The College of Medicine Goes to Town
Redoubling Our Commitment to the Local Community
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Message From The Executive Dean
David M. Stern, MD

This is a fascinating time to be in the health care field, and an incredibly exciting time to be part of our College of Medicine. Changes continue to unfold as our momentum builds on a number of fronts. The plans that we and our health care partners have carefully mapped are coming to fruition. New strategic alignments, closer collaborations and novel problem-solving are leading to challenges and opportunities we might not have imagined 10 or more years ago. With constancy, creativity and commitment to doing what is right for the people we serve, we and our partners are demonstrating that we possess the will and the resources required to meet the challenges of today while crafting the vision for the future.

To note just a few recent changes:

- September marked the official launch of UT Methodist Physicians (UTMP) (page 10). The new, academic, faculty practice has already helped us recruit physicians who can bring different sets of skills to the area, filling gaps in patient care and provider services. Read about Benny Wokler, MD, Eastridge-Cole Professor for Thoracic Surgery on page 28.
- Discussions about a faculty practice group with the Regional Medical Center are moving forward as well.
- Our partnership with The West Clinic and Methodist Le Bonheur Healthcare in the development of the West Cancer Center has advanced significantly. In early November, a Certificate of Need was formally filed with the state of Tennessee. The filing includes two major projects, one for our Cancer Center and one for the development of an Outpatient Pediatric Center (page 28).
- Preliminary discussions are also under way among UTHSC, Saint Thomas Health and the Methodist Transplant Institute, which is operated by UTHSC physicians, to develop a liver transplant program based in Nashville. View the October article in The Tennessean at: http://www.tennessean.com/apps/pbcs.dll/article?AID=2013101900024. For more on James Eason, MD, and the UTHSC Division of Transplantation, see pages 19 to 21.
- U.S. News & World Report rankings have once again highlighted the excellence of several UTHSC core teaching hospitals. Our academic partnerships with these hospitals are one of the major, contributing factors to their improved national rankings. Read more on pages 34 and 35.
- The main feature of this issue reflects a snapshot of what the College of Medicine Advisory Board and our larger COM team are striving to achieve. Our overarching goal is to embed the college in the community, i.e., connect with the community on multiple levels and in ways that will result in measurable, positive impact on the lives of others through all four areas of our mission — education, research, clinical care, and public service. We hope you enjoy reading about the multiple ways our students, faculty, staff and alumni like you are joining with the greater, statewide community to bring our college into the lives of the many who can benefit from our service.

David Stern
Executive Dean
College of Medicine

Message From The Chancellor
Steve J. Schwab, MD

It’s been said: If you want to go fast, go alone. If you want to go far, go together. I’m pleased to report that together with you, our alumni, and with the collaboration among our many health care partners, UTHSC is poised to continue our tremendous progress in 2014. But before we look ahead, I’d like to take a moment and say thank you to all our colleagues who joined us in August for the annual College of Medicine Alumni Weekend and in October for the inaugural Golden Graduates Homecoming celebration, which included Golden Grads from every one of our six colleges. It is always rewarding to share time and conversations with so many of you — the accomplished men and women who continue to support the growth and development of this great institution.

In recent months, much has transpired on a programmatic level to move UTHSC and our partners toward greater alignment and fulfillment of our plans. In his letter, Dean Stern outlines several of the major initiatives launched in tandem with our partners. I hope you will make the time to read about the partner initiatives now under way.

In addition, during the past year, UTHSC has undertaken several major organizational efforts including laying the foundation for our strategic planning process, for our independent accreditation by the Southern Association of Colleges and Schools (SACS), and for the reinvigoration of our Campus Master Plan. In a recent Town Hall presentation to the campus, we provided a detailed overview of our strategic planning process.

Strategic effectiveness is defined as an organization’s ability to set the right goals and consistently achieve them. We are committed to ongoing assessment, evaluation and adjustment of our strategic priorities across all our major locations and we value your input as stakeholders in this process. You may review the strategic plan data at: http://mediaserver.uthsc.edu/uthscms/Play/827fdf92296d48e5b86e3f172b3b9a5d1d.

