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

Quarterly

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HARNESSING CELLULAR SYSTEMS
TO FIGHT DEADLY DISEASES

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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

JANUARY 2017

Wednesday, January 11 Operation Education

FEBRUARY 2017

Friday, February 24 WMAA Winter Event, Fluno Center

MARCH 2017

Friday, March 17 Match Day

APRIL 2017

Friday, April 21 Spring WMAA Board Meeting,
SMPH/WMAA Scholarship Reception and
WMAA Awards Banquet

MAY 2017

Friday, May 12 UW-Madison Commencement

JUNE 2017

Thursday and Friday,
June 1 and 2 Spring Alumni Weekend
Class Reunions for Classes of '52, '57, '62, '67
and the Half-Century Society (all alumni who
graduated before 1967)

OCTOBER 2017

Friday and Saturday,
October 20 and 21 Fall WMAA Board Meeting
(Note updated dates) Homecoming Weekend, UW vs. Maryland
Class Reunions for Classes of '72, '77, '82, '87,
'92, '97, '02, '07, '12

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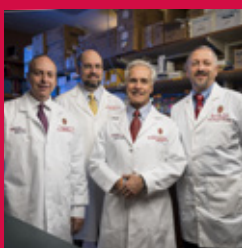
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Advancing Health Equity

A conference brings together experts who share goals and ideas aimed at improving health outcomes for those who need the most help.

Campus Scene (above)

Amid a sea of red and white, Badger fans cheered their team to a Homecoming victory over Illinois in mid-November.

On the Cover

Modern equipment like this cell selection device helps University of Wisconsin-Madison researchers develop innovative cancer immunotherapies. At the UW Carbone Cancer Center, scientists and physicians work hand in hand to bring exciting new treatment options to patients from Wisconsin and beyond.

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ROBERT N. GOLDEN, MD



An organization's development, like the development of individuals, reflects its heritage. In this issue of *Quarterly* magazine, we celebrate the heritage of several key components of our University of Wisconsin School of Medicine and Public Health (SMPH).

We are especially pleased to build upon our heritage of immunotherapy-related innovations. Dr. Paul Sondel—who, as a UW-Madison undergraduate student, trained with bone marrow transplant pioneer Dr. Fritz Bach—continues to expand the expression of this heritage through wonderful scientific breakthroughs. Dr. Sondel and his colleagues, including Dr. Christian Capitini, Dr. Jacques Galipeau (the newest addition to our school's immunotherapy team) and many other partners throughout UW-Madison, continue to shape this rapidly evolving field.

We love hosting our alumni when they revisit the roots of their professional heritage, as shown in the colorful photos taken during the Fall Reunion Weekend festivities. Another article describes the journey of a special alumna, Dr. Angela Gibson, a former

UW Health Burn Unit nurse who chose to earn her medical degree at our school and complete her postgraduate training so she could rejoin that unit as an attending faculty physician.

We also celebrate and thank the key individuals who help shape the SMPH's evolving heritage. Dr. Jeffrey Grossman, one of the most influential people in our organization's history, received the SMPH's Belzer Award at our recent Middleton Society event, surrounded by members of that organization who also have helped advance the missions of the SMPH.

A cornerstone in our school's heritage recently celebrated a major milestone—a quarter-century of providing free health care for the medically underserved population of Dane County. Over the past 25 years, the interprofessional, student-led MEDiC Program has grown to include seven clinic locations, all staffed by volunteer students and faculty members.

Sometimes our state, like the rest of the nation, realizes a specific aspect of its heritage must change. Such is the case with

the stubborn, persistent health disparities that affect our society's most vulnerable individuals. We hope to reverse this heritage by promoting new strategies for advancing health equity. We are pleased to highlight, starting on page 10, a seminal event that we hope will inspire its participants to take active leadership roles in creating a more just future in which all individuals and communities have equitable access to health-promoting environments and services.

It is always a pleasure to welcome exciting new developments that will enhance our organization's heritage. We are absolutely delighted to welcome Dr. Alan Kaplan as the inaugural CEO of the newly integrated UW Health. It was a pleasure to join Dr. Kaplan at the starting line of The Ride (see page 32), the first in what will become an annual event in support of the UW Carbone Cancer Center. Suffice it to say, one of us finished far in advance of the other (and I'm hoping that Dr. Kaplan will be discreet and respectful of his more senior partner in not sharing the embarrassing racing results). I am sure that we will cross even more important symbolic finish lines together, as we race toward a shared vision of creating the nation's most innovative academic health system.

Regardless of where your personal and professional path has taken you, please consider visiting the SMPH. We are always thrilled to welcome back our alumni and supporters, and I would enjoy an opportunity to reflect on our school's heritage and dream with you about its future.

Robert N. Golden, MD

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

Greetings fellow alumni! It's a privilege to introduce myself as your 50th Wisconsin Medical Alumni Association (WMAA) president.

I have served on the WMAA board of directors since 2004. The prior year, my class of 1983—for which I am a co-class representative—had a successful 20-year reunion. WMAA Executive Director Karen Peterson and her staff helped plan that event, noticed my enthusiasm and recruited me to serve on the board. It has been a pleasure to work with the board and WMAA staff, University of Wisconsin School of Medicine and Public Health (SMPH) Dean Robert Golden and others at the school. I look forward to building closer working relationships with all.

Beginning my term by representing the WMAA at the new students' White Coat Ceremony was memorable. The incoming 2016 class is an impressive group!

Like the past few classes, these students initiated their class fund right away at the WMAA-sponsored Stethoscope Ceremony. Four years ago, the association launched this program by asking alumni to donate \$150 to purchase a high-quality stethoscope for a first-year medical student and sponsor that student for one year of WMAA events, or \$500 to provide a stethoscope and sponsor a student for all four years. We are thrilled with the program's success.

I presided as president at the September WMAA board meeting, after which I toured the UW Health Med Flight helicopter; attended the Multicultural Reception hosted by the SMPH Office of Multicultural Affairs for alumni and students; and participated in the Fall Reunion Weekend reception and dinner at Dejope Hall. Saturday morning, the WMAA hosted a tailgate party at Union South

before a triumphant Badgers football game. As always, the events featured excellent food and music.

On behalf of the WMAA, I encourage all alumni to give back to the SMPH.

Giving of your time is one way to do so. Many of you will join us for the January 11, 2017, Operation Education, which gives students the opportunity to learn from alumni about various specialties. Also, please plan to attend the WMAA Winter Event on February 24, 2017, at the Fluno Center, where you'll be able to interact with fellow alumni and medical students.

In addition, I encourage you to consider making a monetary donation to the WMAA or SMPH. When Dr. Jeffrey Grossman retired this fall from his four-decade career at UW Health (see page 26), the SMPH created the "Grossman Chair in Healthcare Leadership," an endowed chair position, as a tribute. Dr. Grossman requested that smaller donations in his honor be given to a fund to assist medical students who encounter emergencies, such as unexpected illnesses, accidents or deaths in their families. The WMAA is matching all gifts made to assist students so this fund can be endowed and used in perpetuity. To donate to the new emergency fund for students, please contact WMAA Executive Director Karen Peterson at karen.peterson@wisc.edu.

Now is a great time to show your support for the SMPH and WMAA by joining the Middleton Society. Another idea is to consider leaving a lasting legacy to the SMPH or WMAA through your estate plans. For additional information on how to join the Middleton Society and/or make a planned gift, please contact Jill Watson at jill.watson@supportuw.org.

SUSAN ISENSEE, MD '83



Other ways to give include hosting an alumni event in your area—similar to successful 2016 events in Phoenix, Minneapolis and Seattle—or serving as a class representative or on the WMAA board. In any case, please share news about your careers and family in *Quarterly* magazine. Connect with classmates on social media. And remember, alumni are welcome to attend all WMAA board meetings and events. Reach out and get involved!

I look forward to serving you and hope you'll get in touch with the WMAA if we can help you.

On Wisconsin!

Susan Isensee, MD '83

*President, Wisconsin
Medical Alumni Association*



Left to right: Ken DeSantes, MD; Christian Capitini, MD; Paul Sondel, MD, PhD '75 (PG '80); and Mario Otto, MD, PhD; are part of a North American Dream Team of researchers who have dedicated their careers to understanding the immune system and developing treatments that use its power to battle deadly diseases.

Immunotherapy

HARNESSING CELLULAR SYSTEMS
TO FIGHT DEADLY DISEASES

Four decades ago, researchers at the University of Wisconsin School of Medicine and Public Health (SMPH) had the right idea—to pursue a theory that they could harness patients' own immune systems to fight and defeat cancer. Their perseverance and hard work are paying off, as they've recently made great strides in cellular immunotherapy, along with colleagues in myriad medical fields.

"It's an exciting time for our team—and especially for Dr. Paul Sondel and me because we've been working on this for a long time," reflects Ken DeSantes, MD, professor, SMPH Department of Pediatrics, and director, Pediatric Hematology, Oncology and Bone Marrow Transplant Program, American Family Children's Hospital. "Forty years ago, we didn't understand enough about how the immune system works, nor about how cancer cells can thwart the immune system, for us to make immunotherapy work. We felt vindicated when we were able to mastermind how to get the immune system to attack cancer."

A dedicated army of UW-Madison researchers is perfecting how to use immunotherapy and searching for new ways to do so. Ken DeSantes, MD; Paul Sondel, MD, PhD '75 (PG '80); Peiman Hematti, MD; Christian Capitini, MD; Mario Otto, MD, PhD; Douglas McNeel, MD, PhD; Jacques Galipeau, MD; and many others synergistically have combined forces around the newest frontier in the war on cancer and other diseases.

"This field is changing so fast that it's hard to keep up. A lot of it sounds like science fiction, but this is very real," notes Capitini, assistant professor, Department of Pediatrics, who is investigating novel therapies, particularly chimeric antigen receptor (CAR)-T cell therapy for refractory acute lymphocytic leukemia.

CAR-T cell therapy uses a patient's T cells that researchers have reprogrammed to express the chimeric antigen receptor, which—to treat leukemia—hunts down and destroys cells that express a CD19 antigen. The therapy is offered at just a handful of academic research centers.

"CAR-T cell therapy will be evaluated in 2017 by the Food and Drug Administration. Approval would be an important advance in immunotherapy for patients with relapsed leukemia because they have no good options. Many people, particularly under-represented minorities, don't have donor matches for bone marrow transplants," explains Capitini.

Hematti adds, "In my opinion, CAR-T cell therapy is one of the most exciting developments in cancer treatment and potentially a game-changer for the field of cellular immunotherapy."

The medical director of the University Hospital Clinical Hematopoietic Cell Processing Laboratory (see sidebar) and a professor in the SMPH Department of Medicine, Hematti calls the method "cellular immunotherapy 2.0" because it's a huge improvement over standard bone marrow transplants with a matched donor.

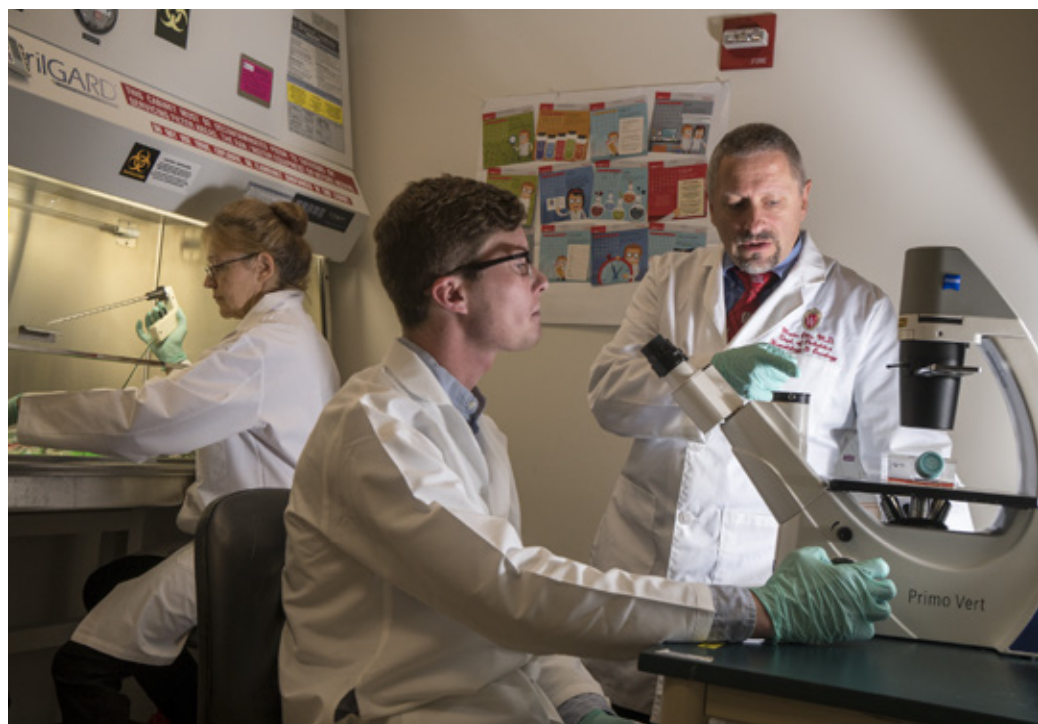
Instead, these advances allow experts to collect a patient's immune cells and re-engineer them before infusing them back into the patient—eliminating the risk of some side effects, such as graft versus host disease (GVHD).

Aiming to outsmart potentially life-threatening side effects of CAR-T cell

therapy, such as cytokine release syndrome, UW-Madison researchers are tackling this next challenge, too. Through a National Science Foundation grant, Capitini and co-principal investigators Kris Saha, PhD, and David Beebe, PhD '94, are exploring ways to improve the manufacturing of CAR-T cells to make them safer and more effective. Saha is an assistant professor of biomedical engineering, and Beebe is a professor of biomedical engineering in the UW-Madison College of Engineering.

Similarly, Hematti recently received an award from the Wisconsin Alumni Research Foundation's Accelerator Program to extend a line of research that could further optimize CAR-T cell therapies. This work—conducted by Debra Bloom, PhD, in Hematti's lab—was originally supported by the Crystal Carney Fund in Leukemia Research and the Don Anderson GVHD Fund.

Additionally, cancer immunotherapy and GVHD-countering innovations have been discovered, in part, in Otto's lab. An assistant professor in the Department of Pediatrics, Otto and collaborators created a technology that selectively removes GVHD-causing alpha beta T cells from blood-derived stem cell grafts, but retains important immune cells



In the lab of Mario Otto, MD, PhD (right), researchers work to further refine processes used in immunotherapy.

along with stem cells. This allows just the carefully selected cells to be infused back into the patient.

