COLLABORATING AGAINST CANCER
A comprehensive approach to solving the mystery
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FROM THE DEAN

Conversations with you: Palliative care education

Re: “On the road, talking education reform”
(In response to Dean Mark Richardson’s message from the Fall 2013 issue of Bridges):

As we look to the future of health care, the growth of scientific knowledge and technological advances will be very important, but equally important will be the way that physicians and health care providers relate to their patients, especially those who may be facing a serious life limiting illness. This will become increasingly important as our population ages.

I feel that it will be essential to the education of current and future health care providers that they understand and use the concepts and principles of palliative care to provide compassionate and appropriate care for each of us as we face the last years of our lives. We will need to put the “art of medicine” back to where it was before the technological explosion of the last 30 to 40 years. We will need to teach our health care providers how to “ask” and “listen” so that they understand the “needs” and “wishes” of their patients and families so that patients can receive the best care possible at these difficult times of their lives.

Palliative care has the potential to improve the quality of life and result in a longer meaningful life at a lower overall cost than the way that end-of-life care is currently provided. This certainly has the potential to be a win-win situation.

John Lobitz, M.D. ’74
Denver, Colo.

Dean Richardson responds:

You raise important points on palliative care and associated themes that have been shared with our curriculum leaders. In addition, I wanted to share with you some information about how our clinical education programs are approaching this area.

In our current M.D. program, we have integrated core palliative care education throughout the four years of the curriculum. This education is grounded in five core competencies:

1) Perform a palliative care evaluation;
2) Complete a POLST form;
3) Learn skills of opioid dosing;
4) Practice self-reflection in dealing with complex emotions;
5) Understand the challenges of prognostic uncertainty.

In addition, students may elect to take our Healer’s Art course during the first two years of the curriculum and a palliative care elective rotation during the third or fourth year of medical education.

In our new M.D. curriculum, palliative care will continue to be taught. The first 18 months are a fully integrated curriculum melding basic and clinical sciences, with each week’s work built around a clinical case. We are using the context of those cases to teach about things like cultural competence, health care disparities, social determinants of health, etc. The final block of the sequence follows the lifecycle of a pair of twins from (artificial) conception through old age, where one develops dementia and the family moves to palliative care for him. Also, in the third year of clinical work, we have built in several intersessions where we will be both returning to basic science principles, reinforcing them after students have taken care of patients with diseases in which they are illustrated, and also teaching aspects of medicine, like palliative care, that are best understood once students have seen real situations where they fit. It will also show up in the clinical rotations themselves, as part of their formal curriculum.

In our PA program, first-year students learn issues of palliative care medicine during the Spring Principles of Clinical Medicine course. In addition, learners discuss management of end of life as part of our Hematology-Oncology lecture series. We also offer a five-week elective rotation with the OHSU Palliative Care team in the second year. As you can see, palliative care remains an important part of our clinical education programs.

Thank you again for the letter.

Mark Richardson, M.D., MBA
Dean

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FROM THE DEAN

Change can’t happen if we see things just one way. That’s why diversity is important to who we are. We are proud to be an equal opportunity, affirmative action employer (514)
Passing the halfway point
Knight Cancer Challenge gains steam

Thousands of donors in Oregon and beyond have responded to Nike co-founder Phil Knight and his wife Penny’s fundraising challenge by giving just over $86 million, as of March 12, in support of OHSU’s ambitious two-year, $1 billion campaign to revolutionize early cancer detection and treatment.

The Knights sparked the unprecedented fundraising effort to beat cancer last September when they pledged $500 million to OHSU’s Knight Cancer Institute if OHSU raised another $500 million by February 4, 2016.

So far, more than 3,700 donors have contributed, including individuals, businesses and organizations in 47 states, the District of Columbia and Canada.

In March, the Oregon Legislature also demonstrated a strong commitment to this vision by approving a $200 million investment to build two state-of-the-art facilities to house the scientists and clinicians that the Knight Cancer Institute will recruit to advance early detection. The Knight Challenge was embraced on a bipartisan basis by legislators from all parts of the state.

“These are the kinds of visionary leaders that make Oregon an innovative state,” said OHSU President Joe Robertson, M.D., MBA. “We are demonstrating to the rest of the country that Oregon is the place where bold, innovative ideas are embraced and lives are changed for the better.”

The philanthropic giving and state investment will enable the Knight Cancer Institute to accelerate breakthrough research to detect the biological triggers that signal cancer is developing.

Countdown to launch

As August draws near, the School of Medicine is gearing up to introduce its new M.D. curriculum.

M.D. students from the entering Class of 2018 will be the first to embark on the YOUR M.D. experience – a student-centered, integrated curriculum guided by the ACGME’s six competency domains. YOUR M.D. harnesses active learning to meet educational goals and community needs.

The curriculum’s first 18 months have been mapped. What’s new and different? From day one, content in the form of a weekly clinical case will provide context as students learn the foundational sciences of anatomy, histology, embryology, cell biology, genetics, biochemistry, nutrition, pharmacology, physiology, pathology, microbiology and immunology before moving to organ systems.

Continued on page 4

News from Campus
Continued from page 3

Faculty will be deploying a comprehensive “in/out” approach to integrate basic, clinical and social sciences. For each clinical problem, learners will be going “in” all the way to the genetic level and then “out” to understand the role of external factors such as family and social systems, the global environment, public health and other social determinants of health.

Faculty will also discuss the systems required to manage a patient’s care, connecting the curriculum to evolving delivery models, care teams and health care reform. In addition, principles of professionalism, communication, ethics, bioinformatics, evidence-based medicine and other themes will be threaded throughout each case.

Highlights of later YOUR M.D. phases – still under development – include a capstone project and individualization opportunities.

“We're at the forefront of medical education as we proceed with this curriculum transformation,” said George Mejicano, M.D., senior associate dean for education. Students will begin learning YOUR M.D. in the new OHSU/OUS Collaborative Life Sciences Building (pictured on page 3), which opens its doors July 1.

Follow all school news at www.ohsu.edu/somnews.

Interprofessional education takes off

By Jennifer Boyd

Launched in May 2012, the OHSU Interprofessional Initiative is transforming the learning environment at OHSU through a robust interprofessional education (IPE) curriculum. Through IPE, OHSU health professions students are preparing for team-based, patient-centered care and collaborative practice.

This past year, the IPE “Foundations” curriculum brought together 600 future nurses, physicians, physician assistants, dentists, pharmacists, research scientists and others to learn from, with and about each other.

For example, at the April “Patient Safety and Quality Improvement” IPE session, students – led by interprofessional faculty facilitators – learned how communication, human and system factors, transparency and collaboration contribute to a culture of safety.

Next year, IPE will include an “Intermediate” curriculum involving electives and multiprofessional courses as well as experiences in the Interprofessional Simulation Center at the new OHSU/OUS Collaborative Life Sciences Building.

The IPE “Advanced” curriculum will focus on clinical practice and interprofessional collaboration. Clinical sites are being identified and developed where students can observe and meaningfully participate in interprofessional practice.

“Through collaboration, we are overcoming professional silos and aligning educational programs,” said OHSU Provost Jeanette Mladenovic, M.D., MBA. “Ultimately, the patient will be the winner as we move toward the ‘Triple Aim’ of lower costs, better experiences and better outcomes.”
Research news briefs

- **Shoukhrat Mitalipov, Ph.D.**, senior scientist at the Oregon National Primate Research Center, will lead a new Center for Embryonic Cell and Gene Therapy at OHSU to accelerate his groundbreaking research in embryonic stem cell and gene therapy research.

- OCHIN Inc., a nonprofit health information network, received a nearly $7 million PCORI award to develop and expand a health data network to increase the efficiency of health research nationally. **Jennifer DeVoe, M.D., D.Phil.**, associate professor of family medicine and OCHIN research director, is principal investigator.