Our organization has grown so large and disparate from Big Orange that SACS Accreditation is being required of UTHSC as an independent entity, rather than being accredited under the Knoxville campus umbrella. We are well under way to marshaling all the forces required to meet these project deadlines with quality data. If you’d like to learn more about our SACS accreditation, please visit: http://www.uthsc.edu/sacs/.

When completed, our Campus Master Plan will produce proposals for property acquisition, partnerships, land use, site selection, building use, open space, circulation and utility systems. These initiatives will spur the ongoing transformation of the Memphis campus into a state-of-the-art Health Science Center. We are inviting interested parties to keep abreast of the 24-month process through our website: http://www.uthsc.edu/masterplan/.

The impact of each of these three, major organizational initiatives will ultimately be measured by our ability to sustain our forward momentum — not only for the coming year, but for the next five to 10 years. Collaboration is playing a significant role in these efforts as we build relationships with nationally recognized partners who bring expertise, insight and well-delineated resources to assist us as we navigate through proven processes that lead to success.

We trust you will enjoy this issue of Medicine. As you do so, know that our organization’s vitality, stability and success can be, in large measure, credited to partnerships with talented students, passionate faculty, diligent staff, and devoted alumni like you.
How do genetic differences affect the risk of developing glaucoma? A leading cause of blindness, with no symptoms or pain to act as a warning, glaucoma is a complex disease with many risk factors, including elevated pressure in the eye and age. These risk factors are ultimately due to differences in the human genome. Working with research groups from Harvard and Duke, Eldon E. Geisert, PhD, is defining genetic networks associated with glaucoma risk. Identifying the genetic differences that lead to glaucoma is the central research goal being addressed by a new $1.5 million grant awarded to Dr. Geisert from the National Eye Institute, part of the National Institutes of Health.

Researchers Unravel Genetics of Iris Disease

When it comes to the iris of the eye, most people are focused on its color — green, blue, brown and so on. But a group of UTHSC scientists are researching the genetics of iris diseases and have published a paper online in the journal Pigment Cell and Melanoma Research. The paper titled, “Genetic modulation of the iris transillumination defect: a systems genetics analysis using the expanded family of BXD glaucoma strains,” was penned by Shankar Swaminathan, PhD, a postdoctoral researcher working with Monica M. Jablonski, PhD, FARVO, professor of Ophthalmology at the UTHSC. Hamilton Eye Institute and of the UTHSC Anatomy and Neurobiology Department. Robert W. Williams, PhD, and Lu Lu, PhD, both professors in the UTHSC Department of Anatomy and Neurobiology, were instrumental in the study. Hong Lu, MD, who currently works at the Affiliated Hospital of Nantong University, Nantong, China, was also one of the co-authors. These analyses were made possible using the valuable Hamilton Eye Institute Mouse Eye Database generated by Dr. Eldon Geisert in the UTHSC Department of Ophthalmology. The full paper can be viewed at: http://onlinelibrary.wiley.com/doi/10.1111/jpcm.11006/full. Additional screening methods can be used to determine the genetic complexities of other multifaceted polygenetic diseases such as glaucoma, age-related macular degeneration, Alzheimer’s disease, and diabetes,” Dr. Jablonski noted.

Assistant Professor WenLin Sun Receives $1.42 Million Cocaine Addiction Research Grant

The widespread disease of drug addiction puts a heavy burden on addicts, their families, and the public. The abuse of illegal drugs costs society an estimated $181 billion per year. Among contraband drugs, cocaine is one of the most widely abused and addictive substances in the United States. Currently, there are no pharmacotherapies effective in stopping this disease. In order to develop such therapies, it is essential to understand the mechanisms underlying cocaine addiction. WenLin Sun, MD, PhD, is attempting to do just that with new grant funding.

“Today, the long-term goal of my research is to understand the brain mechanism underlying drug addiction,” said Dr. Sun, an assistant professor in the UTHSC Department of Pharmacology. He received a grant totaling $1,425,000 from the National Institute on Drugs, a subsidiary of the National Institutes of Health. The study titled, "Cocaine Addiction: Neuropharmacological Mechanisms of Compulsive Cocaine Use," is being conducted over a five-year period. This award allows us to look at drug addiction from a novel perspective. I hope that the knowledge to be gathered from this grant will significantly advance our understanding of drug addiction and be used to develop novel anti-addiction pharmacotherapies,” he said.

