A BREATH OF FRESH AIR
Pioneering pacemaker surgery creates a new life for a Louisiana girl
At Tulane University School of Medicine, improving patient care within our local community has always been a priority. I’m happy to announce our newest partnership with Access Health Louisiana. It’s an almost unique arrangement between an academic medical center and a system of eight federally qualified health centers. This new consortium will be available to improve the quality of care for our community, be a platform for educating the next generation of physicians and offer the opportunity of exploring better ways to innovate in terms of care.

Integrating the operations at the Ruth U. Fertel/Tulane Community Health Center into this network will ensure its sustainability to continue serving the needs of patients. “This agreement ensures a sustainable future for the center. Access Health Louisiana is committed to providing high quality, cost-effective community-based care to the underinsured and uninsured patients in the area of New Orleans currently served. The cross-over has been a seamless one," states Tulane alumnus Mark Keiser, Access Health Louisiana’s executive director and chief executive officer.

Dr. Eboni Price-Haywood, the director for the Ruth U. Fertel clinic, sees this collaboration as a positive change for the center. "We have great confidence in the leadership at Access Health, which has more than a decade of success running Federally Qualified Health Centers," she says. “They will handle the day-to-day administration of the clinic and will lease the facility from Tulane, allowing the name of our center and its staff to remain unchanged.”

From a primary care standpoint, Access will benefit from our partnership by increasing the number of physicians within their network. “With the Affordable Care Act, there will be increased demand for primary care access, yet an anticipated shortage of providers,” states Dr. Happy Ménard, director of primary care. “Developing partnerships with community organizations, such as Access Health, to care for the whole population of patients and planning for education and development of our future primary care workforce are essential in the current healthcare environment.”

Our medical students will also benefit from this unique partnership. As Dr. Marc Kahn describes, “The contract between Access Health and Tulane will provide our students access to a well-integrated primary care base. It will allow our students to see medicine practiced in the community and to participate in the continuity of patient care. Perhaps one reason that more students do not chose careers in primary care is because of poor role modeling in most medical schools. Engaging students in a continuity experience with patients in the community is a solution to this problem and will hopefully help more students understand the job satisfaction derived from being a primary care provider.”

Being able to adapt to changing health care regulations, as well as expanding our outreach to the local community, continues to be a priority within the School of Medicine. By partnering with Access Health, we are able to expand our reach within Louisiana and further our mission of education, research and patient care. This will undoubtedly create additional opportunities for Tulane that otherwise may not have been possible.

Dr. Benjamin P. Sachs, MB, BS, DPH, FACOG
Senior Vice President of Tulane University
Dean of the School of Medicine
James R. Doty Distinguished Professor and Chair
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ON THE COVER
Nine-year-old Elise Glore prepares for a summer of swimming, thanks to a pioneering pacemaker surgery performed at Tulane.
Tulane University School of Medicine has started a first-of-its-kind accelerated medical training program that gives PhD research scientists the chance to get an MD in 3½ years.

The Health Education Adaptive Learning Experience (HEAL-X) program is unique for both its focus on accomplished researchers in the biomedical sciences and for its specialized teaching structure. Instead of typical first- and second-year medical school classes and lectures, these students are grouped together as peers in interactive, discussion-based classes designed for advanced researchers.

Dr. Kevin Krane, vice dean for academic affairs, and faculty educators spent months designing the specialized HEAL-X curriculum using the principles of active, adult learning. The curriculum uses a series of systems-based modules, each directed by both a basic and clinical science faculty educator.

“Class time is spent primarily with faculty to apply this content, limiting lectures and traditional approaches,” Krane says. “The development of this curriculum required tremendous time and effort primarily by the basic science course directors and key clinical science educators.”

ATTRACTING TOP RESEARCH MINDS
The program started in January with 15 students from across the country. It’s an accomplished group. Collectively, they have published 117 papers, have filed 10 patents (with an additional nine patents pending) and have an average age of 33.

“They are all interested in pursuing careers as scientists but recognize the difficulties in getting peer-reviewed funding with just a PhD, so they see an MD as being value-added to better ensure the success of their academic careers,” says Dr. Marc J. Kahn, senior associate dean of admissions and student affairs.

Dr. Nikki Gentile, 27, was a researcher and manager of clinical evaluations at University of California Davis Point-of-Care Technologies Center before joining HEAL-X. She enjoyed her career in research, but her passion for clinical work made it clear she wouldn’t be happy if she didn’t pursue an MD.

“It’s a great opportunity for aspiring physician scientists to accelerate their training and begin practicing translational medicine,” she says. “An accelerated program is really valuable, not just because of the financial aspect—which would help a lot of people—but for the time that you are saving.”

The program shaves off a half a year in tuition, translating to about $35,000.

INNOVATIVE TEACHING AND TECH
The HEAL-X classroom uses interactive “clicker” technology similar to that in the DeBakey Educational Center. Students can answer multiple-choice questions using a clicker remote, enabling professors leading discussions to see and display the group’s results in real time.

“We all really love the clicker questions and structuring the teaching sessions as discussions,” Gentile says. “Having a class full of PhDs promotes really interesting discussions. And one thing that I really love about the program is that we are all very highly respected by the faculty. We are thought of more as colleagues in a sense, so we can relate to them on a different level and have a more personal, conversation-style discussion than a typical medical student would.”
Stress brought on by Hurricane Katrina didn’t just make heart attacks in New Orleans more likely, it also changed when they occur, according to new studies by Tulane University School of Medicine researchers.

Dr. Anand Irimpen, associate professor of medicine at Tulane’s Heart and Vascular Institute and chief of cardiology at the Southeast Louisiana Veterans Health Care System, and internal medicine residents Drs. Matthew Peters and John Moscona compared pre- and post-Katrina heart attack numbers. The research was presented at the American College of Cardiology’s Annual Scientific Session.

“With the increased incidence of major disasters in the U.S. and worldwide, it is important to understand how these disasters affect the heart because clearly they do,” Peters says.

WHAT THE RESEARCH REVEALS >

**NEW RESEARCH: HURRICANE KATRINA CHANGED HEART ATTACK PATTERNS**

- **HEART ATTACKS TRIPLED AFTER THE 2005 STORM.** And that trend hasn’t reversed. Post-Katrina patients are more likely to be smokers (up 17.9 percent) and to lack health insurance (up 8.7 percent).

- **MONDAYS 10% OF ALL HEART ATTACKS**
  
  Fewer attacks occurred on Mondays. Monday attacks fell to just 10 percent of all heart attacks—down from 23 percent pre-storm. Mondays are the most common days for heart attacks nationwide, but Peters speculates that with so many people forced out of work after Katrina, Mondays in New Orleans became less stressful.

- **UP NIGHTS & WEEKENDS**
  
  Post-Katrina heart attacks were more likely on weekday evenings and weekends. That’s the opposite of national trends. The researchers suggest that night and weekend heart attacks may be more likely because home life became more anxiety-ridden—with temporary housing, rebuilding homes and financial stress.

**“ER” SCENES PROPEL TEENS TOWARD HEALTHCARE CAREERS**

Teens graduating from the New Orleans Charter Science and Math Academy—many of them planning to pursue healthcare careers—got an infusion of healthcare training thanks to a group of Tulane medical students in a service-learning course.

Using scenes from the “ER” TV show, the Tulane medical students mentored 30 Sci Academy seniors in history-taking, diagnosis, disease management and treatment, and health education.
SUPER BOWL FEVER: TULANE MEDICS SCREEN NFL PLAYERS

Mark Walczak displays a healthy bicep as he stanches a needle prick from having his blood taken by Tulane lab assistant Rashunda Hall. Walczak, who played in the NFL from 1986 to 1995, took advantage of free medical screenings for retired NFL players in the days leading up to Super Bowl XLVII in New Orleans.

Hall was among a number of Tulane medical professionals working with the Player Care Foundation to provide cardiovascular, blood, sleep, nutrition and prostate screenings, along with counseling and resource services.

NEW BOOK HONORS ‘SIX SUPER GOLDEN WOMEN’

How has the life of women in medical school changed over the past 50 years? “We were told we would all get married, drop out and not be worth the effort that was expended on our education,” says Dr. Elizabeth C. Jones, one of six women who graduated with the 1952 class of Tulane University School of Medicine.