- The lab of **Hiroyuki Nakai, M.D., Ph.D.**, associate professor of molecular and medical genetics, described a new technique in a recent study with the potential to significantly broaden the spectrum of diseases that can be treated with gene therapy. The new method takes advantage of next-generation DNA sequencing technology and is similar to the idea behind the barcode technology used in retail stores.

- **Miranda Lim, M.D., Ph.D.**, assistant professor of medicine, neurology and behavioral neuroscience, led a team of researchers at OHSU, The Children’s Hospital of Philadelphia and University of Pennsylvania in a study that improved sleep disturbances in mice with traumatic brain injuries by giving them branched chain amino acids – something all humans produce from foods in their normal diets. This discovery could lead to improved treatments for thousands of people who have long-term and debilitating sleep and wakefulness issues after they suffer concussions.

- In February, **Adam Margolin, Ph.D.**, joined the bioengineering faculty and became a member of the OHSU Knight Cancer Institute. As director of computational biology, Dr. Margolin will build a new, cross-departmental, multidisciplinary program to support the development of innovative computational approaches to programs in basic and clinical science, guide the development of leading-edge computational and data storage infrastructure at OHSU and oversee expansion of applied computational and biostatistical support. Dr. Margolin came to OHSU from Sage Bionetworks, a biomedical research institute in Seattle, Wash., where he was director of computational biology with a joint appointment at the Fred Hutchinson Cancer Research Center.

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**Colors of thyroid health**

When **Mira Milas, M.D., FACS**, and her team decided to commemorate Thyroid Awareness Month, they didn’t want to just serve the community: They wanted to involve the community.

So when Dr. Milas, professor of surgery, and **Maisie Shindo, M.D., FACS**, professor of otolaryngology, head and neck surgery, held an awareness event in late January, fact sheets and patient discussions were just the beginning.

Sixteen people – including Knight Cancer Institute patients, physicians, staff members and surgical residents – spent nearly two hours painting 10-inch-by-10-inch canvases that would later be combined to depict two hands cupping a butterfly.

The butterfly was chosen for its resemblance to a thyroid, while the cupping hands represent the supportive community devoted to thyroid health, said Claire Lawrence, MPA, division manager for surgical oncology.
In December, the Department of Medical Informatics and Clinical Epidemiology unveiled a partnership with Epic Systems Corporation to advance research and education in biomedical and health informatics using the EpicCare electronic health record and associated tools.

OHSU is the first academic informatics program to partner with Epic in this manner, which aims to accelerate hands-on learning and the practical application of EHR technology.

Also, Joan Ash, Ph.D., MLS, M.S., MBA, professor of medical informatics and clinical epidemiology, co-led an effort to develop federal guidelines – released in January – to improve the safety of EHRs.

Finally, six OHSU faculty members are now certified in the new medical subspecialty of clinical informatics. At least 38 of the 444 people who passed the national board exam received some of their informatics education at OHSU.

“This subspecialty is recognition of the importance that data and information play in health care,” said Bill Hersh, M.D., chair and professor of medical informatics and clinical epidemiology.

Walter Taitt, M.D., M.P.H., associate dean for diversity, and Russell K. Port, M.D., professor and chair of emergency medicine, co-lead an effort to address health disparities in the ways in which the population uses health care services.

“OHSU is making a real and tangible effort to ensure that all Oregonians have access to the care they need,” said Taitt.

“Optimizing health care by improving access to care is what this subspecialty is all about,” said Port.

The Excellence in Telecommunications Policy and Legislation Award was presented to Oregon State Senator Elizabeth Steiner Hayward, M.D., associate professor of family medicine.

Awards, accolades, honors

The American Association for the Advancement of Science awarded the distinction of fellow to Caroline Alice Enns, Ph.D., professor of cell and developmental biology, and Bradley M. Tebo, Ph.D., professor of science and engineering.

The White House selected Damien Fair, PA-C, Ph.D., assistant professor of neuroscience and psychiatry, for a 2013 Presidential Early Career Award for Scientists and Engineers.

Summer Gibbs, Ph.D.*, and Xiaolin Nan, Ph.D.*, assistant professors of biomedical engineering, were awarded Damon Runyon-Rachleff Innovation Awards for pioneering ideas in cancer research.

NIH’s National Cancer Institute named Joe Gray, Ph.D.*, its 18th recipient of the prestigious Alfred G. Knudson Award in Cancer Genetics. Dr. Gray is professor and chair of biomedical engineering.

Molly Osborne, M.D. R ’83, Ph.D., received the 2013 Association of American Medical Colleges Group on Student Affairs Exemplary Service Award. Dr. Osborne is associate dean for student affairs.

EXEMPLARY Molly Osborne, M.D. R ’83, Ph.D.

More honors and awards at www.ohsu.edu/somfacultyhonors.
Reel care

By Jennifer Smith

There are videos online of almost everything. Today’s extreme weather. How to rebuild a motorcycle engine. Cats doing… almost anything.

But a differential diagnosis of a 47-year-old with swollen hands? Don’t rely on Google for that.

David Spiro, M.D., MPH, associate professor of pediatrics and emergency medicine, is bringing clinician-patient interactions securely to the Internet. He and the company he co-founded are equipping physicians all over the country with digital video cameras to share everyday cases online for medical education.

Like Netflix, ReelDx is a subscription-based online video service. But instead of browsing for entertainment, subscribers access real clinician-patient encounters to earn continuing medical education credits or teach students or trainees. Or they can simply test themselves by watching a video, reading the symptoms and patient workup and then viewing the diagnosis.

Doctors from Johns Hopkins, Yale, University of Colorado, University of Louisville and OHSU are getting into the act and have helped produce approximately 500 videos currently covering pediatrics and emergency room cases. And medical schools are adopting ReelDx as a new tool to teach clinical medicine.

Traditional learning tools have their place, Dr. Spiro said, but video is “the way of the future. It’s a way to relate about patient care and interactions which you can’t do in simulation, a PowerPoint lecture or by reading a textbook.”

Citing adult learning theory and in keeping with the increasing presence of video in today’s culture, Dr. Spiro said all ReelDx video cases are about a minute long. “You teach one or two points and then move on. You can have a rich experience in 60 seconds,” he said.

Although patients and their families are never obligated to participate, Dr. Spiro said very few turn down the request to be recorded and have their experience shared. “Most people want to help other people. These videos enhance the patient-physician experience. The doctor and patient engage in a behavior that is benefiting society and educating others.” That’s a claim you won’t find in any cat video.

Learn more at www.reeldx.com.

Provider notes

They may not be equipped with James Bond-style gadgets, but OHSU is home to a number of special agents. As part of the first-ever OHSU Quality Days, Graduate Medical Education awarded residents and fellows for quality improvement efforts. The winning poster presentation described efforts in the Department of Family Medicine to increase Physician Orders for Life Sustaining Treatment for patients in a primary care home. (See photo above.)

The Harold Schnitzer Diabetes Health Center has partnered with the Knight Cardiovascular Institute to establish the multi-disciplinary Heart Disease and Diabetes Clinic of diabetes specialists, diabetes educators and cardiovascular providers who focus on the comprehensive management of patients with pre-diabetes and type 2 diabetes mellitus.

Initial results from the program are promising. Scott Chadderdon, M.D. ’05 ’09, assistant professor of medicine, said the number of patients with well-controlled blood glucose, blood pressure and lipids after a six-month follow-up has risen from 40 to 52 percent with further benefit noted with continued follow-up.

The clinic has also served as a gateway for patients to be involved in clinical trials as well as the National Diabetes Prevention Program, an evidence-based curriculum focused on lifestyle changes to prevent type 2 diabetes.

The Department of Medicine’s Division of Nephrology and Hypertension was recently designated an American Society of Hypertension Comprehensive Hypertension Center. OHSU is the first such center in the West and the eighth center so recognized nationally.