One of the hallmarks of cocaine addiction is continued cocaine-seeking and cocaine-taking behavior, despite the devastating consequences. This behavior suggests that the brain function involved in deterrence is impaired. Thus, the goal of this grant is to understand the basic brain mechanism underlying such impairment. Once such a mechanism is identified, Dr. Sun and his research team can develop pharmacotherapies to repair the mechanism and consequently control the compulsive cocaine use. Such therapies will play a critical role in clinical management of cocaine addiction.

Kafait Malik, PhD, Receives $2.8 Million to Study Cardiovascular and Kidney Function, Development of Hypertension

Achieving the right balance isn’t always easy but, in medicine, it’s often crucial. Studying the imbalance of the neuro-hormonal and immune system is helping one researcher decipher its connection to elevated blood pressure, associated heart and vascular dysfunction, and kidney damage. Kafait U. Malik, PhD, professor of Pharmacology at UTHSC, wants to understand more about how the nervous system, hormones and the immune system interact to regulate cardiovascular and kidney function, and the development of hypertension. The National Heart, Lung, and Blood Institute, part of the National Institutes of Health, recently awarded Dr. Malik a $2,854,304 grant to support his research for the next five years.

Cardiovascular disease is the foremost cause of death in modern societies, and hypertension is the leading cause of cardiovascular mortality and morbidity. According to recent American Heart Association statistics, in the United States 76.4 million (33.5 percent) individuals equal or greater than 20 years of age are hypertensive, and more than 70 percent of patients who suffer a heart attack, stroke or congestive heart failure are hypertensive. Moreover, hypertension is a major risk factor for ischemic heart disease and renal failure. Clearly, physicians need better approaches to prevent hypertension-related morbidity and mortality.

“Compulsive Cocaine Use,” is being conducted over a five-year period. This award allows us to look at drug addiction from a novel perspective. I hope that the knowledge to be gathered from this grant will significantly advance our understanding of drug addiction and be used to develop novel anti-addiction pharmacotherapies,” he said.

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A formal dedication of the new Kaplan-Amonette Department of Dermatology was held in October in the lobby of the Hamilton Eye Institute. The event honored Robert Kaplan, MD, and Rex Amonette, MD, and his wife, Johnnie, for their philanthropy and lifetime support of UTHSC. In July, the Dermatology Department was named for Dr. Kaplan and Dr. and Mrs. Amonette. Drs. Kaplan and Amonette, both UTHSC dermatology alumni and Memphis dermatologists, provided the support and service that allowed the new department to be established in the College of Medicine in Nov. 2012.

Dr. Kaplan practices in Memphis at Kaplan and Kaplan Dermatology and holds multiple leadership positions at UTHSC. In 2005, Dr. Kaplan created the Kaplan Clinical Skills Center at UTHSC, which through teaching, simulation and standardized patient encounters, enhances medical students’ abilities to take patient histories, perform physical exams and communicate effectively with patients. Dr. Amonette is the founder of the Memphis Dermatology Clinic and a former president of numerous organizations, including the Memphis Dermatological Society, the Tennessee Dermatology Society and the American Academy of Dermatology. He served as the interim chair of the UTHSC Department of Dermatology from its creation until May 1, 2012. Mrs. Amonette has an extensive record of local and national community service. She is past president of the American Medical Association Alliance and a former board member of St. Jude Children’s Research Hospital. She is a member of the Board of Directors of the UTHSC Foundation, a former member of the UT Board of Trustees, past chair of the Baptist Memorial Health Care Foundation and a member of the leadership team of Memphis Biosciences Foundation.

After the dedication ceremony, the new UT Dermatology Clinic within the Kaplan-Amonette Dermatology Department was unveiled. The clinic, a joint venture between UTHSC and UT Medical Group, will have eight rooms for patient care, including six exam rooms, a phototherapy room and a procedure room for skin surgery. Initially, eight faculty members will teach residents, and four of them will also see patients in the clinic, primarily those with more complex skin disorders.