Jones’ lifelong career as a pediatrician tells a different story, one of dedication and professionalism. She has written a book, Six Super Golden Women, describing her career and the careers of her five female classmates.

When Jones was a student, women accounted for only around 5 percent of medical students nationally, compared with close to 50 percent today. For the Tulane School of Medicine class of 2016, 432 applicants were accepted: 217 females and 215 males.

In Jones’ day, medical college authorities were openly skeptical about women choosing medicine as a career.

“The young woman who plans a career in medicine should make a convincing case for the prospect of spending her life in medicine, inasmuch as each one who drops out has prevented the acceptance of another applicant who will have devoted perhaps four decades of his life to useful service,” states the 1949 edition of the Tulane medical faculty bulletin.

Jones and three of her classmates went into pediatrics, one practiced as a medical missionary in Chile for 30 years and one was an anesthesiologist.

“This book is about what we six women have accomplished in our careers,” Jones says. “The impetus for it was to show that we had in no way wasted our education. Every one of us stayed with medicine and made great contributions.”
MEDICAL STUDENT RECOGNIZED FOR LEADERSHIP IN DIVERSITY OUTREACH

While most students celebrated the last days of Carnival, fourth-year Tulane medical student Christopher Terndrup flew to Washington, D.C., to pick up a prestigious national leadership award for his work to diversify community health outreach in New Orleans.

Terndrup received the American Medical Association Foundation’s 2013 Leadership Award at the group’s annual Excellence in Medicine Awards ceremony. The award recognizes 20 medical students, residents or early career physicians from around the country for demonstrating outstanding leadership skills in advocacy, community service and education. The event included a day of leadership training workshops.

“The conference was great,” Terndrup says. “I left with a renewed passion to not only continue community service and advocacy but to take it to a larger level.”

Terndrup was singled out for his work to raise awareness about gay, lesbian and transgender health issues and his efforts to expand access to language interpretation services for patients at student-run community clinics.

Terndrup, a past president of TOGA, the Tulane Organization of Gays and Allies, organized the School of Medicine’s first annual LGBT Health Week. He also was the interpretive services liaison for the Fleur de Vie Clinic, one of the student-run clinics, which provides language and cultural interpretation services for patients with limited English proficiency, particularly New Orleans’ Hispanic and Vietnamese patients.

“Seeing a need for these services in other sites, I expanded these services to other student-run clinics by creating the Interpretive Services Project,” he says.

Terndrup, who is completing his clinical rotations in Baton Rouge, La., through the LEAD (Leadership, Education, Advocacy and Discovery) Program, plans to pursue a residency in internal medicine. While his long-term goal is to work for a community health center or hospital-based clinic, he says he never plans to give up working as an advocate and servant to the community.

The American Medical Association honored Tulane medical student Christopher Terndrup as one of 20 leaders in advocacy, community service and education.

Rudy, Who was the first woman to attend Tulane University School of Medicine? — Diana M.

Dear Diana,

The pharmacy program was the first to attract the attention of women within the medical department. Elizabeth Rudolph became the first female student to attend Tulane University School of Medicine in 1888. She completed the two-year pharmacy course in 1890 and ranked third in her class. Unfortunately degrees for women were restricted at the time, but the school took several innovative steps in 1893 and resolved to admit women to the pharmacy program and confer MPh degrees. In 1895 Rudolph became the first woman to receive a pharmacy degree.

In 1914 women gained admission to all classes in the medical school. The first woman to enroll was Linda Hill Coleman, who had completed three years of medical work in Texas. In 1917 she became the first woman to receive a medical degree from Tulane University. By the time she graduated, 13 women were enrolled in the medical school.

MEDICAL STUDENT RECOGNIZED FOR LEADERSHIP IN DIVERSITY OUTREACH

Linda Hill Coleman, Jambalaya yearbook, 1917

Rudy is our resident Tulane University School of Medicine “know-it-all.” He is named in honor of Dr. Rudolph Matas, the distinguished Tulane alumnus and legendary faculty member, who was said to have an “encyclopedic mind” more useful than any library. Ask your questions about Tulane medical school history and Rudy will respond with an answer. To submit a question email mednotes@tulane.edu.
The Tulane Stem Cell Transplant Program, led by Dr. Hana Safah, is developing new, life-saving options for leukemia patients.

Tulane doctors perform transplants for adults and children—both autologous (stem cells harvested from the patient) and allogeneic (stem cells harvested from a matched donor, related or unrelated). The program's team is expanding research to reduce the risks, mortality and morbidity associated with mismatched transplants, particularly in leukemia patients.

“Ideally, a stem cell transplant donor and recipient are a perfect match, which means 10 out of 10 markers on the surface of their cells match up perfectly,” says Director Dr. Hana Safah. “Anything less is called a mismatch.”

The possibility of a perfectly matched allogeneic transplant is limited by genetic restrictions. Within a family, full siblings have a one in four chance of matching each other perfectly. And perfectly matched unrelated donors are scarce—approximately 1 in 10,000—even with the large international donor registry.

Research efforts at Tulane are aimed at increasing safety and decreasing risks associated with less rigid matching criteria. Mismatched transplants can have higher risk for complications.

“What we’re trying to do is develop ways to be more aggressive and accept the nine out of 10 patients who were previously considered too risky for treatment,” says Dr. Zachariah McIver, the transplant team’s newest member.

“Prior to transplant, we normally give chemotherapy conditioning to the patient in order to knock down his or her immune system so that the immune cells in the incoming graft can come in and take over,” McIver says. Rejection takes place when the immune system of the recipient fights back and kicks out the new tissue. “It’s like Star Wars, literally a battle between two armies.”

Most third-year students heading to medical school can’t volunteer on a full-time basis, but Adil Yousuf and Brian Templet can because they are part of the Tulane Accelerated Physician Training Program. The program allows students to participate in a year of service that provides aid to the New Orleans community.

“I’ve gotten this great mental break from schoolwork and at the same time am doing something so beneficial and productive for the city,” says Yousuf, part of the TAP-TP accelerated program.

After completing two years of undergraduate studies, students choose from the many programs offered through AmeriCorps/VISTA and the Tulane Center for Public Service for one year of service before entering medical school.

Students can take advantage of the faster and less expensive completion of undergraduate and medical degrees, but the real draw is knowing that they have an opportunity to give back to the community.

“Even if I wouldn’t have been involved with TAP-TP, I would have found another way to serve,” says Templet, a volunteer with the Latino Farmers Cooperative of Louisiana. “Service is really important to who I am.”

Adil Yousuf, part of the Tulane Accelerated Physician Training Program, works with Upward Bound.
**RUTH U. FERTEL/TULANE COMMUNITY HEALTH CENTER JOINS ACCESS HEALTH LOUISIANA NETWORK**

The Ruth U. Fertel/Tulane Community Health Center has joined the state’s largest nonprofit network of federally qualified community health centers.

Access Health Louisiana (AHL) is now responsible for governance and day-to-day operations at the center, while Tulane University physicians will continue to provide patient care. The center will retain its existing name, and its staff has transitioned to being Access Health Louisiana employees.

Pediatric services have been added at the site, with plans to expand behavioral health and other offerings later this year. Tulane will continue to manage the Brinton Family Health and Healing Center, located within the clinic, and related outreach and wellness programming.

“This agreement ensures a sustainable future for the center,” says Mark Keiser, AHL executive director and chief executive officer. “Access Health Louisiana is committed to providing high-quality, cost-effective, community-based care to the underinsured and uninsured patients in the area of New Orleans currently served. The cross-over has been seamless.”

The agreement not only retains an important primary care training site for Tulane medical students and residents, but also expands training opportunities into Access’ seven other full-service community health centers in Jefferson, Plaquemines, St. Bernard, St. Charles and St. Tammany parishes.

“It will be a new consortium of eight federally qualified health centers that will be available to improve the quality of care for our community, be a platform for educating the next generation of physicians and to explore better ways to innovate in terms of healthcare delivery,” says Dr. Benjamin Sachs, senior vice president and dean of Tulane University School of Medicine.

By transitioning to an AHL site, the clinic achieved designation as a Federally Qualified Health Center. This designation is the gold standard for community health centers. The result enhances long-term sustainability for the Fertel/Tulane site and secures entry into key federal programs designed to increase healthcare access in underserved communities.