Otto is leading a related Phase 1 clinical trial that involves a haploidentical stem cell transplant for pediatric patients who have relapsed solid tumors or leukemia. In this trial, the patient's immune system is destroyed with high-dose chemotherapy; stem cells and immune cells (the graft) are obtained from a half-matched donor (usually a parent or adult sibling, eliminating the need to search for an unrelated donor); and the alpha beta T cells are removed from the graft using the technology co-developed by Otto. This process calls upon magnetic beads that attach to a protein so a magnet can remove the tagged cells. When the immune cell graft is infused into the patient, the cells can immediately attack cancer and decrease the risk of life-threatening infections—a critical factor for these highly immunocompromised patients. About 10 to 14 days after receiving the graft, the new stem cells begin making blood and immune cells that destroy cancer.

"Seven months after treatment, the first patient in the trial shows no signs of cancer.

This patient had neuroblastoma, a deadly childhood cancer," says Otto. "We consider him disease-free, but it is still too early to say this treatment is curative. Nevertheless, we are very encouraged by patients' quick recovery in the trial so far."

DeSantes, the patient's oncologist, recalls, "Ten years ago, we had no meaningful treatments to offer. These children would have needed hospice care."

Hematti points to a similar clinical trial being conducted by Vaishalee P. Kenkre, MD, assistant professor, Department of Medicine.

"My trial uses alpha beta T cell and CD19 B cell depletion with haploidentical donors. The trial is open to adults with relapsed/refractory lymphoma," explains Kenkre.

"There is virtually no data on this cell-processing mechanism in adult lymphoma patients, and we're not aware of this type of study happening anywhere else. We are excited about having this option for patients who otherwise do not have viable options."

UW Carbone Cancer Center's pediatric immunotherapy efforts have resulted in the development of several investigator-initiated trials, offering therapies available only at

American Family Children's Hospital and UW Health, as well as participation in multi-center "Pediatric Oncology Dream Team" studies. That alliance represents unique collaborations across multiple disciplines at eight U.S. and Canadian academic medical centers. It was created in 2013 when Stand Up to Cancer, the American Association for Cancer Research and St. Baldrick's Foundation established a four-year grant.

Peiman Hematti, MD, in the University Hospital Clinical Hematopoietic Cell Processing Laboratory, oversees the machine that removes dangerous alpha beta T cells and B cells from blood stem cell products while leaving important immune cells in place to increase the life-saving potential of stem cell transplants. Mario Otto, MD, PhD, (not pictured) co-developed the process.



Hematopoietic Cell Processing Capabilities Expand

A \$1 million expansion of cell processing capabilities at the University of Wisconsin School of Medicine and Public Health (SMPH) will help the academic medical center launch the next phase of cellular immunotherapy and precision medicine. The investment will allow researchers to prepare individualized cellular treatments for patients.

"It's really satisfying because we're nearing the point where we can offer patients more than we ever could before," exclaims Peiman Hematti, MD, director of the University Hospital Clinical Hematopoietic Cell Processing Laboratory (CHCPL) and a professor in the

SMPH Department of Medicine. "We'll be able to do things like perform cell expansion, genetically modify cells, manufacture CAR-T cells and create new cellular immunotherapies."

Jacques Galipeau, MD, the Marilyn and Don Anderson Professor of Cancer Research, Department of Medicine, and director, Advanced Cell Therapy Program, UW Carbone Cancer Center, adds, "We're talking about taking cells from a patient's own body and putting them in a petri dish, growing a whole crop of them, modifying them and giving them back to the patient. In this scenario,

the hospital becomes an infrastructure for culturing cells, and that will make University Hospital a destination for this technology."

"As much as I'd like to see the first products out of that lab as soon as possible, patient safety is our biggest goal, and we want to do it right," shares Hematti.

Noting that he thinks UW-Madison is ahead of the game in cellular immunotherapy product manufacturing, Hematti says, "Collectively with all the smart people we have here, the SMPH and University Hospital are becoming a powerful center for cellular immunotherapy. The time to act is now."

Galipeau Joins Immunotherapy Team

Another novel clinical trial will begin in early 2017 at all eight Dream Team sites. DeSantes will lead the trial at all sites, investigating the role of an antibody targeting the B7-H3 “checkpoint” molecule, which is expressed on the surface of many pediatric cancers. This genetically engineered antibody, MGA-271, activates tumor-destroying Natural Killer (NK) cells that are programmed to eradicate cancer cells and prevents B7-H3 from dampening the immune response to cancer cells.

“Our bodies contain immune cells that kill bacteria and viruses, but if the immune system is active all the time, it can get out of control and attack healthy cells,” says DeSantes. “It’s sometimes necessary to dampen down the immune response, so a number of checks and balances are built into the system.”

Yet, some cancer cells can co-opt that system by over-expressing checkpoint molecules and telling the immune system to stop its attack. MGA-271 binds and blocks the checkpoint molecules and allows the immune system to recognize that the signal has been activated, in turn letting the immune system destroy the cancer.

This type of checkpoint blockade figures into two other potential clinical trials that cause great excitement for Sondel, the Reed and Carolee Walker Professor in Pediatric Oncology.

One of the trials, which could open for melanoma patients in spring 2017 with leadership from Mark Albertini, MD (PG ’87, ’91), professor, Department of Medicine, and Zach Morris, MD, PhD (PG ’12), assistant professor, Department of Human Oncology, will combine a dose of radiation—too small to shrink a tumor but large enough to stimulate immune cells—with a separate antibody that recognizes cancer cells and serves as a checkpoint blockade. The combination has cured mice with large tumors.

A similar trial, also to start in spring 2017 for children with high-risk neuroblastoma, will be led by Sondel and DeSantes; it includes a collaboration with hospitals in London;

As Jacques Galipeau, MD, reflects on the importance of immunotherapy and the intense work of research teams aimed at creating

personalized therapies for patients, he muses, “I’ve cured hundreds of mice, but I want to use the science to help people. And I want to do it now!”

Galipeau joined the University of Wisconsin School of Medicine and Public Health (SMPH) faculty in fall 2016 as its first assistant dean for therapeutics discovery and development and the Marilyn and Don Anderson Professor of Cancer Research in the SMPH Department of Medicine. He also directs the Advanced Cell Therapy Program at the UW Carbone Cancer Center and the Office of Therapeutics Discovery and Development at the UW Institute for Clinical and Translational Research.

“Dr. Galipeau is internationally known as a translational researcher in immunology and cell-mediated therapies,” says Howard Bailey, MD (PG ’91), UW Carbone Cancer Center director and SMPH associate dean for oncology. “He’ll help us continue to expand and grow our abilities for immunologic-based research and therapies.”

Galipeau notes, “Immunotherapy’s initial focus is cancer—specifically to improve patients’ outcomes by harnessing their own immune systems to fight cancer.”

Calling himself a “platform expert” who understands how cells work and how to package them in a manner that’s compliant with the realities of doing first-in-human clinical trials, his forte is growing mesenchymal stem cells (MSCs) that have been extracted from patients and manipulating the cells in the lab to give them novel properties to kill cancer, treat autoimmune diseases and restore damaged



CLINT THAYER/DEPT OF MEDICINE

tissues. Galipeau’s method re-engineers a patient’s cells rather than using donor cells.

“This new kind of pharmaceutical addresses catastrophic diseases for patients with no options,” he shares. “I think UW-Madison will be a destination for this type of medical technology, and it’s my job to work with teams and make that happen.”

To that end, Galipeau is charged with shepherding cell therapies from ethical, scientifically rigorous clinical trials through application to the Food and Drug Administration, so successful therapies can be deployed for the general population.

Before joining the SMPH faculty, he founded the Personalized Immunotherapy Center at Emory University’s Winship Cancer Center in Atlanta, Georgia. There, Galipeau headed clinical trials of MSC treatments for graft versus host disease and Crohn’s disease. Prior to that, he spent most of his career at McGill University in Montreal.

Three things lured Galipeau to UW-Madison: it has embraced cell therapy; it includes the powerful combination of the UW School of Medicine and Public Health, School of Veterinary Medicine and College of Engineering; and it exhibits institutional will.

Stating a fourth reason, the French Canadian laughs, “I really love the Wisconsin Idea. It’s very Canadian!”

Galipeau notes that UW-Madison’s attractive characteristics make a huge difference in moving scientific expertise from science fiction in animals to reality in people—a game-changer for patients and families across Wisconsin and beyond.

“The only limiting step is not the science, researchers or physicians, but the resources,” says Galipeau, likening the research infrastructure to a well-equipped sedan. “We have the car, but we need gas to keep it running.”

His ambition is to take the next step with a fleet of cars powering science that can be translated to people, noting, “I want our campus to be so successful that it would be a mistake not to take the next step.”

—Continued on page 38



Middleton Society Brightens Future

SCHOOL THANKS LOYAL SUPPORTERS

TODD BROWN/MEDIA SOLUTIONS(9)

Welcoming guests to the annual Middleton Society celebration—co-hosted by the University of Wisconsin School of Medicine and Public Health (SMPH), Wisconsin Medical Alumni Association (WMAA) and UW Foundation—WMAA President Susan Isensee, MD '83, said, “You, the members of the Middleton Society, are our most loyal friends and supporters. Tonight provides us with the opportunity to thank you for your role in creating our school’s bright future.”

Also at the fall 2016 event at Union South, SMPH Dean Robert Golden, MD, thanked members for their generosity

toward advancing the school’s missions and provided an update.

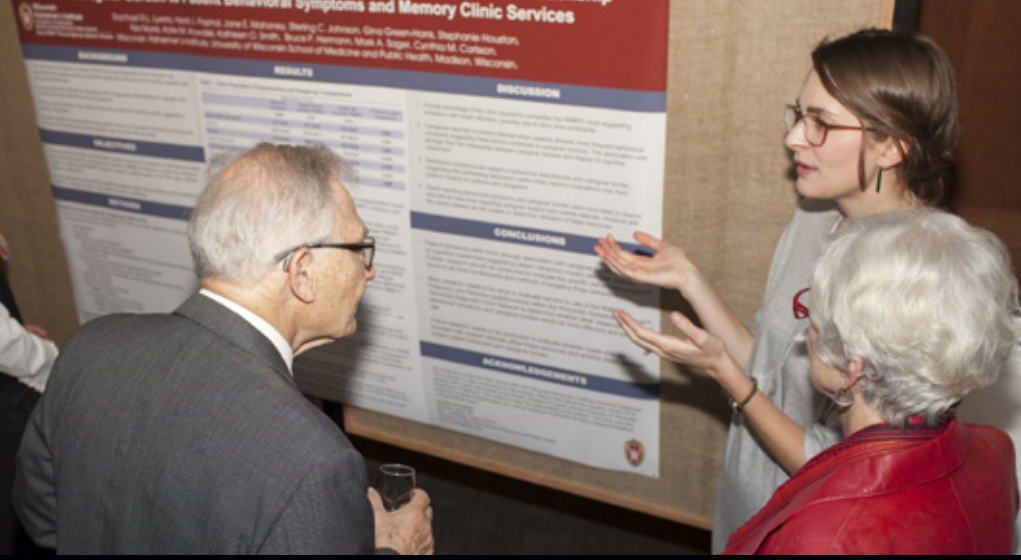
“Since our last gathering, many aspects of the SMPH have been as sweet as the dessert we just enjoyed. At a time when some of our peer institutions are struggling, the SMPH is fortunate to be accelerating all of our missions, largely due to the outstanding work of our faculty and the encouragement and support from you and other donors,” Golden said.

The SMPH’s high “stick rate” for accepted applicants puts it among the nation’s most desirable medical schools. A top candidate recently turned down a generous merit-based scholarship from

Harvard Medical School to accept a similar offer at the SMPH.

“To recruit the best and brightest, we need to continue to expand our scholarship portfolio,” Golden shared. “Most of our endowed scholarships have come from you, and we rely on private donors to help medical students pursue their passions without suffering a huge debt burden.”

Golden also applauded faculty members who excel in all missions, including research, noting, “Since 2008, our National Institutes of Health (NIH) grant support grew from \$122 to \$175 million, lifting us to 23rd place in the nation in this support.”



Both pages, clockwise from upper left (left to right): Alzheimer's disease was the theme for displays and presentations; Zorba Paster, MD, applauds; M2 Ashok Bhattarai poses with Mary Ellen Peters, MD '67; Middleton Society members learn about Alzheimer's disease from M2 Rachel Lyerla; Anne Schierl, MD '57, Jane Stoehr and Bruce Stoehr, MD '57, visit; Brianna Harris, Darcy Holland, Lou Holland, Jr., and Gina Green-Harris, MBA, gather; Babe Conney, Marv Conney and Sandi Bernhardt converse; James Beck, MD '63, and Kato Perlman pose; Jerry Doss, MD (PG '72), M2 Sarah Larson, James Basiliere, MD '62, and Rita Anderson enjoyed the evening.

Countering these successes, Golden shared challenges, including the loss of two department chairs who became deans at a medical school and at a school of public health.

"We're proud of them, and we are even more proud and pleased with our success in retaining the vast majority of our superstar faculty, many of whom have turned down generous offers from other top schools to accept our more constrained retention offers—recognizing the *priceless value* of our collaborative, innovative environment," Golden said. "But we need more resources to keep moving forward."

