband, Robert H. Metcalf, PhD '70 (not pictured), hosted Chulhi Kang when he traveled to Sacramento, California, for a residency interview.

WINTER EVENT

A Delicious "Encore"!



When alumni who attended last year's Winter Event asked for an "encore" featuring locally sourced foods and beverages, the Wisconsin Medical Alumni Association (WMAA) gladly arranged to have the Fluno Center's eminently talented Chef Matt plan a similar menu for this year's gathering.

He artistically concocted a colorful, tasty selection, including chicken and waffles; braised beef sliders; sweet potato-, quinoa- and walnut-stuffed mushrooms; smoked trout on rye; kale salad; and an array of meats, cheeses, produce and dessert items, all thoughtfully paired with delectable beverages.

At the February 2016 event, WMAA board member and medical student pairs served up plenty of food and conversation, offering the perfect venue for more than 200 alumni and their guests, as well as University of Wisconsin School of Medicine and Public Health (SMPH) students, to visit while they sampled out-of-the-ordinary fare. An

important mission of this event is for the WMAA staff to help connect students and alumni who have similar interests, such as a field of research or medical specialty. Alumni report they enjoy sharing advice with students who are interested in their career tracks, and students welcome their advice.

Coda Blue medical student group opened the evening, and a jazz trio of SMPH students shared lively music throughout.

A "passport" encouraged each guest to try a variety of foods and visit with other participants to obtain signatures and earn a chance to win door prizes.

"We were happy to hear that our guests wanted an encore," exclaims Karen Peterson, the association's executive director. "Our state is known for so many wonderful foods and beverages. Above all, the lively conversations among our wonderful alumni and medical students were the highlight of the evening. This was a sure way for anyone to chase away any potential winter 'blahs.'"



Opposite page, clockwise from upper left (left to right): Members of Coda Blue—M1 Hemanth Potluri, M1 Weeden Bauman and M2 Katharine Molinarolo—entertain the crowd; a sampling of tasty fare; the “W” crest welcomes guests. Above, clockwise from upper left (left to right): pretty chocolates; M2 Danielle Westenberg, Jean Van Dreel and Richard Van Dreel, MD '62, converse; Jack Khalil, John Khalil, MD '04, Roberta Strigel, MD '04, and Ben Walker, MD '04, pose for a photo; M1 Mary Finta, Pam Heilman, MD '90, M1 Sarah Weiss and M2 Dana Ley show their passports; M1 Brett Carr, Wade Woelfle, MD '95, M1 Donna Ugboaja and M1 Amy Yan had a chance to visit; and Mark Fenlon, MD '84, MBA (partially hidden), and M1 Brett Carr serve food to M2 Christopher Little, M2 Jeremy Riekema, M2 Bronson Bomkamp, M2 Yusi He and M1 Thuy-Linh Nguyen.



A person bicycles near the Walnut Way Center in Milwaukee, where many students in the University of Wisconsin School of Medicine and Public Health's Training in Urban Medicine and Public Health (TRIUMPH) Program work and do service-learning projects.

HOLLY CARETTA-WEYER, MD '13

I am an emergency medicine (EM) chief resident at UW Hospitals and Clinics. In June 2015, I will begin an education fellowship at Oregon Health and Science University.

As an emergency physician, I care for children and adults who have a variety of needs—surgical, medical, psychiatric, trauma and everything in between. I love to make a difference for patients and families on potentially the worst days of their lives, and reassure them when everything is going to be OK. I find this field emotionally intense but equally rewarding.

“Identifying zebras” is one of the most rewarding parts of my job. For instance, I vividly remember a patient who came to the emergency department mumbling incoherently, with altered mental status, a week-long fever and a rash. Urgent care sent him to the emergency department due to concerns of meningitis. I determined that he had life-threatening thrombotic thrombocytopenic purpura and arranged for plasmapheresis and intensive care. A week later, we had a full conversation.

As part of my residency, I have been integrally involved in medical student and resident education. I developed

and implemented a health disparities curriculum for incoming interns and have helped teach several core days and integrative cases for medical students at the UW School of Medicine and Public Health. I also participate in many national organizations and an education subcommittee of the Council of Emergency Medicine Residency Directors.

I chose EM for multiple reasons. As a TRIUMPH student, I became integrated into the community and worked with patients on upstream determinants of health. Contrary to some, I believe



EM and public health go well together. I have a front-row seat for seeing public health needs—including what happens when the public health infrastructure fails patients. I am in a unique position to help address these needs, including working with legislators and others to effect positive change.

JONATHAN DICKMAN, MD '13, PHD '11

As I finish my third year of residency at Allina Health United Family Medicine (UFM) in Saint Paul, Minnesota, I am excited about continuing there for a “Fourth-Year of Mastery.” I will be working on areas of interest, including procedures, research and community resource mapping. Additionally, I have a special interest in ultrasound, which can improve diagnostic accuracy.

The beauty of family medicine is that there is no “typical case.” Family physicians are involved in all aspects of medical care for patients of all ages. I often

see children, pregnant women and older patients in one day at the clinic, and I may admit an adult to the intensive care unit, deliver a baby and admit a pediatric patient to the local children’s hospital in a single shift!

A patient who illustrated the holistic care we provide in family medicine was a young woman who was admitted to the hospital with significant nausea and vomiting. While talking to her about the plan of care, she stopped me and said: “You came to our house and cared for my grandfather.” While I did not immediately recognize her, I realized that I

met her when making a home visit for her recently deceased grandfather who had end-stage Parkinson’s disease. She stated: “You cared for him, and now you are caring for me. That is so special.”

I chose family medicine to be able to care for all members of a family and build their trust.

In medical school, I was passionate about building meaningful connections within the community. Like many in my field, I relish the opportunity to provide care to patients of all ages, perform procedures, deliver babies, visit nursing homes, provide inpatient care and much more.



The family medicine faculty at UFM are some of the most skilled, intelligent medical providers I have met. They inspire me to continue to learn and provide the best possible care to my patients every day.

HELEN YU, MD '15

I am a first-year family medicine resident at a busy urban hospital in Los Angeles, California: the Kaiser Los Angeles Medical Center. I am from inner-city Los Angeles and am excited to be serving my community.

I feel fortunate to be able to rotate through several different services and see such a breadth of medical issues. There is no “typical” case because I have rotated through pediatrics, obstetrics and gynecology, and adult medicine, and each of these fields is completely different. I love the

diversity of experiences within family medicine.

This field was the obvious choice for me because I was looking for a specialty that offered a wide scope of experiences, continuity of care and intuitive connections to public health and social justice. It also is at the forefront of changes to our current health care system.

I am part of the Los Angeles County Academy of Family Physicians and try to attend chapter meetings when my intern schedule allows. I hope to become more involved

with the California Academy of Family Physicians and policy advocacy work in the coming years.

This is an exciting and dynamic field in which we are never bored. We get to be a multi-age health care provider and become exposed to a wide spectrum of health issues; we also can engage in public health, care for underserved populations and health care reform. The opportunities are endless after training in family medicine.



CLASS NOTES *compiled by Andrea Larson*

We want to hear from you!

<http://med.wisc.edu/shareyournews>

Do you have photos from your junior class skit that you are willing to share? We are interested in the history of this activity and photos that are appropriate for a broad audience, which we may publish in a future issue of *Quarterly*. Please send copies of photos (electronic or hard copy) to the editor using contact information on the back cover. Please indicate the class year and any information you wish to provide.

CLASSES OF 1971, '73 AND '91



Three UW School of Medicine and Public Health alumni coincidentally ended up volunteering at the JDW National Referral Hospital in Thimphu, Bhutan, in September 2015 through Health Volunteers Overseas. Left to right: **George Pantely** '71, **William Niedermeier** '73, and **Lisa Nalven** '91.

CLASS OF 1985

Timothy Gundlach is pursuing an MBA through Auburn University's Physician Executive MBA Program; he will graduate in May 2016. He is serving as president of the North Carolina Society of Anesthesiologists. In 2015, his daughter, Allison, got married in Madison, and he had the pleasure of hosting several of his SMPH classmates at the event.

CLASS OF 1990

ThedaCare family physician **Kelli (Kellbach) Heindel** received the 2015 Family Physician of the Year Award from the Wisconsin Academy of Family Physicians.

Heindel has been a family physician for more than 20 years and sees patients at ThedaCare Physicians-Appleton North. As a volunteer at a local clinic, she provides care to underserved patients and mentors students who are considering or pursuing careers in medicine.



CLASS OF 1996

Thomas McIlraith received the Society of Hospital Medicine's Award for Outstanding Service in Hospital Medicine in March 2016. He is chair of the Hospital Medicine Department at

Mercy Medical Group (MMG) in Sacramento, California. He was elected to the MMG Board of Directors in 2009 and has served as its treasurer since 2011. He earned his bachelor's and medical degrees from UW-Madison and completed an internal medicine residency at the McGaw Medical Center of Northwestern University. In 2000, he became the head of the hospitalist division at South Sacramento Kaiser Permanente. He became the chair of hospital medicine at Mercy Medical Group in 2004 and has grown the department into a team of 90 hospitalists who provide 24/7 coverage at four Sacramento hospitals. He started the programs at two of the hospitals.



CLASS OF 2009

Adam Gepner accepted a faculty cardiology appointment at the William S. Middleton Veterans Hospital in Madison, effective in July 2016. He lives in Middleton, Wisconsin, with his wife Jamie and their children: Eliza, age 9, Aaron, 7, and Zoe, 5.