**LEARN MORE ABOUT THE CLINIC AT www.tuchc.org.**

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**KIDNEY RESEARCH: NIH GRANT CREATES CENTER OF EXCELLENCE**

Investigators from Tulane University School of Medicine and the University of Virginia were awarded a five-year, $4 million grant from the National Institutes of Health to create the Pediatric Nephrology Center of Excellence.

The new center—led by primary investigators Dr. Samir El-Dahr, professor and chair of pediatrics, and Dr. Zubaida Saifudeen, assistant professor of pediatrics and nephrology—will focus on investigating chromatin-based and epigenetic mechanisms in nephron progenitor cell renewal and fate.
WIDE-OPEN POSSIBILITIES

With whiteboards at every turn and wall-free lab spaces throughout, the Tulane Cancer Center is changing the way scientists work. Casual scribbles on a whiteboard can spark new ideas for joint research by scientists such as Dr. Santosh Yadav (left) and Dr. Desheng Chen (right).
NO BOUNDARIES

Tulane Cancer Center’s new home breaks down walls between investigators to create a regional cancer research powerhouse.

It’s the first thing you notice when you step into the Tulane Cancer Center’s gleaming new labs in the recently opened Louisiana Cancer Research Center. There are no walls here—just an expansive hallway flanked by extensive rows of brightly lit, U-shaped research bays thinly divided by white, open shelves stretching to the ceiling.

Researchers and lab assistants flit with determined purpose from bay to bay, stopping every now and then to huddle with post-doctoral fellows in front of their workstations or laptops.

BY KEITH BRANNON
PHOTOGRAPHY BY DAYMON GARDNER
A dozen Tulane cancer investigators and more than 80 staff and lab team members occupy the Cancer Center’s new home on two floors of the newly built, $102 million Louisiana Cancer Research Center in downtown New Orleans. Tulane Cancer Center occupies about 23,000 square feet, covering the entire eighth floor and half of the seventh floor of the 10-story building. The facility almost doubles the Cancer Center’s basic science research space.

THE SCRIBBLE SYSTEM

On a recent tour, Tulane Cancer Center Director Dr. Prescott Deininger points out the heavily marked whiteboards strategically scattered throughout the hallway between labs. Even though researchers have only been here a few weeks, there isn’t a blank one in sight.

“I’m always stopping and talking to people and using the whiteboards. I can’t think without a whiteboard,” he says with a chuckle.

That lively interaction and the dry-erase scribbles left behind are the first signs that the new open labs are working as planned.

The format, which is the new standard for modern research facilities, is designed so that investigators intermingle and engage often, leading to more collaborative research. The hope is that those casual interactions, while seemingly inconsequential, may spark new ideas or joint research that could lead to the next cancer discovery.

“The whole thing is designed for increased interaction—for the synergy that we all aim for in research,” Deininger says. “What that means is that if I am coming in and I am talking to one of my students about a project, other people around can hear it and might have a little bit of a better idea of what we are doing and might even come over and participate in the conversation or have some suggestions. They can see what equipment we’re using and what techniques we use routinely.

“So, instead of hiding behind walls and doing your own work and only interacting when you happen to get together at a seminar or whatever, there are many more
DR. HUA LU
Lu studies p53, a cancer-suppressing gene that almost all virus-related cancers inactivate before they can grow. Lu’s team is testing a molecule that may reactivate p53.

DR. VICTORIA BELANCIO
Belancio studies segments of DNA that can mutate and spur tumor development. Her research may help doctors predict which tumors are genetically unstable.
opportunities for casual interactions,” he says. “The whiteboards are spread around so that we can all get into discussions whenever we want.”

BUILDING A RESEARCH POWERHOUSE
The Louisiana Cancer Research Center is the culmination of more than a decade of planning by the Louisiana Cancer Research Consortium—a partnership between the state, Tulane, LSU, Xavier University and Ochsner Health System—to build a cancer research powerhouse in the heart of the city’s downtown medical district. The Center, located at the corner of Tulane and South Claiborne avenues, clusters the region’s leading cancer research institutions into one high-profile hub to share resources, attract bigger and more prestigious national grant awards, encourage inter-institutional research and, ultimately, earn a coveted federal National Cancer Institute cancer center designation.

“This will be the most concentrated place for basic science research in cancer in the state,” Deininger says.

The building—and its potential—has helped Tulane’s Cancer Center recruit promising researchers from across the country and bounce back even stronger from departures in the weeks immediately following Hurricane Katrina. The Center lost 10 of its 34 primary researchers in 2005. “That was about 40 percent of our research base in terms of funding,” Deininger says.

Tulane’s Cancer Center has been on a recruiting mission ever since, building a focused team in key cancer research specialties—prostate cancer, genetic instability, health disparities, circadian rhythm disruption and cancer drug discovery. “Every faculty member we looked at, we looked at whether they fit the vision and the specialties we wanted,” he says. “Now we really have a very strong focus almost as if we were created new.”

The Center has grown to more than 50 grant-funded programmatic members and 134 faculty members. Total funding from the National Institutes of Health grew from around $8.2 million in 2007 to almost $11 million last year. However, the portion of funding from the NIH’s National Cancer Institute—considered the gold standard in cancer research—has grown three and a half-fold from $1.4 million to $4.9 million within the same time period.

“We’ve been beating the odds in terms of NIH funding. We have had another big growth year despite that NIH [budgets] have shrunk,” Deininger says. “So when I talk to faculty—and there is lots of active recruitment right now—what excites them is that we are still growing. We are still getting fresh blood in and adapting and getting new people.”

Most of the researchers in the new labs are studying some form of cancer genetics, unraveling the mechanisms at a molecular level to better understand cancer’s cause and progression. What makes cancer so difficult is that each form has a different complex group of genes that malfunction.

Doctors’ arsenals of therapies to fight the disease still consist mainly of chemotherapy, radiation and other methods that are toxic to both healthy and diseased cells. Deininger, who studies genetic instability in cancer, says the future of cancer research is developing targeted therapies, similar to the groundbreaking drug GLEEVEC, that aim for specific cancer genes or proteins. Developed more than a decade ago, the drug effectively targets chronic myelogenous leukemia and gastrointestinal tumors by blocking a protein enzyme essential for cancer growth.

“There is potential for a series of new drugs that target and attack particular proteins. The beauty of the drugs is that because they are so specific, they have many fewer side effects,” he says. “There might be 30 to 50 proteins that really play a key role in cancer. If we can get 30 to 50 drugs, then we’d take a tumor and do a quick genetic analysis and design a therapy to the defect.”

NEW RECRUITS, NEW DIRECTIONS
One of the Cancer Center’s new recruits is Dr. Hua Lu, the Reynolds and Ryan Families Chair in Translational Cancer Research and chair of biochemistry and molecular biology at the School of Medicine. Lu was recently awarded a $1.6 million NCI grant to study p53, a gene that is one of the most central cancer tumor suppressors. Virtually all virus-related cancers first target p53 in order to grow and spread.

“Cancer develops a mechanism to find a way to inactivate this protein,” Lu says.
Cervical cancers and other cancers linked to the human papilloma virus are all associated with p53 suppression. Lu has identified a small molecule called Inauhzin that can reactivate p53. In lab tests, his team has been able to kill human lung and colon cancer tumors using Inauhzin to inhibit the pathways cancer uses to disable p53.

Lu has published several articles about this compound, and his team is testing Inauhzin on different tumor models to make it more potent. The goal is to develop a new drug therapy based on the compound.

“We hope to develop it to eventually get it into clinical trials,” he says.

Lu’s lab is located on the same floor as Louisiana State University Health Sciences Center investigators within the new building, and he is already working on joint grant applications with LSUHSC investigators studying viruses associated with cancer. The chance to work with a varied team is what attracted Lu to the Cancer Center. He and other scientists are also planning informal joint meetings to share their unpublished research results, to get feedback and help each other out. “It’s going to be fantastic,” he says. “I think it’s a great idea to pool resources together for cancer research and maximize our impact.”

Those same types of collaborations are also happening on a smaller level within Tulane Cancer Center’s own research clusters. Dr. Victoria Belancio, assistant professor of structural and cellular biology, is part of the Tulane Center for Aging and the group within the university studying circadian rhythm’s role in cancer development. Back in her old lab within the J. Bennett Johnston building, she shared the same floor with another circadian rhythm scientist, Dr. Aaron Hoffman, but rarely saw him.