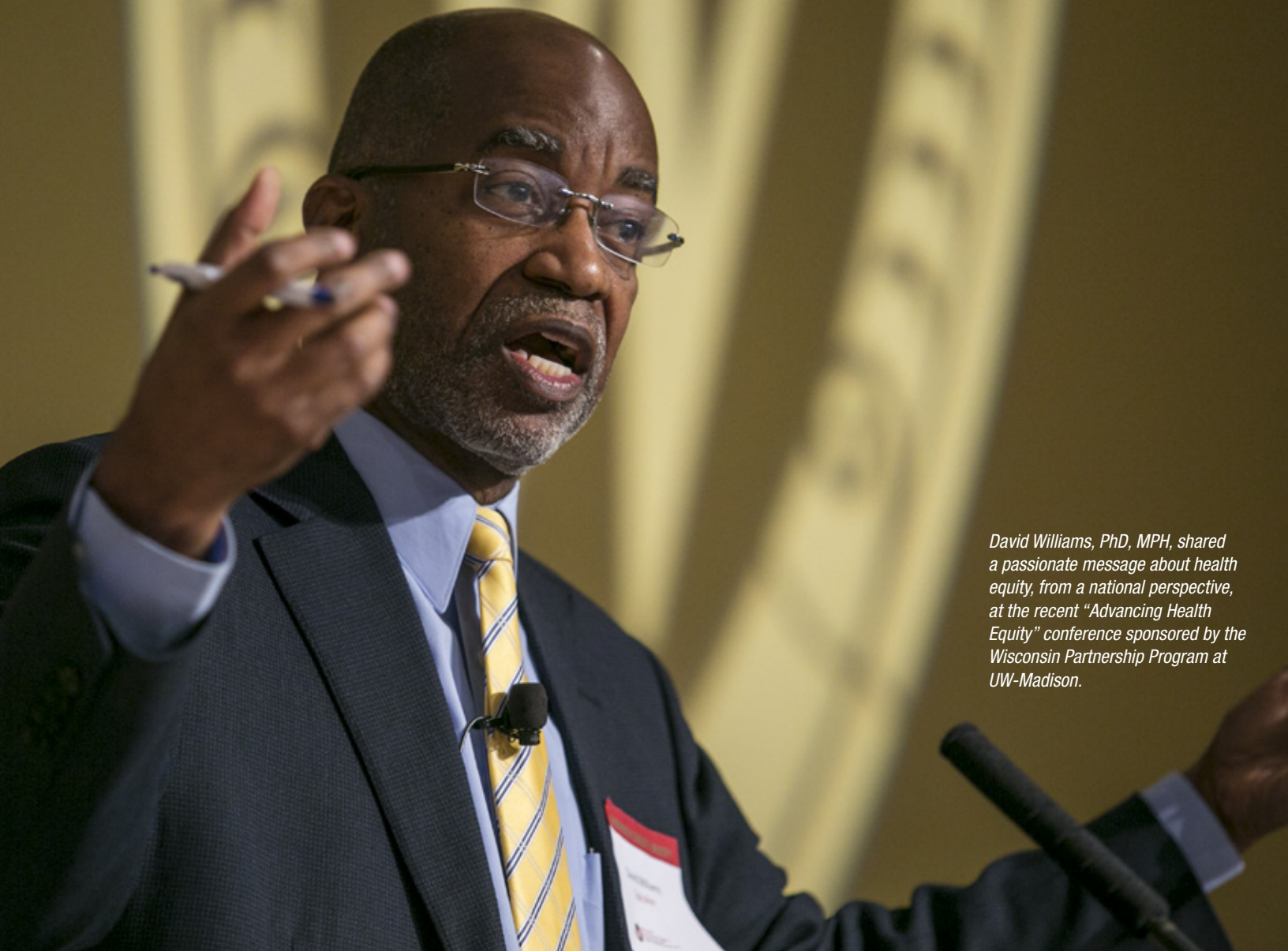
In line with this, the SMPH is working to fulfill its \$455 million fundraising goal in UW-Madison's "Campaign for the Next Century." When Chancellor Rebecca Blank asked each school for top campaign priorities, SMPH leaders coalesced around Alzheimer's disease, cancer, and support for faculty and students.

"Our Alzheimer's disease program positions us as a national leader in combating this devastating disease through new approaches to prevention, early detection and treatment," noted Golden.

The event's speakers were Cindy Carlsson, MD (PG '98), Wisconsin

Alzheimer's Institute associate director and associate professor of medicine, Division of Geriatrics, and Lou Holland, Jr. Holland described the heartbreaking Alzheimer's disease-related death of his father, Lou Holland, Sr., in whose memory he created the memorial Louis A. Holland Professorship in Alzheimer's Disease. Father and son are UW-Madison alumni and former Badger football players.

Last but not least, Golden presented the Folkert Belzer Award to Jeffrey Grossman, MD (PG '82) for his myriad contributions to the SMPH and UW Health (see article on page 26).



David Williams, PhD, MPH, shared a passionate message about health equity, from a national perspective, at the recent “Advancing Health Equity” conference sponsored by the Wisconsin Partnership Program at UW-Madison.

Making Wisconsin a Healthier State for All

The Wisconsin Partnership Program at the University of Wisconsin School of Medicine and Public Health (SMPH) is committed to making Wisconsin a healthier state and believes this vision can be achieved only by addressing health equity and exploring how to further incorporate this important concept into its framework for future investments. The overarching goal is for all Wisconsin residents to have the opportunity to attain their highest level of health, regardless of their ZIP code, socioeconomic status, race or other factors that influence health.

Healthy People 2020—a national initiative launched by the U.S. Department of Health and Human Services—defines health equity as the “attainment of the highest level of health for all people.” Because diverse social, physical and environmental factors where we live, work and play influence health, efforts to achieve health equity must involve more than just preventing or treating illnesses.

Here is a sampling of factors that influence health:

- Access to healthy food
- Race, ethnicity and gender

- Socio-economic status
- Employment
- Education and job training
- Access to safe, healthy housing
- Geographic location (urban, rural)
- Reincarceration rate
- Access to opportunities for physical activity

In the months and years ahead, the Wisconsin Partnership Program will continue to explore and support opportunities that address a wide variety of approaches to improving health equity throughout Wisconsin.

Advancing Health Equity

SCHOOL AND STATEWIDE PARTNERS
SHARE INSPIRATION AND DEDICATION

How can we best advance health and hasten health improvements for people who disproportionately suffer poor health outcomes? How can a lens of health equity influence decisions we make?

To explore these questions, better understand how to address health disparities and boost health equity throughout the Badger State, the Wisconsin Partnership Program at the University of Wisconsin School of Medicine and Public Health (SMPH) hosted the “Advancing Health Equity” conference in fall 2016.

Featuring talks by nationally recognized thought leaders and active panel discussions among myriad stakeholders, the day-long event drew nearly 500 participants who attended in person at UW-Madison or watched via livestream at UW-Extension locations throughout the state. All were eager to learn how their voices and actions can make a difference in patient care and public health.

ADDRESSING HEALTH EQUITY

SMPH Dean Robert Golden, MD, described the conference as a first step in the Wisconsin Partnership Program’s

journey to expand health equity as an integral part of its vision and framework for future investments.

“This is the time to spark an inclusive effort to address the crucial imperative of health equity head on,” Golden told the crowd of SMPH faculty and staff, public health and health care professionals, nonprofit organizers and community members.

ENCOURAGING COLLABORATION

David Williams, PhD, MPH, outlined the social determinants of health—including race, socio-economic status and environment—as well as the need to address large socio-economic gaps and policies that impact health. He is the Florence Sprague Norman and Laura Smart Norman Professor of Public Health, Harvard School of Public Health, and professor of African and African American studies and of sociology, Harvard University.

“All policy that affects health is health policy,” he told the crowd.

Williams also discussed the importance of improving neighborhoods and strengthening the communities’ capacity to improve health.

“Your ZIP code,” he said, “may be a stronger predictor of your health than your genetic code.”

Williams encouraged the audience to break down silos and collaborate across all sectors to improve health for everyone.

“We need political weight and a commitment to new strategies. No single sector can do it alone,” he noted.

—Continued on next page



At the conference, panelist Tracy M. Downs, MD, FACS, hugs Rick Strickland as Gina Green-Harris, MBA, looks on.

Other featured speakers included Susan Skochelak, MD, MPH, group vice president for medical education at the American Medical Association, on health equity and the role of medical education; Edward Ehlinger, MD, MPH, Minnesota commissioner of health, on partnerships and health equity; and Sergio Aguilar-Gaxiola, MD, PhD, director, University of California-Davis Center for Reducing Health Disparities, on health equity and the role of research.

A community engagement theme echoed throughout all presentations, panel discussions and audience comments. For instance, Ehlinger urged participants to use community organizing as a public health tool and encouraged communities to build the capacity to address social determinants of health.

Aguilar-Gaxiola agreed and noted, “Communities and collaboration are critical if we are going to advance health equity.”

A research panel encouraged participants to examine asset-based community development, adding that it’s important to learn what others are bringing to the table. Members of this panel were Gina Green-Harris, MBA, director, Milwaukee Outreach and Program Services, Wisconsin Alzheimer’s Institute, and director, Regional Program Office, Lifecourse Initiative for Healthy Families; Dorothy Farrar-Edwards, PhD, director, Collaborative Center for Health Equity, UW-Madison Institute for Clinical and Translational Research; and David Pate, Jr., PhD, associate professor of social work, UW-Milwaukee School of Social Welfare.

HARNESSING MEDICAL EDUCATION

Cynthia Haq, MD, director, SMPH Training in Urban Medicine and Public Health Program, was excited to discuss how medical education and health care practice could move the needle on health equity. Skochelak and panelists Haq, Tracy M. Downs, MD, FACS, and John Meurer, MD, discussed how medical students can be agents of change in advancing health equity.

“A culturally competent health care system can help improve health outcomes and quality of care, and can contribute to the elimination of health disparities,” said Skochelak.

Downs, the SMPH associate dean for multicultural affairs and an associate professor in the SMPH Department of Urology, noted, “When training our residents, cultural competency must be more than just a box that gets checked.”

He continued, “How do we become experts? We reach out and collaborate to bring in many talented people so we



Conference participants listen to a keynote talk.

can develop a supportive network for our students and other trainees.”

The thrust of Downs’ role as an associate dean is to work with students and under-represented faculty members at the SMPH; Downs plays an integral role in shaping the SMPH initiatives focusing on diversity and inclusion. He uses his own experience as an African-American male surgeon to help prepare students for times when they may encounter a lack of cultural sensitivity in clinical settings. He also works with them on future residency and fellowship selection, making sure they are “on top of their interview game” and choose to apply to programs where they will succeed.

Another SMPH faculty member dedicated to teaching about diversity in health care, Haq added, “We are ready to tackle health inequities. Our students are passionate about working with others, both within and outside the health system, to identify and address social factors that influence health. When we support and direct our students’ energy and passion, they can become community-engaged physician leaders who are well-prepared to contribute to promoting health for all.”

PLANNING THE NEXT STEPS

“Our conference was intentional in its design,” said Eileen Smith, director, Wisconsin Partnership Program. “We created the conference with an emphasis on the Wisconsin Partnership Program’s three focus areas: education, partnerships and research.”

Further, at the working lunch, table facilitators captured individual health equity-related perspectives and other feedback for the Wisconsin Partnership Program.

“Our staff is pouring over the input and will use that information as part of our strategic actions going forward,” said Smith.

—Continued on page 38

Grant Support

The following three new five-year, \$1 million Community Impact Grant Awards from the Wisconsin Partnership Program will support and expand innovative projects that aim to improve health and health equity in Wisconsin.

- **Improving Health Through Enhanced Work:** The Community Advocates’ Public Policy Institute and academic partners at UW-Milwaukee will build upon the success of Wisconsin’s Transitional Jobs Program by facilitating access to primary and trauma-informed health care for job-seeking individuals to increase their employability.
- **Health Policy for Wisconsin Communities:** This project will implement a Health in All Policies (HiAP) approach, a proven framework for comprehensive and collaborative government action. UW academic partners, including UniverCity Alliance, will work with the Green Tier Legacy Communities network to help achieve gains in important health areas.
- **Race to Equity: Wisconsin:** The Wisconsin Council on Children and Families will broaden its efforts to reduce racial disparities across Wisconsin by supporting local community efforts to develop community-informed policy agendas and structures that advance racial equity.



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Trigger Cases Help Students Learn about Health Equity

by Kris Whitman

As a physician, how do you react when a patient does not trust you? Would you react differently if the patient said the distrust was based on your gender, and peppered the conversation with stereotypes? How have you developed skills to remain calm and professional while you share important medical advice with such a patient?

This skill-building scenario was among several three-minute Trigger Cases third-year medical students faced during their required Health Disparities Core Day in October 2016. University of Wisconsin School of Medicine and Public Health (SMPH) curriculum planners designed the cases to help students learn from their reactions and emotions.

Health Disparities Core Day is aimed at building students' awareness and knowledge of factors that contribute to disparities, including implicit and explicit bias physicians and patients have, and then to teach students skills for working in clinical scenarios affected by these factors.

"The goal with each Trigger Case is to cause a reaction and help students learn concrete techniques to deal with that reaction," explains Caroline Paul, MD, content director for the Health Disparities Core Day and assistant professor, Department of Pediatrics. "Everyone's lens has some level of bias, and it's how we handle it that matters."

Noting that Core Days are timed to occur when third-year students are increasing their clinical responsibilities, Paul continues, "We want them to reflect upon the well-recognized tenets of health disparities and culturally effective health care and remember these experiences when they see patients."

Creating each Trigger Case calls upon the acting skills of standardized



JOHN WINGREN/MEDIA SOLUTIONS

In a Trigger Case on Health Disparities Core Day, standardized patient John Jajewski (left) was charged with acting like he did not trust the advice being given by Melissa Hoskins (foreground) because she is a woman. M3 students Preshita Date, Danielle Westenberg and Aman Prasad (background, left to right) observed.

patients (SP), also known as simulated patients, who work for the SMPH's well-equipped Wichman Clinical Teaching and Assessment Center (CTAC) in the Health Sciences Learning Center. The CTAC's rooms closely resemble a working clinic, however, they have video-capture technology so students and faculty members can review activities.

For the Core Day Trigger Case about gender stereotyping, local actor and SP John Jajewski received a script to play the role of a male patient who has problems dealing with women physicians.

"I use structured improv, and I have some leeway in the things I say so the conversation flows with the students' responses," says Jajewski. "Sometimes my work is as simple as sitting for students to conduct physical exams, but I particularly like to act out interpersonal relationships. I love helping students learn."

Indeed, students gain a tremendous amount through these interactive activities.

"On Core Day, students are not aware of the Trigger Case content or what role they will fulfill in the case until they enter the CTAC clinic room," explains Andrea Maser, CTAC and M3 Core Day director and Standardized Patient Program manager.

"After each case, the students have a short debrief session before the next case begins. And later, they participate in small-group discussions with faculty facilitators."

Further, students write post-Core Day reflections, and faculty members provide feedback on the ungraded reflections.

During the academic year, there are four Core Days, each related to subjects students likely will experience during clinical training. Topics include palliative care, dealing with unanticipated medical outcomes and—for fourth-year medical students—planning for mass emergencies. The days prepare students for upcoming rotations, residencies and beyond.