DeAnna Friedman-Klabanoff spent the past year working in Rwanda as part of the Human Resources for Health Program, where she taught medical students and pediatric residents in the tertiary referral hospital in Kigali (photo above). She had the opportunity to teach at the bedside and help improve the overall curriculum for medical students and residents. She wrote: "Not only did I enjoy the teaching aspects of the job, but I also found it enlightening to be so integrated into the health care system of a developing country. I feel that this will help me to better anticipate limitations and challenges as I design potential research projects in the future." Now back in the United States, she works as a pediatric hospitalist at Children's Hospital of Wisconsin in Milwaukee. She will move to Baltimore in mid-June 2016 to start a pediatric infectious disease fellowship at the University of Maryland. She hopes to become involved in research to help develop better malaria vaccines and/or malaria eradication, and she anticipates that she will return to Africa within the next 12 to 18 months and regularly throughout her career.

CLASS OF 2001

Michelle Dorsey was named chief of the Department of Radiology at the Phoenix VA Medical Center in August 2015. She joins her husband, Tony Dorsey, who has been the chief of the Department of Anesthesia at the same facility since 2006. They recently adopted a 2-year-old Navajo girl.

PG 1986

Kathi Kemper's latest book, *Authentic Healing: A Practical Guide for Caregivers*, combines ancient practices with modern science in a practical, step-by-step format appropriate for all audiences.

IN MEMORIAM

A. D. Anderson, MD '43
Madison, Wisconsin
October 13, 2015

Dean Emanuel, MD '47
Marshfield, Wisconsin
February 28, 2016

Howard S. Baker, MD '65
Wynnewood, Pennsylvania
December 21, 2015

Earl L. Cobb, MD '67
Lodi, California
October 9, 2015

Donn R. Slovachek, MD '79
Newburgh, Indiana
December 8, 2015

Robert L. Schaengold, MD '86
Cincinnati, Ohio
April 21, 2015

Thomas E. Leow Jr., MD '93
Marinette, Wisconsin
November 14, 2015

Former Faculty Member

Russell Wallace Chesney, MD
Department of Pediatrics, 1975-1985
Memphis, Tennessee
April 2, 2015

Goodbye Dear Friend: NASROLLAH SHAHIDI, MD

Nasrollah (Nasr) Shahidi, MD, emeritus professor of pediatrics, died on November 30, 2015. He was the first head of the Division of Hematology and Oncology of the University of Wisconsin School of Medicine and Public Health's (SMPH) Department of Pediatrics. Shahidi was a world leader in the understanding and care of bone marrow failure syndromes and an influential mentor to many.

Born in what is now Iran—which he always referred to as Persia—Shahidi initially trained in Paris. He came to the United States in 1954 to complete a pediatrics residency at City Hospital in Baltimore, Maryland, and later completed a postdoctoral fellowship in pediatric hematology at Harvard University, where he began his research career.

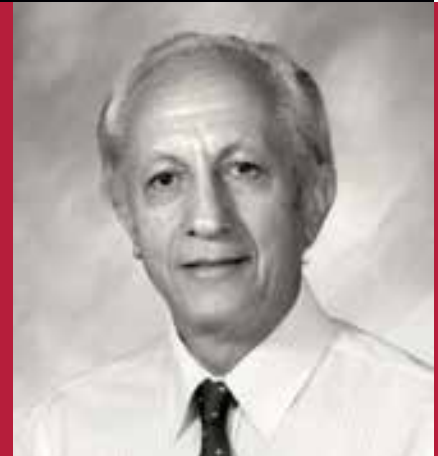
In 1966, Nathan Smith, MD, then-chair of the SMPH Department of Pediatrics, recruited Shahidi to create a new division of pediatric hematology and oncology at the school. Shahidi built a strong clinical

program, continued his laboratory and translational research, trained many students and residents, and established the division's postdoctoral fellowship program.

Shahidi was a leader in the laboratory analysis and treatment of Fanconi anemia, a rare, inherited blood disorder that can lead to bone marrow failure and leukemia. He was the first to treat a child with the disease using an innovative therapy derived from umbilical cord stem cells.

During his tenure, UW-Madison became one of the initial institutions to join the Cancer and Leukemia Group-B, an early multi-institutional consortium that evolved into the Children's Cancer Group now known as the Children's Oncology Group.

Shahidi also was instrumental in identifying the blood-disease-causing roles of the antibiotics phenacetin and chloramphenicol, and the pesticide DDT, and he influenced restrictions on their use. He earned an international reputation as an innovator in pediatric hematologic cancers.



His deep legacy at UW-Madison is carried on through current Division Chief Paul Sondel, MD, PhD '75 (PG '80). Shahidi helped convince Sondel to join the faculty in 1980 and succeed him as division chief in 1990.

"Dr. Shahidi was a remarkable physician-scientist, academician, leader, mentor, physician and Renaissance man, with many diverse accomplishments and interests," reflects Sondel. "He has influenced countless pediatric hematologists/oncologists around the country and world. We are grateful to him for the ways he looked out for our faculty, our team, our program and our patients."

Alumni Lead Two of the SMPH's Academic Campuses

by Sharyn Alden

Distinguished University of Wisconsin School of Medicine and Public Health (SMPH) alumni hold top leadership roles at two of the health care systems within the school's Statewide Campus.

Jeff Thompson, MD '78, is the CEO emeritus of Gundersen Health System in La Crosse, Wisconsin, the school's Western Academic Campus.

Sue Turney, MD '79, is the first CEO of the Marshfield Clinic Health System, the home of the SMPH's Marshfield Academic Campus.

In addition to its primary home in Madison, the SMPH also has the Milwaukee Academic Campus at Aurora Health Care. Aurora's CEO, Nick Turkal, MD, has held many joint leadership positions with that organization and the SMPH.

In the Statewide Campus, physicians volunteer their time and expertise by serving as community faculty and mentors to SMPH students.

Jeff Thompson, MD '78

Planting seeds to benefit others is something Thompson cares deeply about.

"As a health care organization, it is our responsibility to not only take care of patients, but to help our patients and communities stay well. That includes caring for the environment," says Thompson, Gundersen's CEO from 2001 through 2015.

Nationally known for helping to build and lead a high-quality health system and as a climate-change expert and visionary leader in environmental stewardship, he reflects on the very successful sustainability efforts at Gundersen, which serves 19 counties in Wisconsin, Minnesota and Iowa.

"Our goals are to decrease emissions, decrease related diseases and save health care dollars. We hope to inspire others by showing what can be done by working together across the community," he says.

The White House named Thompson a Champion of Change in climate and health in 2013, honoring him for doing extraordinary things to empower and inspire members of his community. In November 2015, he presented a talk, "Sustainability and the Health of our Communities," at the United Nations Climate Change Conference in Paris.

"My talk made it clear that all things are connected. Between 5 million and 8 million people die each year from air quality issues. We must be a part of the solution," he says.

After earning his undergraduate degree in his hometown at UW-Platteville, he entered the SMPH, which he considers "a great place of great value." He recalls the impact Elizabeth Silverman, MD, had on him.

"She pushed us to better ourselves. She demonstrated the rare combination of fusing the need to have strong basic knowledge, disciplined problem-solving approaches, and genuine care for each patient regardless of their struggles or backgrounds. Many clinicians master one or two, she did it all."



Jeff Thompson, MD '78

In medical school, Thompson received a scholarship toward a medical experience at Monambaro Hospital in Madagascar.

"I was introduced to amazing people and geography, and a huge amount of illness. It cemented my feeling that we should value our health and not waste resources," he says.

The previous year, he had met Sandy—now his wife of 37 years—when she was a nurse at St. Mary's Hospital in Madison. They have three children, Rachel Thompson-Fleming, MD, a pediatric hospitalist at Gundersen; Nathan Thompson, MD, an interventional radiologist in Chicago; and Sam Thompson, a human resources specialist who is pursuing a master of business administration degree.

Thompson is proud of several high-value programs at Gundersen, including the organization's role as the SMPH Western Academic Campus; its focus on teaching medical residents; and its strong efforts to encourage advance care planning.

"Studies show that 95 percent of La Crosse County seniors in their last two years of life have advance care plans. It is the highest percentage in the United States," he says.

In 2008, Thompson notes that Gundersen leaders analyzed what their organization was

potentially doing to the population's health and financial well-being by burning fossil fuels from outside the region.

"We established and subsequently met goals to power Gundersen by renewable materials, reduce its greenhouse gases by 90 percent, improve the health of our citizens, lower the cost of delivering care, and improve the local economy," he notes, adding that the health system's priorities inspired people worldwide to follow suit.

"If you are part of a value-driven organization, you must have the discipline to look it in the face and say you can do better. Just because you have people in your waiting room doesn't mean you are delivering the best quality care," he says, noting that change requires checks and balances to make sure systems work consistently and staff follow through on expectations. "When you do that, the whole community benefits."

Sue Turney, MD '79

When Walt Disney said, "All our dreams can come true if we have the courage to pursue them," he could have been describing Turney's life from kindergarten through today at Marshfield Clinic Health System (MCHS).