“This honor recognizes the division’s expertise in treating hypertension of any severity, in diagnosing uncommon causes of hypertension and in implementing state-of-the-art treatment strategies,” said David Cohen, M.D., professor of medicine. “We’re hopeful that the center will serve as a resource for clinicians and for all Oregonians.”
VOICES FROM CAMPUS

Between the ages of 12 to 18, I was responsible for accompanying my grandparents to their doctors’ appointments. From dentist to ophthalmologist to cardiologist, I helped my grandparents get the care they needed by being a translator while my parents were at work. In those waiting rooms and doctor visits, I developed my love of languages and discovered my interest in patient care. The experience was invaluable and continues to influence every aspect of my life.

Nonetheless, on the other side of almost two years of medical school training, my outlook has changed. Class lectures on cross-cultural communication and personal experience working with non-English-speaking patients have made me reconsider the use of family members (especially young children) acting as medical interpreters. While I know from my own personal experience that I did the best I could – with the best intentions for my grandparents – certain aspects of patient care were lost in translation.

Just last year, I went to a doctor’s visit where my grandmother had a professional medical interpreter. My grandmother was considering a complicated and invasive spinal surgery associated with high risks. For the first time, I learned what is meant by a “family member’s conflicting agenda” in a patient visit. While both my mother and I were trying to gather information about the risks of the procedure so that we could help make an informed decision, I realize that we were less concerned about sharing that information with the actual patient. It was as if we knew we would have the opportunity to share the details with her when we got home. But what about the patient’s questions and her need to know the information and risks? The only person who was an unbiased aid to the patient was the interpreter – who never failed to translate every word from the patient to the practitioner and back.

Consequently, I am happy to see that there have been strong efforts to increase access to professional, certified health care interpreters, now mandated by the Oregon Health Authority. OHSU offers interpreter services in more than 150 languages 24 hours a day, seven days a week at no cost to patients.

It is also clear that the practitioner’s training and experience with intercultural medical care is a crucial aspect of this interaction. OHSU, for example, requires bilingual providers to be deemed proficient through a third-party language screening.

And last year, I joined the leadership of a student-led initiative to help OHSU medical students develop intercultural medicine skills. We launched the Intercultural Longitudinal Health Elective, which assigns students proficient in languages such as Spanish, Korean and Mandarin to non-English-speaking patients with chronic illnesses. These students will be following their patients over the course of the year, attending every appointment and serving as a patient liaison to help navigate cultural and language barriers.

Intercultural medicine has increasing application in our diverse country. The interplay between patients, family members, interpreters and practitioners is a complex and collaborative effort that requires patience, practice and training. I am excited to be part of such an initiative that will help patients like my grandmother get the best health care for their unique needs.

Editor’s note: A longer version of this essay first appeared in the OHSU StudentSpeak blog.
This year marks the 100th anniversary of the Child Development & Rehabilitation Center. CDRC began with a small group of Oregon women who were deeply concerned about the care of children affected by polio, rickets and club feet – disabling conditions we rarely think about today. These dedicated women worked hard to find physicians to treat those children, free of charge. They funded their efforts through afternoon teas, bake sales and their own donations.

Thankfully, afternoon teas did not remain the sole funding source for this new health service model. In 1918, the State of Oregon passed the “Crippled Children’s Law,” ensuring funds would be allocated in service of these children – an effort that continues today. CDRC remains a line item on the Oregon state budget, and I’m thankful that OHSU and all Oregonians continue to demonstrate their commitment to our most vulnerable populations.

From those humble origins, the center grew. CDRC now has two permanent campuses in Portland and Eugene and more than 30 outreach sites throughout Oregon. The center has also assumed greater responsibilities in areas of public health, genetics, metabolic disorders, birth defects, complex special health needs and disabilities across the lifespan. Every child born in the State of Oregon is tested for metabolic disorders, and those with needs are treated at CDRC. Our service and advocacy efforts are directed to meet the needs of individuals in their communities throughout the region.

Groundbreaking research in the neurosciences, genetics, hematology, biomedical engineering, rehabilitation, mental health and human services has led to significant increases in quality-of-life for children with disabilities and special health care needs. Babies, who at one time would never have left the neonatal intensive care unit, now survive into adulthood.

Children born with chronic health conditions lead productive lives, despite ongoing health challenges.

Today, we view disability through a lens focused on all domains of function, including communication, learning, social interaction, mobility, activities of daily living and community participation.

As the landscape of disability changed over the past 100 years, the passion continued. We now have 16 interdisciplinary programs within CDRC and treat nearly 14,000 patients each year. Our clinical programs reflect longstanding, close partnerships with OHSU Doernbecher Children’s Hospital, many School of Medicine departments and the Schools of Nursing and Dentistry. We have just begun to provide autism screening teams across the state – improving the possibility of early detection – and are actively working to develop an Autism Center of Excellence at OHSU.

Training the next generation of providers and leaders in the fields of disabilities and special health care needs has always been a core mission. This includes graduate-level interdisciplinary training and accredited residency training programs.

In recognition of the many accomplishments in service, teaching and research to improve the lives of individuals with disabilities across the lifespan, OHSU established the Institute on Development & Disability – the new home for CDRC – last year.

IDD today is focused not just on children but people of all ages with disabilities and special health care needs. Through leading-edge service, research, family support, advocacy and training, IDD strives to partner with and assist individuals with disabilities and special health care needs and their families to achieve equal rights, self-determination, optimal health and living environments and acceptance, and support within their communities.

Dr. Rogers, professor of pediatrics, is director of the Institute on Development & Disability. He is a developmental pediatrician and board-certified in neurodevelopmental disabilities.
The surgeon is failing. “I do the best operation possible, get negative margins, and we give the best chemotherapy,” said Brett Sheppard, M.D. R ’87, R ’91*, OHSU’s primary pancreatic cancer surgeon. “Most patients recur two years later. It breaks my heart.”

He pauses. “As a surgeon, I’m failing. We have to do better. Patients deserve better. That’s what drives me. Something has to be done.”

Dr. Sheppard, a 25-year veteran of the pancreatic battle, is no different than any of his peers around the world. These highly-trained surgeons give each patient their all, but at the far edge of biomedical knowledge, they are coming up short. And patients who get to the operating room are the lucky ones.

For pancreatic cancer is chilling. The five-year relative survival rate is 6 percent, according to the Pancreatic Cancer Action Network. The rate has barely improved in 40 years of medical advancement. An estimated 73 percent of patients will die in the first year of diagnosis. Surgical treatment is viable for only 15 percent of those with adenocarcinoma, the most common type of pancreatic cancer.

The disease is so lethal because it’s so poorly understood. Its geography in the body is difficult. Obtaining enough tissue samples and securing federal grants to study it is difficult.

“There’s nihilism in medicine when it comes to pancreatic cancer,” said Eric Collisson, M.D., a UCSF medical oncologist. “It’s a culture of ‘Nothing matters… what’s the point?’ Working on pancreatic cancer is high-risk. Other cancers offer quicker routes to publication without the specter of losing funding and a job.”

Dr. Sheppard is undeterred. Thanks to a $25 million philanthropic investment, the search for a new standard of care is underway at OHSU. Here, something unusual is happening, something potentially catalytic, that could unlock the mystery of pancreatic cancer and generate new knowledge applicable to any human disease. Along the way, it just might spark a movement to unite the typically separate worlds of physicians and scientists once and for all.

Turning to translation
Rosalie Sears, Ph.D.*, a molecular biologist and research leader in the OHSU Knight Cancer Institute, has pursued cancer her entire scientific career. One day out of the blue, she received a call from Dr. Sheppard. “He said, ‘I’m a pancreatic surgeon here, and I understand you’re doing some interesting science on pancreatic cancer. Can we meet and talk?’”

The two discovered a mutual passion. Dr. Sheppard’s patients kept dying. Dr. Sears was driven by scientific curiosity and something else. Three family members have battled cancer; her mother died of lung cancer.