Kathryn Schwarzenberger, MD

Kathryn Schwarzenberger, MD, has been appointed chair of the new Kaplan-Amonette Department of Dermatology, assuming her new responsibilities May 1.

Before joining UTHSC, Dr. Schwarzenberger was professor of medicine in the Division of Dermatology at the University of Vermont College of Medicine. After receiving her medical degree from the University of Texas Medical Branch in Galveston, she completed residencies in both internal medicine and dermatology at Duke University. A fellowship in immunodermatology research followed at the National Cancer Institute Dermatology Branch.

Dr. Schwarzenberger has received numerous honors and awards, and has been published in multiple journals and dermatological textbooks. She currently serves on the board of directors of the American Academy of Dermatology — the largest, most influential and most representative dermatology group in the United States. With a membership of more than 17,000, the academy represents virtually every practicing dermatologist in the country.

David Stern, MD, executive dean of the UTHSC College of Medicine, noted, “We feel lucky to have been able to attract someone of Kathy's stature in the world of dermatology. Our goal is to develop a practice that provides expertise that is not otherwise readily available in the city.”

Robert Kaplan, MD

Robert J. Kaplan, a member of the UTHSC COM Alumni Council, was named University of Tennessee Philanthropist of the Year at the UT System’s annual Volunteer Leadership Weekend in Knoxville in November in recognition of his gifts to the Kaplan Clinical Skills Center and the new Department of Dermatology.

Created in 2007, the Philanthropist of the Year Award goes to a donor who has made a significant gift (or gifts) to the University of Tennessee. The award recognizes the profound impact a single gift can make to the university.

Past Recipients:
2012: Brenda Lawson
2011: Noël and Charles Anderson
2010: John and Ann Tickle
2009: Kathleen and Tom Elam (Posthumous recognition)
2008: Barbara and Ralph Hamilton
2007: Jane O. and David T. Bailey


2013 UT Philanthropist of the Year
UITHSC Leaders Meet with Legislators to Discuss University’s Economic Impact and Campus Master Plan

Last July, UTHSC leaders hosted members of the Memphis City Council, Shelby County Commission and state legislature to update them on the economic impact of UTHSC on the community. The group also discussed the UTHSC campus master plan, which includes demolition of five buildings, construction of several new research and education structures, and renovation of outdated, existing facilities.

UTHSC Chancellor Steve Schwab, MD, and Executive Vice Chancellor and Chief Operations Officer Ken Brown, JD, MPA, PhD, FACHE, welcomed the public officials, including City Council Chairman Edmund Ford Jr., County Commission Chairman James Harvey and State Representative Joe Towns. Brown took them on a tour of the campus, noting that he is committed to telling “the local constituency” more about what UTHSC does, especially the economic impact it has on the community.

As extensive as that role is today — with UTHSC having an almost $2 billion economic impact on the Memphis economy every year — that influence will become even greater, Brown explained, with multiple renovation and construction projects every year — that influence will become even greater, Brown explained, with multiple renovation and construction projects every year.

The execution of our campus master plan is going to have a huge economic impact,” he said.

Possible Joint Venture with The MED

One such project being seriously discussed is a roughly $200 million Women and Infants health pavilion, which would be a cooperative effort with The MED. Another will be the renovation of the Mooney building and library, a structure situated at the historic core of the UTHSC campus, which has been vacant for the past 20 years.

Dr. David Stern, executive dean of the UTHSC College of Medicine, spoke of the pressing need to update the way we age and how it affects the community. Stern called it “embedding” the College of Medicine more deeply into the local community.

He said that the goal of his tenure is to make real improvements — to move the needle — in those areas.

“I do not want to be remembered as the guy who just — but not doing anything,” Stern said. “I want to be remembered as the guy who did things and made a difference.”

As extensive as that role is today — with UTHSC having an almost $2 billion economic impact on the Memphis economy every year — that influence will become even greater, Brown explained, with multiple renovation and construction projects every year.

“My role is to take this incredible — this powerful institution — and, you know, we always talk about mission, but I think the mission is to make a difference,” Stern said.