In September 2014, Turney returned to her Wisconsin roots to begin her lead post for MCHS. Previously, she was president and CEO of the Medical Group Management Association in Englewood, Colorado, and before that, the CEO and executive vice president of the Wisconsin Medical Society. She has fulfilled appointments by the Wisconsin governor and U.S. Health and Human Services secretary, and has served on American Medical Association committees and on the eHealth Initiative Board.

In 2005, Turney was named a Fellow in the American College of Medical Practice Executives, and she's been one of Modern Healthcare's 50 Top Influential Physician Executives multiple times.

Turney is leading one of the largest, most comprehensive medical systems in the nation. With a tripartite mission of patient care, research and education, MCHS has Marshfield Clinic, with more than 50 primarily rural sites in northern, central and western Wisconsin; two hospitals—Lakeview Medical

Center in Rice Lake and Flambeau Hospital, co-owned and operated with Ministry Health Care in Park Falls; Security Health Plan of Wisconsin, Inc., a not-for-profit health maintenance organization; and MCIS, an information technology company. The system also includes a graduate medical education program and a research foundation.

Turney completed an internal medicine residency at Marshfield Clinic, where she served for 22 years in clinical practice and administration. She earned her master of science degree in administrative medicine from UW-Madison in 1999.

Raised in the small northern Wisconsin town of Mellen, Turney shares a vivid memory of the time her kindergarten teacher asked what the students wanted to do when they grew up. Turney responded that she wanted to become a doctor, but her teacher said girls don't become doctors and suggested options like nursing or teaching. Turney continued to dream of the day she would be a physician.

Over the years, she continued to hear "girls don't become doctors," including from her father when Turney was preparing to take high school science and math classes.

"He believed in me, but it was a different era for women and medicine," she recalls.

At Mellen High School, she met Peter Turney, whom she later married. He earned his bachelor's degree from UW-Madison, taught school and later operated a bakery and restaurant. The couple has two grown children. Their son, Peter Turney, JD, earned a bachelor's degree from UW-Madison and a law degree from DePaul University; he is the assistant director of athletics compliance at Arizona State University. Their daughter, Alison Jones, MD, earned her undergraduate degree at Yale University and spent one summer at UW-Madison "so she could be a Badger." Married with two children, she is completing a psychiatry residency in Chicago.

Turney recalls a twist of fate that happened while she was working in the emergency room in Marshfield.

"I was assigned to care for a patient, and when I pulled back the curtain, there was my former kindergarten teacher who had discouraged me from becoming a doctor!" she exclaims. "I told her that advice had



Sue Turney, MD '79

acted like a reverse motivator—it helped me become a physician."

She also reflects upon a 20-year friendship with her mentor and fellow SMPH alum, George Magnin, MD '46, whom she met in her third year of medical school.

Magnin joined Marshfield Clinic in 1952. He was an SMPH preceptor from 1952 to 1966 and a clinical professor from 1962 to 1992; he also was the first director of medical education at Marshfield Clinic, where thousands of SMPH students have had opportunities to learn since 1927.

"I was impressed by his incomparable standards for medical education, which led me to do my residency at Marshfield Clinic and join its faculty. He was an expert in the science and art of medicine, and he served patients before himself," recalls Turney.

She proudly notes that in 2008, Marshfield Clinic became the inaugural site for the SMPH's Wisconsin Academy for Rural Medicine (WARM) Program. Its graduates are practicing throughout rural Wisconsin communities, including Marshfield.

Marshfield Clinic also recently built comfort and recovery suites that are licensed as skilled nursing facilities in Marshfield, Wausau and Eau Claire for patients receiving care in ambulatory surgery centers at those clinic locations.

As Turney reflects on her journey, she shares: "Don't be afraid to change, allow yourself to embrace what you want to do in life, and accept the consequences."

She says she is fulfilling her dream of caring for patients, but from a different perspective in this organization that is celebrating its 100th anniversary year, adding, "It is a continued privilege to take care of patients."

Mini Med School

THE PERSISTENCE OF MEMORY: ALZHEIMER'S DISEASE



by Robyn M. Perrin, PhD

Pop quiz! What disease is the sixth most common cause of death, affects more than 5.3 million Americans, and is the only major disease for which death rates are increasing rapidly—but ranks 16th for research funding? If you answered “Alzheimer’s disease,” you are correct.

Unfortunately, in this quiz, no one wins—because Alzheimer’s disease (AD) ultimately will affect all of us, directly or indirectly. By 2050, it’s predicted that 13.8 million Americans will have the condition.

It was fitting, then, that AD was the subject of the March 2016 Mini Med School, a public lecture series offered by the University of Wisconsin School of Medicine and Public Health (SMPH). Faculty members highlighted the remarkable progress in AD research and outreach efforts at UW-Madison, all achieved through steady focus and a genuinely integrated approach.

Sanjay Asthana, MD, the Duncan G. and Lottie H. Ballantine Chair in Geriatrics, SMPH associate dean for gerontology, and director of the Wisconsin Alzheimer’s Disease Research Center (ARDC), reviewed the biology of AD. A progressive neurodegenerative disease, AD may lurk silently for decades, first causing hallmark brain lesions from amyloid plaques and tau protein neurofibrillary tangles that aggregate within brain cells. The lesions develop decades before symptoms begin.

Halting, slowing or reversing AD once cognitive symptoms take hold has been difficult. But SMPH researchers want to know whether the pathology can be stalled at a non-symptomatic state, such as when brain lesions start to form, before cognitive decline.

Toward this goal, researchers have focused on developing technology and methods for early detection. Cynthia Carlsson, MD (PG ’98), associate professor of medicine, discussed the use of “sentinel”

biomarkers in cerebrospinal fluid (CSF). By studying participants in the Wisconsin Registry for Alzheimer’s Prevention (WRAP)—a panel of 1,500 volunteers, more than 1,100 of whom have a family history of AD—researchers have found that, over time, amyloid protein in CSF decreases in individuals at risk for AD as amyloid is re-allocated to plaques in the brain, and the level of tau protein in CSF increases. Researchers hope to use these biomarkers to establish AD risk levels. It’s sensitive work. Carlsson has performed more than 1,000 lumbar puncture procedures on volunteers to collect CSF samples used to elucidate the earliest stages of AD.

Similarly, Sterling Johnson, PhD, the Jean R. Finley Professor of Geriatrics and Dementia, discussed advanced brain imaging methods for detecting AD at its earliest stages. Specialized positron emission tomography (PET) scans allow specific visualization of amyloid or tau deposits in



Opposite page (clockwise from left): Mini Med School participants mingle at a post-event reception; Ozioma Okonkwo, PhD, shares his talk; Jane Mahoney, MD (PG '89), discusses her presentation topic with an audience member. Above (clockwise from upper left): Sterling Johnson, PhD, displays images; audience members listen intently; Cynthia Carlsson, MD (PG '98), answers a question; Johnson describes his research; Sanjay Asthana, MD, explains the fundamental biology of Alzheimer's disease.

brains of living subjects, so researchers can see patterns of plaques and tangles and have confirmed that people who show high amyloid burden do worse on memory tests.

The progressive nature of AD means early interventions are critical. This is why, Johnson explained, being able to conduct clinical trials in people who are “scan-positive” for plaques and/or tangles is key: computer modeling indicates that this could reduce the number of people needed for a clinical trial from 1,000 participants to about 250.

Detecting early-stage AD is one pillar of the UW-Madison program; research on prevention is another. Ozioma Okonkwo, PhD, assistant professor of medicine, has focused on a paradoxical observation: a small percentage of people who develop brain lesions remain cognitively normal, a surprising finding first reported in the 1980s. His research focuses on understanding this

resilience. He has found that exercise and physical activity are critical for reducing amyloid burden and preserving cognitive function, potentially suggesting that being physically active may delay or forestall development of AD. His group is conducting clinical trials to further test this idea.

Above all, UW-Madison faculty and staff working on AD want patients and caregivers to know they are not alone. Jane Mahoney, MD (PG '89), professor of medicine and director of the Wisconsin Alzheimer's Institute (WAI), described the tremendous impact of a network of memory clinics developed by the institute to serve people at 44 locations throughout Wisconsin and Michigan's upper peninsula. People experiencing cognitive decline can come to these locations with a caregiver and receive memory screening, physician assessment and information about resources available

to support them. Some UW-Madison faculty members are developing new computer-based support systems for caregivers. David Gustafson, PhD, professor emeritus of engineering and director of the Center for Health Enhancement Support Systems described Link to Care, a system his group is developing to help caregivers with decision and planning guides, and to connect them with others to build a support network.

Many of these efforts occur through the actions of the National Institutes of Health-funded ADRC and the WAI.

Given the burden of AD on patients, caregivers and society, there is urgent need for prevention, support and research. As the U.S. population ages, the future depends on these efforts. SMPH faculty and staff members are relentlessly focused on making a difference for patients and families.

DNA Change Impacts Spread of Cancer-Causing Virus

A newly discovered change in viral DNA is having disastrous effects in nasopharyngeal carcinoma (NPC) in humans, according to a University of Wisconsin School of Medicine and Public Health (SMPH) study, which was published in the *Proceedings of the National Academy of Sciences*.

When the Epstein-Barr virus (EBV) infects human cells, it takes its latent or lytic form. The virus' lytic form actively produces infectious particles in an effort to spread to other cells. A latent infection typically occurs once the immune system suppresses a lytic

infection, and the virus does not actively replicate. But while the latent virus is "hiding," part of its genome is producing oncogenic proteins that can contribute to NPC.