From Med Flight to Tailgate Gatherings

FALL REUNION WEEKEND OFFERS SOMETHING FOR EVERYONE

TODD BROWN/MEDIA SOLUTIONS(10)



Clockwise from top left (left to right): Alumni learn about the Med Flight helicopter; WMAA Student Ambassadors M2 Johee Son, M2 Kevin Beene, M2 Abbey DeBruin and M2 Jenna Krueger pose; Debra Kemp, Allen Kemp, MD '76, and Donn Fuhrmann, MD '76, converse; M1 India Anderson-Carter and John McCullough, MD '76, check out class photos; Wayne Foster and Jennifer Erickson Foster, MD '04, brought their children to Fall Reunion Weekend festivities.

In terms of pride-invoking symbols of University of Wisconsin-Madison and UW Health, Bucky Badger and the Med Flight helicopter top the list for many. Participants in the 2016 Fall Reunion Weekend enjoyed both—plus warmer-than-usual autumn weather—during their visit to campus.

On Friday, September 16, the Wisconsin Medical Alumni Association (WMAA) hosted tours of the Med Flight helicopter facilities, giving alumni a chance to see the dispatch center, visit the helipad atop University Hospital, talk with flight crew and peek inside the 'copter.

Participants learned that Med Flight, established more than 25 years ago, serves the public 24 hours a day, every day, providing care and transport to critically ill or injured patients in a 250-mile radius of Madison. Its two helicopters log more than 1,000 flights per year, and it's one of a handful of U.S. air medical services with a physician on all flights.

Prior to that evening's WMAA events, the UW School of Medicine and Public Health (SMPH) Office of Multicultural Affairs hosted a Multicultural Reception for alumni and students. Participants visited at the Health Sciences Learning Center.





On Friday evening, the WMAA hosted a reunion reception and dinner at DeJope Hall for the SMPH Classes of 1971, '76, '81, '86, '91, '96, '01, '06 and '11 (see photos on following pages). Two hundred guests shared memories about medical school and updates on their activities since.

SMPH Dean Robert Golden, MD, welcomed alumni and guests, stating, "You are all very important members of our school's family. We hope you'll come back to visit more than every five years. You are welcome anytime!"

Susan Isensee, MD '83, WMAA president, shared an update about the

WMAA's Stethoscope Program and thanked alumni who have sponsored stethoscopes.

"We've had a fantastic response from alumni to support the Stethoscope Program. Every first-year medical student appreciated receiving a gift of a stethoscope," shared Isensee, adding that nearly 40 students attended the reception to meet their stethoscope donors.

On Saturday, alumni and their guests attended the WMAA Tailgate Party at Union South before the victorious Badgers home football game against Georgia State.

Clockwise from top left (left to right): Cindy Rahn, MD '86, Kika Dudiak, MD '86, Mark Urban, MD '86, Henry Pitot, MD '86, and Susan Duthie, MD '86, surround Bucky Badger; Jennifer Meyer-Carper, MD '06, Amber Koch-Laking, MD '06, Jacquelyn Busse, MD '06, and Kelly Peters, MD '06, reunite; Jennifer Schreiber, MD, and Brian Schreiber, MD '01, dine with their children; Ben Durkee, MD '11, April Zehm, MD '11, and Brett Bostwick, MD '11, pose; M1 Gande Li visits with his stethoscope donor, Jennifer Goedken, MD '96 (both are from the Atlanta area).

Class Reunions

TODD BROWN/MEDIA SOLUTIONS(4); SUBMITTED (1)



CLASS OF 1971

Front row (left to right): Bob Folsom, Loren Rosenthal, John Gwin.
Back row: Doug Kramer, John Post, Bob Jaeger, Dan Cleary.

CLASS OF 1976

Front row (left to right): Donn Fuhrmann, Steve Kagen (crouching), James Garnett, Barbara Olson, Dennis Henzig, Alan Jacobs, Timothy Shaw, Teresa Quinn, Allen Kemp, Cheryl Sampe Braun.
Back row: John Schwartz, Curtis Hancock, Thomas Luetzow, John Larson, Mark Carpenter, Michael Sweeney, John McCullough, Sally Schlise, James Zach, Robert Miller, Dial Hewlett, Richard Heuser, William Gahl.





CLASS OF 1981

Left to right: Keith Meyer, Marc Williams, Steven "Steve" Nichols, Anthony "Tony" Richie, Jami Walloch.



CLASS OF 1986

Front row (left to right): Susan Duthie, Brenda Warren, Kika Dudiak, Cynthia Rahn, Mark Rahn, Ellen DeVries, Steve Fox, Mark Anders. Back row: Amanda Strosahl, John Warren, Dave Maruska, Mike Braun, Henry Pitot, Dave Yenerich, Steve Link, Dave Moen, Bob Whitcomb, Mark Urban.



CLASS OF 1991

Left to right: David Henningsen, Milka Mandich, Denise Prehn, Rob Prehn, Paul Ruh.



CLASS OF
1996

Front row (left to right): Gwen McIntosh, Jane Lykins, Jennifer Dodson, Elizabeth Nodine, Anne Champeaux, Amy Wermeling-Flores.
Back row: Erica Meyer, Norbert Straub, Percy Lo, Kristine Spiewak, Don Selzer, John Penner.



CLASS OF
2001

Front row (left to right): Brian Schreiber, Wendy Molaska, Aimee Becker, Janis Tupesis.
Back row: John David, Mike Sloan, Mike Zwank.



CLASS OF
2006

Front row (left to right): Danae Nakoneczny, Angela Gatzke-Plamann, Michelle Gerrard, Sarah Reck, Jennifer Meyer-Carper, Caroline Schmitt, Karie Zach, Kathryn Farwell. Back row: Amber Koch-Laking, David Gazeley, Ryan Plamann, Kelly Peters, Lynn Malec, Timothy Kruser, Mathew Aschbrenner, Kathryn Nixdorf, Patrick Drayna, Neda Esmaili, Michael Stadler.



CLASS OF
2011

Left to right: Ben Durkee, April Zehm, Brett Bostwick.



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Patrick Lee, MD '16, PhD '14, earned his medical and doctoral degrees in the SMPH Medical Scientist Training Program. He is completing a residency.

EVA BAKER, MD '97, PHD '95

At the National Institutes of Health (NIH) Department of Radiology and Imaging Sciences, part of the NIH Clinical Center—a hospital completely devoted to research in Bethesda, Maryland—I specialize in neuroradiology. I also research quantitative magnetic resonance spectroscopy of the brain—a useful tool for evaluating inborn errors of metabolism that result in neurodegeneration.

Remember the adage, “When you hear hoofbeats, think ‘horse’ not ‘zebra’?” We see mostly zebras

and sometimes the rare Przewalski’s horse. Early on, I had to read online constantly about diseases I had never heard of, but 12 years later, I occasionally need to look up the rarest conditions. My team sees patients with brain tumors, von Hippel-Lindau disease, neurofibromatosis and lymphangioliomyomatosis. We often are asked to rule out metastases for cancer staging.

My most memorable patients have been trailed by a camera crew or Secret Service detail. I’ve always been shy, yet somehow I’ve been involved in numerous TV shows that covered patient

stories. Our center is a favorite for the Discovery Channel! Also memorable is the first Ebola patient—all the planning, angst and media circus—followed by two patients with Ebola who came and went without any spectacle.

I participate in the Undiagnosed Diseases Program, which investigates the most puzzling cases by calling upon NIH experts in different fields. It is incredibly satisfying to find answers—and sometimes new diseases—for patients who have searched far and wide.

I chose this field in college, following my summer job



working in the NIH Clinical Center’s Nuclear Medicine Department. After medical school, I completed a radiology residency at the University of Minnesota and a neuroradiology fellowship at Johns Hopkins University.

GARY L. BUCHSCHACHER, JR., MD '94, PHD '93

I am a medical oncologist at the Kaiser Permanente Los Angeles Medical Center, where I co-direct the Cancer Clinical Trials Access Program of the Southern California Permanente Medical Group. Additionally, I am an assistant clinical professor for the University of California-Los Angeles.

In addition to the clinical trials program, my work at the medical center also involves caring for patients and teaching residents and oncology fellows. The region covered by the cancer clinical trials program contains 4.3 million patients

and is very active in oncology clinical trials. I also have served as a consultant for various research and study groups.

I completed my internal medicine residency and medical oncology fellowship at the University of California-San Diego (UCSD) in the residency research track program. After holding positions on the UCSD faculty and as co-director of the Lentiviral Vector Research and Production Core as part of the Gene Therapy Program there, I relocated to Los Angeles.

Although clinical applications of molecular

biology are becoming more widespread throughout all fields of medicine, they always have played important roles in oncology. Given my interest in molecular biology during medical and graduate schools and my subsequent training, oncology seemed a natural fit for my specialty.

As an undergraduate student, I was extremely fortunate to have had the opportunity to work at the McArdle Laboratory, which exposed me to the high quality of research being done there and allowed me to interact closely with the faculty during



my undergraduate, medical and graduate training. These experiences were important in helping shape my interest in the development of gene therapy approaches to disease treatments and to my current role.

JANEL HANMER, MD '10, PHD '07

I am in general internal medicine at the University of Pittsburgh (Pennsylvania) Medical Center. I devote nine weeks per year as the attending hospitalist physician on the inpatient general medicine teams. For the rest of the year, I conduct research on how we measure patient-reported outcomes, such as health-related quality of life.

Similar to hospitalists at any large academic medical center, I see an amazing cross-section of patients. Most of their conditions fall into four categories: basic medicine (pneumonia, chest pain,

dehydration); undifferentiated problems that need a general work-up (fever of unknown origin, abdominal pain); care for patients transitioning out of the intensive care unit in preparation for discharge; and subspecialty needs for which the subspecialists do not admit their own patients.

I've had many memorable patient cases. For instance, last year I cared for patients who had maple syrup urine disease and Creutzfeldt-Jakob disease. I've seen many sad cases, such as a fatal drug-induced liver injury from an antibiotic. I am occasionally

involved in dramatic life-saving interventions.

This type of work is interesting because I get to know my patients well, including their living situations and goals, and help them formulate big-picture plans for consultations and treatments. We give bad news and good news, we grieve and celebrate, and we advocate for people at times when they are vulnerable.

I decided to be a generalist because I love looking at the whole person. I completed my residency at the University of Iowa Hospitals and Clinics in Iowa City, Iowa.



Additionally, I am a member of the Society for General Internal Medicine, the Society for Medical Decision Making and the International Society of Quality of Life Research.

CLASS NOTES compiled by Jake Yarnold

We want to hear from you!
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CLASS OF 1954

Arthur S. Leon received the 2016-2017 Outstanding Physician in Academia Award from the International Association of Top Professionals. Leon has published more than 200 articles and 126 abstracts in professional journals, written 50 book chapters and serves as the co-author or editor of two books. He is the H.L. Taylor Professor in Exercise Science and Health Enhancement at the University of Minnesota.

CLASS OF 1981

Marc Williams is the director of the Genomic Medicine Institute (GMI) at Geisinger Health System in Danville, Pennsylvania. GMI is one of the leading health care systems exploring the use of genomic sequencing information to improve clinical outcomes. Williams became certified in clinical informatics to complement his certification in pediatrics and genetics. He

developed expertise in quality improvement and health economics and co-authored a book, *Economic Evaluation of Genomic Medicine* (2015).

CLASS OF 1984

Gerard G. Adler was admitted to the International Association of HealthCare Professionals. An orthopedic surgeon, he specializes in sports medicine, arthroscopy and cartilage repair and transplantation. He has practiced for more than 20 years and now serves patients at Aurora Medical Center in Summit, Wisconsin.

CLASS OF 1997

Adil O. Katabay was admitted to the International Association of HealthCare Professionals. A pain management physician for nearly 15 years, he has received many awards, including the Patients' Choice Award and the Compassionate Doctor Recognition Award. He has been named among the top 10 pain doctors in Ohio, where he lives. He works at BKC Pain Specialists and devotes his free time to soccer and traveling.

CLASS OF 2001

Brian Schreiber practices anesthesiology at the Aurora Medical Group in Milwaukee. He is a member of the Divisions Management Committee and director of ambulatory anesthesia services. His wife, Jennifer Schreiber, MD, works as a pediatrician with the Children's Medical Group in Milwaukee. They have four children: Luke, Grace, George and Walter.

Elizabeth Streby practices emergency medicine and serves as the department chair for emergency medicine at the Cleveland Clinic Avon Hospital. She was appointed the chief of staff of the new Cleveland Clinic Avon Hospital when it opened in November 2016.

CLASS OF 2003

Matthew Twohig specializes in anatomic pathology at Rockford (Illinois) Memorial Hospital. He is a clinical associate professor in the Department of Pathology at the University of Illinois College of Medicine at Rockford.

IN MEMORIAM

Frederick J. Davis, MD '46
 Middleton, Wisconsin
 August 18, 2016

Dean M. Connors, MD '52
 Madison, Wisconsin
 August 25, 2016

Donald C. Hampel, MD '54
 San Francisco, California
 February 13, 2016

William M. Goodman, MD '72
 Milwaukee, Wisconsin
 July 10, 2016

Harry E. Worley, MD '48
 Mount Vernon, Washington
 June 24, 2016

Irving I. Moskowitz, MD '52
 Miami, Florida
 June 16, 2016

Gerald C. Gant, MD '55
 Moraga, California
 October 6, 2016

Daryl Krueger, MD '77
 Cross Plains, Wisconsin
 June 30, 2016

Albert J. Molinaro, MD '50
 Schofield, Wisconsin
 August 3, 2016

Donald E. Koepke, MD '53
 Naples, Florida
 August 25, 2016

Stephen Aron, MD '65
 Watsonville, California
 April 2, 2016

CLASS OF 2006

Claudia Reardon and her husband are busy raising a newborn and toddler. Reardon has been president of the Wisconsin Medical Society Foundation since June 2016. She co-edited a book, *Clinical Sports Psychiatry: An International Perspective*, in 2013 and serves on the board of directors of the

International Society for Sports Psychiatry. In August 2015, she moved her psychiatric outpatient practice from the SMPH Department of Psychiatry to UW-Madison University Health Services. She teaches in the SMPH Department of Psychiatry, directs its residency quality improvement curriculum, has a grant to develop advocacy curricula and is the faculty supervisor for the SMPH Psychiatry Student Interest Group.

CLASS OF 2012

Amy O'Neil completed a residency in emergency medicine and a fellowship in simulation and education. She is now in a position that is 80 percent clinical and 20 percent academic time at the University of Minnesota Academic Health Center's Simulation Center.