“We seemed to never see each other because we were on different sides of the floor,” she says. “But now we see each other so much more, and we’re able to discuss the research that is going on in his lab and coordinate experiments that might be useful... and we definitely have more discussions about future grants.”

Belancio is part of the Cancer Center’s $21 million NIH Center of Biomedical Research Excellence in Cancer Genetics program. She is investigating genetic instability in cancer via the mobile element LINE1 (L1). Mobile elements are segments of DNA that can jump within a cell’s genome, reshuffling genetic material as it copies and reinserts itself. The process can cause mutations in DNA that may spur tumor development. Lung cancer is expected to be particularly prone to this form of genetic instability.

The Kay Yow Foundation recently gave Belancio $100,000 to continue her work looking for a direct link between L1 activity and lung cancer development.

“We want to find out what is the contribution of this genomic instability to disease and—if it does contribute significantly—whether we can somehow identify cancers or specific individuals who are more susceptible to this kind of effect,” she says. “Now there is really no clear experimental link between the genomic instability that L1 causes and the effect it has on either tumor development or progression.”

Her research could one day help doctors predict which tumors are most prone to genetic instability, improving projections for patients’ survival and response to therapy.

“From Labs to Patients

Taking such basic science research from the lab to animal models and then to clinical trials can take years. However, in the future Deininger and Lu hope to develop an experimental therapeutics program to increase the number of scientists working on translational research.

As it stands, Tulane Cancer Center Medical Director Dr. Oliver Sartor is among the most active members working on advanced clinical trials for cancer therapies. As one of the country’s leading prostate cancer experts, Sartor is involved in clinical trials for the most advanced new drugs. He was the North American primary investigator for a major, large-scale clinical trial for the advanced prostate cancer therapy Alpharadin, an injectable treatment based on the radioactive substance radium-223, an alpha particle emitting pharmaceutical.

The trial demonstrated that patients with advanced prostate cancer who took the drug did live longer than those who did not. “It actually improved a variety of parameters including pain but also prolonged survival,” he says.

“We anticipate FDA approval for the drug this year,” he says. “Tulane was the leading accruing institution in the United States for this study. We were the first in the country to offer this cancer treatment, and patients from New York, Maryland, Pennsylvania, Michigan, Florida, Texas and Puerto Rico—literally from all over—have come to Tulane for access to it.”

Sartor says that the cancer therapy clinical trial infrastructure at Tulane can only enhance any potential translational research that may one day make the leap from lab to clinical treatment.

“Our ability to offer state-of-the-art therapy depends on clinical trials and clinical trial infrastructure,” he says. “Now Tulane is in a position to offer therapies that are not available elsewhere that have the potential to lead to improvements in the quality of care. That is really what our patients seek.”

"It’s a great idea to pool resources together for cancer research and maximize our impact."

— DR. HUA LU, Reynolds and Ryan Families Chair in Translational Cancer Research and chair of biochemistry and molecular biology
MAKING A SPLASH
Nine-year-old Elise Glore’s new pacemaker enables her to sleep through the night for the first time. Next up: swimming with her sisters.
A BREATH OF FRESH AIR

Innovative pacemaker procedure offers treatment for rare disease.

BY KIRBY MESSINGER
PHOTOGRAPHY BY JENNIFER ZDON
Riding down a water slide might not seem like a big deal for most kids, but nine-year-old Elise Glore has dreamed about it her whole life. At two days old, Elise was diagnosed with a rare condition called Congenital Central Hypoventilation Syndrome (CCHS). She can never go to sleep, nap or even doze for a moment without the fear of dying. When awake, Elise breathes like any other child her age, but when asleep her brain doesn't send impulses through the nerves to her breathing muscles.

Her condition is so rare that Dr. Michael Kiernan, Tulane pediatric pulmonologist, has seen only two other cases of CCHS in more than 30 years with Tulane. Kiernan, associate chair of the Department of Pediatrics and professor of clinical pediatrics, says that most children aren't diagnosed as early as Elise. As a result, they unfortunately suffer major consequences due to lack of adequate oxygen supply.

“Once the diagnosis was made, she had a tracheostomy performed, was put on a ventilator and started on our home ventilator system,” Kiernan says.

**LIVING WITH A VENTILATOR**

Although her breathing is normal during the day, every night for the past nine years, Elise's parents, Samantha and Matt Glore, have hooked Elise up to a ventilator.

Her health issues have cut out some of the typical milestones of childhood. That nightly ventilator has meant that Elise is unable to have sleepovers at friends’ houses, and the tracheotomy tube means she can't go swimming.

Because she is considered medically disabled, Elise is accompanied by a nurse at school and must ride the bus for students with disabilities. As a proud big sister, Elise wants nothing more than to ride the same bus as her three younger sisters—and to show them that her cannonball off the diving board is bigger than theirs.

Several years ago, the Glores asked Kiernan if there was another option for ventilating Elise. Having a tracheotomy tube and ventilator is one of the safest options for Elise's nighttime breathing, but it’s also one of the most cumbersome. The machine is bulky, depends upon electricity, requires special water to run and makes transportation difficult. There are also side effects to ventilator dependence such as increased respiratory infections and chronic bronchitis.

But looking into other options for Elise meant extensive research. Because there are so few children with the condition, Kiernan had to consult physicians across the country about alternative breathing modalities.

“I first began looking to non-invasive nasal mask ventilation methods, similar to what people use for sleep apnea,” Kiernan says.

Elise and her parents experimented with the nasal mask system to see if she could get used to sleeping with the tight mask strapped to her face. After almost a year, Elise still struggled to adapt to the mask system. The tight fit hurt her nose and made her stomach feel funny, she says. Kiernan wasn’t pleased that the mask could get knocked off during the night and could possibly cause facial deformities.

**EXPLORING THE PACemaker SOLUTION**

When plan B didn’t work, Elise’s parents pushed Kiernan for alternatives. They discovered that physicians were inserting diaphragm pacemakers in children with CCHS. Although the pacemaker has been around for 30 years, the previous procedures were mostly for patients with severe spinal cord injuries.

The lifelong device works by stimulating the nerves that move the diaphragm muscle. An external device transmits radio waves that are transmitted via antennas placed outside the chest over surgically implanted receivers. The receivers transform the radio energy back to electrical impulses that are carried by wires attached to the phrenic nerves on each side of the diaphragm.

Once the external device is turned on, it alerts the phrenic nerve to twitch, stimulating the diaphragm and producing breathing.

The Avery Breathing Pacemaker seemed like the perfect option for Elise, but the procedure had never been performed on the Gulf Coast. Both Kiernan and the Glores wanted to gather as much information as possible before making a decision.

Kiernan traveled to Chicago to visit with pulmonary experts there, and Samantha took to Facebook and online chat rooms to discuss the procedure with other CCHS moms. After
months of research and careful consideration, the Glores and Kiernan decided the procedure could change Elise's life for the better.

**TRACKING DOWN SURGICAL SPECIALISTS**

But there was still work to be done. First, Elise's insurance providers had to approve the purchase of the device and the cost of the procedure, and then Kiernan had to find a surgeon who could perform the operation. Kiernan called every pediatric pulmonologist in the state, but no one knew of a surgeon who had previously performed the operation. Kiernan prepared the Glores for the possibility of performing the surgery in California or Chicago.

“We wanted to stay at Tulane. We know the halls of Tulane, we can get around the cafeteria,” Samantha says. “It’s not easy to have a child in the ICU, and with three other children we just thought it would be the best thing.”

Kiernan realized that he hadn’t been asking the right colleagues when he finally found a surgeon in New Orleans who had assisted with the surgery during his training in Canada. He found two local surgeons, Dr. Rodney B. Steiner, Tulane chief pediatric surgeon, and Dr. Vincent Adolph from Ochsner Health System, who could implant Elise’s diaphragm pacemakers at Tulane.

Although everything fell into place perfectly, Kiernan warned the Glores that Elise’s recovery and use of the pacemaker system would be a slow process. Most patients find it hard to adjust to the pacemaker and start off gradually with just a few hours of use at a time. But Elise surprised everyone with her easy adjustment to the pacemaker.