Researchers discovered that a certain epigenetic modification of the EBV genome, called 5-hydroxymethylation, could make EBV more infectious and revert to its lytic form, which allows it to spread to other nasopharynx cells.

The modification was for the first time shown to regulate viral gene expression. The cellular proteins that control whether this gene modification

occurs are commonly mutated or deactivated in NPC.

"We discovered that the modification can occur on the EBV genome and affects how EBV is regulated," explains Shannon Kenney, MD, professor, SMPH Departments of Oncology and Medicine. "This is the first virus in which this modification has been shown. We know patients with NPC have high levels of antibodies to EBV proteins expressed in the lytic form of infection, indicating that they had a high-level lytic infection before developing NPC."

Researchers believe latent infection contributes to NPC

at later stages, and that lytic infection is required for tumor formation because it helps spread the virus.

While most people overcome EBV infection—among the most common viruses in humans—it's most dangerous for those with compromised immunity.

The study was a collaboration among SMPH faculty members including Kenney; Eric Johannsen, MD, assistant professor, Department of Medicine; Paul Lambert, PhD '85, chair, Department of Oncology, and director, McArdle Laboratory for Cancer Research; and several others.

Lung Cell Acts as Sensor, Regulator

An uncommon and little-studied type of cell in the lungs has been found to act like a sensor, linking the pulmonary and central nervous systems to regulate immune response in reaction to environmental cues. The pulmonary neuroendocrine cells (PNEC) are implicated in many human lung diseases and sudden infant death syndrome.

Their function has been unknown. But a team led by University of Wisconsin School of Medicine and Public Health (SMPH) medical geneticist Xin Sun, PhD, reported in *Science* that PNECs are effective

sensors in the airway of humans and other animals.

"We concluded that these cells, which make up less than 1 percent of cells in the airway epithelium, are capable of receiving, interpreting and responding to environmental stimuli such as allergens or chemicals mixed with air," explains Sun, a professor in the SMPH Laboratory of Genetics.

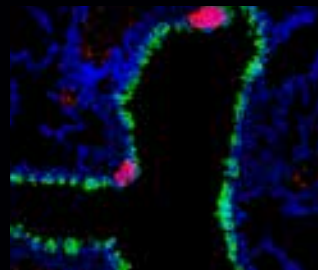
Discovering the cells' function may provide new therapeutic avenues for serious pulmonary diseases.

Sun and her group initially set out to find the underlying cause of congenital diaphragmatic hernia (CDH).

They homed in on a pair of genes known as ROBO1 and ROBO2 for which mutations had previously been implicated in CDH. When Sun and her colleagues were able to mimic CDH, they discovered that PNECs were disorganized in the ROBO mutants compared to cells in healthy mice.

"In the mutant, they remain as solitary cells, not clusters, and are much more sensitive to the environment," says Sun.

The team also showed that defects in PNECs—the only known cells in the airway lining linked to the nervous system—caused the hyperactive immune response in ROBO



mutant lungs. Sun says it seems they share information to and from the brain.

Knowing that PNECs play a role in regulating host response through neuropeptide release may help researchers find ways to prevent or cure diseases.

Several faculty and staff contributed to the study.

Nanodiscs Help Reveal How Membranes Fuse

From fertilizing an egg, to a virus entering a cell or the release of neurotransmitters into a synapse, cell membranes are constantly fusing. The first step in membrane fusion is the creation of a pore that forms the first connection between the two membranes destined to fuse, but what that actually looks like had been unclear.

Using various approaches, including nanodiscs—tiny disc-shaped patches of membranes built by researchers to help study membrane proteins—University of Wisconsin-Madison scientists gained

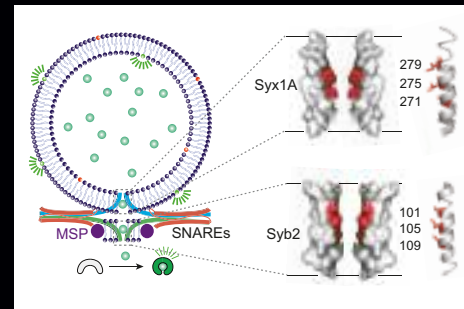
valuable insight into the structure and regulation of fusion pores. Such pores range in size, but are usually one or two nanometers in diameter.

In 2013, the Nobel Prize was awarded to investigators who identified proteins that mediate most membrane-fusion reactions. This armed researchers with the molecules that mediate fusion, but it's unclear how the proteins work.

Studying fusion pores is challenging because they are open for only a few thousandths of a second. To examine the structure of fusion intermediates, Ed Chapman, PhD—Howard Hughes Medical

Institute professor in the UW School of Medicine and Public Health (SMPH) Department of Neuroscience—and postdoctorate researcher Huan Bao, PhD, turned to nanotechnology.

“The beauty of using nanodiscs to study fusion pores is the fact that they are bounded by membrane scaffolding proteins,” says Chapman. “Once the fusion pores open, they can't dilate because the nanodisc can't expand, trapping fusion pores in their open state and making it possible to study them at the biochemical and structural level for the first time.”



Resolving a conundrum, these experiments, published in *Nature Structural and Molecular Biology*, revealed that the pores are hybrid structures composed of lipids and SNARE proteins. The lab now seeks to study the kinetic properties of reconstituted fusion pores to gain even more detailed insights.

Scientists Grow Functional Vocal Cord Tissue



University of Wisconsin-Madison scientists have grown functional vocal-cord tissue in the lab, a major step toward restoring a voice to people who have lost their vocal cords to cancer surgery or other injuries.

Nathan Welham, PhD (photo above), a speech-language pathologist and associate

professor of surgery at the UW School of Medicine and Public Health (SMPH), and colleagues from several disciplines bioengineered vocal-cord tissue able to transmit sound, they reported in *Science Translational Medicine*.

About 20 million Americans suffer from voice impairments, and many have damage to the vocal-cord mucosae.

“Voice is a pretty amazing thing, yet we don't give it much thought until something goes wrong,” says Welham. “Vocal cord tissue has to be flexible enough to vibrate, yet strong enough to bang together hundreds of times per second. It's a hard thing to replicate.”

Welham and colleagues began with vocal-cord tissue from a cadaver and four patients who had their larynges removed but did not have cancer. They isolated, purified and grew the cells from the mucosa, then applied them to a 3-D collagen scaffold. The cells grew together to form a tissue with a pliable but strong connective tissue beneath, and layered epithelial cells on top.

Welham says it had qualities similar to normal tissue, and it vibrated like and sounded similar to native tissue.

Finally, researchers tested whether the tissue would be rejected or accepted by mice that had been engineered to have human immune systems.

The tissue grew and was not rejected, performing equally well in mice that had the larynx-cell donor's immune system and those with different human immune systems.

“It seems like the engineered vocal cord tissue doesn't set off a host immune reaction,” Welham says.

Because vocal-cord tissue free of cancer is a rare commodity, clinical applications will require banking and expansion of human cells or using stem cells derived from bone marrow or other tissue.

Clinical applications are still years away, but Welham says this proof-of-principle study is a “robust benchmark.”

Advancing Palliative Care

JAMES CLEARY, MD, AND
TOBY CAMPBELL, MD, MSCI (PG '04)



James Cleary, MD (left), and Toby Campbell, MD, MSCI (PG '04), have helped change the way doctors talk with patients about serious illnesses and approach end-of-life care.

by Susan Lampert Smith

Two of the world's leading medical journals recently turned to the University of Wisconsin School of Medicine and Public Health's (SMPH) palliative-care leaders to frame important end-of-life care issues.

Toby Campbell, MD, MSCI (PG '04), went first, writing an editorial for the *Journal of the American Medical Association* in November 2015 about how his views have evolved as he has learned from patients. He explains that the "bucket list" approach to life's end can exhaust everyone.

"Now I understand that fighting for a moment of 'normal,' for a minute that doesn't matter, is relevant and valuable," wrote Campbell, an SMPH assistant professor of medicine. "I've since handwritten a prescription for 'a cancer-free weekend.' [A clinician] could be more like a coach giving permission to call a time out, during life's two-minute drill, for a moment of normal amidst the noise of a life at its end."

His mentor, James Cleary, MD, an SMPH associate professor of medicine, was asked to write an editorial for *The Lancet* in February 2016, commenting on the fact that failed pain policies mean people across Asia and Africa continue to die in pain, unable to access drugs the World Health Organization considers essential.

Palliative care barely existed at UW-Madison when Cleary arrived from Australia 22 years ago to research pain relief in cancer care at the UW Carbone Cancer Center (UWCCC).

"Dr. Paul Carbone asked me if I'd be interested in starting a palliative-care program," says Cleary, who did so and became the program's first clinical director.

Having since grown into a team of six physicians, an advanced practice nurse, pharmacist, social worker, psychologist and chaplain, the Palliative Care Program provides inpatient and outpatient care for patients who have any serious disease, compared to some programs that focus solely on cancer.

Along the way, Cleary and Campbell—both UWCCC members—have trained

the next generation of medical students, residents and fellows. Their core program for SMPH third-year students consistently ranks among the most highly rated courses.