It’s part of what he called “embending” the College of Medicine more deeply into the local community. Stern called kidney disease, stroke and infant mortality major problems in the Memphis area.

He said that the goal of his tenure is to make real improvements — to move the needle — in those areas.

“We’re focusing our scientific inquiries on those diseases where we can make a difference here in Memphis,” Chancellor Schwab told the legislators. UTHSC-trained physicians, nurses, pharmacists, dentists and allied health professionals comprise the largest share of the health care workforce in the state. UTHSC health care professionals provide more than a million days of hospital care across the state every year and more than two million outpatient visits.

There are hundreds of mitochondria in each cell, driving virtually all facets of life. Researchers know that each mitochondrion comes with its own tiny genome made up of just 13 genes. This is not enough information to build a mitochondrion, and a thousand other proteins are imported courtesy of the main nuclear genome. The balance of activity between mitochondrial genes and nuclear genes is normally maintained very precisely. The team discovered that disrupting this balance and stressing the mitochondrion just the right way can actually extend life span.

The project began using information on the genetic causes of differences in life span in a large family of mice that routinely live from one to nearly three years. In his work at UTHSC, Dr. Williams was able to pinpoint a small part of the genome that is crucial for some of the inherited differences in life span. The Memphis team’s work provided a short list of suspect genes — not a smoking gun. Johan Auwerx, Professor and Nestle Chair In Energy Metabolism at the Ecole Polytechnique Federale de Lausanne (EPFL) in Switzerland, and a Swiss team took these genetic suspects and tested each in C. elegans, a simple animal that has become a linchpin in aging research.

The average life span of worms increased from 19 to 24 days. The powerful combination of the mouse genetics and the molecular analysis in worms pointed to a set of mitochondrial ribosomal proteins — essentially proteins that help make other proteins. The genes for all of the MRPs are located in the nuclear DNA compartment, so MRPs must be imported into mitochondria. A reduction in the level of MRPs at key points in development creates a normal or slower growth rate known as the unfolded protein response. Rekhtou Houkooper, Senior Scientist at the Academic Medical Center in Amsterdam, and Laurent Mouchiroud, an EPFL Post Doc in Biological Sciences and Genetics, serve as the lead analysts of this study. They were able to follow and qualify the movements of many worms during their entire life span and identify several different treatments that trigger the unfolded protein response. The surprising and consistent finding is that worms with slightly unbalanced and stressed mitochondria had better endurance and their muscles were in better shape.

All indications are that the mechanisms in worms are shared with mice, but more work is needed to determine what level of mitochondrial imbalance works best to extend life span and to make sure that we understand possible downsides before extrapolating to humans. Still, this research does give hope not only for increasing longevity, but also for lengthening the period of adult vitality. This research is also a good example of the type of international collaboration between teams of investigators with completely different areas of expertise.

"As science gets more sophisticated and complex, it becomes critical to team up across scientific and national borders to get to answers quickly," Drs. Auwerx and Williams stressed.

Robert W. Williams, PhD, Co-Authors Paper on Longevity Genetics Published in Nature

How do we age? And why is it some people live twice as long as others? Genetics research is offering a new clue to the mysteries of aging, thanks to a multidisciplinary team of scientists from Europe and the U.S. They have uncovered a new mechanism that contributes to aging and it’s located in the cell’s mitochondria. Mitochondria are the power generators of all cells in animals, converting glucose into a steady stream of ATP molecules — energy sources that store and transport chemical energy within cells.

Robert W. Williams, PhD, is one of the co-authors of the recent manuscript titled, "Mitonuclear Protein Imbalance as a Conserved Longevity Mechanism." The paper appeared in the May 23 edition of Nature, the international weekly journal of science. Dr. Williams is the UT-Oak Ridge National Laboratory's Program Director in the Department of Anatomy and Neurobiology at the University of Tennessee Health Science Center (UTHSC). To view the paper upon publication, visit: http://www.nature.com/nature.