“It shocked us,” Samantha says. “When we turned on the pacers, she slept through the whole night. We couldn’t believe how well she did.”

Kiernan and Elise’s dad, Matt, sat up through the whole first night to monitor Elise, but they said she slept like a rock. Elise woke up and didn’t understand why they were so worried. She felt great.

**SLEEPING FOR THE FIRST TIME**

Elise says the diaphragm pacemaker feels different from her ventilators. Every time she turns on the pacemaker it causes her to laugh because it feels like a “bubbly” breath, she says.

One of Elise’s favorite things about the pacemaker is that she gets to sleep any way that she likes, which is often on her stomach and curled into a little ball.

Elise started using the pacemaker system Dec. 26 and has never looked back. The portable device runs on a 9-volt battery and fits inside her pink-and-white purse. She says she feels more rested when she wakes up in the morning and has more energy throughout the day. The Glores say that when she was using the ventilator, Elise would get sleepy and head to bed around 7:30 each night. But now they have to make sure that lights are off at 9:30 p.m.

“That’s the only problem,” Elise says. “I never want to go to sleep!”

Elise has adapted much more quickly to the device than her parents. They still wake up during the night expecting to hear the monotonous cycling of the ventilator. Because of Elise’s condition, the Glores have gotten into the habit of waking several times during the night to check on Elise. One night recently, Matt woke Samantha to check on Elise. Expecting a problem, Samantha was surprised to hear her daughter snoring for the very first time.

“We’ve never heard her snore before because she always slept with the ventilator,” says Samantha. “We just stood there and had a moment. It was a wonderful little thing.”

**LIVING A FULL LIFE**

Both Kiernan and the Glores are extremely proud of Elise’s recovery and resilience. But they weren’t really surprised because Elise has handled living with her chronic illness with a “glass half full” attitude.

“Nothing gets her down. You would think she might be shy around other children because she has a trach, but not Elise,” says Samantha, “I don’t think that’s anything that Matt and I have done. That’s just her. She accepts herself and knows she might have physical limitations, but that’s all. She’s not letting a moment pass her by—regardless of her medical condition.”

Even Kiernan brags about Elise’s top-notch grades and activities such as dancing, t-ball and Girl Scouts. But most of all he praises her winning personality. He calls her a “trooper” and thinks it’s fitting that she is the first person, adult or child, to have this surgery in the Gulf Coast region.

But Elise’s journey isn’t over. She recently received a smaller tracheotomy tube that will allow the hole in her throat to shrink. After a few weeks with the smaller tube, it will be removed completely.

Elise thinks the timing will be perfect—just in time for her to make a splash this pool season! ø
ABOUT DR. VIVIAN FONSECA

Professor of medicine and chief of endocrinology at Tulane since 1998.

Holds the Tullis-Tulane Alumni Chair in Diabetes.

Attended medical school and completed residency training in Pune, India.

Completed another residency in England, along with a fellowship in endocrinology and academic work with the National Health Service.

Received the American Diabetes Association’s 2012 Banting Medal for Leadership and Service.
UNTANGLING THE KNOT OF DIABETES

With complications such as stroke, blindness and nerve damage, diabetes intertwines with almost every body system. But one Tulane professor has devoted his career to cutting through the tangle.

BY ARTHUR NEAD | PHOTOS BY DAYMON GARDNER
ulane’s Dr. Vivian Fonseca, a doctor born of doctors, is seeking to solve one of the most vexing puzzles of modern medicine: what causes diabetes—and what are the best ways to care for those who suffer from it?

Over the course of a celebrated career, he has conducted trials for most major diabetes medications, edited some of the world’s top research journals and led the American Diabetes Association’s medicine and science initiatives.

“I come from a family of doctors,” says Fonseca, professor of medicine, chief of endocrinology and Tullis-Tulane Alumni Chair in Diabetes. “My father and grandfather were doctors, so I had some exposure there.”

These days he’s experimenting with using text messages to help diabetics manage their disease by altering their daily lifestyles. It’s just one more way that this third-generation doctor is improving the health of generations to come.

SPARKING AN INTEREST IN DIABETES
Fonseca’s focus on diabetes and the many difficult issues surrounding this disease developed early, while he was practicing internal medicine.

“What I liked about internal medicine is that you think through your problems,” he says. “A major chunk of internal medicine is diabetes, which was a big problem. I got involved with trying to help in that area, and I just stayed with it.”

Diabetes, especially if it remains unmanaged, can lead to cardiovascular disease and stroke, kidney failure, blindness, nerve damage and reduction of blood circulation leading to amputations. In short, diabetes is one of the leading causes of death and disability.

“Diabetes is the one disease that affects almost every part of the body and every system in the body,” Fonseca says. “So in some respects doctors who work with diabetes are true generalists while being specialists.”

RESEARCH EVOLUTION
Over the years Fonseca has pursued an evolving variety of diabetes research initiatives in addition to keeping a busy clinical schedule.

“My initial research in diabetes was on platelet function, blood stickiness and coagulation abnormalities in relation to cardiovascular disease,” Fonseca says. “In many ways I am still working in that area, although a lot of things have changed.”

In the early days, few treatments for diabetes were available, so the disease was difficult to treat. As medications for diabetes began to be developed in labs and needed clinical trials, Fonseca got involved.

“I liked the fact that I could help evaluate the pros and cons of a medication and help get new treatments to the market,” he says. “I’m pleased that today we have so many treatments for diabetes, and I have been involved in clinical trials for almost all of them.”

Dr. Fonseca has published numerous articles on his diabetes research, and since 2007 has served as an editor-in-chief for Diabetes Care, one of the foremost publications on diabetes worldwide. He also has served on the editorial board of the Journal of Clinical Endocrinology and Metabolism and has contributed reviews to numerous other journals.

Under Fonseca’s leadership, and through the financial support of the Tullis family and alumni who created Tulane’s endowed chair in diabetes, the school’s Endocrinology Section is strongly engaged in diabetes-related research. Research efforts have also had support from the Susan Harling Robinson Foundation, which honors a character from the silver screen.

“Remember the movie Steel Magnolias?” Fonseca asks. “It is about a woman from Louisiana who had Type 1 diabetes. Her friends started a fellowship in diabetes that supports some of our research.”

Today Fonseca studies the basic science of regeneration of the pancreas islet cells in both Type 1 and Type 2 diabetes and conducts clinical trials to develop new treatment strategies. His team has participated in the large-scale Action to Control Cardiovascular Risk in Diabetes (ACCORD) study and in another study with salsalate, an old drug related to aspirin that has been shown to reduce blood glucose.

But not all his work is confined to a research lab. Fonseca was instrumental in helping develop a system using automated text messages to remind diabetics to
take their insulin and medicines and to check their blood sugar. These reminders can be crucial in heading off health complications, and they’re part of a growing trend toward smart phones and other handheld devices becoming personal healthcare “dashboards.”

**EXPERT, ADVOCATE, CYCLIST**

Fonseca was tapped several years ago to serve on the executive committee of the American Diabetes Association, and he has just completed a one-year term as the association’s president for medicine and science.

“The American Diabetes Association is a somewhat unique organization in that it’s not just a professional organization,” Fonseca says. “The leaders are a mixture of medical people, educators and lay people who are interested in diabetes—often because they have it themselves or a family member has it.”

A key focus of the association is raising funds for research and publicizing the results in scientific journals.

“We ask researchers to submit applications for grants and pick the ones that we think will have the greatest chance of success and impact,” Fonseca says. “We collaborate with the National Institutes of Health and other organizations, and occasionally we also collaborate with industry on joint research programs.”

Leaders of the American Diabetes Association also work as advocates for diabetes sufferers.

“We talk to people in state legislatures as well as Congress to help end discrimination for people with diabetes and to bring about changes in laws that take diabetes into consideration,” he says. “We believe that some of these problems require some societal change to address.”

Here in Louisiana, Fonseca spearheads fundraisers for diabetes research. He takes part in the Diabetes Walk in Audubon Park and the Tour for the Cure bike ride on the Tammany Trace.

“I rode a bike when I was a medical student, then I stopped and drove a car for many years,” he says. “Then the program came to the New Orleans area, and we entered a team from Tulane, so I bought a bike and started riding again.”