Each year since 2009, UW Hospitals and Clinics has used Campbell's "WeTALK" program to train new residents to communicate with patients about serious illnesses. In 2014, the SMPH Department of Medicine employed WeTALK to train more than 600 faculty and staff members, and the school's Department of Family Medicine and Community Health plans to do the same in 2016. This year, Campbell and his team trained 29 acute care surgeons to use an innovative communication tool he designed with Gretchen Schwarze, MD, an associate professor in the SMPH's Department of Surgery, Division of Vascular Surgery, called Best Case/Worst Case, for high-risk shared decision making. Campbell leads a "PalliTALK" workshop for palliative care fellows from across the nation.

"The UW is at the forefront of improving doctor-patient communications across the enterprise," notes Cleary. "We have changed the way doctors talk to patients about serious illnesses."

Still, the two physician-researchers agree that much more needs to be done. Campbell cites a recent *New England Journal of Medicine* study showing that a large majority of people with incurable cancer don't understand that their disease will likely kill them. They've found similar numbers in research about their own cancer patients.

"Patients are told this news, but not in a way that registers," Campbell says. "It's because we speak in what I call 'onco-babble,' treatment-focused talk that often leaves no space for patients to grasp the meaning of the oncologist's words about an incurable disease."

Rather than rush into treatment discussions before their diagnosis has sunk in, Campbell has proposed a method that facilitates a prognosis discussion between providers and patients so they can work through the process with their physicians. He also researches whether such communication training makes a difference in patient care. His results suggest it does.

"Can you teach empathy?" Campbell asks. "Yes, you can teach people to see and respond skillfully to human suffering and distress. When we teach WeTALK workshops, the participants emerge able to communicate differently and more effectively compared to the day before."

Increasing those the Palliative Care Program can train, in 2015, for the first time, it participated in the national match for fellows, filling all four of its fellowship slots.

Campbell succeeded Cleary as the chief of palliative care in 2011, giving Cleary more time to focus on helping improve pain control in the United States and around the world. Along with leading the UWCCC Pain and Policy Studies Group and serving as a member of the UW-Madison Global Health Initiative, Cleary is a leader of the international Global Opioid Policy Initiative and a member of the Lancet Commission for Palliative Care and Pain Relief. He is concerned that a backlash to opioid addiction in the United States is leading to restricted access to that class of medication for people with cancer and other serious illnesses.

"Our goal is to ensure access to those who need opioids for medical purposes while reducing the risk of misuse and diversion," Cleary explains.

Despite these concerns, public awareness about palliative care has never been more keen. Cleary and Campbell were featured in two documentaries, which aired on PBS, addressing communication at the end of life called "Consider the Conversation." A third documentary is being planned. Additionally, the best-selling books *Being Mortal*, by Atul Gawande, MD, MPH, and *When Breath Becomes Air*, by Paul Kalanithi, MD, have increased public dialogue.

Cleary says he's seen growing appreciation over two decades for the idea that health care must focus not only on living longer, but also on improving quality of life. Change is occurring, albeit slowly.

"It's like being aboard the Titanic," Cleary shares. "The crew in the helm, and even the people playing in the band, know we have to change direction. Unlike the Titanic, the ship is turning, but it takes time."

Prescription for Change

Fostering Medical Student Conversations about Poverty

by Renie Schapiro, MPH, and
Elizabeth J. Neary, MD '91

While a small number of medical students grew up poor and some have worked with low-income people, many have no experience with poverty. How can a medical school help students understand and empathize with patients who live in poverty?

At the University of Wisconsin School of Medicine and Public Health (SMPH), Public Health Integrative Cases—with their experiential and interactive focus—enable medical students to examine the social determinants of health, including behavior, physical environment and socio-economic factors. A new type of integrative case brought to students the voices of those who live in poverty. In the Poverty Integrative Case, first-year students explore the impact of poverty on health and health care.

To do so, the SMPH partnered with UW-Madison's Odyssey Project, a unique program providing low-income adults an opportunity to take humanities courses at the university. It often is a life-changing experience; for some, it is the gateway to a college degree they never expected.

SMPH faculty invited Odyssey alumni to write about a health care experience. Seventy first-year medical students chose to read and reflect on the essays as one of their Integrative Case activities. After reading the 12 essays, the students participated in a small group discussion facilitated by a physician and wrote a final reflection.

Many students were surprised at the anger expressed in the essays. It did not align with their views of physicians or themselves. Some students defended the physicians or blamed the "system." Others expressed frustration with the

physicians. Over the course of the discussion, they moved beyond their initial emotions and acknowledged the writers' sentiments and feelings. By the end of the discussion, they were suggesting ways to improve communication and better understand patients' lives outside the clinic; they also wrote about this in their reflections. Overall, the Odyssey exercise fostered insightful conversations around poverty, racial inequities, biases and the need for optimal care for all patients.

Here are some excerpts from the Odyssey alumni essays and medical student reflections:

Jaleah Price, granddaughter (right) of an Odyssey student (center, with another granddaughter) and participant in the Odyssey Junior Program



A tall, chubby, black girl walked into a dermatology clinic, hopeful that her doctor would change the way she saw herself. She suffered from a discoloration of her skin. Whenever she saw her spotty skin in her reflection, she broke down and cried. This young girl was me and is me now.

The dermatologist who cared for me was a tall, Caucasian man who wasn't so pleasant. When he sat down, I could already feel his negative energy. He did not greet me with a smile, nor did he shake my hand. He spoke very few words, but the words that still stick out to me this day are: "I can't help you."

When he told me this, I was shocked and scared. The words "I'm never going to be beautiful" raced through my mind. He then turned to my grandma and began to tell her that there was nothing he could do because I was overweight and was going to have diabetes. Not only was I crying, but my grandmother was, too. I felt, and still feel, that this doctor did not care about me.

From that day on, I never looked at myself the same. That doctor was unwilling to care for me because I did not have his preferred insurance and because I was at high risk for diabetes. He not only hurt me by saying he could not help me, but also by predicting that I was going to have diabetes. No doctor or health care official should make a patient feel the way this dermatologist made me feel, especially a child.

Cassidy Bommer, M1

My initial reaction was one of very strong negativity toward the physician. "How could you be so dismissive to a patient who came to you for care?" As we discussed this story, I came to recognize the many possible sides of this encounter.

Our group discussed the prevalence of miscommunication and misperception at the doctor's office. This physician said, "I can't help you," but what this young woman heard was, "I won't help you." Furthermore, she was under the impression that it was due to her health insurance. I think the biggest takeaway here is that, as future physicians, we need to be very aware of how our words are



perceived by patients and to actively encourage patients to advocate for themselves. It is very possible that this physician had no idea the impact his words had on this young woman.

Physicians, despite their best efforts, label patients all the time. I think individual patient labels often start to project themselves onto entire groups of patients that may share similar histories or backgrounds. This is not strictly a “physician problem;” it’s a human one.

Patients stereotype physicians, too. Turning over a new leaf with each patient, even when he or she could be labeled one way or another, can be incredibly powerful in changing the course of history on this issue.

Jasmine Banks, M1, *Odyssey alumnae*

What do we assume or take for granted when interacting with others? People always seem to assume that everyone has



access to the same life and benefits that they do, but to have those assumptions in the medical field can be very detrimental to a patient. You might assume that folks have money for an office visit copay or prescription, that \$5 to \$10 isn’t that much—unless they are on a fixed income or have no income. You might assume that people are leaving your care and going to a nice house, a hot meal and a clean, warm bed—a place where they can rest and get comfortable. You might assume that a parent who has children and just had surgery is going home to a spouse who will help him or her with the children so he or she can rest. You might assume that folks can read the writing on the pill bottle or the instructions they have been given.

Minbo Bai, M1

Reading the essays was a powerful experience. One essay brought up the issue of “wrap my mind around patient’s realities.” She provided poignant examples such as “they (patients) had left their glasses at home, that it could be their way of telling me they can’t read.” This made me think. If a patient had come to MEDiC or to my preceptor’s office and said the same thing, I would not have picked up on this cue. It made me think about all the other cues that I likely have missed throughout my time volunteering at a public health clinic. I realize that I often make assumptions about patients, especially about things I consider basic, such as food, shelter, literacy, etc. The reality is that for many people living in poverty, what I consider basic could be a luxury.



Several of the Odyssey writers said they felt they were given inferior care, such as not getting an MRI or being told they couldn’t file a complaint, because they received Medical Assistance. That led the students and facilitators to explore issues around coverage and care, as follows:

Shilpa Kalluru, M1

We called forward the question of whether the patient truly received different care solely because of insurance. We also discussed the idea of making sure to keep the whole patient in mind, including finances. Is it reasonable to prescribe



a drug that is the best one if it is too expensive for the patient? Is it unethical to prescribe a cheaper, less effective drug if it is the one the patient can afford? Will a huge hospital bill decrease his or her quality of life to an extent that it is not worth it to have received the best care? If someone can’t afford the medicine, might he or she be embarrassed to tell you and simply forgo picking up the prescription, when maybe the patient would have used the medicine if it were a cheaper form?

Students also reflected on the personal impact of these essays, underlining the importance of communication and respect, like this:

Jeanette Comstock, M1

I am so appreciative of the people who took time to share these stories. I think they will stick with



me throughout medical school as I begin to see more patients and learn their stories. We all deserve to be seen and heard, to receive care and to be treated fairly, regardless of our economic situation.

Odyssey alum (anonymous)

I am glad that the UW School of Medicine and Public Health is taking a different approach in training. Thank you for this opportunity to be heard.