ALICE MCPHERSON, MD '51, CONNECTS WITH STUDENTS FROM HER NAMESAKE LEARNING COMMUNITY

Each MD student at the University of Wisconsin School of Medicine and Public Health (SMPH) is a member of a Learning Community, or “House.” Aiming to create a caring community, Houses foster leadership, professionalism, well-being and the sharing of knowledge to develop balanced, well-prepared physicians.

These goals are dear to Alice McPherson, MD '51, for whom one SMPH Learning Community is named. She enjoys visiting with medical students when she returns from Texas to her alma mater. In fall 2016, she hosted a social event to connect with McPherson House members and share her enthusiasm for practicing medicine.

Following SMPH graduation, postgraduate training in several states and a faculty position as an SMPH ophthalmology instructor, she moved to Houston and became the world's first full-time woman vitreoretinal specialist. A pioneer in that field, McPherson founded the retina service at Baylor College of Medicine, a private retina practice

and the Retina Research Foundation in Houston. Her vision and support were vital in establishment of the UW-Madison McPherson Eye Research Institute, where she serves on its advisory board.

At the event, featuring music by the student group Coda Blue, medical students described their enriching volunteer experiences in global health and at local student-run MEDiC Clinics that provide health care for medically underserved patients. They also presented McPherson with a commemorative House t-shirt and a “McPherson Mug.” The mugs are central to a new weekly conversation time over hot beverages at the House—another way to build community.

Noting that students love meeting alumni who can offer various perspectives about medicine, Jacquelynn Arbuckle, MD '95—the McPherson House faculty mentor—told McPherson, “Thank you for all you do to support the UW School of Medicine and Public Health and our students. We deeply appreciate your generosity!”



TODD BROWN/MEDIA SOLUTIONS(2)



Top photo (left to right): Alice McPherson, MD '51, poses with a fellow Texan, M1 Jennifer Tran, for whom she sponsored a stethoscope through the Wisconsin Medical Alumni Association.

Bottom photo (left to right): SMPH Dean Robert Golden, MD, and M2 students Hailee Nelson, Brett Carr, Amanda Price and Sue Yi visit with Alice McPherson, MD '51.

A Hero Furthers Her Training and Skills

ANGELA GIBSON,
RN, PHD '07, MD '09

UWHealth

Angela Gibson, MD
BURN, TRAUMA
ACUTE CARE SURGEON

On Sunday, April 20, 1998, the lives of seven people and their families were irrevocably changed when a mentally ill man boarded a Madison, Wisconsin, city bus, poured a can of gasoline on passengers and lit a match. This horrific event is etched in Madison's collective memory.

Remarkably, all seven burn victims survived their injuries, largely due to the heroic efforts of nurses, physicians, surgeons and staff at the UW Health Burn Unit.

Angela Gibson, RN, PhD '07, MD '09, is one of those heroes. She was just 22 years old and four months into her nursing career when she was thrust into one of the most demanding, exhausting, exhilarating and life-changing events in her life.

She's the eighth person whose life was forever changed. But her transformation—from burn nurse to surgeon and researcher—is one of re-invention and redemption.

Gibson decided to pursue a combined MD/PhD degree at the University of Wisconsin School of Medicine and Public Health (SMPH). She now devotes her time to improving patients' lives—in the very place where this journey began.

Why did you enter health care?

I've always been fascinated by how the human body works. That led me toward the burn field, because there is no greater physiological stress a body can go through.

Why choose burn/trauma, which can be so incredibly stressful?

Health care professionals either love working with burn patients or hate it. Those who love it do so because it requires many people from different disciplines to help burn patients recover. And you get to be there for patients and families during incredibly difficult times. Finally, it's rewarding to realize how grateful patients are to be alive.

What do you recall about the night of April 20, 1998?

As I was arriving for my shift, the charge nurse told me we had seven major burn patients on their way. The unit had only seven beds then, and for the next 36 hours, it was chaos. We had every nurse who knew how to take care of burns come to our unit, and we were all trying to get the patients through that difficult, initial resuscitation phase.

What was that experience like so early in your career?

It was overwhelming and exhilarating. It also was ethically difficult because I had to take care of the man who poured the gasoline on the victims and started the fire. But seeing that many patients go through the major physiological change was the best education I could have received.

How did that experience change you?

I realized I wanted a high-intensity career. I like thinking on my feet, working long hours and having rewards in the end.

What kept this event from pushing you away from the burn environment?

You get to see amazing healing. Every time you take dressings down, you get to see the skin healing. The field is unique that way.

When did you decide to become a burn surgeon?

Following a very busy year after the bus fire, things slowed down, and I wanted to do more. As a nurse, I often got to watch surgeries and was fascinated by the way the OR is like a well-orchestrated play in which everyone knows their part. I also volunteered on campus with Dr. Lynn Allen-Hoffmann, who was developing a skin substitute, and I learned about the SMPH Medical Scientist Training Program (MSTP), through which I could combine a clinical education with research and earn MD and PhD degrees.

Did you ever doubt your decision?

Many people told me I couldn't do it because the training was so long and it would make it impossible to have a family. But I had a great job as a nurse, and I knew if medical school didn't work out, I would still enjoy my job. Fortunately, I now am in the position I wanted all along.

How did your observations inspire you to become a surgeon?

Dr. Richard Helgerson—the main burn surgeon here at the time—was a master. I watched him inspect patients and figure out how he could find enough skin to cover their massive wounds. His amazing insight in treating burn victims played a huge role in my decision to become a burn surgeon.

Do you think about how this started?

I can't believe that I am where I am. I can't thank the people here enough, especially in the Department of Surgery. They knew I wanted to work as a UW Health surgeon, and everyone here supported me. I also couldn't have made it through all my training without the support of my husband and family, who took care of everything else while I pursued my dream.

Did you have other advocates?

I had many. Dr. Deane Mosher, the director of the MSTP then, was the first to tell me he knew I could do it. Also, Dr. Mike Schurr, a burn and trauma surgeon, encouraged me.

How does your early experience as a nurse help you as a surgeon?

It's been incredible to work at the different levels because I understand where everybody is coming from. I empathize with the challenges of caring for burn patients, and I truly appreciate the team effort. I am lucky to work closely with Cindy Schmitz, who was my nurse manager when I started as a nurse.

What is your main research focus?

I'm looking at optimizing how we care for burns so they can heal without skin grafts. I'm finding there is a lot more healthy tissue than our eyes can see. I think we can better identify healthy versus dead tissue and develop new therapeutics rather than create more wounds on patients' bodies to harvest skin for grafts. I hope my research will one day allow patients to heal with less pain.

What's it like being a researcher?

I love having the ability to look at a patient's problem and think about it from a research standpoint then bring those ideas into the clinical realm, where they can help my patients. It's the best of both worlds.



SMPH Dean Robert Golden, MD (left), presents the Belzer Award to Jeffrey Grossman, MD (PG '82), at the fall 2016 Middleton Society celebration.

PHYSICIAN LEADER EARNS

Belzer Lifetime Achievement Award

JEFFREY GROSSMAN, MD (PG '82)

by Beth Fultz

When University of Wisconsin School of Medicine and Public Health (SMPH) Dean Robert Golden, MD, presented the school's 2016 Folkert Belzer Award for lifetime achievement, he noted that Jeffrey Grossman, MD (PG '82), was an instant and unanimous choice.

Indeed, the arc of Grossman's career—as chair of the SMPH Department of Medicine and the school's senior associate dean for clinical affairs; vice president of UW Hospital and Clinics; president and CEO of UW Medical Foundation (UWMF); and first CEO of the integrated UW Health—placed him at the center of virtually every major milestone in the academic health system's growth.

Golden's predecessor as dean, Philip Farrell, MD, PhD, believes Grossman has had a greater positive impact on UW-Madison's clinical enterprise than anyone else, with the possible exception of William S. Middleton, MD, who served as the SMPH dean from 1935 to 1955.

Yet Grossman arrived in Madison almost by chance. A native New Yorker, he spent his undergraduate years at Cornell University, studying to become a veterinarian. As was common in the 1960s and early '70s, his college years combined political and educational experiences. Steeped in the era's idealism, he describes his lifelong determination: “to do well by doing good.”

Luckily for UW Health, his career path shifted, leading him to medical school at the State University of New York-Upstate Medical University and, in 1975, to an

internal medicine residency at UW Hospital and Clinics.

He expected to complete his training and return to New York, but four decades intervened. He stayed for a pulmonary and critical care medicine fellowship, and he joined the SMPH faculty.

As a young physician, he concentrated on becoming a first-class clinician, yet noticed that there were many opportunities to improve how we cared for patients and educated students and trainees. He soon took on his first leadership roles, as medical director of the hospital's Emergency Department (ED) and Trauma and Life Support Center (TLC).

Farrell believes that stint in the ED and TLC was foundational for Grossman's career. It required him to facilitate collaboration among physicians from many disciplines

“Dr. Grossman has had a greater positive impact on UW-Madison’s clinical enterprise than anyone else, with the possible exception of William S. Middleton, MD, SMPH dean from 1935 to 1955.”

and teamwork among all critical care professionals. In addition, the high-stress environment fostered his calm approach and ability to manage competing demands.

In 1993, an unexpected opportunity arose. The chair of medicine retired, and school leaders appointed Grossman—a rising star—to the search committee for an interim replacement. His contributions so impressed the group that they urged him to recuse himself and become a candidate. In 1994, he assumed the lead role in the school’s largest clinical department, which he led for more than four years.

His timing as chair proved significant as it plunged him into negotiations among the 14 clinical departments forming UW Medical Foundation. He worked closely with other chairs and Venkat Rao, MD, MBA, who led the effort to create the new organization and became its founding president. When UWMF was formed, Grossman took on an additional role as its physician-in-chief. Less than two years later, when the fledgling foundation merged with Physicians Plus Medical Group, much of the responsibility of assimilating this

new cadre of approximately 225 community-based physicians fell to him. Then, around the time his role as chair was ending, he was named UW Hospital’s vice president for medical affairs. Holding dual roles at UWMF and UW Hospital afforded him a unique view of inefficiencies and potential synergies. With a foot in each organization, he became convinced the two should ultimately become one.

Nevertheless, his next career milestone pulled him back to UWMF, when Rao stepped down and Grossman was named president. Convinced physicians needed to be more engaged in governance and decision making, he led the organization in embracing continuous quality improvement and population health, national efforts aimed at providing better care for individuals while reducing costs and improving the health of communities.

With leaders of UW Hospital and Clinics and the SMPH, he hired physician executives who were excellent clinicians and skilled administrators, and he helped marshal resources to create organizational infrastructure for performance improvement and a population-based approach to care. Simultaneously, he continued to press his view that the hospital and medical foundation needed to become an integrated system with strong physician leadership.

In 2014, with support from both organizations’ boards and UW-Madison Chancellor Rebecca Blank, Golden worked with Grossman and others to draft a plan aimed at making integration a reality, and in July 2015, the two entities officially merged,



Bucky Badger embraces Jeffrey Grossman, MD (PG '82), and his wife, Nadine Nehls, PhD, RN, associate dean for academic programs, UW School of Nursing.

becoming UW Health. Its board tapped Grossman to serve as CEO while it searched for a permanent leader. Calling his selection an honor and the capstone of his career, he served until May 2016, guiding the merger’s critical first year.

Though known for his leadership and clinical acumen, Grossman is proud of other accomplishments, too. Through his involvement with the Wisconsin Partnership Program, he wrote the grant to establish the UW Health Innovation Program (HIP). He notes that HIP has become a significant force for change as it integrates health services research with clinical practice and community programs. He also maintained inpatient and outpatient practices throughout his career, remarking that caring for critically ill patients helped him keep administrative pressures in perspective.

Presenting the Belzer award, Golden noted, “Dr. Grossman has been the gold standard of outstanding professionalism and dedication to the highest values. He is a ‘doctor’s doctor,’ an inspiring teacher, a scholar focused on evolving models of care for patients and populations, and a gifted, strong, wise leader.”

“None of his roles were easy,” says Farrell, “But Dr. Grossman has an ability to take a wide range of complex information and synthesize it to make sound judgments. During challenging times, he stayed focused on values, and his style meshed with UW-Madison’s collaborative, consensus-oriented culture. He’s a modest person and modest leader who has always looked to make things better.”

Throughout his career, Jeffrey Grossman, MD (PG '82), maintained inpatient and outpatient practices. Here, he interacts with nursing colleagues in the Trauma and Life Support Center.



STEM CELL “HEART PATCH” MOVES CLOSER TO CLINIC

The promise of stem cells to treat cardiovascular disease may soon be a step closer to clinical application as scientists from three institutions seek to perfect and test three-dimensional “heart patches” in a large animal model—the last big hurdle before human trials.

In theory, patches of engineered tissue composed of the types of cells that make up heart muscle would be implanted to replace diseased or damaged tissue and perform all functions of healthy heart muscle.

Implanting healthy, lab-grown cells to replace damaged heart tissue has been an aspiration of stem cell biologists since

all-purpose human stem cells were derived and cultured at University of Wisconsin-Madison in 1998, explains Timothy J. Kamp, MD, PhD, co-director of the UW-Madison Stem Cell and Regenerative Medicine Center.

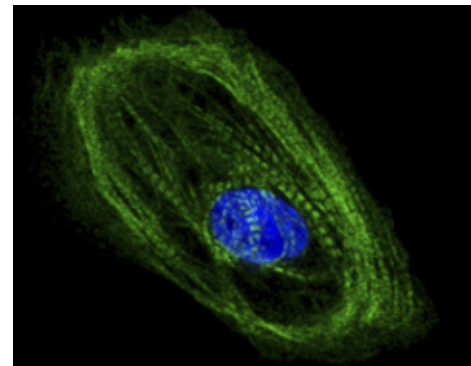
Working with teams from the University of Alabama at Birmingham (UAB) and Duke University in a seven-year, National Institutes of Health-funded \$8.6 million consortium, Kamp and colleagues will devise and seed with the appropriate mix of cells three-dimensional patches that will be used in a pig model.

“We need to see how these patches of heart muscle do in a large animal heart attack

model,” says Kamp, a professor in the UW School of Medicine and Public Health (SMPH) Department of Medicine.

The first challenge is to create the primary cell types that compose heart tissue. Another key obstacle, Kamp notes, is to make cells that do not prompt an immune response by a new host. He and William Burlingham, PhD, professor, SMPH Department of Surgery, will first transplant lab-made cells into mice engineered to have a human immune system.