While differences in the environment are a crucial element in aging, genetics also plays a role. The international team of researchers uncovered a process in mitochondria that influences longevity using a combination of powerful methods. By knocking down specific genes, they stretched life span by up to 60 percent in a simple model organism — a worm called C. elegans. The work has not yet been linked directly to aging in humans, but the fundamental biology of mitochondria and their role in energy production are shared. More intense work is likely to highlight some of the key aging switches in cells.
**Dr. Edmond Cabbabe Elected President of AMA Foundation**

Edmond B. Cabbabe, MD, FACS, has been elected president of the board of directors of the American Medical Association (AMA).

“We are excited to have Dr. Cabbabe as the president of the board of directors,” said AMA Foundation Executive Director Steven Churchill. “We look forward to what he will contribute to the AMA Foundation through his expertise in the health care industry and experience in philanthropic endeavors.”

Dr. Cabbabe completed his residency at the UT College of Medicine in Chattanooga in 1978. He has received many awards including an AMA Foundation Leadership Award, the AMA Membership Outreach Recruitment Award, the Missouri State Medical Association Citizenship & Community Service Award, the Certificate of Special Recognition for Community Service and Volunteerism Award by the American Society for Aesthetic Plastic Surgery, and the “World of Children” award from the Progressive Foundation and the “World of Children” Foundation.

Dr. Cabbabe’s expertise in the health care industry includes community service and volunteerism through his philanthropic endeavors. He has served on the board of directors of the Memphis Area Medical Society, the Board of Directors of the UT College of Medicine, and the Board of Trustees of the UT Foundation. He has also served on the Board of Directors of the UT College of Medicine Institute for Brain and Behavior.

Dr. Cabbabe has contributed more than 100 articles in both English and Arabic. He is an accomplished writer who has received journalistic awards for his work as editor for St. Louis Metropolitan Medicine. Dr. Cabbabe has contributed to the AMA Foundation through his expertise in the health care industry and experience in philanthropic endeavors.

Steven Churchill, AMA Foundation Executive Director

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**UTHSC Forms Academic Physician Practice Group with Partners**

UTHSC has joined forces with Methodist Le Bonheur Healthcare (MLH) and UT Medical Group, Inc. (UTMG) to create UT Methodist Physicians (UTMP), a new academic physician practice group that will enhance the delivery of specialty care and hospital-based medical services in the Memphis area.

UTMP specialties will include urology, surgical oncology, and adult medicine specialties, such as internal medicine, pulmonology and endocrinology. The formation of UTMP is similar to the successful collaboration of UTMP with MLH, UTMC, and UTHSC. The creation of that group strengthened the pediatric practices at Le Bonheur Children’s Hospital, supported recruitment of additional outstanding subspecialists, and helped it achieve national recognition. The UTMP collaboration is similar to the successful formation in 2011 of UT Le Bonheur Pediatric Specialists (ULPS) by UTMC, MLH, and UTHSC. The creation of that group helped strengthen the pediatric practices at Le Bonheur Children’s Hospital, supported recruitment of additional outstanding subspecialists, and helped it achieve national recognition.

“UTMP’s mission is to provide leadership in patient care, education and research. The UTMP model is scalable and will expand as needed to meet the needs of our patients and our communities.”

David M. Stern, MD, executive dean of the UTHSC College of Medicine

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**How did vertebrate animals make their way from the primordial ocean to traversing land? That’s no small question. Through finding and studying genes that are central to vertebrate biology, a UTHSC researcher and his colleagues have taken a step toward solving this scientific riddle. Their research paper titled, “The African coelacanth genome provides insights into tetrapod evolution,” appeared as the cover story in the April 18, 2013 edition of Nature, the international weekly journal of science.**

The African coelacanth (Latimeria chalumnae) is a lobe-finned, fish that was thought to have become extinct 70 million years ago, until living specimens were discovered in 1938. Adult versions of the heavily boned, slimy fish measure about 72 inches in length and can weigh more than 200 pounds.

David R. Nelson, PhD, associate professor in the UTHSC Department of Microbiology, Immunology and Biochemistry, worked with John Stappen, PhD, Sengtack Kao, MD, PhD, and Le_Geoff_George, PhD, Research Specialist, both at The Woods Hole Oceanographic Institute in Massachusetts, to find and annotate the cytomych P450 genes in the coelacanth.