Thank you to Odyssey Project alumni, Odyssey Project Director Emily Auerbach, PhD, and faculty Kevin Mullen, PhD, and at the SMPH to Stephen Bagwell and the physician small-group facilitators David Deci, MD; Gwen McIntosh, MD '96; Elizabeth J. Neary, MD '91; and Erik Ranheim MD, PhD, for their important contributions to this experience.



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Bentson Foundation

PREPARING PHYSICIAN-SCIENTISTS
FOR CAREER SUCCESS



Left to right: Paul Harari, MD, is grateful to Dan McCarty for introducing him to the Bentson Foundation leaders, who established the Radiation Oncology Research Fellowship Program.

by Sarah Perdue

From imaging to therapy, electromagnetic radiation has long played a central role in cancer diagnosis and treatment. Thus, it is fitting that radiowaves—indirectly, radio and television stations—would have a connection to a new fellowship program in the University of Wisconsin School of Medicine and Public Health's (SMPH) Department of Human Oncology.

What's the connection? Bentson Foundation founders Larry and Nancy Bentson of St. Paul, Minnesota, had an ownership interest in several Madison media outlets, including WZEE-FM and WKOW-TV. Through their success, they created the foundation and a lasting legacy of philanthropy that focuses on gifts to higher education, public health, and the arts and humanities. Creating the Radiation Oncology Research Fellowship Program was a new venture for the Bentson Foundation, and the \$2.25 million gift represents the foundation's first gift to UW-Madison.

"We are thrilled with the generous gift from the Bentson Foundation. The new Bentson Fellowship Program will be a "game changer" in creating a strong pipeline of future leaders in the field of radiation oncology," says Robert Golden, MD, dean of the SMPH.

Paul Harari, MD, professor and chair, Department of Human Oncology, says the gift's timing is perfect, noting "We're at a time in our history when several factors make it difficult for physician-scientist trainees to smoothly enter faculty positions and launch successful careers without an extra boost."

Harari explains that future Bentson Fellows will typically be early-career MD or MD/PhD graduates who have the degree credentials to run their own research laboratories but who face significant challenges for scientific career success. These challenges include intense competition for federal research grants, limited years of pre- or post-doctoral training compared to classical PhD scientists, and the significant time commitment devoted to clinical care duties as they begin their faculty positions.

The dedicated training offered through the new two-year Bentson Fellowship can significantly diminish these challenges.

"These candidates are incredibly bright, capable and talented physician-scientists, but they simply need more time and training in the research arena of their specialty," says Harari, whose research track record drew the attention of Bentson Foundation leaders, as did the prospect of helping foster growth in oncology research.

"We try to see who is doing breakthrough work in alignment with areas of impact we want to have," shares Judi Dutcher, executive director of the Bentson Foundation.

For more than a decade, Harari has dreamed of starting a fellowship program like the Bentson Fellows at the SMPH, although he was unsure how to fund it. Eight years ago, he organized a head and neck cancer interest group with patients and family members who helped spread awareness of the disease and raise funds for research and training.

"One of my patients at the time, Dan McCarty, said, 'You know, Paul, I have a great relationship with a business leader, Larry Bentson, who has established a foundation that I think might be interested in connecting with you to see what opportunities exist,'" Harari recalls, adding that the conversation eventually led to a meeting with Bentson Foundation leaders in 2014.

"Dan is a cancer survivor and highly committed individual who helped us make an incredible connection with the Bentson Foundation," says Harari.

Dutcher shares, "Dr. Harari and his work were brought to our attention, and he shared a presentation about the combination of radiotherapy with molecular targeting drugs—work for which he is renowned. Larry Bentson ultimately passed away from esophageal cancer. He had experienced the side effects of radiation associated with treatment, and we feel that Dr. Harari is doing important work to reduce the side effects of radiation treatment that will positively affect the lives of many."

Harari suggested that the Bentson Foundation fund a fellowship program in the Department of Human Oncology because



Larry and Nancy Bentson created a foundation to fund scholarships for medical research and training.

he felt the foundation's support could help advance opportunities for early-career physician-scientists. He and foundation leaders stayed in touch to develop the theme.

"Late last summer, they approached me again about the fellowship, and through collaborative planning, the program has come together beautifully," Harari notes.

Harari and colleagues are actively interviewing fellowship candidates, and the first fellows will begin at the SMPH in summer 2016 or 2017. Over the 10 years of the funding provided by the Bentson Foundation, each fellow will receive up to two years of support and devote at least 80 percent of his or her time and effort in a mentored research laboratory setting. Fellows also will engage in structured training activities designed to promote future career success, including participating in grant- and article-writing workshops, designing research protocols that bridge lab-to-clinic activities and working closely with a faculty and career mentorship committee.

"The Bentson Fellowship will provide an important bridge for young physician-scientists as they transition into faculty positions," Harari concludes. "We want to help position these talented individuals for success as they embark on careers that have the potential to bring enormous benefits to cancer patients for the future."

ANDERSON AND MARKUSEN COMPLETE
Ironman Wisconsin



M3 Nick Anderson (on bike) pulls his friend Halden Markusen during the Wisconsin Ironman triathlon.

While friends sometimes complete triathlons together, for one such duo, the Ironman Wisconsin challenge was bigger than usual.

In fall 2015, this challenge took on a whole new meaning for Nick Anderson, a third-year medical student at the University of Wisconsin School of Medicine and Public Health (SMPH). He completed the race with his friend, Halden Markusen, even though Halden's cerebral palsy means he is unable to run, bike or swim on his own.

It's not the first race during which Anderson "loaned his arms and legs" to Markusen, but it is the longest. Anderson pulled Markusen in a raft for the 2.4-mile swim, towed him in a trailer for the 112-mile bike ride, and pushed him in a specialized cart for the 26.2-mile run. They walked across the finish line together.

The friends credit their ability to accomplish the 140.6 mile journey to the guidance and vision of myTeam Triumph (mTT), an organization that unites athletes with people with disabilities to do races ranging from 5K runs to Ironman triathlons.

Why did you decide to run the Ironman Wisconsin with Markusen, and what was it like?

I did my first Ironman in fall 2013. The life-changing experience taught me more about myself than I expected. However, the journey was filled with personal sacrifices and felt largely selfish. This made me seek out something more for my racing.

During my first Ironman, I saw a team of racers who were doing the Ironman together through myTeam Triumph—and I thought of my lifelong friend, Halden. That inspired me to talk with him about taking on the Ironman Wisconsin together. Within a couple of months, with the help of myTeam Triumph, he and I began a year of training.

Of the thousands who complete an Ironman, only a few have disabilities. Halden and I were given a life-changing opportunity.

Ironically, pushing Halden was hardly that, as he was the one "carrying" me. His joy, happiness and humor were magical. When thousands of spectators cheered for us, it was not because of what Halden cannot do, it



M3 Nick Anderson (right) and Halden Markusen (center) cross the Wisconsin Ironman finish line, where they are met by Markusen's cousin, AJ Dahl, who introduced the two friends years ago.

was because of what he was accomplishing. I found myself in tears as they cheered!

We initially were nervous about how Halden would handle the long race day—for which we woke up at 4 am and started our swim at 6:50 am, 10 minutes before the solo racers. However, even at mile 24 of the run, he was throwing his hands up in glee as we passed spectators yelling his name.

While Halden can't always express himself in typical ways, when he embraces me at the finish line and talks about doing future races with mTT, I know what I'm doing is significant and beyond myself. Providing the legs so Halden can do a 5K, marathon or Ironman is secondary to the motivation and positive attitude he shares with those around him every day. Racing with Halden is my small gift in return.

Halden has lived an incredibly challenging life, and I can't imagine a more deserving person to have the Ironman experience. It will remain one of the greatest days of my life.

What did you learn about yourself during the race?

I learned how important it is to keep living life and doing what you love. The medical profession is flooded with responsibilities that can consume us if we are not cautious.

I completed my first two Ironman races, including the one with Halden, during medical school. People may have thought I was crazy to take them on at that time, but I ask, "If not now, when?" We all can relate to how fragile life can be—and that includes our own. The time to live is now.

—continued on next page

Why do you run?

Endurance sports have been a huge part of my mental health journey. I began the Ironman experience at a point when I was not happy with where my life was emotionally. My grades were fine, and I had support from my friends, but something meaningful was missing. How could I be on the ultimate journey to take care of others when I felt that I couldn't even take care of myself?

Triathlons, marathons and the necessary training provide the space in which I find time to understand myself. A stressful day is wiped away with a bike ride because of the way the sun glistens on the horizon. The smell of a fresh-cut lawn brings nostalgic thoughts from my childhood. The smile and wave of a passing biker reminds me that we all are connected. These feelings provide happiness, which I think is the quintessential ingredient in a healthy life.

Why do you want to be a physician?

I want to be a doctor because I love connecting with people. I love hearing

their stories—not just about their health conditions, but also where they are from, what they do, and about their family, passions, greatest joys and deepest sorrows. I want to be able to heal the body and heart. No profession allows more intimate access to the human condition than being a physician.

Are there similarities in training for an Ironman and to be a doctor?

Yes, there are many similarities. For instance, you must wake up every day committed to a cause and give it your all.

Both require resilience because there will always be struggles to work through. The outcome depends most on how we handle situations. For instance, I couldn't get rid of a stress fracture just as I couldn't avoid reading the 550-page cardiovascular medicine text in medical school, but I could overcome these things to reach my goals.