In addition, Kamp and his colleagues must forge cells that beat in rhythm with the new host. Finally, the UAB-Duke-Wisconsin group must devise a



heart patch that can effectively integrate into a patient’s heart.

“The proposed studies in animal models are essential to develop this novel therapy, but the gold standard is a human patient,” notes Kamp.

NATION’S FIRST RURAL OB-GYN RESIDENCY

Faced with a nationwide shortage of obstetricians and gynecologists (OB-GYN), especially in rural areas, the University of Wisconsin School of Medicine and Public Health’s (SMPH) Department of Obstetrics and Gynecology recently started the nation’s first rural residency program to train and provide OB-GYN care to women in rural Wisconsin.

“Some women need to drive more than an hour to see an OB-GYN physician,” explains Ellen Hartenbach, MD (pictured at right), director of the four-year residency program and professor, SMPH Department of

OB-GYN. “Residents who train in certain settings are more likely to practice in similar places. We want to give them experience in these underserved areas, with a goal of increasing the number of physicians who practice there.”

She adds, “Since we started the program, we’ve heard from other medical schools around the country interested in starting similar programs, indicating a need.”

According to the American College of Nurse-Midwives, nearly half of U.S. counties do not have an OB-GYN. The American Congress of Obstetricians and Gynecologists estimates there will be up to

8,800 fewer OB-GYNs than needed in the United States by 2020 and a shortage of possibly 22,000 by 2050.

John Street, PhD, educational program manager, notes, “This is the perfect example of the Wisconsin Idea: work being done by UW-Madison benefiting people beyond Dane County.”

The first rural resident will begin training in July 2017; he or she will spend the first year in Madison. Starting in 2018, that resident will complete hospital and clinic rotations in Monroe, Portage, Ripon, Waupun and Watertown.

The program’s goal is to eventually expand to more rural



Wisconsin areas. One new rural resident will join the program each year.

The Wisconsin Rural Physician Residency Assistance Program provided funding for this position.

RESEARCH AIMS TO REVERSE BLINDNESS

A University of Wisconsin-Madison research team has been selected to work on one of six projects aimed at restoring vision by regenerating lost retinal cells in the eye.

David Gamm, MD, PhD (PG '02, '03), and his UW-Madison team will work with a Johns Hopkins University team on the National Institutes of Health-funded project to reverse blindness. Gamm is the Emmett A. Humble Distinguished Director and Sandra Lemke Trout Chair in Eye Research, McPherson Eye Research Institute (McPherson ERI), and associate professor, Department of Ophthalmology and Visual

Sciences, UW School of Medicine and Public Health (SMPH).

Together, the projects will receive \$12.4 million over three years as part of the National Eye Institute (NEI) Audacious Goals Initiative, a targeted effort to restore vision by regenerating neurons and their connections in the eye and visual systems.

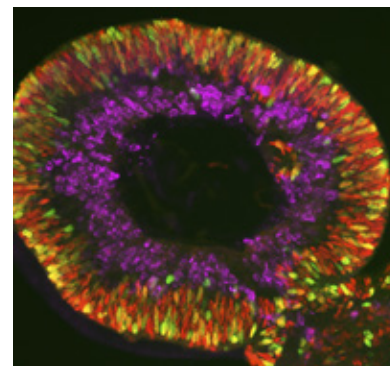
A large percentage of irreversible blindness results from damage or loss of photoreceptors in the retina. Many well-known eye diseases put these cells at risk. Once the cells are gone, humans have no natural capacity to replace them.

Gamm's team will work with Donald Zack, MD, PhD, and colleagues at Johns Hopkins to

study photoreceptor cells derived from human stem cells (using an approach invented by the Gamm lab) to determine what factors help coax them into becoming fully developed and connected photoreceptor cells.

"This is essential to bringing photoreceptor replacement therapies to patients one day," shares Gamm. "The collaboration combines our retinal stem-cell technology with specialized expertise at Johns Hopkins to keep the research moving."

Gamm's team includes several members of the McPherson ERI, a multidisciplinary community of researchers working to gain critical knowledge about the



science and art of vision and apply it to the prevention or reversal of blindness.

The NEI leads the federal government's research on the visual system and eye diseases. It supports research to develop sight-saving treatments and address special needs of people with vision loss.

STUDY TO LOOK AT AFRICAN-AMERICANS' RISK OF ALZHEIMER'S DISEASE

A large study of Alzheimer's disease in the African-American community is among the recently funded grants awarded to researchers at the University of Wisconsin School of Medicine and Public Health (SMPH).

Carey Gleason, PhD (pictured at right, facing camera), associate professor, Department of Medicine, will enroll 500 middle-aged African-Americans, who are twice as likely to develop Alzheimer's disease as Caucasians. The project entails a partnership between the Wisconsin Registry for Alzheimer's Prevention and the Wisconsin Alzheimer's Disease Research Center and will evaluate the role of

modifiable risk factors—such as cardiovascular disease, neighborhood distress and psychological factors—in setting the stage for dementia. She'll use biomarkers to track disease development, looking for risk factors people can modify.

"We need new strategies to reduce the devastating human and socio-economic toll of Alzheimer's," Gleason says. "This is an urgent issue for the African-American community, so it's imperative that we include African-Americans in our long-term studies of people at risk of developing Alzheimer's."

Gleason's study, funded by the federal government with \$3.8 million over five years, is one of 14 recently funded

Alzheimer's projects, says Sanjay Asthana, MD, the SMPH associate dean for geriatrics, adding that Alzheimer's disease research at the school has received \$22.8 million in support, most of it federal, with another \$4.1 million in awards expected in the near future.

"This latest infusion of competitive, peer-reviewed grants confirms the outstanding national reputation of our Alzheimer's research programs," says Robert Golden, MD, dean of the SMPH. "Congratulations to Dr. Asthana and his team for compiling such a remarkable series of projects across the continuum of basic laboratory research, clinical investigations and population studies."



Asthana, director of the Wisconsin Alzheimer's Disease Research Center, holds a five-year center grant of \$7.5 million from the National Institutes of Health for ongoing work.



New UW Health CEO

ALAN S. KAPLAN, MD, REFLECTS ON HIS NEW ROLE

Interview by Ian Clark

Calling upon his nationally renowned track record leading large-scale clinical and cultural transformations with a focus on health care coordination, Alan S. Kaplan, MD, became UW Health's chief executive officer in May 2016.

Kaplan previously served as executive vice president and chief clinical transformation officer for UnityPoint Health, a multi-state, integrated health system based in West Des Moines, Iowa. He was the founder and president/CEO of

UnityPoint Clinic, where he provided leadership for 1,300 providers. Kaplan also served as president/CEO of UnityPoint at Home, a provider of home care, palliative, hospice and home infusion services.

Prior to joining UnityPoint Health in 2009, he served as vice president and chief medical officer at Edward Health Services Corp., a health care system based in Naperville, Illinois.

Board-certified in emergency medicine, Kaplan earned his medical degree from Rush University in Chicago and master's degree in medical management from

Carnegie Mellon University in Pittsburgh. He is a fellow of the American College of Healthcare Executives and American Association of Physician Leadership.

Kaplan joined UW Health at an exciting time. In 2015, UW Hospitals and Clinics and UW Medical Foundation legally integrated, providing the ability to operate as a single enterprise. With an agile approach in mind, UW Health is crafting its first enterprisewide strategic plan—to take Wisconsin's premiere health system to new heights.

UW Health is a close-knit partner with the University of Wisconsin School of Medicine and Public Health (SMPH), and I know the school's alumni, faculty and friends are eager to learn more about you.

Thanks for the opportunity. I've been here a little over six months, and I have already developed a close partnership with SMPH Dean Robert Golden as we work to further serve our community and enhance our success in all three aspects of our mission—direct patient care, research and education.

What should we know about you that we can't find on your resume?

For 25 years, I've served in various clinical and executive roles. I've also been married to my wonderful wife and best friend, Patty, for 24 years, and we have two children. Our daughter is attending the University of Iowa, where she is a senior business major with an interest in human resources. Our son graduated in May with a double degree in industrial engineering and computer science, and happily found a job in IT. Patty and I enjoy outdoor activities and have enjoyed getting acquainted with Madison as our new home (that includes attending a few Badger football games and enjoying the outdoors)!

As a registered nurse, Patty founded Paws4Therapy, Inc., which implements animal-assisted therapy programs for the acute care hospital environment. Paws4Therapy has recruited and trained hundreds of volunteer dog-handler teams that have made more than 150,000 bedside visits. It has been featured as a Joint Commission best practice.

Since you joined UW Health, what have you observed and experienced?

The organization and community welcomed my family and me with open arms. I spent my first 90 days simply listening, and it became imminently clear that UW Health is a great organization with great people doing amazing things! My orientation was a listening tour among physicians, staff, UW-Madison deans and other leaders, community members, and government and health care leaders from organizations across Wisconsin and northern Illinois.

It's clear at all levels of the organization that UW Health's high-quality, patient- and family-centered care is foundational to who we are. In direct patient care, research and education, it is clearly all about our patients and the health of the populations we serve. That dedication is really inspiring.

What do you envision on the horizon?

People have been asking me lots of questions. Among the multiple themes that have surfaced, the most common is that people want clarity. Who is responsible for what? What should we focus on? Where do I go with an idea? I joined UW Health at an exciting time shortly after our two legacy organizations legally integrated. Some heavy lifting is underway, but we're making progress on an operational and cultural integration. I have organized my team of direct reports, and they are continuing this work with their teams. I hope this begins to create the clarity our organization needs.

There are many opportunities we can pursue, but we need to proceed strategically with a strong, unified vision. To help us define our priorities and goals, we kicked off our strategic planning process in September 2016. Dean Golden and I are co-executive sponsors of the strategic planning process, and we see UW Health and the SMPH working together, now and in the future, in tight partnership. We intend to engage many stakeholders over the coming months and wrap up the process by late spring 2017.

What sort of goals or opportunities might we see developed?

I anticipate that at least some of the areas of focus will include growth, innovation, population health and destination medicine.

When it comes to growth, UW Health acquired SwedishAmerican Hospital in Rockford, Illinois; we've merged our health plan (Unity) with Gundersen Health Plan in La Crosse, Wisconsin; and we're talking to Unity-Point Meriter. To be suited for the future, we must be more than an academic medical center, we have to be an academic health system, which means we need a larger patient base and community partners, but this requires guidelines. It's not just

growth for growth's sake, but it's prudent, smart, strategic growth that we define.

Too often, local industry and even our researchers become frustrated with applying their work to our clinical setting. It is not unusual for them to go outside our system to move research forward. Not only do we need to be more user friendly for this work, but UW Health has an important role in fostering the translation of research from the lab to the bedside to benefit patients and communities. We must and will get better at this work.

When it comes to population health, I'm talking about health care reform, but there's more to consider. We're embedded in an innovative, research-based university. We have incredible population health work taking place at the SMPH. We need to knit together our capabilities and establish UW Health and the SMPH as national leaders in this area.

People come from all over the nation and sometimes around the world for things we do here. We have world-class programs and experts in areas like transplants, facial reconstruction, women's health, neonatal specialties and many other specialized fields. I believe we can be better positioned as a destination center so patients with complex conditions can dependably and efficiently receive exceptional, collaborative care here.

With some 15,000 physicians and employees, how will UW Health's first strategic plan be implemented?

This comes back to my point about clarity. We need to create clarity in roles and responsibilities as a single organization, and we need clarity in our operational day-to-day work. I believe clear, aspirational goals are the best way to merge our cultures so we all have something to work toward, together. That's why we're including in this strategic plan the high-priority work we'll undertake in the next three to five years. We have an opportunity to take this great organization to an even greater place. But none of it could happen without the amazing people we have at UW Health and the fantastic partners we have in Dean Golden, the SMPH, throughout UW-Madison and around the state.

The Ride to Support Cancer Research



FOCAL FLAME(3); TODD BROWN/MEDIA SOLUTIONS (1)

by Rob Kelly

Advances in cancer therapy begin in the laboratory, but tight budgets and scarce federal grants make it increasingly difficult for researchers to pursue innovative projects.

Thirty years ago, a National Institutes of Health (NIH) grant application had a one-in-four chance of getting funded. Today, just one in 10 applications makes the cut. This affects the types of cancer research projects that move forward and, more importantly, impacts the cancer patients who might benefit from those research advances.

“When funding rates are so low, we jeopardize the willingness of scientists to be creative because it’s risky. They tend to stay in the mainstream in an effort to maintain their funding,” says Paul Harari, MD, chair of the Department of Human Oncology at the University of Wisconsin School of Medicine

and Public Health (SMPH). “But creativity is a critical part of impactful scientific discovery. You don’t have to look farther than our own successes at University of Wisconsin-Madison to find tremendous advances in research that came when scientists felt they had the freedom and latitude to explore new ideas and exercise creativity.”

Several years ago, Deric Wheeler, PhD ’04, associate professor, Department of Human Oncology, and Harari conceptualized a major fundraiser to supplement the federal funding model. Wheeler and Harari created “The Ride,” a bicycle benefit for cancer research at the UW Carbone Cancer Center.

“As I move through my career, working closely with physicians and clinical scientists, I’m always thinking about how to translate our work from the laboratory to the clinic to help people who have cancer,” Wheeler

says. “The barrier isn’t typically intellectual or lack of will. It’s frequently a challenge of funding, and hopefully The Ride will help in that mission.”

On September 18, 2016, more than 800 riders raised just over \$150,000 in The Ride’s inaugural event. In addition to enjoying a beautiful country ride on a gorgeous, 70-degree fall day, participants heard inspiring stories of cancer patients and their loved ones and learned about the university’s research efforts to advance cancer care.

“It was a remarkably well-organized event and a lot of fun. At the same time, it managed to maintain a sharp focus on what it really was all about: finding new hope for the elimination of cancer,” says Robert Golden, MD, dean of the SMPH. “I was especially moved by the energy and enthusiasm of the participants and deeply



Both pages, clockwise from far left: John Marks, DVM, pedals to support cancer research and build bonds with his family; (left to right) SMPH Dean Robert Golden, MD, and UW Health CEO Alan Kaplan, MD, flash the “W” sign; Paul Harari, MD, and Deric Wheeler, PhD '04, promote The Ride early on; Bucky Badger entertains event participants.

touched by the personal notes that were placed on the site—including the posters that we rode past as we approached the finish—acknowledging loved ones who have gallantly battled cancer.”