“My mom basically died of the chemotherapy,” said Dr. Sears. “She was seeing an oncologist who didn’t understand the biology behind how cancer responds to drugs. My mom would have passed away from the lung cancer at some point, but we would have had a little more time with her.”

“I realized then how important it was to get basic scientists talking to clinicians so that clinicians understand us, and we understand them.”

Drs. Sears and Sheppard began collaborating. Her research moved from basic science to targeted drug
therapeutics. Other faculty joined in, including world-renowned breast cancer researchers Lisa Coussens, Ph.D.*, associate director of basic research, and Joe Gray, Ph.D.*, associate director for translational research, both in the OHSU Knight Cancer Institute.

“To bring that level of expertise to pancreatic cancer meant a lot to me,” said Dr. Sheppard.

The group crafted a list of high-risk, high-reward projects that together would build a comprehensive understanding of the disease and move the needle in patient care. Last September, a landmark $25 million pledge from Oregon’s Norman and Linda Brenden and the Colson Family Foundation launched the OHSU Brenden-Colson Center for Pancreatic Care.

“Clinicians and scientists aren’t educated and trained together; thus, they develop different speaking languages.”

– Dr. Coussens

Project pancreas

Usually pancreatic cancer announces itself too late. The tumor has metastasized. It’s inoperable. Dr. Gray and his research team are working to find the earliest hints of cancer, hunting for abnormalities that might indicate the molecular switch from benign to malignant, from remission to recurrence.

His lab is deploying some of the most advanced imaging equipment on the planet, along with gene sequencing, large-scale data analysis and emerging blood-based techniques to better grasp the biology. In turn, that knowledge could open the way for early-detection diagnostics targeting those indicators.

Once biomarkers are detected, Dr. Sears and her lab are using their knowledge of molecular signaling to develop targeted drugs and drug combinations in partnership with pharmaceutical companies. To significantly expand drug-testing capabilities, the lab is deploying novel strategies to manufacture its own tissue, propagating human tumor tissue via mice and “printing” tissue using a 3-D bioprinter.

Dr. Coussens, an expert in the cells surrounding and supporting tumor growth, is working to identify how our immune response is altered in pancreatic disease. Through involvement in a national research consortium and an $8 million Stand Up to Cancer grant (see sidebar), Dr. Coussens is integrating the center with world-renowned investigators running large clinical trials.

Clinical trials. It all comes down to clinical trials. “There are basic science discoveries that may be paradigm-shifting, but often they end with an important paper,” said Dr. Coussens. “Clinically speaking, this is a waste. If you can’t translate the findings to the clinic, the research stops.”

So center investigators are gunning for clinical trials, with several, novel translational trials in the pipeline and more proposed. Trials will be led by Charles Lopez, M.D., Ph.D.*, a clinician-scientist specializing in gastrointestinal malignancies who, along with gastrointestinal medical oncologist Gina Vaccaro, M.D.*, cares for many of the...
OHSU Knight Cancer Institute’s pancreatic cancer patients. Dr. Lopez and the team are thrilled to collaborate with others around the country to evaluate novel therapies. “This opportunity will take our program to the next level,” he said.

To capture all their work, center investigators are creating a definitive “atlas” of the pancreas and pancreatic disease, incorporating their findings into a Google Earth-like map and encyclopedia that explains the biology across time.

Meanwhile, Dr. Sheppard is helping lead efforts to build out OHSU’s clinical capabilities and pursuing his own questions in early detection and post-operative strategies. Above all, he’s a committed scientific partner, ensuring the smooth and frequent transfer of tissue from operating room to research lab.

Altogether, these investigators are trying something new. Other institutions are studying pancreatic disease, but nowhere else in the country is a group of scientists and clinicians delving in so deep.

“It’s not glamorous,” said Dr. Gray. “Just important.”

Breaking down barriers
Team science is a buzzword these days, but it’s founded on truth. Solving today’s complex medical problems requires the cooperation of multiple investigators. Yet aligning scientists as a team is more difficult than you might think.

Much of that is due to how the federal government distributed research grants historically. “We’ve gone after small bits of the problem,” said Dr. Gray, a 42-year veteran of science. “Each lab gets a small bit. And then it becomes expert on that one thing, but labs don’t have much incentive to look outside their areas of expertise. This is not conducive to information integration.”

Add busy physicians to the mix. “Clinicians and scientists aren’t educated and trained together; thus, they develop different speaking languages,” said Dr. Coussens.

Shortening bench to bedside is a national priority. But biomedical culture, even at university medical centers employing both scientists and physicians, remains complex.

The OHSU difference? Deliberate conversation from the outset. Egos are out. Hallway chats are in. Siloed science is out. Coordinated interrogation is in. Mindsets open to all possibilities? Definitely in. And nowhere do you see that more clearly than at the interface of medicine and science: the pathology lab.

“I understand you’re doing some interesting science on pancreatic cancer. Can we meet and talk?”

– Dr. Sheppard

Before Jody Hooper, M.D., assistant professor of pathology, distributes a small bit of pancreatic tumor to each lab, she notes its location in relationship to the whole so that later, when she makes her diagnosis, a complete understanding is preserved.

One piece of tissue will be examined using high-resolution light microscopy. Another will experience high-resolution electronic microscopy. Another will undergo genomic sequencing. Another will be implanted in a mouse. Another will be catalogued in a bio-tissue library. Yet another will be evaluated for immune cell presence. Getting to this point of coordination? Months of work.

The flow between clinic and lab doesn’t end there. One of the most sophisticated examples is a relational database engineered by Dr. Lopez, Jason Link, Ph.D., postdoctoral fellow, and Sharl Azar, M.D. ’10 R

*PARTICULARS
Dr. Coussens is Hildegard Lamfrom Chair in Basic Science and professor of cell and developmental biology. Dr. Gray is Gordon Moore Chair in Biomedical Engineering and professor of biomedical engineering and OHSU Center for Spatial Systems Biomedicine director. Dr. Lopez is an associate professor of medicine. Dr. Sears is a professor of molecular and medical genetics. Dr. Sheppard is a member of the Knight Cancer Institute, the William E. Colson Chair in Pancreatic Disease Research and a professor of surgery. Dr. Vaccaro is an assistant professor of medicine.
In April, Dr. Coussens was selected to serve as a principal investigator on an international pancreatic cancer Dream Team announced by Stand Up To Cancer and The Lustgarten Foundation.

The team will receive $8 million in funding over three years to develop treatments that exploit a patient’s own immune cells to eradicate their cancers.

As part of the project, Dr. Coussens will oversee a group of Knight Cancer Institute researchers who will, among other things, use bioinformatics to analyze tumor tissue from patients participating in the project’s clinical trials. The analysis will provide a detailed profile of how each patient’s tumor responds to one of five experimental treatments included in the study. In addition, the team will explore how the immune cells implicated in pancreatic cancer might also play a role in pancreatitis.

“Being part of this international Dream Team will build significant momentum for our exploration of the role of immune cells in enabling tumors to survive and grow,” Dr. Coussens said.

Booher’s husband was diagnosed with pancreatic and colon cancer two years ago, and he lived seven months. Booher now volunteers in the center as a patient advocate, readily sharing her opinions at lab meetings, facilitating conversation and injecting that important patient and family perspective into the search for answers.

**Path to success?**

In all this, OHSU is somewhat an underdog. It’s an emerging program, said Dana Andersen, M.D., a prominent pancreatic surgeon and scientist at NIH’s National Institute of Diabetes, and Digestive and Kidney Disease.

“But I’m very impressed with OHSU’s investigators, its collegial relationships and potential to build something big,” said Dr. Andersen.

The center is gaining momentum. In addition to the Stand Up To Cancer project, it’s partnering with biotech and pharmaceutical leaders: Novartis, Intel, Organovo, FEI, Cepheid and others. And it has private investment. A growing swell of philanthropy at OHSU is meeting a market need to absorb risk and move discoveries into standards-of-care through start-up funds.