Attitude is everything. I ask my friends to remind me of my choices anytime I complain. Remembering the reason I started this journey helps keep things in perspective.

What medical field are you pursuing?

I plan to go into pediatrics. I derive my greatest meaning by providing a voice to those who don't always have one. No other field makes me smile so much. I love the pure candidness of children.

Why did you choose the UW School of Medicine and Public Health?

I am a Wisconsinite through and through. I grew up in Eau Claire, and I received my undergraduate degree in biomedical engineering from UW-Madison, so I knew what I was signing up for at the SMPH. It is one of the best medical schools in the country and has incredible teachers, which is important to me because I want to teach. Learning from physicians who have trained worldwide is a special privilege, and I believe the school's focus on public health equips us to be active players in the biggest health care challenges facing the medical community.

ALZHEIMER'S DISEASE *continued from page 12*

professor in the Division of Geriatrics and Gerontology, Okonkwo is running a study funded by the Alzheimer's Association to see if physical activity can prevent symptoms from appearing.

All the data on WRAP participants has drawn international attention from researchers interested in "big-data" analysis, leading the SMPH to form a partnership called Swoop-Med to interrogate the data in a way that makes it easier to search for clues to better target diagnosis and treatment.

Sterling Johnson, PhD, the Jean R. Finley Professor of Geriatrics and Dementia in the Division of Geriatrics and Gerontology, associate director of the ADRC and the principal investigator of the WRAP study, says perhaps WRAP's greatest contribution is its wealth of data, going back an average of nine years for each participant and including blood samples, spinal fluid and other biomarkers, plus cognitive test results and lifestyle and health information.

"This can help us pinpoint factors that confer risk or resilience," Johnson says. "When we identify cognitive decline, we can look back at data from earlier visits and determine which features might predict future symptomatic disease."

Johnson is using imaging tools to search for early biomarkers of Alzheimer's disease in the brain—the amyloid plaques and neurofibrillary tangles that previously weren't seen until autopsy. He hopes this will lead to earlier diagnosis and treatment, as well as a better chance to enroll into the studies people who are on a pathway to Alzheimer's.

While past years have yielded important clues, there's still no cure and no effective treatment for the disease. Cindy Carlsson, MD (PG '98), an associate professor in the Division of Geriatrics and Gerontology who is running the Wisconsin site for the A-4 drug trial, remains optimistic.

"I think in five years we're going to have the results back from some of these large

trials, and we'll know if we're on the right track with targeting these amyloid proteins," she says. "We'll have a better understanding of the factors that lead to Alzheimer's. It may seem like we are taking baby steps, but we have a much better understanding of the disease than we did 10 years ago."

And Knuti is doing her part to make sure progress comes as quickly as possible. She's six years younger than her mother was when her mother's Alzheimer's was diagnosed. Knuti eats healthy foods, works out at a gym and hopes an answer comes soon.

"I feel like I'm a little ahead of the curve in this race, but I have to keep up my pace," she says. "If the information we learn from UW research allows us to put off getting the disease by five years, just think how much that would save our society."

KAPLAN APPOINTED CEO OF UW HEALTH

Alan S. Kaplan, MD—a nationally renowned health care leader with a proven track record of leading large-scale clinical and cultural transformation with a focus on care coordination—has been selected as the new chief executive officer of UW Health. He is expected to start his new role in early May 2015.



Kaplan is the executive vice president and chief clinical transformation officer for UnityPoint Health in West Des Moines, Iowa. He is the founder and president/CEO of UnityPoint Clinic, providing leadership for 1,300 providers. Kaplan also serves as president/CEO of UnityPoint at Home, a provider of home care, palliative, hospice and home infusion services. UnityPoint Health is a large, highly integrated network of hospitals, clinics, home care and health plan services. The nonprofit, which includes UnityPoint Health-Meriter, operates in Iowa, Illinois and Wisconsin.

“Dr. Kaplan’s outstanding record of driving and managing change and integration will be of great value to UW Health as we move forward toward becoming a more fully integrated academic health-care system devoted to seamless care centered around our patients,” says Robert Golden, MD,

dean of the University of Wisconsin School of Medicine and Public Health (SMPH) and chair of the UW Health board. “He is a change agent who has successfully transformed clinical care in several different settings, and I look forward to his leading UW Health on a similar journey.”

Kaplan is board-certified in emergency medicine. Prior to joining UnityPoint Health in 2009, he served as vice president and chief medical officer at Edward Health Services Corp. (EHSC), a health-care system based in Naperville, Illinois.

He received his medical degree from Rush University in Chicago in 1985 and a master’s in medical management from Carnegie Mellon University in 2000. He is a fellow of the American College of Healthcare Executives and a fellow of the American Association of Physician Leadership, where he previously served as chairman of the board.

UW Health is the integrated health system of the UW-Madison, with 1,400 physicians and 16,500 staff at six hospitals and 80 outpatient sites. It is governed by the UW Hospitals and Clinics Authority and partners with the SMPH to fulfill patient care, research, education and community-service missions.

In his new role, Kaplan will succeed Jeff Grossman, MD (PG ’82), who has served as interim CEO of UW Health since July 2015 (see sidebar article.)

GROSSMAN LAUDED FOR INCREDIBLE CAREER

by Beth Fultz

In May 2016, Jeff Grossman, MD (PG ’82), will officially end his tenure as CEO of UW Health, the integrated health system he played an influential role in shaping during his more than 40-year career. Even as



Grossman hands the reins to incoming CEO Alan S. Kaplan, MD, he has graciously accepted Kaplan’s request to continue working on the funds flow model and other special projects for the integrated enterprise that was created by the July 2015 merger of University of Wisconsin Hospitals and Clinics Authority (UWHC) and UW Medical Foundation (UWMF).

Grossman’s willingness to serve as interim leader enabled UW Health to move forward with integration while conducting the national search that culminated in Kaplan’s appointment. Grossman’s 10 months as CEO capped a UW Health tenure that began as a resident. He joined the UW School of Medicine and Public Health (SMPH) faculty in 1982 and moved up through the top ranks of academic and executive leadership. His appointment in 1997 to the newly created position of enterprise physician-in-chief signaled early efforts to create an integrated clinical delivery system that encompassed both UWMF and UWHC. That goal became a major theme of his career and reached fruition with the merger of the two organizations.

Along the way, Grossman served with distinction as chair of the SMPH Department of Medicine, president and CEO of UWMF, and senior associate dean for clinical affairs at the SMPH, where he is a professor of medicine.

Throughout his career, Grossman maintained a commitment to patient care. An outstanding clinician in pulmonary and critical care medicine, he cared for patients in the UWHC Trauma and Life Support Center and in the outpatient setting. For many years, he has been named among the Best Doctors® in America.

“Jeff has created a permanent legacy of excellence in our clinical and academic missions,” says Robert Golden, MD, dean of the SMPH and chair of the UW Health board.

SHANNON APPOINTED CHAIR OF NEUROLOGY



Kathleen M. Shannon, MD, will become the next chair of the Department of Neurology at the University of Wisconsin School of Medicine and Public Health (SMPH). She will begin her new role on July 1, 2016.

A professor of neurological sciences at Rush University Medical Center in Chicago, Shannon also holds the title of Nan Burrige and Family Endowed Scholar in Parkinson's Disease. She completed her medical degree, internship and residency in neurology and fellowship in movement disorders at Rush Medical College and Rush-Presbyterian-

St. Luke's Medical Center. She also has been on the medical faculty of Vanderbilt University in Nashville, Tennessee.

A specialist in movement disorders, Shannon is the principal investigator on multiple research studies on Parkinson's and Huntington's disease. She is widely published in the field and has been active in the Huntington Study Group and the Parkinson Study Group.

"This is a very exciting time in the evolution of clinical neurosciences, and Dr. Shannon has the experience and skills to lead our Department of Neurology to ever greater heights," says Robert Golden,

MD, dean of the SMPH.

"Wisconsin is fortunate to have attracted Dr. Shannon to this vital leadership position in our school and our academic health system."

Shannon will succeed Thomas Sutula, MD, PhD, who has served as Department of Neurology chair since 1995.

The department provides care for patients with diseases of the nervous system; conducts basic and clinical sciences research into neurological disorders; and educates medical students, residents, fellows and other graduate students.

NEW NIH GRANT FUNDS EPILEPSY RESEARCH

The Medical College of Wisconsin (MCW) and University of Wisconsin–Madison have received a four-year, \$5 million grant from the National Institutes of Health's (NIH) National Institute of Neurological Disorders and Stroke to study brain networks in people with epilepsy.

This clinical study, called the Epilepsy Connectome Project, will use state-of-the-art noninvasive brain imaging to understand how communication between brain areas changes as a result of epilepsy, and how changes contribute to seizure recurrence and other epilepsy-related health problems.

The principal investigators are Elizabeth Meyerand, PhD, a professor in the Department

of Medical Physics, UW School of Medicine and Public Health (SMPH), and professor and chair, UW-Madison Department of Biomedical Engineering, and Jeffrey Binder, MD, professor of neurology and biophysics, MCW. The project involves 14 other key team members from both institutions, as well as teams at Froedtert Hospital, Aurora Health Care and Marshfield Clinic.

"Connectome" refers to a comprehensive map of neural connections in the brain. The Epilepsy Connectome Project is the first effort to describe these complex networks in a large group of individuals with a well-defined neurological condition.