**THE NEXT LEAP FORWARD**

“We don’t know what causes diabetes, what triggers it off at a fundamental level,” Fonseca says. “Certainly part of it is genetic and part of it is environmental. There is not a lot we can do about the genes today. But of the environmental factors, many have been identified, and can be controlled or managed, such as physical activity, appropriate diet, and so on.”

Medications help keep blood sugar levels under control, but they don’t cure the underlying disease, and Fonseca emphasizes that more than medication is needed to manage the disease.

“In particular, the epidemic of obesity has driven the epidemic of diabetes, and along with it the epidemic of high blood pressure and cardiac disease. I work in all these areas because they occur in the same patient in very complex ways,” Fonseca says. “We are looking for new ways to address the obesity epidemic and to find fresh ways to target diabetes.”

Looking ahead, Fonseca expects Tulane to participate in a large, multi-center clinical trial that will feature head-to-head comparisons of the most promising diabetes drugs on the market.

“Such a study will help people choose what medicine is best for them,” he says. “And it will help doctors choose the right medicine for an individual’s circumstances.”
DR. JOHN M. MCCUSKEY JR. (M ’60) often found himself pondering the past during his 50-year career as a physician specializing in internal medicine and psychosomatic disease. Now retired and considering his ties to Tulane University, this attention has shifted to the future. “The past is good,” he says, “but the future is better.”

Providing for the future has inspired McCuskey and his wife, Sarah, to issue a call to arms to Tulane alumni and supporters. They’ve donated $100,000 to double—or triple—the impact of other people’s gifts to the medical school.

HOW THE CHALLENGE WORKS
Effective Jan. 1, 2013, to June 30, 2014, the McCuskey Challenge is a strategic way to encourage continued giving among donors and inspire young alumni to contribute to the culture of philanthropy that fuels School of Medicine achievements.

- **Alumni who donate to the medical school’s annual fund will receive a 1:1 match, maximizing their contributions.**
- **Alumni who have graduated from the medical school within the past 10 years will have their donations matched 2:1.**

For McCuskey, the gift is also personal. Though more than five decades have passed since his graduation, he remains strongly tied to Tulane and New Orleans.

“John worked really hard at Tulane. He loved how closely the professors worked with the students, how they were true mentors to himself and his classmates,” says Sarah McCuskey. “And he loved the combination of rigorous, intellectual learning taking place in such an interesting and stimulating city. We were both raised in the Midwest, so I know New Orleans was quite a change. Tulane allowed John to see the world in different ways and opened him up to a number of possibilities.”

FROM TULANE TO PARIS TO SAN FRANCISCO
A native of Peoria, Ill., McCuskey received his medical degree from Tulane in 1960, and he vividly recalls the details of what came next. He describes his time at Charity Hospital as “being thrown into the fire.” He completed a residency in internal medicine from 1961-1964 under the mentorship of Dr. Edward B. Ferguson Jr., and a two-year fellowship in endocrinology under the direction of Dr. Cyril Y. Bowers. Dr. George E. Burch, celebrated Department of Medicine chair, helped McCuskey land a coveted appointment at the American Hospital of Paris during a two-year stint in the Army.

After serving in Europe, McCuskey met Sarah Jane Thorkilson on a tennis court in San Francisco. He was a fellow at the Langley Porter Psychiatric Institute studying patients whose psychological problems compounded their illnesses. Sarah, a Michigan State University alumna, was completing a master’s degree in nursing and studying to become a pediatric nurse practitioner at the University of California, San Francisco. The McCuskeys married in 1971 and later had two children. As they put down roots in the City by the Bay, McCuskey continued carrying a torch for the Crescent City. Today McCuskey admits to bouts of “homesickness” while watching HBO’s “Treme.”

While New Orleans helped shape his life, McCuskey’s Tulane education catapulted him into a prosperous career. The McCuskeys say they want to give back to a place that provided them so much. “I want my story to motivate others,” McCuskey says.

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**TAKE THE CHALLENGE***

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* Minimum gift of $500.
Garcia Scholarship Makes Medical School Possible For Deserving Students

More than 10,200 students applied for the 188 seats available in the 2015 class at Tulane University School of Medicine. Even for the deserving students who got in, the substantial cost of medical school can be an insurmountable barrier.

But the DR. ALBERTO G. GARCIA AND MRS. EVA CARRILLO GARCIA SCHOLARSHIP, established by their daughter, helps support medical students at Tulane. The scholarship honors a family devoted to breaking down barriers and furthering public service.

A FAMILY OF FIRSTS
Alberto Gonzalo Garcia was born in Mexico in 1889, and became a ward of Dr. John Harvey Kellogg of Battle Creek, Michigan at age 10. Kellogg ran the world-renowned Battle Creek Sanitarium where he stressed a vegetarian diet, vigorous exercise and abstinence from alcohol and tobacco. Kellogg, best known for his creation of corn flakes, also helped establish the American Medical Missionary College, where Garcia received his first medical degree in 1910.

In 1913 Garcia was admitted to Tulane University School of Medicine, where he studied under Dr. Rudolph Matas and worked alongside Sister Stanislaus. He received his second medical degree one year later, becoming the first Mexican to be medically trained in the United States during the modern medical era.

In 1914 he performed the first open-heart surgery in Louisiana on a young patient who arrived at Charity Hospital during Mardi Gras. He was also the first Mexican American to establish a private medical practice in Austin, Texas, where he fought tirelessly to assure that Mexican Americans received proper medical care. A vocal proponent of civil rights, Dr. Garcia also battled the KKK and other segregationists for equal rights and better educational opportunities for minorities.

CONTINUING THE FAMILY TRADITION
Like her father before her, Maria Esperanza Garcia Roach found herself at Charity Hospital in New Orleans in 1940, where she taught anesthesia to medical students and worked with such notables as Drs. Michael DeBakey and Alton Ochsner.

As a first lieutenant in the Army Air Corps, Maria Esperanza Garcia attended to numerous wounded soldiers on air evacuation flights back to the United States from the battle fields of North Africa, Asia and Europe. A recipient of the Bronze Star and Air Medal, she continued serving her country after the war by working with the State Department. She also started a hospital in the Gold Coast for pregnant native women and their children.

SHARING THE LESSON
This commitment to public service embodies the Garcia family’s belief that professional activity should be combined with social activism. Garcia and his wife, Eva, may not have had the opportunity to achieve so much were it not for the generosity of people like Kellogg. This lesson was passed on to Maria, and it has been realized in the endowed scholarship fund that bears her parents’ name.

>> To learn more about how to support student scholarships and other programs at the School of Medicine, visit http://tulane.edu/som/giving/opportunities.cfm.

THROUGH THE TULANE EMPOWERS CAMPAIGN, academics and action are being united in ways that have never before been seen. Opportunities abound for Tulane medical faculty and students to carry out pioneering treatments, conduct important research and help heal communities. For more about Tulane Empowers, visit tulane.edu/empowers.
With Honors  The Tulane Medical Alumni Association honors a 1974 graduate for his contributions to cardiothoracic surgery and transplantation and a 1962 graduate for his innovations in facial plastic surgery.

OUTSTANDING ALUMNUS AWARD
Dr. P. Michael McFadden ('74)

Dr. P. Michael McFadden is the 2012 recipient of the Tulane Medical Alumni Association’s Outstanding Alumnus Award. A nationally recognized surgeon who is consistently chosen as one of America’s best doctors, McFadden has received numerous awards and accolades for his work as a physician and teacher.

Currently the professor of clinical cardiothoracic surgery and the surgical director of lung transplantation at the University of Southern California Keck School of Medicine, McFadden has devoted his life’s work to exploring lung transplantation outcomes and lung cancer. He has authored more than 67 peer-reviewed publications, book chapters and films in the field of cardiothoracic surgery and heart and lung transplantation.

“Dr. McFadden ranks as one of the top physicians in the country. His professional achievements are a credit to the Tulane University School of Medicine, and we are proud to honor him as the 2012 Outstanding Alumnus of the Year,” says Cynthia Hayes, executive director of the Tulane Medical Alumni Association.

Prior to his time at USC, McFadden was a northern California governor of the American College of Chest Physicians from 1989-1991. He served as chief of cardiovascular surgery at the Palo Alto Medical Clinic from 1983-1991 and practiced at Stanford University Hospital. He was a staff cardiothoracic surgeon, program director for thoracic surgery and the surgical director of lung transplantation at the Ochsner Clinic Foundation prior to his current position.

