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

Quarterly

Epilepsy Research

Lily's Fund Helps
Assure Future Support

**IDENTITY AND RESILIENCY: THE BLACK
EXPERIENCE IN ACADEMIC MEDICINE** p. 8

PRECISION MEDICINE AND HUMAN GENOMICS p. 12

HEARTFELT GRATITUDE p. 27



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QUARTERLY

The Magazine for Alumni, Friends,
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School of Medicine and Public Health

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CALENDAR

APRIL 2018

Friday, April 27

Spring WMAA Board Meeting
WMAA Scholarship Reception
WMAA Awards Banquet

MAY-JUNE 2018

Thursday, May 10

SMPH Honors and Awards Ceremony

Friday, May 11

UW-Madison Commencement

Monday, May 14

La Crosse Outreach Event

Thursday, May 31,
and Friday, June 1

Spring Alumni Weekend
Class Reunions for the Classes of '53, '58, '63, '68,
and the Half-Century Society for all alumni who
graduated before 1968

AUGUST 2018

Friday, August 24

White Coat Ceremony

OCTOBER 2018

Friday, October 19, and
Saturday, October 20

Fall WMAA Board Meeting
Homecoming Weekend
Class Reunions for Classes of
'73, '78, '83, '88, '93, '98, '03, '08 and '13
Homecoming Football Game, UW vs. Illinois

NOVEMBER 2018

Friday, November 9

Middleton Society Dinner at
Wisconsin Institutes for Discovery
Discovery Building

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CONTENTS

QUARTERLY • VOLUME 20 • NUMBER 1



4



EPILEPSY RESEARCH

Lily's Fund and a decade of luaus have provided money to jump start research and sustain it into the future.

8



IDENTITY AND RESILIENCY

The inaugural Diversity Summit explores the black experience in academic medicine.

- 16 Alumni Notebook
- 24 Goodbye Dear Friends
- 27 Student Life
- 28 Spotlight
- 30 Giving Back
- 34 Faculty Profile
- 38 Research Advances
- 40 Perspectives

12



PRECISION MEDICINE AND HUMAN GENOMICS

New center focuses on research and patient care tailored to individuals.

Campus Scene (above)

Perched in Alumni Park, "Well Red"—a nearly eight-foot-tall bronze and glass sculpture of the beloved Bucky Badger, created by artists Douwe Blumberg and Dan Neil Barnes—has a great view of the Lake Mendota shoreline, including its many passersby.

On the Cover

Trina Basu (left) and Avtar Roopra, PhD, look at an electrophysiology rig to record electrical activity of neurons. Roopra has received Lily's Fund grants for epilepsy research, and work conducted through those grants has helped him secure additional federal funding.

ROBERT N. GOLDEN, MD



Diversity is a vitally important feature in the life and scope of our institution. Whether it is the diversity of our missions, the diversity of the clinical workforce, or—for that matter—the diversity of the investment portfolio of the school's endowment, heterogenous components create synergies and allow us to be more complete in all that we do. This issue of *Quarterly* focuses on several aspects of our diversity. The University of Wisconsin School of Medicine and Public Health (SMPH) is deeply committed to increasing the inclusivity of our students, faculty and staff so that we can best meet the needs of the diverse populations, communities and patients we serve.

We recently held a successful kick-off of what will become an annual Diversity Summit, as described in our feature article. Speakers and participants shared many innovative ideas that will guide our steps in our ongoing journey toward inclusive welcoming and support for all.

Diversity in humans offers a challenge in the delivery of health care to individuals and populations. We are delighted to welcome Dr. Stephen Meyn, an internationally renowned leader in human genomics,

as the SMPH partners with UW Health to create the UW Center for Human Genomics and Precision Medicine. This new program will address genetics, biology and various environmental factors as we design individual diagnostic and treatment approaches and health promotion strategies to meet the needs of an increasingly diverse population in Wisconsin.

Also in this issue, we share the perspective of Catherine Reiser, who has provided outstanding leadership to our school's Master of Genetic Counselor Studies Program for more than 20 years. The program's highly sought-after graduates play a critical role in health care and public health, and their careers will evolve in exciting ways as personalized medicine becomes more prominent here and across the nation.

We are excited to recognize another remarkably diverse group of friends—the organizers and supporters of Lily's Fund and Lily's Luau—who have contributed to our school's future. Initiated by two dedicated families whose daughters battle epilepsy, Lily's Fund provides a crucial source of support for epilepsy research at the SMPH.

Similarly, we celebrate another important population of donors—the SMPH's faculty and staff. Dr. Bruce and Mrs. Judy Harms join a growing cadre of SMPH leaders who are giving back to insure that future generations of medical professionals can continue our school's proud traditions.

Our medical students—at the second-annual Thank-a-Thon event—recently expressed their gratitude by writing notes to donors thanking them for the many ways they support the students' journeys at our school.

Finally, in bittersweet reflections, we honor a diverse group of recently departed friends and supporters who played critically important roles in advancing the missions of our academic health system and our school. Dr. Gloria Johnson-Powell, a former associate dean at the SMPH, was passionate about inclusivity in our community and the nation. Dr. Rudolph Hecht, the first director of our Northeast Family Medical Center, translated the best traditions of academic medicine into meaningful care for patients and populations. And Dr. Jeffrey Davis, a four-decade leader in communicable diseases and epidemiology for the State of Wisconsin, “walked the walk” of public health and served as a role model for our medical students and other trainees long before we became a school of medicine and public health. We will dearly miss these pioneers, and their traditions will continue to grow.

As the trees begin to bud, the flowering plants begin to flower, and the birds begin to nest outside our windows, we look forward to the true blossoming of spring—complete with our annual graduation and recognition ceremonies and festive alumni events. We wish you and yours a glorious spring season!

Robert N. Golden, MD
*Dean, University of Wisconsin
 School of Medicine and Public Health
 Vice Chancellor for Medical Affairs,
 UW-Madison*

Greetings medical alumni and friends! We are having an exciting academic year at the University of Wisconsin School of Medicine and Public Health (SMPH), with many events sponsored by the Wisconsin Medical Alumni Association (WMAA).

One such event was a gathering of alumni who live in the Boston area. This coincided with the Association of American Medical Colleges (AAMC) meeting, which Jill Watson and I attended. We thank our reception co-hosts—Drs. Connie Barr, Dolph Hutter and Sari Rotter, who practice in that region—for encouraging attendance by other Badgers. We were thrilled to meet many friendly, successful individuals who have moved east, and I look forward to more opportunities like this in places where my role on the AAMC Group for Institutional Advancement will take me.

Back in Madison, we're busy making plans for the Spring WMAA Board Meeting, Scholarship Reception and Awards Banquet, scheduled throughout the day and evening on Friday, April 27, 2018. As the WMAA Awards Committee reviewed the annual award nominations, we were struck by the number of alumni who have made significant accomplishments at all ages and stages of their careers. Given that, the committee established the WMAA Early-Career Achievement Award. We will honor its first recipient at this year's banquet. Watch the next issue of *Quarterly* for an article about the award recipients.

Another annual tradition—spring class reunions—will be here before we know it. Representatives of the Classes of '53, '58, '63 and '68 and the Half-Century Society (alumni who graduated before 1968) are busy working with our staff to plan festive events for Thursday and Friday, May 31 and June 1, 2018. See profiles of class representatives on pages 16 and 17.

Also in this issue, you can read about the Thank-a-Thon event, sponsored by the WMAA. In the days surrounding Valentine's Day, SMPH medical students wrote heartfelt

messages to donors to share gratitude about the many ways these amazing people help our association and school. This event exemplifies the culture of philanthropy among medical students. Each class has established a fund, to which they contribute annually, as a way to support scholarships for the next generation of medical students. WMAA staff and members hope graduates continue to give back, as they are able, throughout their careers.

The SMPH's biggest supporters—its Middleton Society members—recently received a letter from Dean Robert Golden, in which he explained upcoming changes to that organization. As explained on page 32, effective January 1, 2019, the minimum cumulative household gift for Middleton Society membership will be \$25,000 (compared to the \$10,000 current level). At the same time, we will introduce new levels within the society. If you have questions about the Middleton Society or are considering making a gift or pledge to join, please contact Jill Watson, senior director of development, at jill.watson@supportuw.org or (608) 262-4632.

We extend a huge thank you to Middleton Society members and many other alumni and donors who have shared gifts to support the SMPH, the WMAA and our combined missions. These generous people are the lifeblood of our school and association.

If you have questions or suggestions, please feel free to contact me by e-mail at kspeters@wisc.edu or telephone at (608) 263-4913. I look forward to hearing from you!

Karen S. Peterson
Executive Director,
Wisconsin Medical Alumni Association

KAREN S. PETERSON





Eli Wallace (left) and Sruthi Konduru, MD, analyze a solution. They conduct epilepsy research in the laboratories of Rama Maganti, MD, and Mathew Jones, PhD, who received a collaborative grant from Lily's Fund.

Epilepsy Research

LILY'S FUND HELPS ASSURE FUTURE SUPPORT

Like many parents of children with intractable health issues, Dave Giroux routinely scanned the news with the hope of finding a new discovery to help his daughter, Lily, and others who are affected by epileptic seizures.

One day in 2006, he read a report about research into a substance that showed promise for quelling seizures. Further, he learned that the investigation was being done by University of Wisconsin School of Medicine and Public Health (SMPH) scientists—right in Madison, where the Giroux family lives.

“Dave soon realized he could look out the window of his office in Van Hise Hall and see our laboratory,” says Avtar Roopra, PhD, an associate professor in the SMPH Department of Neuroscience, who was collaborating with Thomas Sutula, MD, PhD, a professor in the Department of Neurology and the department chair at the time.

Dave Giroux and Anne Morgan Giroux trekked across Linden Drive to visit Roopra and Sutula’s lab in the Medical Sciences Center (MSC) to discuss what the couple could do to support epilepsy-related investigations. Following



JAMES GILL

With record attendance at the 2018 Lily’s Luau, all signs point to success for the event founders’ goals: to put the “fun” into “fundraising” as they raise money for epilepsy research.

that meeting, the couple began making plans to create Lily’s Fund for Epilepsy Research, an effort to support scientists and studies at UW-Madison. The Giroux family’s initial Lily’s Fund donation has blossomed into an endowment that already has awarded \$450,000 in grants to UW-Madison researchers.

The family’s vision—to put the “fun” into “fundraising”—led them to encourage their grassroots supporters to dress in grass skirts and Hawaiian shirts for the inaugural Lily’s Luau in 2009, at which they netted about \$16,000. After raising \$225,000 at its tenth and final luau at Union South in January 2018, Lily’s Fund has amassed a



CRAIG SCHREINER

Left to right: Dave Giroux, David Penwell, Colleen Penwell and Anne Giroux, who dedicated countless hours to create and sustain Lily's Fund and host 10 Lily's Luau's to support epilepsy research.

total endowment of more than \$1 million to support epilepsy research at UW-Madison for years to come.

Equally important, the 10 years of Lily's Luau's brought together a community of people united by a disease that affects one in 26 people. Over coconut shrimp at the Tiki Bar, revelers at the final luau bid on donated items and bonded over their desire to help find a cure for this life-threatening disease. At the "Science Shack," luau participants also chatted with several epilepsy researchers, including Melanie Boly, MD, PhD, a clinical neurophysiology fellow in the Department of Neurology, who modeled a stylish electrode cap used to study the brain's electrical activity (see photo and details later in article).

Among the more than 800 guests swaying to ukulele tunes at the final luau were Robert N. Golden, MD, dean of the SMPH, and his wife, Shannon Kenney, MD, professor, SMPH Departments of Oncology and Medicine, and Wattawa Bascom Professor in Cancer Research and leader of the Virology Program at the UW Carbone Cancer Center.

Addressing the jovial crowd, Golden said, "With federal support for research diminishing and becoming unpredictable, your support is more important than ever. But the inspiration you provide for our graduate students, post-docs and scientists is even more meaningful than a check from the

federal government. And as a parent of a child with epilepsy: Mahalo. Thank you!"

Looking back, the 2009 Lily's Luau came at a crucial time for epilepsy research. With the nation in the depths of a deep recession and federal funding being slashed due to budget woes, the boost by Lily's Fund has been critical in allowing several UW-Madison labs to maintain their focus on epilepsy research.

"Support of epilepsy research through Lily's Fund has led to significant advances in knowledge and a greater understanding of the disease. Just as important, new findings are helping to frame the research questions that must be answered in order to explain variability in the symptoms and severity of the disease and to develop more effective treatments," says Richard L. Moss, PhD, senior associate dean for basic research, biotechnology and graduate studies at the SMPH. "The Giroux family's vision and hope in establishing Lily's Fund and enlisting partners in this cause are remarkable, as is their continuing dedication to increasing public awareness about the many dimensions of epilepsy."

The first luau was a modest affair, with many of the Giroux family's relatives and neighborhood friends making up the crowd of about 200.

"We were thrilled with the support," Anne Giroux remembers of the event, held on a frosty January night in the Memorial Union's Great Hall.

Among the participants was a couple—David and Colleen Penwell—who Dave and Anne Giroux had not met, but with whom they soon became fast friends and enthusiastic partners in this effort. The Penwells' daughter, Grace, has a severe form of epilepsy called Dravet Syndrome.

The tireless work of Colleen Penwell and Anne Giroux—who have called each other co-pilots since they joined forces—helped grow the annual luau into its final glory. They also greatly raised the visibility of epilepsy on the UW-Madison campus and beyond. For instance, they created The Neuron Project, a lighted piece of public art that started as a fundraiser for Lily's Fund and continues

shining to honor donors' loved ones with epilepsy. Adorning the ceiling of the fifth-floor walkway between the towers of Wisconsin Institutes for Medical Research (WIMR) I and WIMR II—home to the neuroscience labs—this captivating display greets researchers daily as they come and go, and it provides a friendly purple beacon that can be seen from Highland Avenue even in the wee hours, while some scientists are still hard at work in their laboratories.