Propelled by the Knight Cancer Challenge and OHSU’s vision to beat cancer (see page 3), models like this could serve as a template for biomedical success. And knowledge uncovered in molecular and cell biology could transform other areas of medicine.

What does the future of pancreatic cancer look like? Here is Dr. Sheppard’s vision: Five years from now, targeted drugs and drug combinations and immune therapies will fill the pipeline. Ten years from now, a lethal disease is cured through early detection and is relegated to a chronic condition. Twenty years from now, molecular prevention is commonplace.

“You go to your primary care doc, you get a nanoparticle and you don’t worry about it,” said Dr. Sheppard. “I put myself out of business. After wrestling with pancreatic cancer for so many years now, that sounds pretty good.”

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**Dr. Coussens joins international pancreatic cancer Dream Team**

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OHSU Firsts

A tour through OHSU’s past reveals groundbreaking research and clinical wonders. Here are some that broke the limits. By changing paradigms, these contributions – first of their kind in the world and completed at OHSU – altered the course of human health.

By Harry Lenhart

1947 Clear picture

Two years after he set up the first ophthalmology department in the Northwest at the University of Oregon Medical School, Kenneth Swan, M.D., chair and professor of ophthalmology, had an idea, one of a multitude that sprang from his inventive mind.

A better tool was needed to help operate on the eyes of infants with congenital glaucoma as well as for cataracts. He and a colleague, Leonard Christensen, M.D., M.S., jury-rigged a laboratory microscope and a lighting system.

After demonstrating it the following year at an American Academy of Ophthalmology meeting, using money from the Oregon State Elks, they got Bausch and Lomb to build a more sophisticated system, which became the world’s first operating microscope for ocular surgery.

Although Zeiss displaced it a few years later with a better version that became the industry standard, Drs. Swan and Christensen, who died in 1999, kicked off a microsurgery revolution, which cascaded into a variety of other surgical disciplines, from plastic surgery to neurosurgery. Dr. Swan, who died in 2007, also invented the first synthetic tears.

1960 Open and shut

It was a simple caged-ball valve reminiscent of a wine-bottle stopper invented in France in 1858. But it proved a success after it was implanted in a dying 52-year-old man whose mitral valve had been hopelessly damaged by childhood rheumatic fever. The date: September 21, 1960. The location: A surgical suite at the University of Oregon Medical School (OHSU’s precursor). The surgeon: Albert Starr, M.D.

When the first successful artificial heart valve was made public in a 1961 paper, it was hailed worldwide. Before that, heart valve disease meant premature death. Philip Amundson, the man operated on that September day, lived another 15 years and died after falling off a ladder while painting his house.

For his work on the Starr-Edwards valve, Dr. Starr was honored with the prestigious Lasker Award in 2007. Co-inventor Lowell Edwards, an engineering genius with more than 63 patents to his credit, died in 1982. Edwards was recognized with the American Medical Association’s Distinguished Service Award.

1964 Unleashing the dam

On the 11th floor of what is now OHSU Hospital, Charles Dotter, M.D., chair and professor of radiology, threaded a Teflon catheter into the superficial femoral artery of Laura Shaw’s left leg – and lit the fuse of a revolution that ultimately changed the practice of medicine.

Until then angiographic catheters had merely been passive tools for diagnostic observation. But Shaw, an 82-year-old diabetic patient with a gangrenous left foot, adamantly refused to let doctors amputate. That opened the way for Dr. Dotter. Six months earlier, speaking at an international radiology conference, he brought down the house when he insisted that the catheter could become an important surgical instrument.

And so it has. Shaw’s foot was saved by the first percutaneous transluminal angioplasty. It cleared the blockage and allowed blood to flow freely to her foot again. She lived another three years with both feet intact. So began interventional radiology.

An estimated 60 million patients worldwide have benefited from arterial angioplasties since 1964 and hundreds of millions of others from image-guided catheterizations elsewhere in the human body. Dr. Dotter died in 1985.
2013 Metamorphosis

A team of 23 OHSU scientists led by Shoukhrat Mitalipov, Ph.D., senior scientist, succeeded for the first time in transforming human skin cells into embryonic stem cells, which are unique in having the capacity to morph into any other cell type in the body.

The achievement, using a process called nuclear transfer, was heralded by *Time* as one of the top 10 medical breakthroughs of 2013.

The breakthrough raises the prospect of personalized regenerative medicine: custom-made, stem-cell therapies to replace cells damaged by injury or illness, which could lead to treatments for everything from Parkinson’s disease and multiple sclerosis to cardiac disease and spinal cord injuries.

1986 Rare find

It was misdiagnosed as everything from autism to ADHD or Down’s syndrome. Then, in 1986, R. Ellen Magenis, M.D., R ’68, R ’71, director of the OHSU Clinical Cytogenetics Laboratory and professor of molecular and medical genetics and pediatrics, published a paper with Ann C. M. Smith, a genetics counselor at NIH, which described a rare developmental disorder for the first time.

The pattern of physical, behavioral and developmental features caused by a missing piece of genetic material from chromosome 17 came to be known as Smith-Magenis Syndrome. It is thought to occur in 1 out of 25,000 births.

Through further research and her work with PRISMS (Parents and Researchers Interested in SMS), Dr. Magenis helped improve diagnosis, laying the groundwork for early intervention and new medications, including psychotropic drugs, to improve the quality of life for SMS patients. Dr. Magenis died earlier this year (see page 23).

1991 Patient centered

A group of medical ethicists in Oregon, troubled by the discovery that patient preferences for end-of-life care expressed in advance directives were not consistently honored, set out to do something about it.

They started a movement that has taken hold across the country to ensure that medical treatment in a crisis conforms to the patient’s wishes. Led by Susan Tolle, M.D. ’77, director of the OHSU Center for Ethics in Health Care and professor of medicine, and others, the group devised what they called Physician Orders for Life-Sustaining Treatment. The POLST form translates patient preferences – based on conversations between clinicians and patients about resuscitation, intubation, artificial nutrition and the like – into medical orders that are entered into an electronic registry accessible to EMTs and health care providers 24/7.

The POLST Paradigm has been adopted in 16 states; 27 other states are in the adoption process. The National POLST Paradigm Task Force, which works on building the program nationally, operates out of the center and is supported by private philanthropy.

2001 My medicine

The clinical trials for STI-571, or imatinib, began in 1998, five years after Brian Druker, M.D., arrived at OHSU from Dana-Farber Cancer Institute in Boston. It was a drug compound that he and Nick Lydon of Ciba-Geigy (now Novartis) believed had great promise.

So successful did imatinib prove to be in arresting chronic myeloid leukemia during clinical trials that the U.S. Food and Drug Administration – with uncommon speed – approved it (now known by the trade name Gleevec) on May 10, 2001.

Gleevec became the proof of concept for a new type of cancer treatment – targeted therapies – that strike the molecular malefactors in cancer cells without harming normal cells. In using this approach, Gleevec proved it was possible to turn a fatal cancer into a manageable disease. Dr. Druker directs the OHSU Knight Cancer Institute.

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Freezing rain in the Columbia River Gorge made the planned trip look dicey.

The OHSU Casey Eye Institute’s Outreach Van was about to embark on another of its missions, this time to Boardman and Irrigon, small communities flanking the Columbia River. Scores of low-income, uninsured or underinsured people with vision problems awaited screenings by a volunteer contingent of ophthalmologists, residents, medical students and technicians.

By mid-afternoon, the Oregon Department of Transportation advised Katie Coughlin, the van program coordinator, that if they left immediately they could slip through the gorge safely. So Francisco Merino, the van’s intrepid driver, translator and jack-of-all trades, put the 33-foot, rolling ophthalmology unit in gear and off they went.