McFadden is a retired captain in the U.S. Naval Reserve Medical Corps. In addition to his medical contributions, McFadden is a dedicated volunteer to his alma mater. He is a past president and a member of the Tulane Medical Alumni Association Board of Directors, the Tulane Surgical Society and the New Orleans Surgical Society. He currently serves on the Tulane School of Medicine Board of Governors.

LIFETIME ACHIEVEMENT AWARD
Dr. Linton A. Whitaker, ('62)

When Dr. Linton A. Whitaker entered medical school, his eyes were opened to a new world. His experiences at Tulane University School of Medicine began his path to become a pioneer in craniofacial plastic surgery, a career celebrated with the Tulane Medical Alumni Association’s 2012 Lifetime Achievement Award.

Recognized internationally for his expertise in cosmetic surgery, especially facial aging and facial bone surgery, Whitaker is considered instrumental in the evolution of craniofacial plastic surgery. In 1972 he founded the Craniofacial Program at the University of Pennsylvania and served as its director until 2000. He also founded the University of Pennsylvania Center for Human Appearance, the first multidisciplinary center dedicated to research, education and the treatment of appearance-related disorders.

The recipient of numerous awards and honors, Whitaker was awarded the highest honor in the field of craniofacial surgery, the Tessier Medal from the International Society of Craniofacial Surgery. In 30 years, the award was only bestowed once before.

Whitaker credits iconic Tulane professors with inspiring his interest in surgery. “The lore of Rudolph Matas and all that has happened at Tulane was probably the budding of my interest in becoming a surgeon,” Whitaker says.

Whitaker has served as a professor of plastic surgery at the University of Pennsylvania since 1969. He served as chief of plastic surgery at the Hospital of the University of Pennsylvania from 1987-2004 and at The Children’s Hospital of Philadelphia from 1981-2001. At The Children’s Hospital he held the first two chairs in plastic surgery. He is now surgeon emeritus at The Children’s Hospital, and honorary surgeon at the Hospital of the University of Pennsylvania.

“Dr. Whitaker has dedicated years of service to the specialty of craniofacial surgery, in addition to educating and mentoring generations of plastic surgeons,” says Cynthia Hayes. “We are proud to honor him with the Lifetime Achievement Award.”
Tulane Band Director Barry Spanier invited Dr. J. Dudley Talbot to homecoming in November 2011 to be a guest of the band. Talbot was drum major for two years (1935-36) while he was a medical student.

Dr. Arthur D. Hertzberg (A&S ’43) is proud that nine of his children and grandchildren are Tulane graduates.

Dr. Takeshi Okano is a thoracic surgeon at VAMC in Bay Pines, Fla.

Dr. Henry S. Carter has practiced internal medicine primary care in DeRidder, La., for the past 55 years.

Dr. A. Barnard Russell Jr. has retired from the general practice of medicine at Magnolia Medical Clinic.

Dr. Howard I. Maibach (A&S ’50) recently received the Master Dermatologist Award from the American Academy of Dermatology for his significant contributions to dermatology and to the academy.

At age 80, Dr. Patrick J. Unkel (R ’61) is still teaching clinical pediatrics and nursery in the LSU family practice residency program.

Dr. John A. Ferris Jr. celebrated his 59th reunion in Ocean Springs, Miss., with his classmates.

Dr. Howard Cheek retired from his otolaryngology practice.

Dr. Howard Cheek retired from his otolaryngology practice.

Continuing to practice in the division of gynecologic oncology at Mount Sinai Medical Center in N.Y., Dr. Carmel J. Cohen is completing a six-year term on the board of directors for the American Cancer Society. He will continue his role as scientific chair of the Ovarian Cancer Research Fund.

Dr. Lewis A. Rainey retired in June after working 18 years as the chief of otolaryngology surgery at the Temple VA hospital. He will continue teaching at Texas A&M Medical School as associate professor.

Dr. Martin P. Rappaport (A&S ’57, R ’64) received an award from the Texas Medical Association’s 50-Year Club in 2012.

Dr. Schales Atkinson (G ’61) was named medical director for pre-hospital programs at the Mid-America Technology Center in Wayne, Okla.

Dr. Jack Hoover has returned to part-time work performing Social Security disability exams for MDSI Physician Services in Ogden, Utah.

REMEMBERING FORMER MEDICAL DEAN DR. JAMES CORRIGAN

Dr. James Corrigan, dean of the medical school from 1994-2000, died of pancreatic cancer in December 2012 in Tucson, Ariz. He was 77.

Corrigan began his career at Emory University School of Medicine and served as a faculty member from 1966-1971. After becoming one of the original faculty members in the pediatrics department at the University of Arizona Health Sciences Center, he was ultimately appointed chief of pediatric hematology/oncology and director of the Mountain States Regional Hemophilia Center. By 1987 Corrigan had accepted the position of chief of pediatric rheumatology and professor of internal medicine.

Corrigan joined Tulane University School of Medicine in 1990 in the role of vice dean for academic affairs. He became an interim dean of the medical school in 1993 and served as the dean of Tulane University School of Medicine from 1994-2000.

He concluded his career at Tulane by serving as the vice president of the Tulane Health Sciences Center from 2000-2002 before returning to Arizona in 2003 to instruct residents at the Tucson Medical Center.

“Dr. Corrigan viewed medicine as a vocation and was deeply committed to everyone he served,” says Cynthia Hayes, director of alumni relations for the Tulane University School of Medicine. “He was an outstanding role model and a man of compassion. He made remarkable accomplishments at the medical school and brought into place a number of things that were considered to be national models of excellence at the time.”
Dr. Howard H. Russell Jr. (R ‘67) received the Louisiana Nursing Home Association Medical Director of the Year Award in 2012.

Dr. Roger L. Spark (I ‘64) is enjoying retirement in Sun Lakes, Ariz. He plays senior league softball and batted .540 last year. He also enjoys volunteering and keeping abreast of medicine at annual conferences.

Dr. B. Eugene Berry (A&S ’61) was honored by the Baton Rouge General Foundation with the Excellence in General Award, which recognizes those who have made a significant impact in the community through their leadership and philanthropy.

Dr. Charles P. O’Brien (A&S ’61, G ’64,’66, F ’68) received the James B. Isaacson Award from the International Society for Biomedical Research on Alcoholism. This honor is the latest in a string of international awards O’Brien has received for a lifetime of research on the biological basis of alcoholism.

Dr. Eugene Shafton is proud to report that his youngest son, Asher, is a first-year cardiology fellow at University of Pittsburgh Medical Center. Asher completed his residency at the University of Michigan.

The Center for Wound Healing and Hyperbaric Medicine at Trinitas Regional Medical Center in Elizabeth, NJ. has named Dr. Charles M. Moss its medical director.

Dr. John M. Hobart received the 2012 Distinguished Alumni Award from Benedictine University in Illinois. A former chief of obstetrics and maternal-fetal medicine at Feinberg School of Medicine at Northwestern University, Hobart currently resides in Watersmeet, Mich.

Dr. Richard E. Wood Jr. is now semi-retired and working part-time in correctional medicine.

The American College of Physicians elected Dr. Bruce S. Samuels (I ’75, R ’77) as a fellow.

Dr. Marilyn Mackey Skinner (R ’77) is happy to announce that in June the Remi Gonzalez MD Professorship in child psychiatry at Tulane University School of Medicine was created thanks in large part to the support and help of her classmates.

Dr. Harold F. Sherman is proud to announce that he has happily retired.

Dr. George W. Sledge Jr. was named the chief of the division of hematology and oncology at Stanford University. Sledge is an internationally known breast cancer researcher and was previously at Indiana University’s School of Medicine as a distinguished professor.

Dr. Ned Hallowell appeared on “The Dr. Oz Show” in November to discuss women and attention deficit disorder. Hallowell is a child and adult psychiatrist and founder of The Hallowell Center for Cognitive and Emotional Health in Sudbury, Mass., and New York.

Dr. Gerald Hickson, assistant vice chancellor for health affairs at Vanderbilt University Medical Center, has been named chairman of the National Patient Safety Foundation and chairman of the Certification Board for Professionals in Patient Safety. Hickson is also an associate dean for faculty affairs, director of clinical risk and loss prevention, and director of the Center for Patient and Professional Advocacy at Vanderbilt University.