Throughout the past decade, Lily's Fund took over the town with events large and small. Supporters held Lily's Lemonade Stands on street corners and purple-cupcake fundraisers each year on March 26, Epilepsy Awareness Day. Lily's Fund even made a big splash in Camp Randall Stadium during the 2014 Wisconsin-Minnesota football game, which was re-branded as "Badgers Axe Epilepsy." Students waved purple Lily's Fund bandanas during "Jump Around," and players wore purple stickers on their helmets to honor former Minnesota coach Jerry Kill and the "One in 26" people who have epilepsy.

Along the way, quarters from lemonade stands, checks from The Neuron Project and donations from other fundraising efforts added up. This enabled Lily's Fund to begin making a series of awards to fund three Lily's fellowships that have allowed young SMPH scientists—Beth Hutchinson, PhD, in 2011; Brandon Wright, PhD, in 2013; and Antoine Madar in 2015—to focus on epilepsy research.



JAMES GILL

At the "Science Shack" at Lily's Luau, Melanie Boly, MD, PhD, models an electrode cap used to study the brain's electrical activity (see details in article).



JAMES GILL

Dave Giroux (left) and Grace Penwell choose a lucky winner in the Lily's Luau raffle.

As Lily's Fund grew, a series of \$100,000 Grace Grants, named for Grace Penwell, also helped fuel epilepsy research at UW-Madison.

The first Grace Grant, in 2014, brought the expertise of world-renowned consciousness researcher Giulio Tononi, MD, PhD, director of the Wisconsin Institute for Sleep and Consciousness, to focus on epilepsy. Tononi and his research colleagues use high-density electroencephalography to track and analyze the brains' electrical activity gathered when a subject sleeps while wearing a specialized cap with 256 electrodes. Most previous epilepsy studies have been done with far fewer electrodes, and thus they resulted in less complete data.

At the UW Epilepsy Monitoring Unit, research by Boly, Tononi, a professor in the Department of Psychiatry, and Rama Maganti, MD, a professor in the Department of Neurology, indicates that the electrical patterns in patients' brains are altered in the days following



Rama Maganti, MD

seizures, and that seizures also induce long-term changes in brain activity.

"We found that patients with epilepsy show a deeper sleep than healthy controls, and that the depth of sleep is proportional to the amount of seizure activity during wakefulness preceding sleep—as if it were compensating for it," says Maganti, who directs the UW Comprehensive Epilepsy Program and Electroencephalography Laboratory. "In contrast, epileptic spikes during sleep seem to decrease the efficiency of sleep."

Boly, Tononi and Maganti published their findings in the journal *Brain* in April 2017.

In 2015, Roopra received a Grace Grant, which was a game-changer for the way investigators in his laboratory study epilepsy. Using methods pioneered in cancer research, Roopra and his team—whose lab is now in WIMR II—took a deep dive into genomic data gleaned from 11 epilepsy laboratories around the world, sifting through 20,000 genes and looking for proteins that orchestrate the long-term changes in the epileptic brain, he explains.

That initial survey, funded with a \$100,000 Lily's Fund grant, generated data that allowed researchers in the Roopra lab to apply for and win two National Institutes of Health (NIH) R21 grants worth \$275,000 each and a prestigious \$250,000 Challenge Award from Citizens United for Research in Epilepsy.

Noting that data gleaned through research supported by Lily's Fund helped the lab attain additional grants, Roopra says, "It really leap-frogged our research. A \$100,000 grant is enough to prime the pump, and then everything else flows from it. The Lily's Fund award came at the right time and allowed us to test our predictions."

At the final Lily's Luau, Roopra received a second \$100,000 award, which is letting him further explore two master regulators of gene changes in epilepsy found in his research.

One of them acts as a brake, protecting the brain from the damage of epilepsy. The other is an accelerator, driving pathological changes in the brain.

Meanwhile, Maganti received a second Grace Grant, along with Mathew Jones, PhD, an associate professor in the Department of Neuroscience, to look at how sleep deprivation triggers seizures. They also have applied for further NIH grants based on their Lily's Fund work. Maganti's recent research showed that epileptic mice in his lab suddenly die at a certain age, and he found in a study with his collaborator that rest periods (sleep periods) progressively decline prior to death in these mice, suggesting that sleep disruptions contribute to a dreaded complication of epilepsy known as "sudden unexplained death in epilepsy" (SUDEP). Maganti and Jones' Grace Grant-related work also showed that sleep deprivation in epileptic mice markedly worsens seizures or increases spikes on electroencephalograms (a signature of epilepsy), and their findings led to another NIH grant to study the basic mechanisms underlying sleep deprivation-induced seizures and how best these can be treated. They anticipate that this work

—Continued on page 37



JAMES GILL

Lily Giroux rallies support among luau-goers as the UW Marching Band plays a "challenge song" with a goal to raise \$25,000 during the four-minute musical piece.



Identity and Resiliency

SUMMIT EXPLORES THE BLACK EXPERIENCE
IN ACADEMIC MEDICINE

by Robyn Perrin, PhD, and Kris Whitman

To encourage dialogue about race in health care systems, the University of Wisconsin School of Medicine and Public Health (SMPH) offered an inaugural Diversity Summit in early 2018. The central topic surrounded concerns among academic medical centers nationwide, including the SMPH and UW Health, which are grappling with recruiting and retaining a diverse workforce.

In his opening remarks, SMPH Dean Robert N. Golden, MD, said, “One of the school’s core values is to foster a culture of inclusion and respect among our patients, learners, staff, faculty and the communities we serve as we work to advance health equity via our missions of teaching, research and service.”

He described some of the school’s efforts focused on advancing diversity—including establishing new processes, procedures, and leadership and professional staff positions

devoted to multicultural affairs, equity and inclusion. For example:

- The school’s Collaborative Center for Health Equity engages partners throughout the state in collaborative teaching, research and service initiatives to improve health equity in Wisconsin.
- The Native American Center for Health Professions connects the school with the 12 tribes in Wisconsin with the goal of improving the health and wellness of Native American people through community projects and the expansion of the pathway for Native American clinicians.
- The Wisconsin Partnership Program develops community partnerships, including community grants that respond to needs—as identified by community groups—and offers resources and guidance aimed at reducing disparities and advancing population health.

“We have outstanding and dedicated talent in our new leadership positions,

including our associate dean for multicultural affairs and diversity and our associate dean for human resources, equity and inclusion—Drs. Tracy Downs and Brian Gittens, respectively,” noted Golden. “Together with seven additional staff members, they are creating novel approaches for the diversification of our students, faculty and staff, and new processes designed to promote a fair and equitable environment. We thank them for organizing this summit.”

He added, “We should be proud of what we’ve accomplished, but at the same time we need to be honest: Clearly we are not yet where we want to be.”

Next, Tracy Downs, MD, professor, SMPH Department of Urology, presented statistics from the Association of American Medical Colleges (AAMC) News entitled, “Report Shows Decline of Black Males in Medicine” (September 27, 2016). Specifically, the number of African American males applying to U.S. medical schools has remained stagnant for nearly 40 years, declining



Background: The Health Sciences Learning Center (site of the summit) and the Wisconsin Institutes for Medical Research grace the west end of the UW-Madison campus. Left (left to right): Feranmi Okanlami, MD, converses with a participant at the summit. Right: Angela Byars-Winston, PhD (center, holding microphone), shares a moment of levity with co-panelists Jason Stephenson, MD (left), and Tracy Downs, MD (right).

from 542 African American male medical student matriculants in 1978 to 515 in 2014. He noted that the number of black women entering the medical profession and being promoted is outpacing the number of black men.

While the frequently touted goal is to have the same percent of minorities in the physician workforce as in an area's population, Downs noted, "The regional percentages do not reflect reality. For instance, in Wisconsin, where we have a population that represents 6.3 percent African Americans, 1.6 percent of our physicians are African American."

Downs—who earned his medical degree from the University of California, San Diego, and completed a residency at Brigham and Women's Hospital in Boston and a urologic oncology fellowship at the

University of California, San Francisco Medical Center—cited other states that have a similar imbalance, including his home state of California (3 percent of physicians who are African American to serve a state population of 5.7 percent African Americans) and Georgia (12 percent of physicians who are African American compared to 30 percent of its population).

Further, Downs said, "I'm in that 1.5 percent of full professors who are of African American descent."

Putting this in the context of AAMC statistics, he stated, "When you look at

"I'm in that 1.5 percent of full professors who are of African American descent."

—Tracy Downs, MD

black physicians vs. white physicians in the academic medical center workforce, we comprise 3 percent compared to 63 percent. It's typical to see higher numbers at the assistant professor rank, but then you see a drop in numbers when the rank goes up in terms of those who have persisted in academic medicine and been promoted. We see very different numbers for our white colleagues."

Reflecting on why the journey into medical school can be so arduous for African American men, Downs noted that persistent economic inequalities between African Americans and other groups can lead to unintended academic challenges in terms of "where you start, your schooling and the expectations people have for you, be they high or low."

—Continued on next page



Left to right: Brian Gittens, EdD, welcomes audience members to the Diversity Summit. Kenneth Mount, MBA, Terri Young, MD, MBA, Richard Moss, PhD, and Laurel Rice, MD, present a panel discussion.

He said, “African Americans may face a greater likelihood of missing out on test preparation and other things that can increase their ACT scores and high-quality advising that could help steer them toward medicine as a career.”

Sharing these concerns, keynote speaker Feranmi Okanlami, MD, offered observations along with a personal message of resiliency.

After earning his undergraduate degree at Stanford University and his medical degree from the University of Michigan, Okanlami is completing a family medicine residency in the face of difficult circumstances: partway through his medical training, he survived a diving accident that paralyzed him from the chest down. After two surgeries at Yale and several months of intense inpatient rehabilitation in Chicago, he was blessed with some return of motor function and moved back to his parents’ home in Indiana to continue outpatient rehabilitation.

Due to his determination, Okanlami is looking toward a bright future—with an energetic 6-year-old son and an accepted faculty position in family medicine and physical medicine and rehabilitation at Michigan Medicine. There, he also will be the faculty lead for medical student success in the Office for Health Equity and Inclusion.

“On a tilted playing field, any minority has to outperform by orders of magnitude to be considered equal.”

—Feranmi Okanlami, MD

During his talk, Okanlami described his experiences as an African American man in academic medicine. Immigrating from Nigeria when he was a child, and as the son of two physicians who strongly encouraged him to enter medicine, he was a star athlete on the track team during his undergraduate years.

Following medical school, he matched to an orthopedic surgical residency at Yale. Early in his third year of that residency, his accident changed his life and medical career.

Adopting a philosophy of “disabuse disability”—modeling that “disability” doesn’t necessarily mean “inability”—he pursued rehabilitation with tenacity.

Okanlami went on to earn a master’s degree in engineering, science and technology entrepreneurship at the University of Notre Dame. His capstone thesis, in partnership with Cleveland Clinic and Custom Orthopaedic Solutions, involved a patient-specific medical device intended to make pedicle screw placement in spinal surgeries faster and more accurate—equipment that could have enhanced his own surgeries.

Two years after Okanlami’s diving accident, his life held another profound tragedy: He lost his father, a neonatologist, to suicide.



Left to right: Jennifer Edgoose, MD, MPH, listens to the presenters. Augustine Duru, MDiv, visits with Sanjay Asthana, MD, at the post-summit reception. Audience members take in the speakers' messages.

"While my own physical struggles are easy for others to see visibly, this highlighted the fact, to me, that not everyone's struggles are visible," said Okanlami. "I have since considered myself a voice for those who don't have much of one, and an advocate for people with disabilities—visible or otherwise."

He adds, "My father was an excellent clinician and a compassionate care-giver who left a positive impression on every single patient and family member with whom he interacted, even when—despite his best efforts—the patient didn't survive. He was a trustworthy, reliable and dedicated coworker, husband, father, brother, uncle, friend and son. My father was an example of what one should aspire to be in medicine—man or woman, black or white."

Sharing anecdotes, Okanlami discussed the influence of race on a personal level and in the context of society.

"Injustice anywhere is a threat to justice everywhere."

—Martin Luther King, Jr., PhD

"I've experienced disparities in the health care system as an African American and as a person with a disability, and as a patient and provider. Like all disparities in society and life, they result from an imbalance in representation."

The day-to-day pressure of often being the only African American in the room is perceptible, he explained, adding, "On a tilted playing field, any minority has to outperform by orders of magnitude to be considered equal. And while that is a glaring injustice, it is an unfortunate reality. Recognizing this drove me to excellence in the highest ways that I could: in the classroom, in the social and cultural life of my schools, and on the athletic teams for which I played."

Urging the academic medical community to consider inclusion as a moral imperative, Okanlami stated that diversity of experience cannot be defined by race alone, noting that all people want to be able to connect with their physician, but that can include other elements.

"It is not that every black patient needs a black doctor, nor that every patient with a disability needs a physician with a disability. Every patient deserves an empathetic doctor, but that empathy does not require the same lived experience," he said, adding that "empathy can be taught and can be caught. My classmates in residency told me that they interacted differently with their African American patients and their patients with spinal cord injuries simply because of my presence in the program."

Another take-home message focused on the way each person is a composite of multiple communities.

—Continued on page 37



The work of Stephen Meyn, MD, PhD, relates closely to this art display of DNA, which spans multiple floors of the Wisconsin Institutes for Medical Research, located next to the future home of the UW Center for Human Genomics and Precision Medicine.

Precision Medicine

NEW CENTER TAKING HUMAN GENOMICS TO THE NEXT LEVEL

The University of Wisconsin School of Medicine and Public Health (SMPH) went north of the border to recruit its first director for its new precision medicine and human genomics initiative.

Stephen Meyn, MD, PhD, joined the SMPH in January 2018 to lead the UW Center for Human Genomics and Precision Medicine. Prior to his move to Wisconsin, Meyn was a professor of molecular genetics and pediatrics at the University of Toronto and a member of its Institute for Medical Sciences.