“Since this is a slowly evolving creature, the gene set of P450s is a representation of this family of genes at the time of land colonization about 370 million years ago,” Dr. Nelson said. “It is the starting point for the evolution of all P450 genes in land animals including humans. These genes metabolize drugs and foreign chemicals that get into our bodies from the food we eat, the air we breathe and anything absorbed through our skin. They also synthesize or modify many important small molecules such as steroids, cholesterol, retinoic acid, prostaglandins and other eicosanoids and fatty acids. They are very important genes for vertebrate biology.”

He noted, “The significance of this paper is the key position of the coelacanth as a present-day relative of the fish that lived in the primordial ocean to traversing land. By sequencing the genome of the coelacanth, we can see what has been newly evolved for life on the land... We can also see what has been lost as we moved out of a water environment into a land environment.”

To read the article in Nature, visit: http://www.nature.com/nature/journal/v496/n7445/full/nature12027.html?WT.ec_id=NATURE-20130418.

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**Boling Center for Developmental Disabilities Receives $3,700 Grant from International Paper for All Days Are Happy Days Summer Camp**

The All Days Are Happy Days summer camp, sponsored by the Boling Center for Developmental Disabilities (BCDD) at UTHSC, completed its 11th year of activity with the award of a $3,700 grant from International Paper. The camp is a unique five-day educational and recreational experience for children between the ages of six and 11 with a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD).

Organized in 2002, the camp was a response to what BCDD team members perceived as a community need for a summer program for children with ADHD. Boling Center professionals led by David Kube, MD, a neurodevelopmental pediatrician and ADHD expert, and Belinda Tate Hardy, LCSW, developed the camp.

The camp’s professional staff, including trainees, offers a curriculum that focuses on understanding ADHD and provides techniques to manage ADHD-type behaviors. The curriculum reinforces Stop, Think and React (STAR). The STAR program incorporates talking to yourself, thinking before you act, and finally, reacting responsibly.

Campers participate in a myriad of activities: taekwondo, arts and crafts, music and nature walks. The Jewish Community Center graciously allows campers to swim free of charge daily.

“Without the financial support from International Paper, many campers would not be able to attend this wonderful camp,” said Hardy, chief of Social Work and clinical assistance coordinator for the Boling Center. “Funding from International Paper allows us to provide transportation from the Boling Center to camp. Their generosity also helps to supplement our services and purchase supplies.”

The Boling Center, a unit of the UTHSC College of Medicine, also enjoys community support from Cummins, Inc., the Shelby County Relative Caregiver Program, Tennessee Respite Inc., the Learning Disability Association, UTHSC, and parents and friends of the camp.

For more information about the All Days Are Happy Days camp, contact Belinda Tate Hardy at btate@uthsc.edu, or visit: the Boling Center’s website at www.uthsc.edu/bcd.
Samuel Dagogo-Jack, MD, FRCP, FACP, FACE, professor of medicine and director of the UTHSC Division of Endocrinology, Diabetes and Metabolism, has been selected as the Internal Medicine Section Physician of the Year by the National Medical Association (NMA). He received the award in July during the NMA 2013 Convention and Scientific Assembly in Toronto.

Dr. Dagogo-Jack, the A. C. Mullins Chair in Translational Research and director of the General Clinical Research Center at UTHSC, was honored for his work and research in the pathophysiology of prediabetes and diabetes, according to the NMA, the nation’s oldest and largest organization representing African-American physicians and health professionals. He was also cited for his “continued dedication to the NMA Internal Medicine Section.” The collective voice of African-American physicians nationwide, the NMA is the nation’s oldest and largest organization representing African-American physicians and health professionals. He was also cited for his “continued dedication to the NMA Internal Medicine Section.” The collective voice of African-American physicians nationwide, the NMA is the nation’s oldest and largest organization representing African-American physicians and health professionals.

The grant, totaling $3,103,528, is from the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), a subsidiary of the National Institutes of Health (NIH). His new study titled, “Pathobiology and Reversibility of Prediabetes in a Biracial Cohort,” is being conducted over a five-year period.