Once more, the expertise of some of the nation’s leading ophthalmologists was delivered to some of those most in need.

The Casey Outreach Van has visited more than 40 locations throughout the state – roughly divided between rural and urban sites – since the program began in November 2010. More than 3,000 people have been screened so far.

Thirteen percent of them, Coughlin estimates, have been referred for treatment, most often for cataracts or diabetic retinopathy. Anyone, however, who needs reading glasses – and a great many do – receives a free pair on the spot.

More than 30 School of Medicine alumni regularly volunteer with the van. John Flaxel, M.D. ’63, a retired ophthalmologist who has maintained his licensure, is one of the most frequent van volunteers, along with his daughter, Christina Flaxel, M.D. ’88 R ’93, professor of ophthalmology.

Residents also play an important role. Stephanie Cramer, M.D., a fourth-year ophthalmology resident (pictured above, giving an eye exam), has worked on at least half the trips, including one not long after her son was born last year. (He came along with her at two weeks old.)

One patient she saw stands out in particular, said Dr. Cramer. The man was in his early 40s and could barely see enough to count fingers in front of his face. She referred him to Project Access NOW, which connects impoverished people to donated care.

“We, at OHSU, ended up doing his surgery, and he had a great outcome, like 20-20 in both eyes,” said Dr. Cramer. “He hadn’t been able to work, and he got a job, literally, on day two of his post-op.”

Van with a Vision
The Casey Outreach Van has visited more than 40 locations throughout Oregon

By Harry Lenhart

SERVICE The OHSU Casey Eye Institute’s Outreach Van works with 28 community organizations to provide free vision screenings for the medically underserved throughout Oregon. The van is powered by volunteers, 30 of whom are School of Medicine alumni.
By Roger Anderson

As the world prepares for what may be the next pandemic strain of influenza virus – the H7N9 bird flu – Michael Ison, M.D. R ’00, ’01, M.S., associate professor of medicine at Northwestern University Feinberg School of Medicine, is helping develop America’s plan of defense.

“The flu fights every effort we make, mutating to survive in the face of our efforts to keep people alive,” he said. “We currently have some good ways to treat it, but like all infectious diseases, influenza will morph to become resistant to our current therapies.”

Dr. Ison, who completed an internal medicine residency and then a general medicine fellowship at OHSU, co-chairs the antiviral section of the Infectious Disease Society of America. The section is producing a revision to its influenza treatment guidelines, available sometime in 2015, which will include specific treatment guidance for a future pandemic outbreak.

Created in the months before the 2009 “swine flu” pandemic, the IDSA guidelines are an evidence-based set of recommendations for the nation’s physicians assembled from many sources, including the Centers for Disease Control and Prevention and the American Academy of Pediatrics.

“Antivirals are the cornerstone of treatment,” said Dr. Ison. “We don’t know when the virus might develop resistance to Tamiflu and Relenza, but we do know that we don’t currently have any other approved treatment regimens.”

So Dr. Ison is working to create new medicinal options. He was lead investigator of phase II and one of two lead investigators of phase III studies of Peramivir, a drug currently being evaluated by the U.S. Food and Drug Administration for approval.

Peramivir was used prior to FDA approval in 2009 as part of the nation’s Emergency Use Authorization plan because it could be delivered to individuals too sick to ingest oral or inhaled medication.

As potentially the first FDA-approved intravenous treatment option to fight influenza, the drug could play a significant role in saving lives during future flu outbreaks.

“As we learn more about how the virus works and how it causes disease in humans, our treatment efforts may eventually rely on more than just antiviral drugs,” Dr. Ison said. That’s good news in the fight to minimize the impact of influenza.
Why have awards?

The accomplishments and contributions of these award winners are truly remarkable. I hope you’re as impressed and as proud as I am.

Every year since 1983, the School of Medicine Alumni Association has recognized the exceptional among us.

Why? That’s a good question. Why take the time to seek nominations, sift through applications, review recommendation letters, debate merits and formally confer an award? Why – in this era of retweets, snapchats, feeds, memes, diggs and selfies – organize awards at all? Why can’t we just “like” someone and call it a day?

As Benjamin Franklin once said, “Well done is better than well said.” Taking the time to formally confer awards is one of the most important things that we, as an alumni association, can do to bring forward the exceptional members of our 17,000-member community and recognize their work in a meaningful way.

Furthermore, our alumni awards program accomplishes more than just honoring individual recipients (though that is a significant raison d’être). Taken together, these awards reinforce the value of the School of Medicine’s academic and professional training programs. Every time we announce a new slate of winners, the worth of the OHSU experience, I argue, increases.

One important measure of a university’s greatness is the achievements of its alumni. I say that having worn many hats at OHSU: faculty member, administrator, clinician, educator, mentor. And yes, resident and alumnus. Nothing produces greater satisfaction than seeing a colleague make a mark on the world and make a difference in people’s lives.

There are many alumni who deserve to be recognized – which is why your participation in our alumni awards program is critical. Throughout the year, we accept nominations in several award categories. Take a moment to nominate a classmate or a colleague. Instructions and more details can be found at www.ohsu.edu/somalumniawards. I know these efforts do take time, and I thank you in advance.

Please share your thoughts at sm-alum@ohsu.edu.

Donald Girard, M.D. R ’73
OHSU School of Medicine Alumni Association President

CHARLES A. PREUSS DISTINGUISHED ALUMNUS AWARD

In 1996, Jeffrey Cain, M.D. ’85, FAAFP, lost his lower left leg in a plane crash. Several years later, he elected to amputate the lower part of his remaining leg to alleviate lingering pain and limited mobility. Many people would have altered their career plans as a result. Not Dr. Cain. He has risen to the top of his profession, serving as president of the American Academy of Family Physicians and chief of family medicine at The Children’s Hospital in Denver, Colo. He even won a gold medal in slalom at the first U.S. Adaptive Snowboarding Championships. He’s also become an impassioned advocate for health causes, catalyzing efforts to define the medical home in Colorado’s health care system, helping pass prosthetic fairness laws in 22 states and teaching 8.5 million children about the dangers of tobacco through his award-winning Tar Wars Youth Tobacco-Free Education Program.
RICHARD T. JONES DISTINGUISHED ALUMNUS SCIENTIST AWARD

We know a lot about ion channels – that protein pathway facilitating cellular processes such as heart rhythm and nervous system functionality – thanks in part to the work of John Adelman, Ph.D. ’88. An internationally-recognized expert on potassium channel biology, Dr. Adelman and his laboratory have unearthed several discoveries, including how these sensors regulate neurotransmission and learning. Known for his collaborative spirit and infectious enthusiasm for science, Dr. Adelman has trained 20 postdoctoral fellows and 10 graduate students over the course of his career at OHSU.

EARLY CAREER ACHIEVEMENT AWARD

When the federal Deficit Reduction Act of 2005 went into effect during her OHSU obstetrics and gynecology residency, Maria Rodriguez, M.D. ’04 R ’08, MPH, was infuriated by many of the resulting changes in health insurance coverage. Suddenly, many of her most vulnerable patients – immigrants – weren’t covered for any preventive care, including prenatal or postpartum visits. That policy change and its clinical consequences led to her interest in economics, health systems research and women’s health advocacy. Today, Dr. Rodriguez, assistant professor of obstetrics and gynecology, is an emerging figure in the reproductive health field, serving in leadership positions at the World Health Organization and Oregon Health Authority.

2014 DEAN’S AWARD

When you join a university faculty, you commit to a certain life. Teaching. Publishing. Committee work. Service. You become part of something rich. Faculty members carry and advance the School of Medicine’s missions of healing, teaching, discovery and outreach. And Sharon Anderson, M.D. R ’82, interim chair of the school’s largest department – the Department of Medicine – is a quintessential contributor. On the faculty since 1991, she is an active clinician, educator and researcher, and is nationally recognized for distinguished accomplishments in those areas. She is also a strong leader. For example, as associate dean for faculty development several years ago, she was instrumental in initiating lasting efforts to improve faculty recruitment, retention, promotion and career satisfaction. The school is changing the landscape of health, thanks to faculty like Dr. Anderson.