In addition to hiring initial faculty and staff—which is underway—Meyn is developing a strategic vision for the center, guiding the formation of its clinical and academic programs, and crafting its long-term mission to become an innovative global leader in genome-based precision medicine.

SMPH Dean Robert N. Golden, MD, shares excitement about this venture and notes, “Dr. Meyn will lead our school and academic health system forward in creating platforms for advancing this new initiative in clinical, research and training

programs in precision medicine. He enjoys an international reputation as a genetics researcher whose work has spanned the continuum of basic, clinical and translational science.”

Precision medicine is an emerging approach for disease treatment and prevention that takes into account individual variability in genes, environment and lifestyle for each person, according to the National Institutes of Health (NIH).

Construction of the new center is scheduled to start in summer 2018 and be completed by 2020. Located next to the Wisconsin Institutes for Medical Research (WIMR) on the SMPH and UW Health campus, the center will employ more than 100 people, including more than 10 faculty members.

The UW Center for Human Genomics and Precision Medicine will comprise two sections. One will be a new building that will house its research component, and the other—a remodeled area of University Hospital—will house advanced diagnostic

facilities that will support the entire academic medical center campus.

Meyn received his undergraduate degree from Princeton University and his medical degree and PhD from New York University. After completing his pediatrics residency at the University of California, San Francisco, he undertook fellowship training in medical genetics at the NIH.

He served on the faculty of the Departments of Genetics and Pediatrics at the Yale School of Medicine for more than a decade prior to his recruitment to the University of Toronto. While in Toronto, Meyn served as head of the Hospital for Sick Children’s Program in Genetics and Genome Biology, and he co-led the hospital’s Cancer Genetics Program and Genome Clinic Project, which has pioneered the use of diagnostic and predictive whole genome sequencing in children.

Quarterly spoke with Meyn about the field of precision medicine and human genomics, life in Wisconsin and his vision for the new center.

—Continued on next page



RENDERINGS © BY FLAD ARCHITECTS; PHOTO BY SAM FENTRESS

Why did you want to be the one to start this initiative at the SMPH?

At this stage in my career, I want to leverage my ability, as a clinician-scientist, to span the clinical and basic science worlds and lead a major initiative to develop and implement precision genomic medicine. Because precision medicine is interdisciplinary by its very nature, the SMPH program was particularly attractive to me, as it is designed to reach across departmental and school boundaries.

What makes this school primed for this type of research?

The SMPH is part of a world-class research university that has deep expertise in the science and technology that form the foundation of human genomics. It also is one

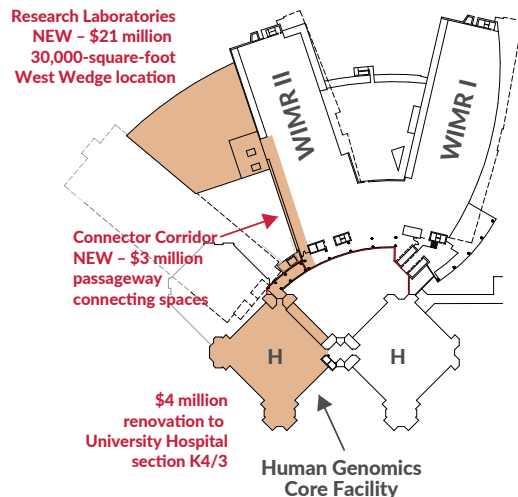
of the few medical schools that has made human genomics and precision medicine a major strategic priority. This unusual combination of ability and desire gives us the opportunity to play a leading role in the development and implementation of precision genomic medicine.

How would you explain precision medicine and human genomics in basic terms?

The word genome refers to the entirety of your genetic information, which includes more than 20,000 genes and consists of about 3 billion “letters” of DNA. Importantly, each of us has several million genomic variants—alternative spellings of the genome that are usually, but not always, harmless. Human genomics can be considered to be the study the human genome and its variants. Precision genomic medicine focuses on those few but important genomic variants that affect health. It involves using the informational content of your genome to diagnose and treat diseases you have, as well as predict which diseases you are at risk of developing in the future.

How does your research in Canada translate to working in the U.S.?

Much of what we have done in Toronto can be transplanted to Madison, but there



are differences. The first two that come to mind are size and complexity. Because the United States has 10 times the population of Canada, we can work at a much larger scale here. At the same time, carrying out clinical research and implementing genomic medicine broadly and equitably is more challenging in the United States because of the health care system’s unique features.

How do you define the Center for Precision Medicine and Human Genomics’ mission?

I define the mission as threefold: to catalyze research, clinical and educational activities in





human genomics and precision medicine; to grow and nurture the UW human genomics and precision medicine community; and to bring the benefits of precision medicine to all Wisconsinites.

Are there any common misperceptions in this field?

Yes. The most important misconception to dispel is the idea of genetic determinism—that your genomic variants predict everything that will happen in your life and that there is nothing you can do to change the future foretold in your genes. This fatalistic view simply is not true. We know that genomic variants are only a few of many factors that can affect your health. Once you know what your own genetic risks are, you often can take steps to minimize their impact on your health.

How will your research at the center translate to clinical care?

My research has the potential to directly impact clinical care, as it focuses on two of the major challenges in genomic medicine: finding new disease genes and improving our ability to rapidly and accurately identify genomic variants that cause disease.

What are you doing to get this center off the ground while the physical structure is being built?

While it will be great to have a physical home of one's own, the heart of the UW Center for Human Genomics and Precision Medicine will be its people and their ideas. So, I've spent much of my first few months in Madison meeting with faculty throughout campus to learn about their interests and discuss how we can work together to develop collaborative clinical and basic science projects in genomics and precision medicine. At the same time, I've been working with several SMPH departments about recruiting new faculty for the center and planning for the center's educational activities.

What is the long-term vision for the UW Center for Human Genomics and Precision Medicine?

We are still working on an official vision statement, but a good candidate might be, "Improving health by leading the integration of genomic knowledge into the practice of medicine."

What are your first impressions of UW-Madison and the capital city?

Madison and the campus are bigger and hillier than I thought they would be. Also, people in Madison really are "Wisconsin Nice."

I'm a bit of an architecture buff, so it was great to discover that one of Frank Lloyd Wright's well-known buildings, the Unitarian Meeting House, is literally across the street from the health sciences campus.

Do you miss anything about Canada?

Three everyday things that I miss from Toronto are streetcars, the metric system and Gryfe's bagels.

Both pages: A photograph and artists' renditions of the Center for Human Genomics and Precision Medicine provide an idea of what's to come. The image above shows the Wisconsin Institutes for Medical Research (left), the new center and University Hospital (upper right), which are connected to the Health Sciences Learning Center (not shown).

Know Your Class Representatives

Each University of Wisconsin School of Medicine and Public Health (SMPH) graduating class has one or more class representatives who play an integral role in working with the Wisconsin Medical Alumni Association (WMAA) to plan class reunions. Those featured here hope classmates will join them at their reunions in spring 2018.

John B. (Bry) Wyman, MD '58

What type of practice are you in now, and where?

After medical school graduation, I worked for two years at the Medical College of Virginia, then served in the U.S. Army for more than two years in Germany. Next, after working for more than four years at Mayo Clinic, I moved my career to Marshfield Clinic, and I had sabbaticals in England and Australia. In 1991, I joined the SMPH faculty. I retired in 2013 from my role as a professor of medicine at the SMPH and from my clinical practice in gastroenterology at UW Health.



What's your fondest memory of medical school?

My association with my classmates is my favorite memory.

What are your hobbies/interests?

I like to travel and read, and I enjoy spending time with my family at our cottage up north, as well as maintaining the family cottage.

What SMPH faculty do you remember the most, and why?

I'll always remember how Dr. Edward Albright regarded students as individuals.

What are your plans for your reunion?

I look forward to sharing information with

classmates about our practices, families and various experiences we've had.

Message to your classmates?

Please plan to attend our reunion in Madison this spring; it may be our last class reunion!

Conrad (Connie) Andringa, MD '63

What type of practice are you in now, and where?

Following medical school, I completed my pediatrics residency at the American Family Children's Hospital (then called UW Children's Hospital) under Drs. Nate Smith and Charles Lobeck. I then served in the U.S. Air Force for two years before beginning my pediatrics practice at Dean Clinic, where I stayed from 1968 until I retired in 2015. I also served as the team physician for the 1976 U.S. Men's Olympic Hockey Team, coached by Bob Johnson, during the competition in Innsbruck, Austria.



What's your fondest memory of medical school?

Becoming a physician was my dream starting in middle school, and my wife and I always thought that was a special goal. Some of my favorite memories are the knowledge I obtained and people I met in medical school. Among them are many classmates

with whom I have stayed in touch ever since; they include Drs. Adolph (Dolph) Hutter, Richard Albertini, Louis (Lou) Bernhardt, Donald Reigel, Tim Donavon and Ralph Froelich. I spent two sessions in La Crosse, Wisconsin, which was a good learning experience.

What are your hobbies/interests?

I am grateful to have been married to my wife, Phyllis, for nearly 60 years. In my life, my family is number 1 and my career is number 2. I often have been able to combine these priorities because our four sons and our grandchildren have been into athletics. Many of my hobbies surround sports medicine, in which I have had a great career.

What SMPH faculty do you remember the most, and why?

I will always remember Drs. Charles Lobeck and Nate Smith in pediatrics; Otto Mortenson in anatomy; Frank Larson in medicine, pathology and laboratory medicine; and Helen Dickie (MD '37) in medicine. They were very encouraging to me.

What are your plans for your reunion?

We would like to get as many classmates as possible to come back to Madison and attend the reunion. It will be nice to relive the memories of our four years together and to learn what everyone has done in their careers and retirement.

Message to your classmates?

Please plan to attend our reunion, as we may not get another chance to all get together.

Louis (Lou) Bernhardt, MD '63

What type of practice are you in now, and where?

Following medical school, I did an internship at Mt. Sinai Medical Center in Milwaukee and a general surgery residency and cardiovascular (CV) surgery fellowship at University Hospital in Madison; Dr. Anthony Curreri appointed me to the faculty, and the SMPH administration named me the assistant dean for clinical affairs before I went into private practice. I practiced CV, thoracic, vascular and general surgery from 1970 to 2004 at Dean Clinic in Madison. In 2004, I retired from my practice and returned to teach, mentor and volunteer at the SMPH, where I am an adjunct clinical professor of surgery.



What's your fondest memory of medical school?

The influence of the faculty and the close relationships with many medical school classmates are my fondest memories. My clinical preceptorship at the Marshfield Clinic with Drs. Ben Lawton and George Magnin had a significant impact on my career.

What are your hobbies/interests?

I am a big Badger backer. I serve on the board of Agrace Hospice and am very involved in that organization. I also volunteer at the Benevolent Specialist Project Free Clinic, founded by Dr. Ernie Pellegrino (MD '64) in Middleton, Wisconsin.

What SMPH faculty do you remember the most, and why?

The faculty I most remember include Drs. Otto Mortenson in anatomy; George Rowe (MD '45, PG '52) and Charles Crumpton in cardiology; and Anthony Curreri, Sanford Mackman (MD '59, PG '64), John Pellett and William Kiskan in surgery.

What are your plans for your reunion?

Ninety percent of life is showing up! Please show up for our reunion.

Message to your classmates?

Please plan to come back to Madison, where you can enjoy the changes in the city, on the UW-Madison campus, and at University Hospital and the SMPH. Mostly, you can enjoy spending time with *your* classmates!

George Kindschi, MD '68

What type of practice are you in now, and where?

I retired in 2004 from my career as a pathologist at Monroe Clinic in Monroe, Wisconsin.



What's your fondest memory of medical school?

I treasure my memories of going on rounds with Dr. William Middleton. My class was blessed to have him as a teacher. He had a nickname for each student, and he called me "Young Les," because he had taught my father, Dr. Leslie Kindschi. My mother was Dr. Middleton's charge nurse.

What are your hobbies/interests?

My wife, Beth, and I enjoy traveling to spend time with our four grown children and their families, including our seven grandchildren. Also, I have been a coin collector since I was 8 years old.

What SMPH faculty do you remember the most, and why?

Dr. Stanley Inhorn convinced me that I wanted to be a pathologist simply through our conversations about his work. We had so many other good teachers.

What are your plans for your reunion?

When our group gets together, it will be great to talk about what we've done, what we are doing now and where we are going.

Half-Century Society—John McKenna, MD '57

What type of practice are you in now, and where?

I've retired from my family practice, with my classmate Dr. Ted Fox, in Antigo, Wisconsin.



I am an associate professor in the UW Family Practice Residency Program in Wausau.

What's your fondest memory of medical school?

I'll always remember the camaraderie of classmates, which resulted in close friendships for a lifetime.

What are your hobbies/interests?

I enjoy traveling to visit family members in China, Hungary and Ireland; biking in New Zealand (my new Copenhagen Wheel gives me a boost); and raising Christmas trees.

What SMPH faculty do you remember the most, and why?

Dr. Robert Schilling had such a genteel bedside manner.

What are your plans for your reunion?

I cannot attend because I'll be attending my granddaughter's college graduation. I hope many participants are able to renew friendships. We received a first-rate medical education at a highly respected university.

CLASS REPRESENTATIVES WHO ARE PLANNING REUNIONS

These classes will hold reunions on Thursday and Friday, May 31 and June 1, 2018.

1953: Class representative needed

1958: John Wyman, MD

1963: Conrad Andringa, MD, and Louis Bernhardt, MD

1968: George Kindschi, MD

Half-Century Society: John McKenna, MD '57
Welcoming any alumni who graduated 50 or more years ago



UW Med Flight helicopter—landing at University Hospital in Madison—logs more than 1,000 flights per year for its two aircraft, with a physician on every flight.

FELIX K. ANKEL, MD '89

As an emergency medicine physician, I practice at Regions Hospital in Saint Paul, Minnesota. I also am the executive director of health professional education for HealthPartners Institute. HealthPartners is the largest U.S. consumer-governed, non-profit health care organization and includes five hospitals, a comprehensive system of clinics and a 1,700-physician multispecialty group practice. This system is integrated with the HealthPartners health plan and serves more

than 1.4 million medical and dental members.