Dr. John R. Schreiber (PHTM ’79) is the 2012 recipient of the Distinguished Services Award from the American Association of Immunologists.

Dr. Bill Gallman has been practicing diagnostic radiology since completing a residency at Duke in 1987. He currently serves as chairman of the board of directors of Christus Health Northern Louisiana in Shreveport, La. Gallman, along with wife JoEllyn, are the parents of four children, two of whom are following in Gallman’s footsteps in the medical profession.

A new member of the TMAA board of directors, Dr. Penelope Manasco (R ’86) is CEO of MANA Consulting, LLC, which helps sponsors and contract research organizations to better use clinical trials software to conduct clinical research and bring new medicines to patients.

Dr. Clifford Hendricks III (A&S ’80, F ’87, R ’90) is the past president and current medical director of the Southern Eye Bank.

Tulane Medicine seeks news and notes about alumni of the medical school, as well as faculty members and “alumni” of the Tulane Residency programs. Please send your news to mednotes@tulane.edu or just scan the code with your smartphone.
Dr. Michael Whistler (R ’86, ’88) is in private practice in Colorado and loving it. He enjoys time with wife Dr. Patrice Gendel Whistler (NC ’76, PHTM ’83, M ’83, R ’86).

Dr. Thomas Frank (A&S ’83, G ’85) was appointed chief in the division of medicine at Landstuhl Regional Medical Center in Landstuhl, Germany. He also serves as a consultant in allergy and immunology to the European Regional Medical Command and consultant to the Army Surgeon General on medical corps history.

Dr. Myra A. Kleinpeter (PH ’89) recently received the Louisiana State Medical Society Physician Award for Community Service.

Dr. Gina Lagarde (R ’86) is the public health regional administrator and medical director of Louisiana's Department of Health and Hospitals in the Office of Public Health's southeast region.

For the past two years, Dr. G. Edward Newman has worked to turn the Knoxville Kidney Center into the most active medical philanthropy private practice in the Knoxville, Tenn., area. Newman has served as chief of staff at Parkwest Medical Center and served on the hospital board. He recently served as the inaugural medical director of Parkwest Palliative Care and a member of the Covenant Health System Institutional Review Board.

Dr. Samuel B. Field is a general surgeon at Lane Regional Medical Center in Zachary, La.

Dr. Anne Arikian Rison and husband Richard announce the birth of their fourth child, Abigail Madeline Rison. She is welcomed by her siblings Katie, Sam and Max.

Dr. Aaron Charles (R ’01) was named one of Baltimore’s “top docs” in geriatrics by Baltimore Magazine. Charles is an associate medical director with Gilchrist Hospice Care and medical director of Gilchrist Hospice inpatient unit. He also serves as the medical director of the Acute Care for the Elderly program at Greater Baltimore Medical Center.

Dr. Ross Winakor (PHTM ’99) has been installed as the president of the Connecticut Academy of Family Physicians.

Dr. Robert C. Corley was appointed chief of emergency medicine and medical director of SSM St. Joseph Health Center in St. Louis, Mo.

Dr. Greg Buchert (PHTM ’79, R ’85) serves as the principal for Health Management Associates, a national health consulting firm focused on publicly funded health care.

Dr. Robert From was appointed medical director at the John Peter Smith Ambulatory Surgery Center in Fort Worth, Texas. He currently lives in Colleyville, Texas, with Lindsay and their three children, Dean, Doug and Tilly. He works for Sheridan Health Care of Texas as an anesthesiologist.

Dr. Elbert K. St. Claire III (PHTM ’04) left his group practice and started a solo practice, St. Claire Medical, PLLC in New York, NY.

Since graduation, Dr. Michael Freehill completed an orthopaedics residency at Johns Hopkins School of Medicine. He was chosen for a fellowship in orthopaedics sports medicine at Stanford University School of Medicine and a sports medicine fellowship with a concentration in the shoulder at Harvard Medical School. Freehill has recently joined the orthopaedics faculty at Wake Forest’s School of Medicine.

Dr. Brook Vergales announces the birth of a son. Daughter Alexis turned two just in time for her brother’s arrival.

Dr. Timothy K. Brenna (PHTM ’08) is currently serving as a fellow in addiction medicine at Columbia University and is a fellow in medical ethics at Harvard Medical School.

In Memoriam

’36  Dr. Charles R. Walters Sr.  
’40  Dr. Charles L. Williams Jr.  
’52  Dr. Edward D. Hudgens  
Dr. Prentiss E. Parker Jr.  
Dr. Porter H. Warren Jr.  
’55  Dr. Donald I-Chung Sun  
’56  Dr. Billy M. Graham  
’58  Dr. Woody N. York  
’60  Dr. Ramon L. Snyder  
’63  Dr. Fred M. West  
’02  Dr. James Mott Bliss  
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Then & Now

DR. ROBERT S. GOLD, A&S ’78, M ’82 & PETER GOLD, M ’16

Dr. Gold is a pediatric ophthalmologist practicing in Orlando and Maitland, Florida. His son, Peter, is a first-year medical student with a degree in sociology from Tulane.

Why did you decide to attend Tulane University School of Medicine?

Dr. Gold: My father, a physician, often worked with the infectious disease department at Tulane and said I needed to look at Tulane because it was a great school.

Peter: Tulane has the Creative Scholars program, in which you take premed classes in your freshman and sophomore years, and then apply to the med school at the end of your sophomore year. That was really a great opportunity to go to Tulane undergrad, experience New Orleans and be able to have a major outside of science.

What was your first experience working with a patient?

Dr. Gold: In my second year we had Physical Diagnosis, for which we went over to the Charity Hospital internal medicine clinic and examined patients.

Peter: I volunteered at the Ozanam Inn clinic, a homeless shelter, administering TB tests. The most fascinating part was how much people trust you. That was an eye-opening experience.

How did you choose your specialty?

Dr. Gold: Before my fourth year, I did a one-month rotation in ophthalmology, and it just clicked. There is the old cliché, “the eyes are the windows of the world.” You can see diseases in the eyes—diabetes, hypertension, dermatologic diseases. For me, it captured the best of both worlds, of both medicine and surgery.

Peter: My sister was married over Thanksgiving, and a lot of my father’s doctor friends were at the wedding.

Everyone was trying to pitch me on a different profession—the ophthalmologists made fun of the orthopaedic surgeons, the orthopaedic surgeons made fun of the cardiologists. It was funny. I am leaning toward orthopaedic surgery or surgical oncology.

What did you do for fun or to “blow off steam?”

Dr. Gold: After every big test many of our classmates would go to Tyler’s Beer Garden. Oysters were a nickel, beers were a quarter. That was always a very popular place.

Peter: I would say getting outside, running, being active. Other than that, I own an event company called Spectrum Events. In my free time I’m working with artists from New Orleans and around the country to have events and concerts in New Orleans.

What would you say to a student who wants to apply to medical school?

Dr. Gold: I would tell people to follow their dreams. I have physician friends who tell their children not to go into medicine. They start giving me stories about how they are not going to be paid as much, but the bottom line is we’re doing something amazing.

Peter: You need to get the best grades you possibly can, because that will get you into medical school. At the same time you need to experience as much as possible. For me, living abroad and studying in the Czech Republic was probably one of the best experiences of my life. All your patients will come from different backgrounds, and how can you relate to them if you haven’t experienced the world?

interviews by Arthur Nead
3 Meaningful Gifts
That Cost You Nothing Now

SOMETIMES THE SIMPLEST THINGS make the biggest difference. Here are a few easy ways you can make a big difference for the Tulane University School of Medicine:

1. **Bequest.** Next time you meet with your attorney to draft, update or supplement your will, consider making a bequest to the School of Medicine. A bequest can be a specific amount, or all or part of what remains after family needs are met. Visit giftplanning.tulane.edu for sample bequest language.

2. **Life insurance.** Name the School of Medicine a beneficiary of your life insurance policy, or name the school contingent beneficiary and take care of family first.

3. **Retirement plan.** Same as with the life insurance above — just put the School of Medicine down as a beneficiary of your retirement plan.

Visit giftplanning.tulane.edu today to see what others are doing and get more ideas of ways to support the university you love. Or call us at the number below.

Your Gift. Your Way.

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