John Marks, DVM—a 54-year-old veterinarian and 1989 alumnus of the UW School of Veterinary Medicine who now works with the Wisconsin Department of Agriculture—was one of many UW Health cancer patients who participated. Marks was diagnosed with stage IV colorectal cancer in January 2016. He rode with his wife, two brothers, two sisters, a sister-in-law, brother-in-law, two nieces, a nephew and a friend.

“The Ride was a monumental event for me and my family because we all shared common goals. Not only did it allow us to spend a day together, but we also were able to enhance our support for one another as we venture through our lives,” Marks says.

He continues, “We lost our father to cancer more than 40 years ago. Now I am facing the same battle, so our concerns run deep, not only in the immediate family but also for other families that have faced or are currently facing the same struggles. The Ride helped make us stronger together as a family. There were a lot of smiles and laughs but also feelings of concern, sadness and loss.”

All dollars raised by The Ride are awarded competitively to UW-Madison research projects aimed at improving cancer care. This seed money is likely to stimulate additional funding over time. Perhaps funding from The Ride will enable researchers to develop the types of innovative projects that helped UW-Madison become the first institution in Wisconsin to be awarded a Specialized Programs of Research Excellence (SPORE) grant from the National Cancer Institute. This

\$11 million grant—along with \$3 million in institutional matching funds directed by Harari and a team of researchers—is funding collaborative, interdisciplinary, translational research aimed at finding new ways to prevent, detect, diagnose and treat cancers of the head and neck.

“I hope, and predict, that The Ride will grow dramatically in size and scope over the years and have a game-changing impact on our capacity to win the war on cancer,” Golden says. “I also hope it will counteract a sense of isolation that some cancer patients and their families may experience, as the event makes it clear to them that they are not alone.”

Mark your calendars: The Ride Year 2 will take place on September 17, 2017.

 **There's More Online!**
Visit www.theridewi.org



Trout Family Gives Back

TO MCPHERSON EYE RESEARCH INSTITUTE

by Emily Kumlien

It all started at Camp Randall Stadium. At a Wisconsin home football game in November 1957, to be exact.

Monroe Trout, MD, JD—then a 26-year-old physician on the staff of the Great Lakes Naval Hospital near Chicago—wanted to see a Big Ten football game.

“My friend said he could get tickets to a Badgers football game *and* dates for three of us,” he recalls. “I said ‘I get the tallest girl as my date.’”

That’s when and where 6’5” Monroe Trout, from Pennsylvania, met 5’8” Sandra Lemke, a journalism student at the University of Wisconsin-Madison.

“And the rest is history,” says Sandra Trout, who earned her bachelor’s degree from the university two years later.

The Badgers football team beat the Fighting Illini 24-13 the day the couple met, but they don’t remember much about the game. Soon afterward, Monroe Trout was posted to Okinawa as regimental surgeon of the 3rd Marine Division. Their courtship continued long-distance via letter and short-wave radio, with the assistance of the ham radio operator. They wed on June 11, 1960.

That was the beginning of a beautiful partnership that has lasted more than five decades. Together, they’ve welcomed two children and four grandchildren to their

family and called several states home over the years.

Monroe Trout established an influential career in pharmaceutical discovery and health care development. He served on the boards and executive teams of various firms in that industry, and he became chairman and chief executive officer of American Healthcare Systems.

The couple’s generosity led to an unparalleled career in philanthropy and nearly five decades of giving back to the community.

Their renewed connection with UW-Madison began in 2012, when the couple was living in Tennessee and



Above: Timothy William Trout, who passed away in May 2016, and in whose honor his parents are creating the Timothy William Trout Professorship in Eye Research.

Opposite page (left to right): David Gamm, MD, PhD (PG '02, '03), who holds the Sandra Lemke Trout Chair in Eye Research position created by the Trout family at the McPherson Eye Research Institute; Sandra Trout; and Monroe Trout, MD, JD.

Monroe Trout, then 81 years old, developed macular degeneration, impairing his central vision. Based on the recommendation of a friend, Oscar Boldt, they traveled to Madison so that Monroe Trout could see David Gamm, MD, PhD (PG '02, '03)—an associate professor in the UW School of Medicine and Public Health's Department of Ophthalmology and Visual Sciences, the Emmett A. Humble Distinguished Director of the McPherson Eye Research Institute at UW-Madison and an ophthalmologist at UW Health—about his eyesight.

In late summer 2012, after meeting Gamm, Sandra Trout had an idea and shared it with her husband.

"She said to me, 'We should support Dr. Gamm's work,'" reflects Monroe Trout.

Sandra Trout adds, "Dr. Gamm is an international expert in macular degeneration and is very devoted to his patients. He is also an extremely capable researcher who is enthusiastic about sharing his ideas with others."

Their positive experience in Madison led them to create the Sandra Lemke Trout Chair in Eye Research at the McPherson Eye Research Institute in January 2013. Gamm now holds that endowed position.

More recently, following the death of the Trouts' youngest son in May 2016, they have established the Timothy William Trout Professorship in Eye Research in his name.

"We wanted to do something to honor our son's memory," says Monroe Trout, who earned his medical degree at the University of Pennsylvania Medical School and a subsequent law degree from Dickinson Law School at Pennsylvania State University. "Education has been so important in my life. I've had so much help from teachers along the way, and I wouldn't be where I am today without my education."

Sandra Trout adds, "When I was young, my parents always told me I would go to college. While there were women in college in the late 1950s, it was nowhere near as common as it is today."

Elaborating on their gifts to UW-Madison, she continues, "Endowed professorships live on forever. We wanted to honor education and Timothy. And we believe strongly in Dr. Gamm and his work. I am glad that we are able to support an excellent school with acclaimed researchers and give back to my university."

Gamm shares, "Monroe and Sandy are exceptionally caring and wise people, and they are determined to make the world a better place in many different ways. Their interest in vision research is deep and nuanced, and they really 'get it'—they know that treatments for macular degeneration and other blinding diseases are going to come from collaborative research, something that the McPherson Eye Research Institute has emphasized since its inception."

Noting that Monroe and Sandra Trout are honorary members of the McPherson Eye Research Institute board of directors, Gamm states, "We are honored to steward the Timothy William Trout Professorship in the institute and will bestow it upon

our best and brightest researchers. We're also continuously honored by the Trouts' friendship and trust."

"Monroe and Sandra are remarkable individuals, and I am profoundly moved by their altruism and generosity," says Robert Golden, MD, dean of the UW School of Medicine and Public Health. "Their gift to the McPherson Eye Research Institute will ultimately touch the lives of countless people through the advancement of our understanding of macular degeneration and the development of new treatments."

Reflecting on his own vision, Monroe Trout says, "I have macular degeneration, and I know I might not see the benefits of current research in my lifetime. But we hope we can help researchers find ways to prevent and possibly someday cure a disease that impacts 25 million Americans."

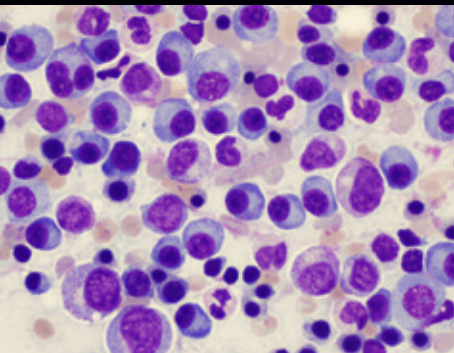
Wherever they happened to live, Monroe and Sandra Trout have always kept a connection to Wisconsin; for several years, they spent the month of August in her hometown of Appleton. There, in 2010, they endowed and established the Trout Museum of Art, which features the private collection of fine art acquired in their travels. In 2015, they settled in Appleton for good, and they are active in the community. Earlier this year, the Trouts endowed funding in Timothy Trout's honor for a children's channel on Wisconsin Public Television.

Together, they enjoy traveling, playing bridge and attending the symphony and operas. Monroe Trout enjoys oil painting, which he describes as a great way to escape any stress he may feel, and Sandra Trout enjoys playing the piano.

"We are excited to be involved in the McPherson Eye Research Institute and make trips to Madison periodically," notes Monroe Trout. "We also have been fortunate to attend some Badgers football games in Chancellor Blank's box at Camp Randall."

Right back in the special place where their relationship began so many years ago.

Researchers Report Myeloma Advance



A University of Wisconsin-Carbone Cancer Center (UW CCC) research team learned how to make multiple myeloma cancer cells more vulnerable to immunotherapy.

Led by senior author Fotis Asimakopoulos, PhD, and first author Chelsea Hope, the team showed that when immune

cells transform versican in the tumor to a daughter variety called versikine, it helped train the immune system's T cells to recognize and kill cancer cells.

Asimakopoulos says versikine could potentially be used as part of a cancer vaccine to activate the immune system or be paired with novel approaches, such as chimeric antigen receptor (CAR)-T cells or checkpoint inhibitors, to help the tumor fighters more effectively kill cancer cells.

This was published in *Blood*. An accompanying editorial stated that this opens a new avenue for immunotherapies for multiple myeloma.

An assistant professor of medicine, UW School of Medicine and Public Health, Asimakopoulos has seen a revolution in myeloma treatment over the past 15 years because new treatments extend patients' lives substantially.

"Immunotherapy is another revolution," he says.

Now, only a percentage of patients respond dramatically to the newer class of immunotherapy drugs or manufactured CAR-T cells. Asimakopoulos believes the odds can be shifted by reducing cells that allow cancer to hide from the immune

system and increasing those that train immune cells to find and destroy the cancer.

He says versikine could be injected into patients before immunotherapy, or included when armored CAR-T cells are created, arming patients with proteins that recognize cancer targets. His lab is testing this in mice, and he expects to begin human trials within five years.

This work came from a collaboration between UW CCC scientists and Cleveland Clinic. The Trillium Fund for Myeloma Research and American Cancer Society funded the work in large part.

Biomarkers May Predict Early Alzheimer's Disease

University of Wisconsin-Madison researchers identified a scientific approach that may help predict which older adults are more likely to develop cognitive symptoms of Alzheimer's disease well before the onset of dementia.

Published in *Brain*, the study analyzes a panel of biomarkers that could help identify people most likely to benefit from disease-slowing interventions.

"The Alzheimer's Association estimates that if we had a prevention that pushed back the clinical symptoms of the disease by five years, it would almost cut in half the number of people projected to

develop dementia," says Annie Racine, PhD '16, lead author of the study, which was part of her doctoral work. "That translates into millions of lives and billions of dollars saved."

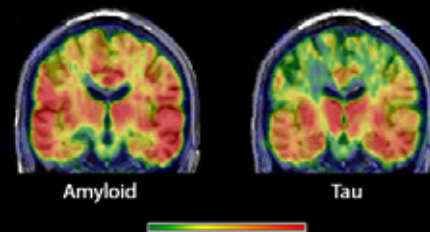
Sterling Johnson, PhD, senior author and a professor in the Department of Medicine, says that while brain changes—such as beta-amyloid plaque buildup and tau tangles—are markers of the disease, not everyone with these changes develops Alzheimer's symptoms.

The team used statistical algorithms to categorize 175 older adults at risk for Alzheimer's disease into four clusters based on patterns and

profiles of pathology in their brains. Researchers analyzed participants' cognitive data to investigate whether the groups differed on their cognitive abilities measured over as many as 10 years.

Participants came from groups enrolled in the Wisconsin Alzheimer's Disease Research Center study and Wisconsin Registry for Alzheimer's Prevention, in which about three-quarters of participants have a parent with the disease.

"This study shows that just having a family history doesn't mean you are going to get this disease," Johnson says. "Some participants are on a trajectory



for Alzheimer's, but more are aging normally, and some are on track to have a different type of brain disease."

A comprehensive panel of biomarkers, such as the one evaluated in this study, could help pave the way for early interventions to stop or slow the disease.

Late-Onset Asthma Linked to Cardiovascular Risks



People who develop asthma as adults (late-onset asthma) may be at greater risk of developing heart disease and having a stroke, according to a study published in the *Journal of the American Heart Association*.

Matthew C. Tattersall, DO, MS '14 (PG '10, '14),

lead author of the study and assistant professor of medicine, University of Wisconsin School of Medicine and Public Health (SMPH), says late-onset asthma also tends to be more severe and difficult to control with medicines than asthma that begins in childhood.

Researchers followed 1,269 adults—average age 47 without cardiovascular disease—over 14 years. Average age of asthma diagnosis in the late-onset group was 39.5 years vs. 8.9 years in the early-onset group.

At the beginning of the study, 166 participants had asthma. During the

study, researchers tracked cardiovascular events, including heart attack, stroke, heart failure, angina, cardiac revascularization and death due to cardiovascular problems. The study took into account risk factors for cardiovascular disease that might bias results.

Researchers found that people with late-onset asthma were 57 percent more likely to suffer a cardiovascular event than those without asthma; those with late-onset asthma compared to non-asthmatics were more likely to be female (67 vs. 44 percent) and have a higher body-mass index; and

participants with early-onset asthma had no difference in cardiovascular disease events compared to non-asthmatics.

Researchers speculated that differences between early- and late-onset asthma may help explain findings.

Tattersall believes the results suggest health care providers should pay particular attention to heart-disease risk factors in patients with late-onset asthma. Patients with late-onset asthma, he added, can increase their chances of remaining heart-healthy and stroke-free by exercising, eating a healthy diet and maintaining a normal weight.

Team Identifies Leukemia Development Mechanism

In another step toward unraveling the causes of serious blood disorders, a University of Wisconsin-Madison team identified how a genetic network in certain blood cells can be disrupted and go on to promote development of certain forms of leukemia. Findings were published in *Cell Reports*.

Emery H. Bresnick, PhD, Kellett Professor of Cell and Regenerative Biology, UW School of Medicine and Public Health (SMPH), and director, UW-Madison Blood Research Program, led the team. First author Koichi R. Katsumura, MD, PhD, assistant scientist, Bresnick group, led

the experimental effort, and Irene Ong, PhD '07, research scientist, UW Carbone Cancer Center, spearheaded the informatics.