I see the full gamut of emergency medicine. Because Regions Hospital is a Level 1 Trauma Center, Burn Center and Comprehensive Stroke Center, we see cases from western Wisconsin and throughout Minnesota.

During medical school, I felt energized by using both my mind and hands to help people in distress. For me, emergency medicine is one of the most authentic specialties in medicine. We see people of all ages and backgrounds.

One specific shift stands out in my memory. I was the emergency physician on duty at University of Wisconsin Hospital (now called University Hospital) on October 30, 1993, when a stampede, or “crush,” of fans occurred at Camp Randall Stadium. I will always remember the cooperation amongst the medical staff—many of whom had attended the football game between the Wisconsin Badgers and Michigan Wolverines—to help manage the incredible influx of severely injured patients. Nobody died.



Over the years, I have been involved in several specialty societies, including serving on the board of directors for the Society of Academic Emergency Medicine and the Council of Emergency Medicine Residency Directors. I recently have been elected to serve on the board of directors for the American Board of Emergency Medicine.

CHRISTOPHER EBERLEIN, MD '01

I am a practicing physician at Gundersen Health System in La Crosse, Wisconsin, as well as the medical director for Tri-State Ambulance, 50 first responder agencies and two tactical emergency medical support teams. In addition, I am a medical advisor for the Wisconsin Department of Health Emergency Preparedness Program and chair of the La Crosse County Heroin and Illicit Drug Task Force.

Throughout these roles and particularly in my clinical practice, I provide care for a

diverse population of patients. In addition, through my emergency medical services (EMS) work, I am privileged to be able to help make thousands of patients' lives better, throughout the tri-state region. I also enjoy instructing students, residents, first responders and paramedics.

I did my post-graduate training in emergency medicine at Mayo Clinic in Rochester, Minnesota, and obtained my EMS certification. I am a member of the National Association of EMS Physicians and American Association of Emergency Medicine.

I love never knowing what I am going to see behind the next patient's door. This is the primary reason I chose emergency medicine. During my training, all fields interested me, and emergency medicine is an umbrella field that requires knowledge of every system of the body. It affords an opportunity for continual learning and constant growth on both the professional and personal levels, as well as collaboration with other specialties to improve patient care.

Emergency medicine is a challenging but gratifying field.



It requires quick thinking along with a calm, focused approach to manage the team and handle the wide variety of ailments encountered in this setting. It requires a sense of humility and compassion to care completely for each patient and his or her loved ones.

SHERRIE BENCIK, MD '09

After I finished my residency at Michigan State University-Kalamazoo, I started working at Bronson Methodist Hospital, a Level 1 Trauma Center, in Kalamazoo. My patients range from those with high-acuity conditions, such as sepsis and traumas, and patients with abdominal pain and chest pain. We also have a fast-track area for low-acuity patients.

A stand-out case for me was when a patient with a drug overdose came in via ambulance complaining that he couldn't move his hand or leg and was in severe pain. The emergency medical

technicians reported a possible small explosion with soot on the patient. His right hand was extremely edematous, but it did not look like a burn. He could not recall details of the night except that he had been smoking crack cocaine. My exam indicated an edematous, pulseless right hand. His thigh was tight and extremely tender to the touch. Initial labs indicated an elevated lactate level and significantly decreased renal function. This patient also had significantly elevated creatine kinase due to rhabdomyolysis. This was most likely caused by him being down for a long time. He

ultimately had to have a fasciotomy on his hand and leg.

Working in the emergency room is a lot of fun. I like the pace of emergency medicine and the variety of acuity among patients. Every day is different. You never know if you will be busy working at a crazy pace or if you will spend the day seeing low-acuity patients. Most patients appreciate that you are trying to help them, but there is a small subset of people who will not be happy regardless of what you do. This field requires a broad knowledge of many areas of medicine and strong problem-solving skills.



New WMAA Board Members

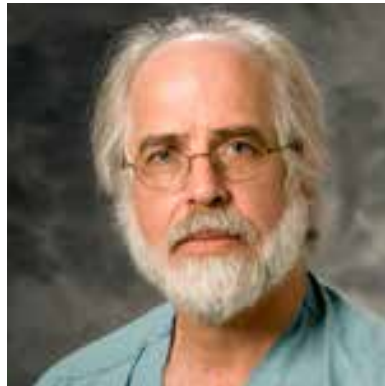
ASSOCIATION AND SCHOOL APPRECIATE THEIR SERVICE

As of July 1, 2017, eight University of Wisconsin School of Medicine and Public Health (SMPH) alumni joined the Wisconsin Medical Alumni Association (WMAA) Board of Directors for their initial three-year terms. In the last issue of *Quarterly* (Vol. 19, No. 4), we featured profiles of the following new members: Abigail Taub, MD '12; Lisa Shen, MD '10; Ryan Wubben, MD '97; Tito Izard, MD '96; and Maria Weber, MD '88.

Following are profiles of these new WMAA board members: John McDermott, MD '79 (PG '84); Thomas Puetz, MD '90 (PG '97); and Bob Zemple, MD '12, MBA.

Karen Peterson, WMAA executive director, shares that all the board members make a difference through their dedicated service to the association and their support of the SMPH's missions.

John McDermott, MD '79 (PG '84)



Your current practice?

Following medical school, I completed an internship at Kern Medical Center, Bakersfield, California, and a diagnostic radiology residency at UW Health, Madison. I also completed an interventional radiology fellowship at UW Health, where I have practiced in that field since the end of my fellowship in 1984.

Your fondest memory of the SMPH?

My fondest memories from my medical school days include learning neuroanatomy from Dr. John Harting; taking the senior anatomy elective with Dr. James Pettersen; running and jogging with a classmate, Jim Kannenberg; and going to the Brat and Brau on Wednesday nights with him, as well as other fellow classmates John Huxsahl, Mark Froemming, James Klamek and Joe Layde. Finally, I will always remember playing sheephead with the guys listed above.

SMPH faculty member you most remember and why?

See above for my memories about faculty members.

Your hobbies and interests?

I enjoy bicycling during the spring, summer and fall seasons, as well as reading world and U.S. history.

Goals for the WMAA?

I would like to reinvigorate the spirit of the Class of 1979 as we approach our 40-year anniversary.

Thomas Puetz, MD '90 (PG '97)



Your current practice?

After I completed my internal medicine and gastroenterology training at the UW-Milwaukee Clinical Campus, I joined the SMPH faculty as an assistant professor in the Department of Medicine. I taught gastroenterology fellows, internal medicine residents and medical students at Aurora Health Care from 1997 to 2002. I am now employed by Aurora Health Care in Mequon, Wisconsin, and continue to teach fourth-year SMPH medical students.

Your fondest memory of the SMPH?

I remember our class mentor, Dr. Robert Schilling, easing some fears during our first semester of medical school. Many of us were apprehensive about the daunting workload that was outlined for the upcoming year. Dr. Schilling told us, "You may feel

you have as much control in your life as a twig floating down a rapidly flowing river, but don't despair—remember you are headed for something big." At the time, I felt we might be headed toward a waterfall. I now realize that the "something big" was becoming a physician and having the unique privilege of caring for those in need. I cannot thank Dr. Schilling enough for the support he provided to our entire class throughout our four years of training. He was a natural mentor.

SMPH faculty member you most remember and why?

As a professor in our Introduction to Clinical Medicine class, Dr. Pat McBride doubled as a fortune teller. That class, which we took during our second year of training, provided us with skills in interviewing and examining patients. Dr. McBride had an uncanny ability to predict our future career paths. He told my roommate, Dr. Mike Milz, "You like things clean and organized. I predict you will be a gas man." And he said to me, "Puetz, you're a blue-collar guy—a plumber—and I predict gastroenterology or urology for you." Thirty years later, Mike Milz and I are thoroughly enjoying our careers in—believe it or not—anesthesia and gastroenterology.

Your hobbies and interests?

My hobbies include activities that allow me to spend as much time as possible with my family. We enjoy waterskiing, wakeboarding, snow skiing, snowboarding and traveling abroad. In the fall, I enjoy attending Badger football games with my parents.

Family update?

My wife, Dr. Melinda Bonilla-Puetz, is an internist in Grafton, Wisconsin. Her family resides in Hawaii, and we all enjoy visiting them whenever we get the chance. Our older son, Andrew, is a freshman at Santa Clara University in California, and our younger son, Jordan, is a sophomore in high school.

Goals for the WMAA?

My goals for the WMAA include reigniting the enthusiasm we had as first-year medical students. There are so many wonderful things happening at the SMPH, and I know my classmates would be interested in knowing about them. I look forward to reconnecting with friends.

Bob Zemple, MD '12, MBA



Your current practice?

I completed my emergency medicine residency and a fellowship in emergency medicine services at Virginia Tech Carilion in Roanoke, Virginia, followed by a master's of business administration degree at Virginia Tech. In July 2017, I began working as an emergency room physician at Aurora BayCare in Green Bay, Wisconsin, and emergency medical services physician with local agencies in nearby Hobart.

Your fondest memory of the SMPH?

This is a difficult decision, as there are several that I remember. For instance, our class banded together to support each other when there was an apartment fire that affected many fellow classmates; we had the opportunity to bond with each other during anatomy lab in the dungeon; we stomped the UW Law School in the Dean's Cup; and we all had a sense of pride and happiness on Match Day.

SMPH faculty member you most remember and why?

Dr. Pat McBride, with whom I spent the most time of any faculty member, was an advocate for our class and was always personable in tough times and when we had concerns. He always was smiling and willing to lend an attentive ear, and he was a fantastic lecturer on the cardiovascular system.

Your hobbies and interests?

My hobbies include running, flying as a private pilot, hunting and spending time in any activity with my beautiful wife, Sarah, and our four wonderful children: Bobby, age 5; Heidi, age 4; and twins Brent and Chad, age 2.

Goals for the WMAA?

I plan to help create a class listserv that is as inclusive as possible, continue to break attendance records with the class of 2012, increase overall awareness about the SMPH's missions, and support integration of the SMPH's new ForWard Curriculum.

Class Notes *compiled by Andrea Larson*

We want to hear from you!
med.wisc.edu/shareyournews

Class of 1958

Arlan Rosenbloom

received the University of Florida College of Medicine's 2017 Lifetime Achievement Award, as well as the Pediatric Endocrine Society's highest award, the VanWyk Prize, in 2017. He was named emeritus professor by Universidad San Francisco de Quito in 2015.



Rosenbloom and his wife, Edith, reside in Gainesville, Florida.

Darold A. Treffert,

a psychiatrist, has dedicated his career to the understanding of autism, savant syndrome and related conditions. Agnesian HealthCare in Fond du Lac, Wisconsin, established the Treffert Center to preserve, maintain and advance Treffert's work with savant syndrome; to provide comprehensive, multidisciplinary diagnosis and treatment for autism and related disorders; and to



provide a preschool and some later grades in an academy for strength-based learning for all children, including some with special needs. Research at the center now includes congenital and acquired savant syndrome, hyperplexia, gifted and talented and other forms of exceptional brain performance. Treffert has retired from his appointment as a clinical professor of psychiatry at the UW School of Medicine and Public Health, but he continues his research and teaching opportunities at the Treffert Center. In 2010, he published the book, *Islands of Genius: The Bountiful Mind of the Autistic, Acquired and Sudden Savant*, which is his second book on this subject.

IN MEMORIAM

Herman P. Gladstone, MD '46
Tucson, Arizona
March 24, 2017

Richard Wallrich, MD '56
Santa Rosa, California
October 9, 2017

George P. Bogumill, MD '59
Bristol, Wisconsin
November 14, 2017

Matthew D. "Dinny"
Davis, MD (PG '55)
Madison, Wisconsin
March 5, 2018

Frank A. Springer, MD '46
Madison, Wisconsin
December 22, 2017

Freeman W. Born, MD '57
Santa Rosa, California
January 14, 2018

Earl A. Kendall, MD '60
Largo, Florida
December 24, 2017

Rudolph C. Hecht, MD
Madison, Wisconsin
January 23, 2018

Robert A. Starr, MD '50
Viroqua, Wisconsin
March 16, 2018

Nicholas R. Wagener, MD '57
Appleton, Wisconsin
September 24, 2017

Steven F. Wolfe, MD '67
Lafayette, California
November 16, 2017

Gloria Johnson-Powell, MD
Hamburg, Germany
October 11, 2017

Herb Sandmire, MD '53
Green Bay, Wisconsin
February 24, 2018

Marvin G. Jumes, MD '58
Sheboygan, Wisconsin
January 18, 2018

James S. Najarian, MD '72
Randolph, New Jersey
November 5, 2017

William P. Weidanz, PhD
Roseville, California
November 21, 2017

Rudolf W. Matzke, MD '54
Spooner, Wisconsin
November 17, 2017

Henry C. Rahr, MD '58
Green Bay, Wisconsin
December 26, 2017

FORMER FACULTY MEMBERS:

Jeffrey P. Davis, MD
Madison, Wisconsin
January 16, 2018

PRECEPTOR:

Alfred John "A.J." Capelli, MD
Kenosha, Wisconsin
December 31, 2017

Robert J. Goldberger, MD '56
Mequon, Wisconsin
September 22, 2017

Joseph D. Stein, MD '58
Duluth, Georgia
February 24, 2018

Class of 1976

Bill Charboneau

received the Radiological Society of North America's highest honor, the Gold Medal for lifetime achievement. Charboneau is an emeritus professor of radiology at Mayo Clinic in Rochester, Minnesota.