ESTHER POHL LOVEJOY LEADERSHIP AWARD

Kosovo. Afghanistan. Iraq. Pakistan. Sri Lanka. Ethiopia. Zimbabwe. Turkey. Albania. Nicaragua. Honduras. Haiti. New Orleans. As first responders to natural and man-made disasters, J. Thomas (Tom) Hoggard, M.D. ’74, and his wife, Mary Burry, M.D. R ’74, have traveled around the world on humanitarian missions to care for others in crisis. For more than 20 years, the pair has volunteered with international relief teams, Project Hope and others. They have taught the Professional Training in Global Health course at OHSU, taught at Department of Defense humanitarian missions and presented to many medical staffs, societies and NGOs. Dr. Hoggard and Dr. Burry practice part-time in the Portland area.

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Resident Paper of the Year Award:
Sean McCully, M.D., M.S.
“The International Normalized Ratio overestimates coagulopathy in stable trauma and general surgical patients”
This 2013 study, published in the Journal of Trauma & Acute Care Surgery, demonstrated that conventional coagulation tests often influenced decisions to transfuse blood products when other measurements of coagulation were completely normal. The findings could potentially redefine transfusion practice and help avoid transfusions in patients who have robust clotting potential. Dr. McCully is a general surgery resident at OHSU.

Postdoctoral Paper of the Year Award:
Julia Maxson, Ph.D. ’11
“Oncogenic CSF3R Mutations in Chronic Neutrophilic Leukemia and Atypical CML”
This study from last year, published in The New England Journal of Medicine, determined that patients with neutrophilic leukemia were sensitive to tyrosine kinase inhibitors, representing a major advance in the understanding of chronic neutrophilic leukemia and atypical chronic myeloid leukemia. The findings identified a molecular marker that could aid in diagnosis and novel therapies for patients with these disorders. Dr. Maxson is a postdoctoral fellow in the lab of Brian Druker, M.D., director of the OHSU Knight Cancer Institute. As a graduate student, Dr. Maxson received support from the ARCS Foundation.

Reunions this year
Reunion coordinators are busy planning gatherings for the M.D. classes of ’54, ’59, ’64, ’69, ’74, ’79, ’89 and ’04. If you are interested in attending and/or coordinating your own class reunion this year or in the future, please contact the Alumni Relations Program at 503 552-0745.

Support for future physicians
The M.D. Class of 1971 completed its goal of raising $50,000 to endow a class scholarship benefitting M.D. students. The Edwin Cadman, M.D. Scholarship honors Ed Cadman, M.D. ’71, who served as dean of the John A. Burns School of Medicine at University of Hawaii—Manoa before stepping down in 2005 due to primary progressive aphasia – a rare neurological disease.

Prior to his tenure at Hawaii, Dr. Cadman was chair of internal medicine at the Yale School of Medicine and senior vice president of medical affairs and chief of staff at the Yale-New Haven Hospital. Dr. Cadman received the OHSU School of Medicine’s highest honor for medical students, the Gold-Headed Cane Award, in 1971. He received the Charles A. Preuss Distinguished Alumnus Award in 2007.

“We felt that it was particularly fitting to establish this fund in the name of a classmate who epitomized excellence in medical education throughout his career,” said Donald Houghton, M.D. ’71.

The first Cadman scholarship will be awarded in 2016.

That’s not all. Thanks to generous alumni contributions, the M.D. classes of ’67, ’83 and ’92 are closer to endowing their own class scholarships. Would you like to participate in these or other scholarship efforts? Contact Mark Kemball at the OHSU Foundation, 503 552-0667.

Send us your email!
We’re sending more news and event information electronically. Don’t be left out. Email sm-alum@ohsu.edu to update your contact information.

Also, introducing the OHSU Alumni “Email Address for Life.” This program offers alumni an OHSU email address for their personal use. Contact sm-alum@ohsu.edu to learn more.
Lasting Legacy
George Olsen, M.D.

By Rachel Shafer

Before his long career at OHSU, George Olsen, M.D., professor emeritus of physiology and pharmacology, practiced for two years as a family physician in Arizona. “While I enjoyed clinical medicine very much, I felt a lot of decisions that physicians had to make 45 years ago were based on incomplete knowledge,” said Dr. Olsen. With an interest in pharmacology, the physician turned to science. Dr. Olsen underwent research training at the University of Oregon Medical School (OHSU’s precursor) and joined the faculty as an assistant professor of pharmacology in 1970.

Along the way, he uncovered a keen interest in teaching. And medical and graduate students appreciated him. He was funny, approachable, kind, and he worked hard to help students learn a difficult subject.

To illustrate the process of first-order kinetics, he would hilariously describe the famous scene in the TV show, “I Love Lucy,” where Lucy and Ethel try to wrap chocolates on a conveyor belt, which keeps accelerating.

Many of his students remain in touch. Jeffrey Weil, M.D. ’95, said he was wait-listed for admission to the M.D. program and took a job in Dr. Olsen’s lab for a year. Dr. Olsen provided admission guidance, a letter of recommendation and an introduction to Rosy Hong, M.D. ’95, who also worked in the lab.

“Without Dr. Olsen, I wouldn’t have become a doctor, nor met Dr. Hong, now my wife and the mother of our three wonderful girls,” said Dr. Weil. “I don’t think I can repay him for all that!”

Dr. Olsen retired in 2012 after 42 years of service.

Alumni: Nominate teachers and mentors who had an impact on you for our “Lasting Legacy” column. Reach us at sm-alum@ohsu.edu.

EDUCATOR Dr. Olsen taught pharmacodynamics, pharmacokinetics and clinical pharmacology and served as director of Systems Processes and Homeostasis. He received numerous teaching awards, including the School of Medicine’s Faculty Excellence in Education Award in 2003 and in 2012 and the Outstanding MS1 Course Award for Systems Processes and Homeostasis in 2011.

CLINICIAN SCIENTIST When he joined the faculty, “They gave me my own lab, and that was bigger than a postage stamp but not as big as a closet,” Dr. Olsen recalled, laughing. In pursuit of greater biomedical knowledge, he continued to grow his lab until it became a fully-funded research facility examining the effects of opioid and cocaine abuse.
We welcome your news and photos. Email sm-alum@ohsu.edu or write to Bridges Class Notes c/o Rachel Shafer OHSU School of Medicine, 3181 SW Sam Jackson Park Road MC L102, Portland, OR 97239. Please write a maximum of 250 words and include your name, degree/training information and graduation/completion year. We may not be able to publish all items and may edit for length and clarity.

1970s
John Lobitz, M.D. ’74 R ’80, of Denver, Colo., wrote, “I practiced in Oregon (Portland) for 30 years and am now retired and living in Denver. I’m currently on the board of a Colorado nonprofit, Life Quality Institute, whose mission is to advance the understanding and quality of palliative care by educating health care professionals and the public about its principles. We have been instrumental in getting 30 hours of training in palliative care into the medical school curriculum at the University of Colorado School of Medicine. This year, at our initiative, they have introduced a similar curriculum into the program for physician assistant students.” (Related, see Letter to the Editor, page 2.)

1980s
The Portland Physician Scribe featured Michael Powers, M.D. ’85, R ’88, R ’91, of Portland, Ore., professor of pediatrics, and his astronomy hobby in its February issue. “It’s what I like in terms of my philosophy toward practicing medicine,” he said. “It’s art and science. There’s the aesthetic beauty of it, and then there’s the awe when you think about how big it all is.”