Researchers will collect detailed measurements in 200 adults with temporal-lobe

epilepsy from across Wisconsin. Results will be compared against healthy control data from the NIH's Human Connectome Project to determine whether systematic changes occur in people with epilepsy. Variations in the connectome will be examined to determine relationships with clinical outcomes such as frequency of seizures, responsiveness to seizure medication and changes in cognitive abilities.

"We are hopeful that our findings will lead to new tools allowing optimal diagnosis and individualized treatment for people with epilepsy," says Binder. "The expertise at MCW and UW–Madison in physics and functional MRI technologies, as well as in functional connectivity

studies, make this collaborative group an ideal one to conduct this study."

According to the Centers for Disease Control and Prevention, about 2.9 million children and adults in the United States have active epilepsy.

Study participants between ages of 18 and 60 will be studied in an outpatient setting.

"Cutting-edge imaging methods will allow us to generate a much more comprehensive picture of brain changes due to epilepsy than has ever been possible," says Meyerand. "We are excited at the prospect that this collaboration between two stellar Wisconsin institutions will yield impactful advances in patient care."

CARNES AND GILCHRIST RECEIVE NATIONAL HONORS

Molly Carnes, MD, MS '01 (PG '83) (left photo), earned the 2016 Presidential Recognition Award from the American Medical Women's Association (AMWA). It is the oldest multispecialty organization dedicated to advancing women in medicine and improving women's health.

AMWA chose Carnes for her strong role in improving gender, ethnic and racial diversity in the physician workplace, and because her mentorship and leadership has had significant impact for women across the nation and beyond.

Carnes is the Jean Manchester Biddick Professor

of Women's Health Research in the University of Wisconsin School of Medicine and Public Health's (SMPH) Department of Medicine and director of the UW-Madison Center for Women's Health Research. She earned her medical degree from the State University of New York at Buffalo and completed an internal medicine residency, geriatrics fellowship and master's in epidemiology at UW-Madison.

Valerie Gilchrist, MD (right photo), chair of the Department of Family Medicine and Community Health, is the president-elect of the Association of Departments of Family Medicine (ADFM). She began her term in February 2016.



The ADFM represents departments of family medicine at academic health centers, and allopathic and osteopathic medical schools across the nation. Its mission is to transform education and research to promote health equity and improve the health of the nation.

Gilchrist joined the SMPH as chair in 2008. She earned her



medical degree and completed a family practice residency at the University of Toronto. Additionally, she completed a fellowship in faculty development in family medicine at the University of North Carolina, Chapel Hill. She previously served on the board of the ADFM and other associations.

AHLQUIST AND BROW EARN AWARDS FOR EXEMPLARY SERVICE

Paul Ahlquist, PhD '81 (left photo), earned a 2016 University of Wisconsin-Madison Hilldale Award.

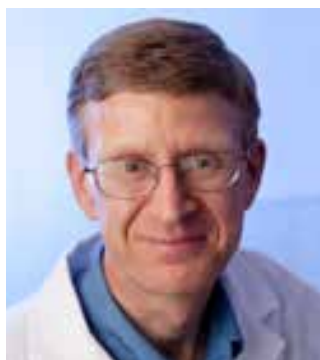
For three decades, university faculty have been singled out by their peers for distinguished contributions to teaching, research and service. Since 1987, a scholar from each of the four faculty divisions has been honored with the prestigious award. Ahlquist was honored in the biological sciences division.

He is the Paul J. Kaesberg Professor of Oncology and Molecular Virology, a Howard Hughes Medical Institute Investigator and a member of the National Academy of Sciences. His nomination letter referred

to him as one of UW-Madison's "most-prized faculty members." It also mentions his superb and long-standing research record, leadership skills, and tireless efforts in promoting science and training future scientists.

In addition to his research into RNA viruses, HIV, papillomavirus and others, Ahlquist advises graduate students in four programs, leads the UW Carbone Cancer Center Human Cancer Virology Program, serves on faculty mentoring committees, teaches a virology course and leads the Virology Minority Summer Research Program.

David Brow, PhD (right photo), professor in the UW School of Medicine and Public Health's Department of Biomolecular



Chemistry, is among 12 winners of the 2016 UW-Madison Distinguished Teaching Awards.

Since 1953, the honor has recognized the university's finest educators.

Brow joined the UW-Madison faculty in 1989 and has established himself as an enthusiastic, dedicated educator who makes the arcane accessible to his first-year



medical students. He has contributed to the direction of several campus PhD programs in the biological sciences. His National Institutes of Health-funded research program has made important contributions to the field of RNA biology, and his expertise is highly sought after in the United States and around the world.

CELEBRATING 50 YEARS OF TRANSPLANTATION

Facts, Figures and Faces of Courage

Solid organ transplantation has been considered one of the most important medical advances in the last half of the 20th century. Hundreds of thousands of patients have benefited from the gift of life, made possible by the generosity of organ donors. On March 16, 2016, UW Health reached a milestone—the 50th anniversary of its program's first transplant.



whose research on acquired immunological tolerance in the 1940s paved the way toward eliminating the need for lifelong immunosuppression. Dr. Folkert Belzer, previous chair of the SMPH Department of Surgery, developed the cold organ pulsatile perfusion system; and he and Dr. James Southard, a basic scientist in the same department, developed the transplant cold storage preservation solution (UW Solution) that transformed deceased donor organ transplantation worldwide.

Continuing this rich history, our endeavors include projects in many of the major SMPH clinical and basic science departments, as well as partnerships with institutions around the country. Our researchers are developing new modalities to improve organ preservation, improve post-transplant organ function and reduce the need for anti-rejection medications. To better understand the risks and benefits of clinical decisions, we study our transplant outcomes and health quality services to reveal opportunities for improvement. Most of our studies receive funding from the National Institutes of Health, attesting to the program's national reputation.

Training the next generation of transplant clinicians and scientists is an integral part of our mission. Our transplant fellowships are among the most sought-after in the nation. The abdominal surgery and medicine transplant fellowships celebrated their 30-year anniversary in 2015 by reuniting many of the nation's transplant leaders who trained here.

Our program's guiding principle is *connecting lives*. For 50 years, thousands of people have been touched by our team members' dedication to excellence. Transplant recipients, their families and UW Health physicians, clinical staff, administrators and donation professionals are strongly connected. Donors and donor family members also connect lives by

The UW Health Transplant Program has performed more than 15,000 organ transplants, making it one of the largest and most successful in the world. Its wide-ranging impact exemplifies the Wisconsin Idea, a significant point of pride.

We envision ourselves as a national leader in transplantation, inspiring hope and saving lives as we champion innovations in the care of patients with end-stage organ failure. The UW Health Transplant Program's success depends largely on highly collaborative, team-oriented approaches to its clinical, scientific and educational missions.

Our interdisciplinary clinical program serves adult kidney, pancreas, liver, heart, lung, intestinal, islet and multi-organ transplant patients, as well as pediatric kidney and liver patients. We are proud to be one the nation's few programs approved to serve veterans.

Bold, prodigious basic science and clinical research endeavors at the UW School of Medicine and Public Health (SMPH) and University Hospital shaped advances in transplantation. Numerous faculty members greatly impacted this field. Among the first was Dr. Ray D. Owen, a geneticist and pioneering transplant immunologist



choosing to give the gift of life while keeping their loved ones' legacies alive and by sharing their stories to encourage others to become registered organ, tissue and eye donors. Further, volunteers and government leaders connect with us to improve organ donation efforts and legislation, respectively.

We wish to connect with you to help us ensure that the UW Health Transplant Program has the highest possible impact on our community and nation. Please save the dates of July 29 and 30, 2016, so you can join us at the special activities we have planned to celebrate our 50-year anniversary.

Our celebrations' themes are "50 Years of Courage" and "Hope, Meet Gratitude." Please read more about our plans at www.uwhealth.org/HopeMeetGratitude.

We would love to have you see the faces of everyone involved in this remarkable program as we celebrate our rich history and share our vision for the next 50 years. The best is yet to come!

Dixon B. Kaufman, MD, PhD

*Ray D. Owen Professor
Chief, Division of Transplantation
Department of Surgery
University of Wisconsin School of Medicine
and Public Health*



**I KNOW
YOU**

... OR DO I?

If you think you can identify any or all of the people in the photograph above, send your guess to quarterly@wisc.edu. We'll draw one of the correct responses and announce the winner in the next issue of *Quarterly*.

HINT: A classmate indicates that these hockey players were in one SMPH class.

We Want to Hear From You

Please send us information about your honors, appointments, career advancements, publications, volunteer work and other activities of interest. We'll include your news in the Alumni Notebook section of the *Quarterly* as space allows. Please include names, dates and locations. Photographs are encouraged.

Have you moved? Please send us your new address.

CONTACT INFORMATION:

Wisconsin Medical Alumni Association
Health Sciences Learning Center
750 Highland Ave.
Madison, WI 53705



OR online at med.wisc.edu/alumni/share-your-news/874
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WISCONSIN MEDICAL ALUMNI ASSOCIATION

MEDICAL ALUMNI *weekend*



SAVE THE DATE
JUNE 2-4, 2016

ANNUAL REUNION FOR THE
HALF-CENTURY SOCIETY
MADISON, WI

And reunions for the Classes of '51, '56, '61 and '66