Class of 1996

Charles Ryan will join the University of Minnesota Medical School as the director of the Division of Hematology, Oncology and Transplantation, Department of Medicine, in April 2018. He also will serve as the associate director for clinical research at the Masonic Cancer Center and will hold the B.J. Kennedy Chair in Clinical Medical Oncology. Ryan most recently served as the Thomas Perkins Distinguished Professor in Cancer Research at the University of California, San Francisco, and as the associate director for clinical science at the Helen Diller Family Comprehensive Cancer Center. He recently published a book, *The Virility Paradox: The Vast Influence of Testosterone on our Bodies, Brains and the World We Live In*, with Benbella Books.



Class of 2013

Senait Tesfai-Barker has been named to *Milwaukee Business Journal's* 40 Under 40 for 2018. Tesfai-Barker provides primary care services—including women's health, preventive medicine and treatment of chronic adult diseases—mainly at Aurora Health Care's Good Hope Road Clinic on Milwaukee's north side.

NOMINATE ALUMNI FOR ANNUAL AWARDS!

The Wisconsin Medical Alumni Association (WMAA) invites alumni to nominate their fellow alumni—and in some cases, faculty and staff of the UW School of Medicine and Public Health or UW Health—to be considered for WMAA awards. Categories are:

- Medical Alumni Citation—Distinguished Alumni Award
- Resident Citation—Distinguished Resident Award
- Sigurd Sivertson Medical Education Award
- Basic Sciences Emeritus Faculty Award
- Clinical Sciences Emeritus Faculty Award
- Ralph Hawley Distinguished Service Award
- WMAA Early-Career Achievement Award
- WMAA Service Award
- Honorary Life Membership in the WMAA

Please visit med.wisc.edu/alumni/awards to view descriptions of the award categories.

The deadline for nominations is September 1, 2018. (Nominations for the Citation Award would be for the 2020 award. All other 2018 nominations are for 2019 awards.)

For more information, please contact Andrea Larson at allarson7@wisc.edu.

Do you get our e-mails?

If you do not receive invitations to reunions and information about other special events via e-mail from the Wisconsin Medical Alumni Association (WMAA), please add "wmaa@med.wisc.edu" to your address book. This will keep our messages from landing in your spam folder! Please also visit www.med.wisc.edu/alumni to update your contact information. We want to be able to stay in touch!

Goodbye Dear Friends

JEFFREY P. DAVIS, MD

Jeffrey Paul Davis, MD, died on January 16, 2018, in Madison, Wisconsin. Remembered for his keen intellect, friendliness and humor, Davis served for four decades as the chief medical officer for communicable diseases and the state epidemiologist for the State of Wisconsin.

An adjunct professor in the University of Wisconsin School of Medicine and Public Health (SMPH) Departments of Pediatrics and Population Health Sciences, the Milwaukee, Wisconsin, native earned his bachelor's degree at UW-Madison (Phi Beta Kappa) and his medical degree from

the University of Chicago Pritzker School of Medicine. He began a pediatric residency at University of Florida and completed his pediatric residency and a pediatric infectious disease fellowship at Duke University Medical Center.

"Dr. Davis was one of the giants of infectious disease and epidemiology of the 20th century," shares Dennis Maki, MD '67, Ovid O. Meyer Professor, SMPH Department of Medicine.

"Long before we became a school of medicine and public health, Dr. Davis was building bridges across the two worlds, encouraging and mentoring physicians who shared his

vision," says SMPH Dean Robert N. Golden, MD.

Davis served in the Centers for Disease Control and Prevention's Epidemiologic Intelligence Service (EIS). His passion for mentoring EIS fellows has ensured a worldwide network of epidemiologists. He made the connection between toxic shock syndrome and tampons, helped identify the tick-borne agent that causes Lyme Disease and led investigations of significant public health outbreaks, including the cryptosporidium outbreak in Milwaukee's water supply. He authored or co-authored more than 250 publications.



Davis' wife, Roseanne Clark, PhD (PG '87), professor, SMPH Department of Psychiatry, and some of Davis' colleagues started the Jeffrey P. Davis, MD, Scholarship, to support medical students dedicated to public health. To donate to the scholarship at the UW Foundation, please visit supportuw.org/giveto/davisscholarship or call Jill Watson at (608) 262-4632.

GLORIA JOHNSON-POWELL, MD

Child psychiatrist Gloria Johnson-Powell, MD—who served as the associate dean for faculty and director of the Center for the Study of Cultural Diversity in Healthcare at the University of Wisconsin School of Medicine and Public Health (SMPH)—died on October 11, 2017, in Hamburg, Germany. She was 81 years old.

Johnson-Powell graduated from Mount Holyoke College in South Hadley, Massachusetts, where she majored in

economics and sociology. She earned her medical degree from Meharry Medical College in Nashville, Tennessee, and eventually became a national leader in the civil rights movement.

Following medical school, Johnson-Powell completed her residency at the University of California, Los Angeles, where she served on the faculty for 15 years. She next moved her career to Harvard Medical School, where she was a professor of child psychiatry.

Johnson-Powell also wrote several books, including, *Black Monday's Children: A Study of the Effects of School Desegregation on Self-Concepts of Southern Children*.

In 2000, Johnson-Powell joined the faculty of the SMPH as a professor of psychiatry and pediatrics. At the SMPH, she spearheaded activities and programs aimed at addressing health disparities and promoting health equity until her retirement in 2007.

"Dr. Johnson-Powell was a national leader in the civil



CHRIS FRAZEE/MEDIA SOLUTIONS

rights struggles of the 1960s. She created a foundation for the enhancement of diversity at the UW School of Medicine and Public Health, which is an enduring legacy on which we continue to build," says SMPH Dean Robert N. Golden, MD.

RUDOLPH C. HECHT, MD

Rudolph C. (Rudy) Hecht, MD—an original teaching faculty member of the University of Wisconsin School of Medicine and Public Health's (SMPH) Department of Family Medicine and Community Health (DFMCH) and the first medical director of the Northeast Family Medical Center—died on January 23, 2018, in Madison, Wisconsin.

Born in Hamburg, Germany, Hecht left that country at age 6 with his family to escape the Nazis. They ended up in Mexico City, where he earned his medical degree from the National University of Mexico.

He also completed a residency at Denver General Hospital.

In 1958, Hecht began as a general practitioner and surgeon in a small town in Texas. In 1973, his family moved to Madison, and he started teaching residents and caring for patients at the Northeast Family Medical Center.

Neil Bard, MD (PG '80), who practices and precepts in Richland Center, Wisconsin, reflects, "I am the type of family physician I am today because of my training under Rudy Hecht at the Northeast Family Medical Center. His picture has been in my

office ... and every rural rotation family practice resident in Richland Center is introduced to my clinic director."

Another former resident, Calvin Bruce, MD (PG '78), says, "I always said that if I found myself on a desert island with a lot of sick people to care for, Rudy Hecht would be the guy I would want by my side!"

In addition to his work at UW-Madison, from 1973 to 2016, Hecht was the honorary consul for Mexico to Madison and Dane County. He made many volunteer medical trips, including one to donate supplies to the Children's Hospital in Baghdad, Iraq.



Hecht donated his body to the SMPH Body Donor Program to further the education of future doctors. Contributions can be made to the DFMCH Visionaries Fund—fammed. wisc.edu/donate/opportunities/visionaries-fund/—in his honor.

MATTHEW DINSDALE (DINNY) DAVIS, MD (PG '55)

Matthew Dinsdale (Dinny) Davis died on March 5, 2018. He leaves a 60-year legacy of accomplishment as a clinician, educator, leader and researcher at the University of Wisconsin School of Medicine and Public Health (SMPH). He is recognized worldwide as a pioneering retina specialist who helped establish standards for analyzing diabetic retinopathy and other eye diseases.

Born in Madison, Wisconsin, in 1926, Davis earned his medical degree from the University of Pennsylvania and completed an ophthalmology residency at University Hospital in Madison.

His father—Frederick A. Davis, MD—and Peter Duehr, MD, were partners in a Madison-based practice and consecutive leaders of the Eye, Ear, Nose and Throat Division of the SMPH's Department of Surgery. Matthew Davis joined their practice and the SMPH faculty, where he rose to the rank of professor and head of the division. He helped elevate the division into the Department of Ophthalmology and Visual Sciences and served as its first chair from 1970 to 1986.

Matthew Davis gave up his private practice to oversee the expansion of the department's ophthalmology residency and the recruitment of several

faculty members. He formed the Fundus Photograph Reading Center (FPRC). (See article in *Quarterly*, Vol. 19, No. 4, about the FPRC and Davis' involvement with groundbreaking studies with the National Eye Institute of the National Institutes of Health.)

Davis received multiple honors. He was named the 2016 Laureate by the American Academy of Ophthalmology for his pioneering contributions to the field. He also authored or coauthored more than 270 papers and book chapters.

"The impact that Dr. Davis has had on patients and the field of ophthalmology throughout his tenure at UW-Madison is immeasurable,"



notes Terri L. Young, MD, MBA, chair, Department of Ophthalmology and Visual Sciences. "He has had a profound influence on many of us. His exemplary integrity, humility, humor and compassion will be indelibly imprinted."



The Boston Connection

RECEPTION DREW ALUMNI FROM THROUGHOUT THE REGION

The city that is home to more than 30 hospitals also has become home to about 300 medical school graduates of the University of Wisconsin School of Medicine and Public Health (SMPH).

With the goals of fostering connections among alumni, sharing an update about their medical school alma mater and celebrating the many accomplishments of these Badgers, the Wisconsin Medical Alumni Association (WMAA) hosted a reception in the heart of downtown Boston in November 2017.

Karen Peterson, WMAA executive director, says she and Jill Watson, senior director of development for the SMPH, are grateful to their event co-hosts—Connie Barr, MD '75, Adolph (Dolph) Hutter, Jr., MD '63, and Sari Rotter, MD '80, who practice in the Boston metropolitan area—for encouraging other alumni to attend.

“It was exciting to meet so many SMPH graduates who have moved to the East Coast and gone on to do fabulous work,” says Peterson, who enjoyed her first visit to Beantown.

Because the reception coincided with the Association of American Medical Colleges (AAMC) meeting, several SMPH faculty members and students were on hand to meet the Bostonians, who ranged from early-career alumni to those with decades of experience.

Among the latter, Hutter moved to Boston 50 years ago to begin a two-year cardiac fellowship at Massachusetts General Hospital (MGH). Upon completing the fellowship, he joined the MGH staff as a cardiologist and the Harvard Medical School as a faculty member in the Department of Medicine. Now a professor at Harvard Medical School, he is involved in patient care, teaching and clinical research.

He was the founding director of MGH's Cardiac Performance Program, which offers research and evaluation, risk assessment and management to address the needs of competitive athletes and highly active people who may be at increased risk for cardiovascular events.

“Boston is a wonderful place to work and live. My colleagues are truly outstanding and caring,” says Hutter. “It is a family environment here at Massachusetts General Hospital, and it is a pleasure to work with these excellent people in such a stimulating environment.”

Hutter, who plans to return to Madison for his 55-year medical school reunion in 2018, also was the cardiologist for the Boston Bruins from 1972 to 2015 and the New England Patriots from 1982 to 2015.

He, Rotter and Barr agree that it was great to connect with many SMPH alumni who practice throughout their region.

Heartfelt Gratitude

STUDENTS THANK DONORS, KICK OFF HOUSE CUP COMPETITION



Clockwise from left (left to right): Bottom row: Elena Kurudza, Stephen Chen; top row: Chiadika Nwanze, Ellie Sato, Jayne-Norah Ntambi, Jenna Hatab, John Kopriva and Vimal Konduri share gratitude. Sample note. Hatab (left) pens a message.

In the days leading up to Valentine's Day 2018, the Wisconsin Medical Alumni Association (WMAA) staff hosted a gratitude-filled event, drawing medical students into the Budzak Alumni Suite to write thank-you notes. Enthusiastic students gathered to share words of praise with the many donors who support the missions of the University of Wisconsin School of Medicine and Public Health (SMPH) and WMAA.

By having the Thank-a-Thon kick off the spring semester's House Cup Competition—and adding a few energizing incentives, such as fruit and heart-shaped cookies—the turnout was “wildly successful for the second year in a row,” according to Karen Peterson, WMAA executive director.

Each note a student wrote earned one point for his or her “house”—one of five

Learning Communities: Bamforth, Bardeen, Gunderson, Middleton or McPherson.

Stefanie Christopher, a learning specialist in Student Services, worked with students in the InterHouse Council to coordinate events throughout the House Cup Competition from February through April. Activities included a March Madness (basketball) bracket, Cycle for Sight fundraiser for McPherson Eye Research Institute, food drive and Money Wars, in which coin donations add points to a House's total, paper bills count against the total, and teams can try to sabotage each other.

“The winning House gets to donate all of the money to its chosen charitable cause,” says Christopher. “We hope the activity builds camaraderie among students and helps them focus on giving back to the community.”

Adding another angle, Peterson says, “The Thank-a-Thon is one of many ways we help students realize how much donor support enhances their experiences in medical school. For instance, private contributions are the only way the WMAA can host luncheons for student interest groups, support monthly meetings of the Gold Humanism Honor Society, or provide funding for the Medical Student Association to hire guest speakers in fields of interest to student participants.”

Noting that, starting in fall orientation, WMAA staff point out to students the many alumni-funded features in the Health Sciences Learning Center, Peterson exclaims, “This building would not exist if not for the support of donors, including many alumni!”

Durkin Named Chair of Population Health Sciences

Maureen Durkin, PhD, MPH, DrPH, is the new chair of the Department of Population Health Sciences, and the Evan and Marion Helfaer



Professor of Public Health at the University of Wisconsin School of Medicine and Public Health (SMPH).

She is one of the nation's leading experts in the epidemiology of developmental disorders. Her work focuses on prevention, antecedents and consequences of neurodevelopmental syndromes and childhood injuries. She was a professor of population health sciences at the SMPH and served as the department's graduate program director, vice chair and, for the past year, interim chair.

Durkin has served in many national and international leadership capacities, including assignments to task forces for the World Health Organization, National Institutes of Health, Institute of Medicine, and Centers for Disease Control and Prevention.