1990s
Pulse GP magazine listed Una Choi Coales, M.D. ’91, of London, England, in its ranking of “Top 50 General Practitioners” in the United Kingdom in 2013. She also received the British Association of Physicians of Indian Origin Imran Yousaf Memorial Award last year in recognition of her support of international medical graduates and made the Health Service Journal list of top 50 pioneering black and minority ethnic doctor leaders this year.

Considered one of the world’s leading experts in robotic-assisted surgery in gynecologic oncology, John Boggess, M.D. ’91, of Chapel Hill, N.C., lectures internationally on robotic applications in this medical field. He has also performed several live robotic endometrial cancer procedures and robotic radical hysterectomy procedures at various global symposiums and meetings. He is a professor of obstetrics and gynecology at the University of North Carolina–Chapel Hill.

2000s
In 2012, Peter Embi, M.D. R ’00, M.S. ’02, of Columbus, Ohio, received the inaugural Distinguished Paper Award at the American Medical Informatics Association 2012 Summit on Clinical Research Informatics. His paper was titled, “Evaluating Alert Fatigue and Response Patterns to EHR-based Clinical Trial Alerts: Findings from a Randomized, Controlled Study.” Dr. Embi is associate professor of biomedical informatics and internal medicine at Ohio State University.

2010s
Paula Goldenberg, M.D. ’03, MSW, MSCE, of Somerville, Mass., wrote, “I have moved to Boston and am excited to start a new position as clinical director of medical genetics in the Division of Pediatrics at Massachusetts General Hospital. In addition, I will serve as Harvard Medical School faculty and site director at the hospital for the HMS Genetics Training Program. One project I am particularly excited about will be starting the only dedicated center for individuals of all ages with 22q11 deletion syndrome in the Boston area.”

Melissa Herman, Ph.D. ’10, of Berlin, Germany, left the lab of Craig Jahr, Ph.D., senior scientist at the OHSU Vollum Institute, for a postdoc halfway around the world at the Charité Universitätsmedizin in Germany. Dr. Herman says she has found many parallels with her new life in Berlin and her time at OHSU. One contributing factor: her new boss, Christian Rosenmund, Ph.D. ’03, is an alumnus. In the Rosenmund lab, she studies the role of synaptic vesicular glutamate transporters.

Jim Stier, M.D. ’11, of New Orleans, La., emailed, “Another provider and I applied for a grant with our local national park office to get our patients with chronic conditions outside and exposed to nature. We were awarded this grant, which allowed us to pay for transportation, activities and lunch for patients and their families. During these Saturdays, we visited local parks, mostly affiliated with the Jean Lafitte National Historical Park and Preserve. These trips were a great success. Our local park ranger is talking about applying for a much larger grant to expand the program and measure health and wellness outcomes.” Dr. Stier is completing a residency in internal medicine and pediatrics at Tulane Medical Center.

Madeline Stilley, M.S. ’13, of Kansas City, Mo., works as a delivery consultant for Cerner Corporation. She is also the founder and editor of Health Stir, a weekly health care newsletter featuring policy, quality, health IT and health care insights from journals, blogs and news sources.
In Memoriam

R. Ellen Magenis, M.D., R ’68, R ’71, of Portland, Ore., died Feb. 4 at age 88. Dr. Magenis, professor emerita of molecular and medical genetics and pediatrics, was a long-time director of the OHSU Clinical Cytogenetics Laboratory and made major research contributions to the field of genetics.

David Roger Iltingworth, M.D. R ’80, Ph.D., of Portland, Ore., died Nov. 2 at age 68. Dr. Iltingworth was a professor emeritus of medicine.

John Burkhardt, M.D. ’76, of Sequim, Wash., died Jan. 20 at age 71.

Douglas Chalmers, M.D. ’63, of Duluth, Ga., died May 30 at age 78.

Joseph Denman, M.D. R ’84, of Beaverton, Ore., died Oct. 2 at age 71.

Donald Dobson, M.D. R ’55, of Portland, Ore., died Sept. 16 at age 89.

Byron Fortsch, M.D. ’57 R ’61, of Beaverton, Ore., died Jan. 1 at age 87.

Nobi Funatake, Allied Health Certificate in Dietetic Internship ’49, of Tualatin, Ore., died Nov. 20 at age 88.

David Holmes, M.D. ’56, R ’67, of Wilsonville, Ore., died Oct. 17 at age 87.

Grant Hughes, M.D. R ’63, of Indianapolis, Ind., died Nov. 20 at age 96.

George Keillor, M.D. ’63, of Salem, Ore., died Dec. 28 at age 78.

Dale Lowther, M.D. ’61, of Vancouver, Wash., died Oct. 29 at age 83.

Robert Moffitt, M.D. ’54, of Springfield, Ore., died Dec. 7 at age 86.

Richard Nevé, Ph.D. ’56, of Colorado Springs, Colo., died Oct. 15 at age 93.

James Pappas, M.D. R ’69, R ’73, of Portland, Ore., died Nov. 5 at age 73.

Coyt Payseur, M.D. ’52, R ’57, of La Jolla, Calif., died Oct. 4 at age 87.

Ralph Peterson, M.D. ’56, R ’61, of Mercer Island, Wash., died Oct. 28 at age 82.

John Ritchey, M.D. ’65, of Ponce Inlet, Fla., died Aug. 29 at age 77.

Howard Snider, M.D. ’50, of Gulf Shores, Ala., died Nov. 12 at age 93.

David Sullivan, M.D. ’40, R ’41, of Spokane, Wash., died Sept. 29 at age 99.

Gregory Voit, M.D. R ’95, of Vineland, N.J., died Dec. 18 at age 52.

Hoyoko Yahanda, M.D. M ’54, of Portland, Ore., died Aug. 27 at age 87.

In Memoriam is also online at www.ohsu.edu/som/alumni.

Mark Your Calendar

Upcoming Events

OHSU Marquam Hill Lecture
“Fixing What’s Broken: OHSU’s Role in Health Reform and Evidence-based Medicine” presented by Roger Chou, M.D., and John McConnell, Ph.D.
May 29, 7 p.m.
OHSU Auditorium, Portland

School of Medicine Hooding and Commencement Ceremony
June 2, 9 a.m.
Arlene Schnitzer Concert Hall, Portland

M.D. Class of 1969 Reunion
June 28
Portland

M.D. Class of 1974 Reunion
Aug. 1–3
Portland

M.D. Class of 2004 Reunion
Aug. 2, 6 p.m.
Andina, Portland

18th Annual Certification and Recertification Review for Physician Assistants
Aug. 12–15
DoubleTree Hotel, Portland
Register at www.ohsu.edu/pa/pareview; call 503 494-0843 for the latest information

White Coat Ceremony
Aug. 15, 10 a.m.
PSU Peter W. Stott Center, Portland

M.D. Class of 1964 Reunion
Aug. 16–17
Portland

2014–2015 OHSU Marquam Hill Lectures
Thursdays, 7 p.m.
For more details, visit www.ohsu.edu/mhlectures. Each lecture is recorded and posted to the website.

School of Medicine Alumni Association Holiday Reception
Dec. 7, 2–4 p.m.
Town Club, Portland
For the latest information and more events, go to www.ohsu.edu/som/alumni.

Upcoming CME

9th Annual Northwest Regional Hospital Medicine Conference
Sept. 25–26
Governor Hotel, Portland

15th Annual Oregon Geriatrics Society Conference
Oct. 10–12
Sunriver Resort, Sunriver

Orthopedics Conference for Primary Care: The Spine and Hips
Oct. 24
Governor Hotel, Portland

Oregon Chapter, American College of Physicians
Nov. 6–8
Salem Convention Center, Salem

38th Annual Pacific Northwest Update in OB-GYN and Women’s Health
Nov. 13–14
Governor Hotel, Portland
Schedules are subject to change.
Please contact 503 494-8700 or cme@ohsu.edu for brochures and program updates. For the latest information on these and other CME events, visit www.ohsu.edu/som/cme.

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