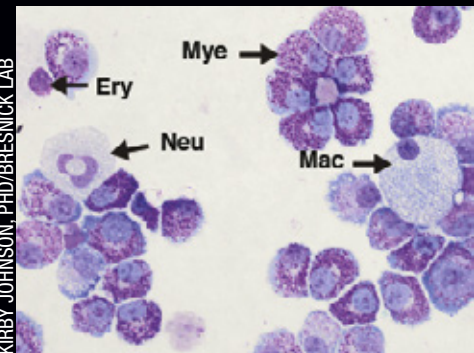
The specific mechanisms that cause acute myeloid leukemia (AML) are not fully understood. While various gene mutations are known to be involved, Bresnick and colleagues looked at the role of GATA-2, a “master regulator” of the blood cell production process. GATA-2 mutations cause a primary immunodeficiency syndrome that can progress to AML.

In this study, scientists were trying to determine how the GATA-2 network is related to

the development of these blood disorders. They discovered an intricate mechanism that sets up a growth circuit in AML cells. The circuit begins when Ras produces signals that stimulate phosphorylation in GATA-2. That increases the ability of GATA-2 to control the activity of genes in AML cells, and these genes generate cell-signaling proteins that control the cell proliferation.

The discovery of the growth-promoting circuit might point toward better treatments for AML and other pathologies in which GATA-2 is implicated.

Bresnick says the next step includes analyzing the contribution of the new circuit



KIRBY JOHNSON, PHD/BRESNICK LAB

to AML cell growth in mouse models and human leukemia, as a prelude to forging strategies to improve much-needed therapeutic options for AML.

The research was supported by the National Institutes of Health, Midwest Athletes Against Childhood Cancer and UW Carbone Cancer Center.

IMMUNOTHERAPY *Continued from page 7*

Southampton, United Kingdom; and Greifswald, Germany.

In separate work that lays the foundation for simpler, more cost-effective immunotherapy, Douglas McNeel, MD, PhD, professor, Department of Medicine, and director, Solid Tumor Immunology, UW Carbone Cancer Center, has been investigating T cell-activating therapies, or vaccines, as treatments for prostate cancer. The concept with this approach is generating tumor-fighting immune cells directly, without having to prepare them in the laboratory and infuse them back into patients. Over the past 15 years, McNeel and his team have conducted several clinical trials with two vaccines that are currently in testing at the Carbone Cancer Center and elsewhere in the United States.

Cellular immunotherapy has been remarkable for cancer treatment, and SMPH experts are taking it far beyond cancer.

For instance, Hematti is working with Dixon Kaufman, MD, PhD, the Ray D. Owen Professor and chief, Division of Transplantation, Department of Surgery, on

a novel cellular immunotherapy using donor stem cells.

“We take stem cells from a kidney donor and do a stem cell transplant after the kidney transplant,” says Hematti, adding that findings could lead toward eliminating the patients’ need for immunosuppression drugs after solid organ transplantation.

The research is rapidly moving from animal models toward human clinical trials, both supported by grants from the National Institutes of Health. Hematti and Kaufman are collaborating with scientists at Stanford University to make this treatment a reality for patients at UW Health.

Through the UW-Madison Stem Cell and Regenerative Medicine Center, Hematti also has worked for more than a decade with Amish Raval, MD, associate professor, Department of Medicine, on cardioimmunotherapy. Recently, the duo has focused on using immune cells, specifically macrophages, to repair cardiac damage in animal models, and they hope to move their research into human clinical trials soon.

Whether it’s for cancer treatment, organ transplants or cardiac tissue repair, cellular immunotherapy is exploding.

“Today, immunotherapy is approved as a first-line treatment for adult patients with widespread melanoma, lung cancer and several other forms of high-risk cancers in adults and children,” says Sondel.

He predicts that within the next 10 years, treatment of nearly all cancers that are not being cured by surgery alone will integrate immunotherapy.

Sondel knows that concept will take intense teamwork over time but states that the SMPH and UW Carbone Cancer Center have world-class reputations for research being done by outstanding faculty who collaborate internally and throughout the nation—and they are making great strides in the fight against deadly diseases.

ADVANCING HEALTH EQUITY *Continued from page 12*

In his closing remarks, Golden reminded participants that the conference was just the beginning, the foundation from which the Wisconsin Partnership Program will build its health equity initiatives.

To the many participants from different sectors, different interests, different communities—rural and urban, Golden challenged, “Today, I’m making a request of myself and all of you—let this be our launching pad going forward.”

“Take your individual passions and follow them,” he advised. “Build partnerships to help achieve your goals. And most

importantly, have resilience for the struggles ahead.”

Golden concluded, “We know there will be challenges, but we are committed to the long-game and to the ambitious, audacious goals we will set.”

To view the conference video, review resources or learn more about the Wisconsin Partnership Program, visit med.wisc.edu/partnership-health-equity.



One panel featured (left to right) David Kindig, MD, PhD, emeritus professor of population health sciences, SMPH, emeritus vice-chancellor for health sciences, UW-Madison, co-chair, Institute of Medicine Roundtable on Population Health Improvement; Jacquelynn Arbuckle, MD '95, director, UW-Madison Native American Center for Health Professions, associate professor of surgery, SMPH; Ricardo Diaz, executive director, United Community Center, Milwaukee, Wisconsin; and David Williams, PhD, MPH, Florence Sprague Norman and Laura Smart Norman Professor of Public Health, Harvard School of Public Health, and professor, African and African American studies and of sociology, Harvard.

MEDiC 25th Anniversary

CELEBRATING VOLUNTEERS WHO HELP THOSE IN NEED



Clockwise from top left (left to right): Aref Senno, Maria Rozo and Michelle Watkinson talk with Ronald Diamond, MD; Elizabeth Petty, MD '86, Christina Jones, Laura McClung, Watkinson, Meghan Hughes, Bethany Howlett, MD, Rozo, Douglas Dulli, MD (PG '89), Dan Berry, MD, Mary Lou Goodfriend, Theodore Goodfriend, MD, Shilpa Kallru, Nick Thompson, Rebecca Veele, Maggie Smith, Danny Jones and Cassidy Bohner. Hughes presents awards to Diamond and Howlett. T. Goodfriend listens. Dulli thanks volunteers.

TODD BROWN/MEDIA SOLUTIONS(6)

At MEDiC's 25th anniversary celebration in fall 2016, University of Wisconsin School of Medicine and Public Health (SMPH) Associate Dean for Education Elizabeth Petty, MD '86, applauded the student-led program for providing free health care for medically underserved individuals and fostering an environment where students from various health professions can hone leadership and clinical skills.

MEDiC relies on volunteer faculty; volunteer medical, physician assistant, physical therapy, nursing and pharmacy students; and many community partners.

Founder Theodore Goodfriend, MD, an SMPH professor emeritus of medicine and

pharmacology, recalled MEDiC's origin: "Grace Episcopal Church had a mens' homeless shelter where law students and faculty were providing legal help. I asked the organizers if we could establish a medical clinic there, and they welcomed the idea."

Through Mary Lou Goodfriend, a school counselor who knew many homeless students, Murray Katcher, MD '75, PhD, learned about MEDiC and started its second clinic at the Salvation Army. Today, MEDiC provides more than 1,700 patient visits per year at seven clinics around Madison.

MEDiC's president, Meghan Hughes, and faculty director, Douglas Dulli, MD (PG '89)—SMPH professor of neurology and a 19-year volunteer—thanked those who donate their

time. Hughes announced a new award in honor of Katcher, SMPH emeritus professor of pediatrics, and Don Schalch, MD, SMPH emeritus professor of medicine.

"Drs. Katcher and Schalch have been longtime pillars of MEDiC who share an enduring passion for teaching students and caring for medically underserved patients. The Katcher-Schalch Award will be given annually to MEDiC volunteer faculty members who embody their level of compassion," said Hughes, as she presented the first awards to Ronald Diamond, MD, SMPH professor of psychiatry, and Bethany Howlett, MD, SMPH clinical associate professor of family medicine and community health.



Deeply Rooted, Moving Freely

PHYSICIAN ASSISTANT PROGRAM ENJOYS BOTH FACTORS

One of my favorite quotes—“To move freely, you must be deeply rooted,” by Bella Lewitzky—speaks to the essence of the Physician Assistant (PA) Program at the University of Wisconsin School of Medicine and Public Health (SMPH).

As our PA Program prepares to graduate its 40th class in May 2017, it is an excellent time to reflect on our history and look toward our future.

DEEPLY ROOTED GOALS

The PA Program started as a bachelor of science degree and became a Master of Physician Assistant Studies (MPAS) degree in 2010. For this shift, we redesigned the curriculum to include longitudinal, integrated coursework that is rich in basic and applied clinical sciences, evidence-based and preventive medicine, and public health.

Our program takes great pride in how we prepare students, starting with our competitive admissions process. In 2016, for the program's 52 seats, 1,590 individuals applied. The number of applicants has shown consistent growth. We work hard to select top students who demonstrate academic excellence as well as qualities of leadership and service.

Our mission—to educate practitioners to serve Wisconsin, particularly its medically underserved communities and populations—is deeply rooted, as well. Through increased student enrollment and the addition of talented faculty and staff in recent years, the PA Program is well-positioned to become a visionary leader in pursuit of innovative approaches to serve that mission.

STATEWIDE OPPORTUNITIES

One of the ways our program strives to meet Wisconsin's growing health care needs is through an innovative curriculum that students throughout the state can access.

In addition to the UW-Madison-based cohort of 30 students, our Distance Education (DE) option allows 10 students per year to receive the majority of their education in their home communities. Since the 2001 inception of this part-time, three-year curriculum that parallels the requirements of the on-campus version, 70 students have graduated as DE students, and 70 percent of these graduates work within 25 miles of their home communities in designated rural or health professional shortage areas.

Another cutting-edge innovation is our Wisconsin Physician Assistant Community-based Track (wisPACT). Through partnerships with UW-Marathon County and northern regional health care systems, this track addresses the growing shortage of health care providers in northern Wisconsin. Our program aims to place 75 percent of wisPACT graduates in northern Wisconsin primary care practices—a goal we achieved with our first graduating cohort in 2016. The two-year curriculum, which accepts 12 students per class, is synchronized with the campus-based program.

PROGRAM ENHANCEMENTS

In 2012, our program launched a Path of Distinction in Public Health to promote enhanced training in rural, global and population health. Three years later, we created a dual MPAS and Master of Public Health (MPH) degree—one of 10 MPAS-MPH dual-degree programs in the nation.

The PA Program also has created a dynamic curriculum that challenges students to develop excellent clinical skills and become empathetic, patient-centered providers with strong communication and interpersonal skills. A novel part of this curriculum, Cases of Patients, emphasizes psychosocial and cultural understanding of patient, family and provider experiences by

having patients share their stories directly with students. We also have expanded our program's opportunities for interprofessional, global, service-learning trips that broaden students' awareness about vulnerable populations and social determinants of health in resource-poor settings. This knowledge will serve them well throughout their careers.

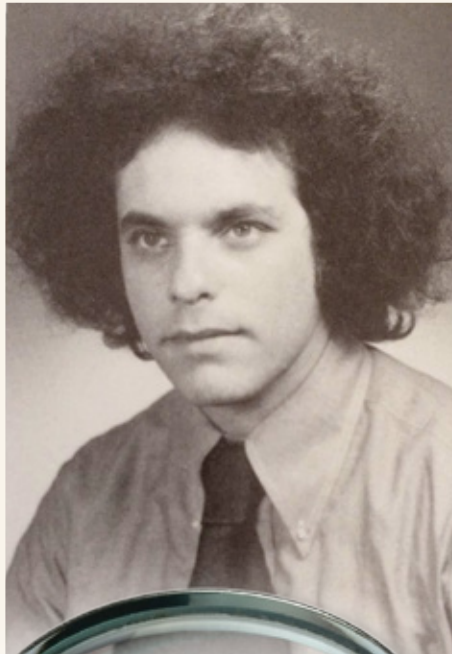
SUCCESSFUL OUTCOMES

While our program is deeply rooted, it also evolves as society's needs change. Through the innovative changes of recent years, we have stayed true to our mission to produce excellent clinicians who can serve Wisconsin's people. It is a privilege to work with the inspirational team of creative faculty and staff members whose contributions make the UW-Madison PA Program a nationally recognized program.

I extend my deep thanks to all of you within the SMPH community—including our statewide partners—for your generous support and for providing rich learning experiences for our students. Together, we are ensuring their future success.



*Virginia L. Snyder, PhD, PA-C '01
Director, Physician Assistant Program
University of Wisconsin School of Medicine
and Public Health*



**I KNOW
YOU**



... OR DO I?

If you think you can identify the person in the photograph at left, send your guess to quarterly@med.wisc.edu. We'll draw one of the correct responses and announce the winner in the next issue of *Quarterly*.

For the last issue (see below), Joe Bellissimo, MD '89, won the prize drawing and will receive a gift from the Wisconsin Medical Alumni Association!

HINT: If you look closely, you'll find a current photo of this physician in this issue of *Quarterly*.

For the last issue of *Quarterly*, 24 people correctly guessed the identity of Robert Bush, MD, emeritus professor of medicine (CHS with faculty status) at the University of Wisconsin School of Medicine and Public Health.

Taken on the Clinical Science Center roof, the photo shows Bush collecting pollen and fungal spore air samples.

"UW-Madison is an American Academy of Allergy, Asthma and Immunology-certified counting station for pollen and fungal spores," notes Bush, who was the station's medical director while he was on the faculty from 1998 until his 2008 retirement. "Through the years, Rose Vrtis has collected samples and done the counts."

The data were essential in evaluating the effectiveness of new treatments for allergic rhinitis and allergic asthma in clinical trials conducted by the allergy research team.

Jason Bellak, MD (PG '12), called Bush "a true giant in the field of allergy and immunology and one of the kindest persons I have ever met."

Having recognized Bush's face immediately, Cynthia Mehta, MD (PG '97), wrote, "His name came to me after I read a journal because he would run to clinic, and we'd quickly do a journal then see patients!"

Jason Knuffman, MD (PG '04, '07), wrote, "Few have taken the field of allergy and immunology from bench to bedside better than Dr. Bush."

Recalling another of Bush's talents, Kari Zahorik, MD '97, wrote, "I did an Irish jig with Dr. Bush at an asthma and allergy conference. He's an excellent Irish dancer, outstanding MD and all-around terrific person!"

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:

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MEDICAL ALUMNI

weekend



SAVE THE DATE

JUNE 1-2, 2017

CLASS REUNIONS FOR CLASSES

'52, '57, '62 AND '67

MADISON, WI

And the annual reunion for the HALF-CENTURY SOCIETY



School of Medicine
and Public Health

UNIVERSITY OF WISCONSIN-MADISON