"Dr. Durkin's extensive national and international expertise, coupled with her deep and profound institutional loyalty, make her exceptionally well suited for advancing the missions of this vitally important department, which remains a cornerstone in our transformation into the nation's first school of medicine and public health," notes Robert N. Golden, MD, dean of the SMPH.

Durkin completed her undergraduate degree and a PhD in anthropology at UW-Madison. She then earned master's of public health and doctorate in public health degrees from Columbia University, where she was an associate professor of clinical epidemiology prior to her recruitment to UW-Madison in 2003.

Johnson Named Director of Population Health Institute

Sheri Johnson, PhD, is the new director of the University of Wisconsin School of Medicine and Public Health's (SMPH)



Population Health Institute (PHI).

A leading advocate for health equity, Johnson formerly was an associate professor of pediatrics at the Medical College of Wisconsin and associate director of that school's Center for the Advancement of Underserved Children.

"Dr. Johnson is a passionate leader with an incredible track record of addressing equity and obstacles to health, especially for under-resourced populations in Wisconsin," says Robert N. Golden, MD, dean of the SMPH. "We are delighted that she has joined us to advance the wonderful work of our school's Population Health Institute, which is a shining example of the Wisconsin Idea in action."

Johnson received her PhD in clinical psychology from Boston University. She completed an internship in clinical psychology at Children's Hospital of Boston/Judge Baker Children's Center; she also was a clinical fellow in psychology at Harvard Medical School.

In Wisconsin, Johnson has worked in a number of important roles, including positions at Milwaukee Health Services, Inc., and Children's Hospital of Wisconsin. From 2005 to 2008, she was an administrator and state health officer in the Wisconsin Department of Health.

Focusing on health disparities, the PHI develops and evaluates interventions and promotes evidence-based approaches to policies and practices throughout the nation to advance health and well-being.

Abel Receives Gold Cystoscope Award

E. Jason Abel, MD, FACS, received the 2018 Gold Cystoscope Award from the American Urological Association.



The award is presented annually to one urologist who is distinguished by outstanding contributions to the profession within 10 years of completing residency.

Abel is an associate professor in the Department of Urology at the University of Wisconsin School of Medicine and Public Health (SMPH). Since he joined the SMPH faculty in 2010, he has built an outstanding clinical and academic program in kidney cancer.

Abel's laboratory research focuses on cell signaling in renal cell cancer and is funded through the National Cancer Institute. He also is a leader in clinical and translational research, with a passion to improve treatment outcomes for kidney cancer patients.

Through his clinical efforts, Abel has developed a high volume center for the treatment of complex renal cancers at UW Health.

"This recognition of one of our own is substantial in the field, and we are extremely proud and happy for Dr. Abel," says Stephen Y. Nakada, MD, FACS, chair of the Department of Urology.

Nakada won this award in 2004, making the SMPH Department of Urology one of only three departments in the United States with two clinically active winners of the Gold Cystoscope Award.

Cox Awarded Innovative Translational Science Award

Elizabeth Cox, MD (PG '94), PhD '06, was awarded a three-year Innovative Translational Science Award from the American Diabetes Association



for her project, "Identifying Actionable Self-Management Barriers for Adults with Type 1 Diabetes."

Building upon her prior work developing a 10-minute survey called Problem Recognition in Illness Self-Management (PRISM) aimed at identifying diabetes self-management barriers among youth, the newly funded research will develop and validate a version of PRISM to assess diabetes self-management barriers among adults.

This survey tool for adults is expected to positively impact diabetes care by aligning self-management resources with the actual needs of people who have Type 1 diabetes.

According to Cox, an associate professor in the Department of Pediatrics at the University of Wisconsin School of Medicine and Public Health, "While science has offered insights into how to reduce or delay the effects of Type 1 diabetes, most people with this disease find its management challenging. Our work aims to make management easier by personalizing recommended resources to individual's specific needs. Once our survey is developed, we will test whether using the surveyed information to choose resources will provide better blood sugar control or quality of life. Ultimately, if effective, the tool could be used in clinical practice to tailor diabetes care to patients' specific needs.

The PRISM tool for youth is available at <https://www.hipxchange.org/PRISM>.

Neuman Aims to Help Women Make Better Cancer Surgery Decisions

Women face big decisions soon after being hit with a breast cancer diagnosis, including whether to have a lumpectomy or mastectomy.



With a five-year, \$1.2 million grant from the Agency for Healthcare Research and Quality (AHRQ), University of Wisconsin Carbone Cancer Center (UWCCC) breast surgeon Heather Neuman, MD, MS, FACS, will study ways to improve the decision process for patients, particularly those from socioeconomically disadvantaged rural and urban areas.

"I wanted to see how we could help patients come to surgical consult appointments well prepared to be involved in decisions," says Neuman, an associate professor in the UW School of Medicine and Public Health Department of Surgery.

With UWCCC funding, she conducted a pilot study in which patients were given an online "decision aid" after breast cancer diagnosis but before their appointment with a surgeon. It presents information about surgical options at a middle-school reading level, shows data side-by-side for comparisons, and includes videos of patients discussing their decisions.

"Patients with the decision aids were more engaged in the decision process and seemed more willing to ask for clarification compared to those without it," she says.

The AHRQ-funded study will include 10 clinics nationwide that primarily serve low-income patients, including Marshfield Clinic, which serves rural patients. Visits will be recorded to accurately assess patients' engagement before and after use of the decision aid.

Moreno Addresses Sun Addiction and Other Skin Cancer Issues

A group of 19 experts from various fields said tanning addiction is among the sun safety-related themes that must be addressed



to lower rates of skin cancer in the United States. Five million adults were diagnosed with skin cancer from 2007 to 2011.

Megan Moreno, MD (PG '03), associate professor, Department of Pediatrics, University of Wisconsin School of Medicine and Public Health, is a member of the panel organized by the National Academy of Sciences. The panel shared with the National Cancer Institute thoughts on sun exposure, knowledge gaps, implications for skin cancer risk and other health outcomes, and new directions for research and prevention. It published a paper in *JAMA Dermatology*.

"Tanning addiction has similar behavior parallels and biological and genetic features as other addictions and can be treated like other addictions," shares Moreno, adding that primary care physicians and other health care professionals are in a position to recognize excessive tanning and refer patients for screening.

Other identified themes include:

- People with both light and dark skin are at risk and need protection.
- Risk reduction for one disease should not increase risk for another. For instance, melanoma has been associated with outdoor activities, but physical activity could reduce the risk of other cancers. Social media platforms may provide targeted messaging to the diverse U.S. population about this.
- Successful interventions will need to be scalable to have long-lasting effects.

Professorship Bolsters the Next Generation of Surgeons

BRUCE HARMS, MD (PG '83), MBA, AND JUDITH HARMS, BSN, LOOK TO THE FUTURE



by Molly Wesling

“**S**omeday, these young surgeons may be taking care of us, and we all want great people taking care of us,” says Bruce A. Harms, MD (PG ’83), MBA, about the need to support excellence in research, education and patient care in the field of surgery, and particularly colorectal surgery.

In 2015, Bruce Harms, a professor in the University of Wisconsin School of Medicine and Public Health’s (SMPH) Department of Surgery, Division of Colorectal Surgery, and his wife, Judith Harms, decided to establish a Professorship in Colorectal Surgery, utilizing matching funds through the Morgridge Match created by UW-Madison alumni John and Tashia Morgridge. Bruce Harms and Judith Harms, BSN, are quick to point out that they could not have accomplished this goal without additional generous contributions from Bruce Harms’ colleagues in the Division of Colorectal Surgery.

The Dr. Bruce and Judith Harms Professorship will be given to an SMPH surgeon, with preference to faculty in colorectal surgery. Nobody currently holds this professorship, but it may be a useful tool in recruiting a future colorectal surgeon.

“The philanthropy of the Morgridges has had a ripple effect—their gift inspired us to give. I see it as an excellent return on investment,” says Bruce Harms, who earned his MBA from UW-Madison in 2010. “As doctors, and especially surgeons, we tend to think we will live and practice forever. If we wait too long to do estate planning, we might miss opportunities to give something back to UW-Madison. The Morgridges made it possible for other donors to think bigger than they might have otherwise.”

Bruce Harms grew up in rural Deshler, Nebraska (pop. 747), where he attended a one-room elementary school and worked on the family farm. The family grew corn and soybeans, kept a herd of cattle and maintained a fish hatchery.

“We raised fish by the hundreds of thousands,” he recalls. “I ate a lot of catfish and Nebraska beef, and I learned to use a

microscope and treat diseases in fish starting in my teen years.”

This upbringing instilled in him a love for biological sciences and fostered his knack for “fixing things.”

Bruce Harms studied biology at the University of Nebraska in Lincoln, and by the time he entered medical school at the University of Nebraska Medical Center, Omaha, he loved everything about the field of medicine. He met his own match in Judith, a critical care and burn unit nurse who grew up in western Nebraska, in the comparatively bustling town of Sidney (pop. 6,757).

The couple moved to Madison in 1977, and Bruce Harms became the first research resident in the SMPH Department of Surgery. He remembers Folkert Belzer, MD, the department chair at the time, as an inspiring mentor who helped solidify his decision to pursue a career in surgery.

Judith and Bruce Harms welcomed their first child, a son, while in Wisconsin. Soon after, they moved to California, where Bruce Harms took a one-year break from his training to complete a research fellowship at the University of California, Davis.

In 1983, the Harms family spent a year in Gloucester, England, where Bruce Harms was a registrar in surgery for the National Health Service and learned about a pioneering procedure in reconstructive surgery—ileal pouch reconstruction—for ulcerative colitis and pre-malignant colorectal diseases.

While in England, Bruce Harms worked long hours, but on his days off, the family traveled as much as possible.

The following year, he became a full-time faculty member in the SMPH Department of Surgery, specializing in colorectal surgery and trauma and critical care surgery. Soon after their return to Wisconsin, Bruce Harms performed the state’s first ileal pouch operation, at UW Hospital (now called University Hospital, part of UW Health).

During the 1980s, he and his colleague established UW Hospital’s reputation for excellence in reconstructive colorectal surgery. He also led the academic medical center’s Trauma Surgery Program

for 10 years, and under his direction, UW Hospital attained its first Level 1 Trauma Center designation. Bruce Harms also was the founding faculty member in the Division of Colorectal Surgery, of which he is a member today. That division has grown to include seven faculty members.

On the home front, the couple added a daughter and another son to their family. When the children were young, Judith Harms founded a nursery school and served on its leadership team; she also has dedicated time to the Friends of UW Health, including as its president.

In 2016, Bruce Harms helped launch the Layton Rikkers Surgical Society, named in honor of the chair of the SMPH Department of Surgery from 1996 to 2008. As an alumni organization, the society’s main purposes are to foster relationships and develop programs that improve surgical education.

Bruce Harms shares that he is happy he and his wife put down roots and raised three children in Madison, a city he calls “plenty big.” The couple still has family ties and owns farmland in Nebraska.

Judith Harms notes that while they’ve enjoyed the places they’ve lived and traveled, they hold UW-Madison in high esteem, calling the campus a “phenomenal place that goes above and beyond other universities.”

The couple say they would not be where they are today without Bruce Harms’ opportunities to join the SMPH faculty and practice at UW Health.

Convinced that giving back to the medical profession is the right thing to do, Bruce Harms shares, “If you’re really dedicated to what you’re doing, you’re also training the next generation of surgeons. My younger colleagues in the department are engaged in amazing research. We can all play a part in making sure these talented surgeon-scientists have the funding they need to discover the next big thing.”

He adds, “It’s easy to walk away and say, ‘That was my job. I gave my heart and soul, I got a lot back, and that’s the end.’ But if you look at the big picture, a gift helps plant the seed for the next generation to succeed.”

Middleton Society

NEW GIVING LEVELS NAMED AFTER SCHOOL LUMINARIES



WILLIAM S. MIDDLETON, MD (1890-1975)

The vigor, zeal and forthright optimism with which Middleton approached every problem made him one of the most popular and venerated deans of the University of Wisconsin School of Medicine and Public Health.



CHARLES R. BARDEEN, MD (1871-1935)

Founding dean of the school, Bardeen established the two-year, then four-year, UW School of Medicine and Public Health (then called UW Medical School) and its nationally respected Preceptorship Program during his 28-year tenure.



JAMES F. CROW, PHD (1916-2012)

With a scientific career that stretched 70 years, Crow was highly honored for his groundbreaking research in population genetics, which touched nearly every aspect of the field.



BETTY J. BAMFORTH, MD (1923-2001)

A woman who achieved several firsts in her career—including service as the first woman chair of the Department of Anesthesiology—Bamforth was known internationally for her writing and lecturing about the history of anesthesiology.

UW-MADISON ARCHIVES (7)

Leaders of the University of Wisconsin School of Medicine and Public Health (SMPH) are deeply grateful to members of the school's philanthropic society—the Middleton Society—for their superb dedication.

"Because of the generous support of Middleton Society members, we are accelerating our progress in our mission of improving health without compromise through service, science, scholarship and social responsibility," says SMPH Dean Robert N. Golden, MD.

Looking ahead to ensure the school's future ability to keep pace with demands, the

school will make the following changes to the Middleton Society:

- Effective January 1, 2019, recognition at the Middleton Fellow level will be closed to new members. The new minimum cumulative household commitment for Middleton Society membership will be \$25,000 (compared to the \$10,000 current level) and recognized at the Bardeen Fellow level.
- New levels within the Middleton Society, also effective January 1, 2019, will increase the recognition of those who have had a significant influence on the school. (See the new levels on next page.)

"By expanding the tiers, we hope to encourage giving at whatever level works best for an individual or family, rather than having significant leaps from one level of recognition to another," says Golden.

He adds, "We are making these changes to ensure that the Middleton Society reflects today's economic realities. This also will create consistency with other practices at our UW-Madison campus."

Like the society's namesake, Dean William S. Middleton, MD, donors make a lasting impact on the future of this institution. And during this era of declining state support



HOWARD M. TEMIN, PHD (1934-1994)

Awarded the Nobel Prize in 1975 with David Baltimore, PhD, and Renato Dulbecco, MD, Temin discovered reverse transcriptase (independently discovered by Baltimore at the Massachusetts Institute of Technology) and its role in the life cycle of retroviruses.



PHILIP M. FARRELL, MD, PHD (PG '72)

Known as an organizer, communicator, motivator and builder, Farrell brought energy and a collaborative spirit to his decade as dean. His goal to promote health in Wisconsin communities inspired the school's change in mission and name to the UW School of Medicine and Public Health.



ROBERT SCHILLING, MD '43 (PG '48) (1919-2014)

Best known for his research on vitamin B12, he developed the "Schilling Test" for pernicious anemia and was recognized for his longitudinal studies of families with hereditary spherocytosis.

NEW LEVELS OF THE MIDDLETON SOCIETY

effective January 1, 2019

Middleton Fellow
\$10,000-\$24,999
(Open only to new members through December 31, 2018)

Bardeen Fellow
\$25,000-\$49,999

Crow Fellow
\$50,000-\$99,999

Bamforth Fellow
\$100,000-\$499,999

Temin Fellow
\$500,000-\$999,999

Farrell Fellow
\$1 million-\$2.49 million

Schilling Fellow
\$2.5 million and above

and volatility in health care markets, the school must rely more and more on its friends to provide the resources that are so important in attracting the best and brightest faculty and students.

Golden notes that permanent membership is guaranteed to current members of the Middleton Society based on their previous gifts, pledges and planned gift commitments, as well as to people who join before the changes take place. All gifts made to any UW School of Medicine and Public Health fund count toward cumulative household giving totals.

A SPECIAL OPPORTUNITY TO JOIN

Jill Watson, senior director of development, notes that—when she meets with supporters of the UW School of Medicine and Public Health around the country—people often say, "I've been meaning to join the Middleton Society."

She notes that 2018 presents a special opportunity to join at any of the levels listed above.

"If you've been thinking about becoming a new member of the Middleton Society or have questions about your current membership, I'd be honored to work with you in fulfilling your philanthropic goals related to our school and its missions," says Watson, adding "On, Wisconsin!"

She can be reached via e-mail at jill.watson@supportuw.org or phone at (608) 262-4632.



Clockwise from bottom left: Mikayla Gallenberger, Kyla Lee, MD '98, FACP, Echko K. Holman, Patrick O'Donnell, Kimberly Lansing, MD, PhD, Jeremiah Kakes.

Gundersen Physicians Train, Mentor SMPH Medical Students

KIMBERLY LANSING, MD, PHD, AND KYLA LEE, MD '98, FACP, SHARE INSIGHTS

by Beth Fultz, PhD

Spend a few minutes talking with physician educators Kyla Lee, MD '98, FACP, and Kimberly Lansing, MD, PhD, and one thing becomes abundantly clear: There is a great deal more to teaching medical students than meets the eye.

Lee and Lansing are clinical adjunct faculty members of the University of Wisconsin School of Medicine and Public Health (SMPH). Based at Gundersen Health System in La Crosse, Wisconsin, they have close ties to the SMPH campus in Madison and have been intimately involved in the development and implementation of the school's new ForWard Curriculum, now in its second year.

The women play complementary roles at the SMPH's Western Academic Campus. Lee is site coordinator for traditional SMPH students, while Lansing holds the counterpart role for students in the Wisconsin Academy for Rural Medicine (WARM). Both have a passion for education that's rivaled only by a commitment to excellence in patient care. And each has a background that uniquely prepared her for her current role.

Although Lee completed an undergraduate premedical curriculum, she went on to earn a master's degree in psychology at Harvard University rather than attend medical school at that stage. She taught middle school students in rural Vermont before the pull of medicine reasserted itself. She earned her medical degree at the SMPH and completed an internal medicine residency at Gundersen.

As a new physician with a love of teaching, Lee soon joined the teaching faculty of the Internal Medicine Clerkship and spent 17 years, eventually becoming the La Crosse site director for the clerkship, providing hands-on clinical training for third- and fourth-year medical students.



Left to right: Echko K. Holman, Jeremiah Kakes, Kyla Lee, MD '98, FACP, Courtney K. Pfeuti, Kimberly Lansing, MD, PhD, and Mikayla Gallenberger work on a simulator.

Lansing, on the other hand, grew up in Rochester, New York, and earned her undergraduate degree at Princeton University. Although she remembers, as a child, wanting to become a doctor, she discovered research while at Princeton and went on from there to earn a master's degree in physiology at Pennsylvania State University and a doctorate in anatomy and reproductive biology from the University of Hawaii. She remained in Hawaii to obtain her medical degree, and then she moved to Iowa to complete a family medicine residency.

When Lansing joined Gundersen, she too began teaching in required clerkships and eventually served as the Primary Care Clerkship's La Crosse site director until the SMPH launched its ForWard Curriculum in 2016.

By the time the SMPH curriculum transformation effort came along, Lee and Lansing were deeply committed to teaching yet keenly aware of the limitations of the

clerkship approach that they—and SMPH administration—realized had many “silos.” Both were eager to help forge a new path.

Development of the new curriculum was a multi-year process that involved hundreds of SMPH faculty and staff members. Lansing joined the teams that developed the Care Across the Lifecycle Block and the Chronic and Preventive Care Block, which fit well with her family medicine training and her basic science background. In the legacy curriculum, basic science had consumed only the first two years of medical education.

“In Phase I of the ForWard Curriculum, this stage is condensed to a year and a half, which means some basic science is purposefully woven into Phase 2,” Lansing says. “I found that my experience as a basic science researcher and teacher was helpful in that integration.”

Describing curriculum design as her “hobby,” Lansing came well prepared to the task. She recalls writing her first course

in 1992, then years later being in on the ground floor of the SMPH's innovative WARM program.

When the SMPH created WARM and selected La Crosse as one of its training sites in 2007, program planners asked Lansing to help develop the curriculum. In addition to the more traditional components, she introduced disaster training, which became a case-based, simulation-driven, hands-on activity of the kind that animates much of Phase 2 of the ForWard Curriculum. She and other staff involve students in planning disaster drills with local firefighters and paramedics. For the exercises, they're broken into rescue squads and role-play the experience of responding in the field to rural scenarios such as a tractor rollover or city events such as an active shooter at an airport. The students gain a realistic sense of how disasters are managed in the field and how patients are assessed, treated and prepped for transport. The airport shooter scenario was so successful that it was filmed, and portions of the video have been used in training for Transportation Security Administration workers in Washington, DC.

For her part, Lee worked for years on the Curriculum Transformation Steering Committee led by Christine Seibert, MD, associate dean for medical student education and services, and Shobhina Chheda, MD, MPH, associate dean for education. Now implementing the Acute Care Block, designed by Laura Zakowski, MD '90, professor of medicine, and other SMPH faculty partners, Lee describes the kick off of the block experience with enthusiasm.

"The transformation afforded an opportunity to create a whole new curriculum. I had always attempted to achieve integrated learning in my own way as a preceptor—but now we have an exciting, cohesive approach to medical training that teaches medical facts and concepts within the context of patient-centered care delivery and collaborative professional teamwork."

Although this part of the curriculum "went live" only on January 8, 2018, Lee already is seeing encouraging signs. In the early weeks, students in the acute care block participated in preceptor sessions that exposed them to cases requiring differential diagnosis of

chest pain. That was followed by a radiology session involving scans of patients with chest pain and simulations of chest-pain cases in the simulation lab in Gundersen's Integrated Center for Education.

Shortly thereafter, during clinical time in internal medicine, the students were presented with two real-time cases of patients who had arrived in the emergency room with chest pain. When the supervising physician asked students to prepare a care plan based on the history and clinical findings of the patients, he was impressed with the appropriateness and completeness of the plan one of the students produced.

"How did you come up with this plan?" he inquired, to which the student replied, "I based it on the clinical case presentations and simulations we did last week."

Lee notes, "That's exactly what we're trying to achieve. The goal is to expose students to material in case-based learning situations, and weave together multidisciplinary medical facts and concepts in the context of care delivery so they can immediately begin to apply that knowledge in real patient care situations."

Certified in palliative care as well as general internal medicine, Lee believes strongly in the importance of bringing empathy not only to patient care, but also to the student experience.

"Learning has to be a safe space that's inclusive of different learning styles," she says. "Studies show those who learn empathy as students keep it as doctors. I like to get to know them and figure out what makes them tick, just as we do with patients."

Lee and Lansing's attitudes are among the reasons they received the SMPH Dean's Teaching Award in 2014 and 2009, respectively. Lansing also was named a fellow in the UW-Madison Teaching Academy.

Both Lee and Lansing are relishing the opportunity to incorporate innovative educational technologies into the ForWard Curriculum. Working with medical media experts at Gundersen, they've created videos that some students are asked to watch in preparation for class. They're working on electronic cases, modeled after the electronic health record. Students may enter a case as



Left to right: Courtney K. Pfeuti, Patrick O'Donnell, Mikayla Gallenberger, Kimberly Lansing, MD, PhD, and Jeremiah Kakes in the simulation laboratory.

if they are opening a patient's chart. There the students might watch a video of an initial patient interview, then be asked to enter orders and notes into the simulated chart. If they enter a lab or medication order, a lab technician could pop up on the video to discuss the test, or a pharmacist could chime in to discuss the drug choice. Opportunities for innovation seem limitless.

Lee and Lansing quickly credit the strength of Gundersen's leadership team, which supported their efforts. They add that Greg Thompson, MD, director of medical education at Gundersen and the associate dean for the SMPH's Western Academic Campus, is unrelenting in the pursuit of a respectful, compassionate learning culture.

"Our students also have tremendous energy and care from our program coordinators Allyson Servais and Pam Schneider," shares Lee.

Not surprisingly, she and Lansing were tasked with ensuring a smooth rollout of Phase 2 at Gundersen. That process is well underway, but they are not resting on their laurels. They seem to embody Aristotle's oft-quoted observation: "Those who know, do. Those who understand, teach."

"ForWard is more than a curriculum of facts," says Lee. "It has all the science, presented in a way that prioritizes the health of patients and communities."

Lansing adds, "The new curriculum stresses the interdisciplinary nature of care. The whole ForWard Curriculum emphasizes how we all work together for patients."

Epilepsy Research *continued from page 7*

will bring data from bench science to the epilepsy clinic.

"Seizures disrupt sleep, and disrupted sleep makes seizures worse," Maganti told the *Wisconsin State Journal* in December 2017. "It can be sort of a vicious cycle."

Maganti is hoping to study whether the use of medication to restore sleep can prevent SUDEP. These sudden deaths are likely triggered by seizures during sleep.

Illustrating such a loss, a slide during the final Lily's Luau paid homage to a young man with epilepsy, Jared Kimball, of McFarland, Wisconsin, who died in his sleep in 2017, just weeks after raising money at his workplace, Findorff Construction in Madison, to give to Lily's Fund. As Kimball's photo lit up the big screen, the words of Irish musician Glen Hansard reminded luau-goers that the fight continues:

*"This gift will last forever,
this gift will never let you down ...
if you're strong enough,
and you don't give up."*

Forever is a long time, but for years to come, Lily's Fund certainly has elevated the profile of epilepsy research in SMPH laboratories.

"To go from a few hundred dollars to fellowships, to grants of \$100,000 and on to a research fund worth more than \$1 million? I have never heard of this kind of success! It's really a force of nature with these dedicated people," exclaims Roopra.

"Lily's Fund made people aware that epilepsy is a major condition that is underfunded. I would have not pursued this line of research without Lily's Fund. They were able to keep UW-Madison researchers on track and keep them in epilepsy research," Roopra shares. "Lily's Fund deflected the trajectory of labs toward the study of epilepsy. That's a major achievement!"

KEEP THE HULA GOING!

Through the Lily's Fund Hula Club, supporters can make one-time or recurring gifts. Learn more at lilysfund.org/give



Adorning the ceiling of the fifth-floor walkway between Towers I and II of the Wisconsin Institutes for Medical Research, The Neuron Project honors donor's loved ones who have epilepsy. Created through Lily's Fund, the project raised money for epilepsy research.

Identity and Resiliency *continued from page 11*

"I represent Africans, I represent Nigerians, I represent African Americans, I represent men, I represent people with spinal cord injuries, I represent people of color, I represent physicians," said Okanlami. "Every time you leave a good impression on someone, it impacts others in ways you will never know. Someone will mention that wonderful woman physician or that amazing Hispanic EMT, and suddenly someone else's prejudices will weaken. When you represent those multiple demographics just by being yourself, you shed light that changes the world."

Okanlami also quoted Martin Luther King, Jr., PhD: "Injustice anywhere is a threat to justice everywhere."

"Dr. King did not call the nation to do something for African Americans, he called the nation to abandon its oppression and

recognize inequality. No one is superior to lift up one who is inferior. We are equal human beings who benefit from each other's success, and who deserve the tools to achieve our own," Okanlami stated. "That approach preserves each person's full dignity and worth, whether their issue is race, ability, some other issue or a combination."

He concluded: "As an African American man with a disability, I am committed to advancing the quest for equality, not just under the law but in society and in the hearts and minds of my fellow citizens, and in the medical profession that I love."

The summit's general session was followed by two concurrent panel discussions by SMPH faculty and staff:

The first was entitled, "Identity Crisis: Living Bi-Culturally in the Workplace," by panelists Angela Byars-Winston, PhD,

professor, Department of Medicine; Jason Stephenson, MD, assistant professor (CHS), Department of Radiology; and Tracy Downs, MD, professor (CHS), Department of Urology; moderated by Beverly Hutcherson, SMPH diversity outreach and communications manager and UW Health Career Pathways coordinator.

The second panel discussion was entitled, "Negotiation: Salary, Title and Promotion," by panelists Terri Young, MD, MBA, chair, Department of Ophthalmology and Visual Sciences; Laurel Rice, MD, chair, Department of Obstetrics and Gynecology; Richard Moss, PhD, senior associate dean for basic research, biotechnology and graduate studies; and Kenneth Mount, MBA, senior associate dean for finance; moderated by Brian Gittens, EdD, associate dean for human resources, equity and inclusion.

New Tool Identifies Patients Likely to Have Seizures

A new scoring system developed at the University of Wisconsin School of Medicine and Public Health (SMPH) may help physicians identify which critically ill patients are likely to have seizures.

Aaron Struck, MD '09, assistant professor, SMPH Department of Neurology, identified patterns of electrical behavior that predict which patients are more likely to have seizures by reviewing data from more than 5,400 patients hospitalized for conditions other than epilepsy at three large academic medical centers. The

study was published in *JAMA Neurology*.

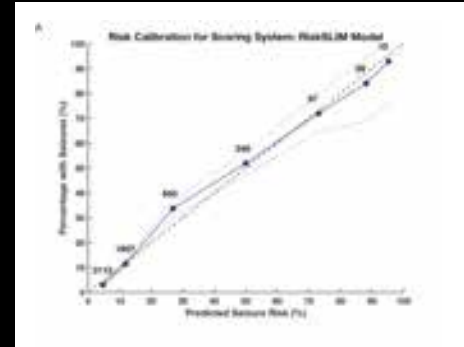
Critically ill patients frequently have seizures, but 75 percent of the time, doctors cannot detect them through observation, so brain monitoring with electroencephalography (EEG) is necessary, explains Struck.

He and his co-authors created the "2HELPS2B score" that predicts which patients are likely to have seizures and may need monitoring and medication. The name represents a combination of factors, including frequency,

types of discharges and brain activity, and seizure history.

"This tool helps doctors figure out who is at greatest risk of having seizures to decide on appropriate work-ups and treatments, and ultimately to improve patients' cognitive outcomes," he says.

The researchers used a new machine-learning method that produces accurate, risk-calibrated scoring systems with a limited number of variables and small integer weights. Patient data came from the Critical Care EEG Research Consortium and used data collected over three years



at Emory University Hospital, Brigham and Women's Hospital, and Yale University Hospital. The 2HELPS2B score is being used at UW Health, where Struck directs the neurophysiology fellowship and oversees inpatient EEG monitoring.

Potential Strategy May Target Aggressive Lymphoma

Researchers at the University of Wisconsin School of Medicine and Public Health (SMPH) have found a molecular regulator that controls cell life in diffuse large B cell lymphoma—the most common, aggressive form of lymphoma with a low cure rate.

The STAT3 gene controls the rate of transcription from DNA to messenger RNA and is switched on in a subtype of diffuse large B cell lymphoma. Activation of STAT3, and its kinase JAK1, is caused by cytokines produced by cancer cells. The study was published in the *Proceedings of the National Academy of the Sciences*.

In activated B cell-like diffuse large B cell lymphoma, STAT3 expression and function are required for cancer cell survival and proliferation, but the underlying mechanisms are not fully understood, according

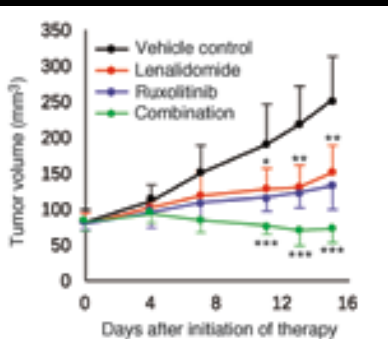
to the study's principal investigator, Lixin Rui, PhD, assistant professor, SMPH Department of Medicine.

"STAT3 regulates gene expression necessary for normal immune response, but it is deregulated in cancer," says Rui.

Li Lu, PhD, a postdoctoral fellow, integrated cancer genomic assays and identified several survival pathways that STAT3 promotes. The most surprising finding was that STAT3 can dampen a "death" pathway that is driven by the same genetic cause for STAT3 activation in cancer cells.

Further, Fen Zhu, a graduate student, tested a hypothesis that inhibition of STAT3 by RNA interference enhances anti-tumor efficacy of lenalidomide, which can trigger interferon production. Zhu's research showed that a greater toxicity of lenalidomide was observed in cancer cells when STAT3 was genetically inhibited.

Rui shares, "We hope the study provides a mechanistic rationale for clinical trials to evaluate ruxolitinib or a specific JAK1 inhibitor combined with lenalidomide in the disease."



Leading Cause of Vision Loss Shows Decline

With 10,000 Baby Boomers turning 65 each day, eye specialists worried that cases of age-related macular degeneration (AMD) would skyrocket. But the risk of developing AMD—the leading cause of vision loss in older adults—has decreased significantly for that generation.

The research, based on two observational studies and published in *JAMA Ophthalmology*, was led by Karen Cruickshanks, PhD, professor, Department of Ophthalmology and Visual Sciences, University of

Wisconsin School of Medicine and Public Health. It showed that the risk of AMD decreased by 60 percent for each generation since the “Greatest Generation” (born between 1901 and 1924).

“The five-year risk of developing AMD was dramatically lower for people born later in the 20th century than those born earlier. We’ve extended the findings to Baby Boomers,” says Cruickshanks. “Although we were unable to identify factors that explained the change, this study suggests that modifiable factors contribute to AMD’s cause.”

The authors write that during the 20th century, several significant changes took place that may have contributed to the improvements in the risk of non-communicable disease. Sanitation; housing; air and water quality and other environmental exposures; and some lifestyle and behavioral factors saw improvement, in addition to advances in the treatment and prevention of medical conditions.

At the same time, however, obesity and sedentary lifestyles increased and economic conditions occasionally grew challenging. These

factors prompted concern that the gains made in some health conditions in previous generations may be slowing.

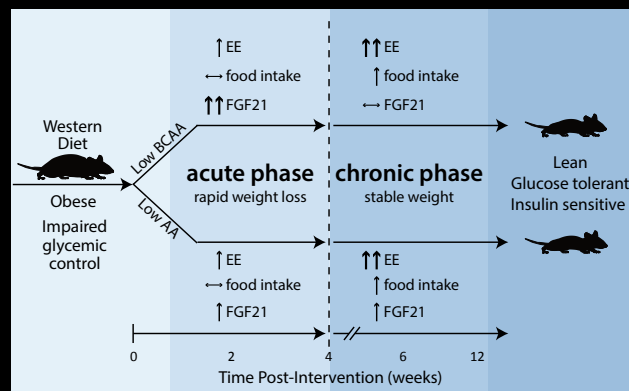
Data came from the Beaver Dam Eye Study (population-based study in Beaver Dam, Wisconsin) and Beaver Dam Offspring Study (participants’ adult children).



Study Aims to Combat Metabolic Syndrome

University of Wisconsin School of Medicine and Public Health (SMPH) researchers, in a study published in *The Journal of Physiology*, found lowering consumption of branched-chain amino acids (BCAAs) improved metabolic health, even when calories were not reduced.

Led by Dudley Lamming, PhD, associate professor in the Division of Endocrinology, Diabetes and Metabolism of the SMPH Department of Medicine, the mouse study indicates that reducing the intake of specific building blocks of proteins improved the symptoms of metabolic syndrome, including



high blood sugar and excess abdominal fat, which in humans would increase the risk of diabetes, heart disease and stroke.

“We’ve identified an unanticipated role for dietary BCAAs in the regulation of energy balance, and we show that a diet with low levels of

BCAAs promotes leanness and good blood sugar control,” notes Lamming. “Our results also suggest that the specific amino-acid composition of dietary protein—not just how much protein we eat—regulates metabolic health.”

If these results can be translated to humans, it is

possible that such diets, or drugs that mimic the effect of a low-BCAA diet, would be easier to follow and more effective than calorie-counting diets.

Importantly, mice in this study were free to eat as much of the low-BCAA food as they wanted. Despite increasing their calorie intake of an otherwise unhealthy, high-fat and high-sugar diet, these mice experienced an improvement in metabolic health.

Researchers are now investigating whether reducing dietary BCAAs can improve the metabolic health of humans, and how the amino-acid composition of dietary protein regulates metabolic health.

Milestones in Genetic Counseling



SKOT WEIDEMANN

You've come a long way, baby!

In May 2018, the University of Wisconsin School of Medicine and Public Health's (SMPH) Master of Genetic Counselor Studies (MGCS) will graduate its 40th class. It's a major milestone by any standards, even if you consider that UW-Madison's program was the first in the Midwest and the eighth in the United States (only five of which remain open). I've had the privilege to be part of this program for most of those 40 years, first as a student, then as a clinical genetic counselor and now as its program director.

I have had a front-row seat to watch this profession begin, grow and flourish! You could say, I've grown up with the profession. Sheldon Reed, PhD—who is credited with coining the phrase “genetic counseling” (GC)—published the book, *Counseling in Medical Genetics*, in 1955, the year I was born. Sarah Lawrence College opened the nation's first genetic counseling training program in 1969, the year I began high school, where I wrote a paper on genetic counseling. When I earned my MS in medical genetics degree from the SMPH in 1980, I found only two jobs to which I could apply, and none at UW-Madison.

The scenario has changed. In the past 12 months, the Madison area has seven new genetic counselors. Nationally, according to the Bureau of Labor Statistics, “Employment of genetic counselors is projected to grow 28

percent from 2016 to 2026, much faster than the average for all occupations (7 percent).”

MGCS employment statistics provide further evidence of the fast-paced growth of this profession, including 100 percent job placement within two months of graduation. About half of the MGCS Class of 2018 had been offered positions for full-time employment by February of their final semester. More than 80 percent of the Class of 2018 already had accepted a job offer three full months before graduation!

Increased employment opportunities coincide with diversification. While our graduates are prepared for clinical practice, their skills are transferrable to other settings, including teaching, public health, research, and industry- and laboratory-related roles. The most recent professional status survey (2016) of the National Society of Genetic Counselors showed that about 23 percent of respondents indicated they do not counsel patients, and only 58 percent considered their work to be “clinical.” In contrast, surveys before 2002 did not include non-clinical activities as answer options.

GC practice has changed in other ways, too. Enhanced understanding of genetic mechanisms has led directly to molecularly based testing and gene-based therapies. For example, consider advances in the diagnosis and care of patients with cystic fibrosis (CF). As a new GC in 1980, about all I could offer was an explanation of autosomal recessive inheritance, provide a recurrence risk of 25 percent to parents who had a previously affected child, and discuss the relatively poor prognosis. Discovery of the CF gene and the ability to determine the variant status of patients has made it possible to do much more. I saw this firsthand after CF testing was added to Wisconsin's newborn screening panel, and I was assigned, in 1991, to counsel parents whose babies screened positive for CF. New treatment options have greatly improved patients' quality of life and longevity.

Similar examples exist in other practice areas. As a prenatal counselor at Madison

General Hospital (now called UnityPoint Health-Meriter) in the 1980s, health care professionals could offer expectant parents low-resolution ultrasounds and amniocentesis, the latter having a low risk of miscarriage. Colleagues and I are now able to offer a personalized risk analysis by using only a maternal blood sample. These advances, however, come with a cost. It is imperative that knowledgeable health care professionals, including GCs, thoughtfully consider the complex ethical, legal and social implications that accompany these changes.

Today's bright outlook for GC also has a flip side: A recent study by the National Society of Genetic Counselors indicates a shortage of U.S.-based genetic counselors in patient care. Equilibrium is estimated to be reached between 2023 and 2030.

To help address this shortage, the MGCS has a strategic plan for growth, which includes expanding our class size, collaborating with statewide partners for additional clinical training sites, using distance education, piloting a telehealth rotation for clinical experiences and using an academic electronic medical record experience to enhance training without additional burden on clinical supervisors.

In this issue of *Quarterly*, Dr. Stephen Meyn describes his vision for the new UW Center for Human Genomics and Precision Medicine; he is the inaugural director. I find it gratifying that leaders of the SMPH, UW Health, Waisman Center and other related entities recognize that genetic counselors are integral to this vision.

It has been a privilege and honor to be part of the history that has led up to creation of the Center for Human Genomics and Precision Medicine. It is even more exciting to help lay the groundwork for what's to come.

Catherine (Casey) Reiser, MS, CGC

Associate professor (CHS) and director, Genetic Counselor Studies, 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 right, 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), Thomas Kloosterboer, MD '82, won the prize drawing and will receive a gift from the Wisconsin Medical Alumni Association!



HINT: SHE JOINED THE SMPH IN 1949.

ABOUT LAST ISSUE'S PHOTO:



In the past issue of *Quarterly*, four people correctly guessed the identity of Arnold Lanehart "Bud" Brown, Jr., MD. Brown died in October 2015 in Rochester, Minnesota, at age 89.

Respondents Patrick McBride, MD '80, MPH, and Mary McGrath, MD '86, recalled Brown as an overall great person.

Louis C. Bernhardt, MD '63, noted, "The mystery picture is of Dr. Arnold 'Bud' Brown, dean of the UW Medical School (before the school changed its name to the UW School of Medicine and Public Health) and a professor in the Department of Pathology."

He added, "Dean Brown was a friendly, gentle man with an optimistic outlook. He was a great listener, who gathered information before acting."

Known for his kindness and wry sense of humor, Brown was born in Wooster, Ohio, grew up in Battle Creek, Michigan, and graduated from high school in Elkhart, Indiana. The arc of his career took him to some of the nation's most prestigious medical institutions. He earned his medical degree at the Medical College of Virginia and completed an internship and residency at Rush Presbyterian Hospital in Chicago, following which he accepted a faculty position in pathology at Rush. In 1959, he joined

Mayo Clinic, where he became chair of the Department of Pathology and Anatomy and helped form the Mayo Medical School. There, he was active in cancer research and earned a national reputation, serving on and chairing councils and committees at the National Institutes of Health and National Cancer Institute.

Brown moved from Mayo to the SMPH in 1978 and served as dean until 1991. In that role, Brown established strong working relationships with many medical school and campus departments, and he built connections throughout the community.

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.

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