In 2006, the NIH awarded a $2.9 million grant to Dr. Dagogo-Jack for a project titled, “Pathobiology of Prediabetes in a Biracial Cohort.” Over a five-year period, Dr. Dagogo-Jack and his colleagues recruited and studied roughly 400 African-American and Caucasian research volunteers from the Memphis area. All had normal blood sugar levels at the time of enrollment, but they also had one or both parents with Type 2 diabetes. The purpose of that study was to determine how and why blood sugar drifts from normal levels to prediabetes. More than 100 of the volunteers developed prediabetes during the study, and many new insights were gained regarding the roles of race, weight gain, diet, exercise, insulin sensitivity, insulin secretion and energy expenditure on the development of the condition. At the conclusion, Dr. Dagogo-Jack applied to the NIH to propose the follow-up study. “Receiving a major NIH award of this size at this time of dwindling resources and fierce competition is a tremendous endorsement of the importance of our work on ethnic disparities and early detection and prevention of prediabetes,” said Dr. Dagogo-Jack. “We are humbled and encouraged by this award and immensely grateful to the NIH and NIDDK for giving us the opportunity to continue our scientific service to humanity.”

The Memphis area at the UTHSC Department of Preventive Medicine is seeking participants who are overweight, particularly higher risk for Type 2 diabetes. “Diabetes is a serious medical condition that can lead to an increased risk of heart attack and kidney disease. The D2d study will investigate whether vitamin D can prevent diabetes in persons at high risk for the disease. If we can prevent diabetes, we may be able to help people live healthier lives,” said Dr. Karen Johnson, professor and interim chair of the Department of Preventive Medicine.

Major NIH Grants Allows Prediabetes Study to Continue

Dr. Dagogo-Jack has received a renewal grant to continue his study of prediabetes, a condition involving higher-than-normal blood sugar levels. Those with prediabetes progress to diabetes at a rate of 10 percent per year. The grant, totaling $3,103,528, is from the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), a subsidiary of the National Institutes of Health (NIH). His new study is titled, “Pathobiology and Reversibility of Prediabetes in a Biracial Cohort,” and is being conducted over a five-year period.

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Can Vitamin D and Calcium Help Prevent Bone Fractures for Women Taking Postmenopausal Hormone Therapy?

That’s the question that researchers and more than 60,000 women have tried to answer through a Women’s Health Initiative study. Over more than 19 years, postmenopausal participants aged 50 to 79 years enrolled in clinical trials at 40 centers in the United States, including at the University of Tennessee Health Science Center (UTHSC) in Memphis. Since 1993, more than 4,200 women have taken part in the study through the UTHSC Department of Preventive Medicine. The Women’s Health Initiative study had two separate, but overlapping clinical trials of hormone replacement therapy and calcium plus vitamin D which examined the effect of these medications on a large number of health outcomes including osteoporotic fracture.

Recently, Karen C. Johnson, MD, MPH, joined 10 colleagues from other institutions to co-author an abstract on the progress and results of the study. Dr. Johnson is professor and interim chair of Preventive Medicine and PI (principal investigator) of the Women’s Health Initiative study at UTHSC. The manuscript entitled, “Women’s Health Initiative clinical trials: interaction of calcium and vitamin D with hormone therapy,” appears in the current online edition of the journal Menopause.

The study followed participants for an average of 7.2 years. Women who were taking both hormone replacement therapy and calcium plus vitamin D had a reduced risk of hip fracture compared to women who were taking either medication alone or a placebo. This reduced risk was seen whether or not women had a high or low calcium plus vitamin D diet, Dr. Johnson observed. These findings suggest that women who are taking hormone replacement therapy to prevent osteoporotic hip fracture should also take calcium plus vitamin D supplements. Results from this study should be evaluated in the context of current FDA recommendations to use postmenopausal hormone therapy for severe menopausal symptoms, at the lowest effective dose, for the shortest time. Women should also discuss the overall risk to benefit ratio of taking postmenopausal hormone therapy with their health care provider. The paper can be found online at http://journals.lww.com/menopausejournal/toc/publishahead.

Can Vitamin D Reduce the Risk of Type 2 Diabetes for People at High Risk?

The Department of Preventive Medicine at the University of Tennessee Health Science Center is seeking participants with prediabetes for a new study sponsored by the National Institutes of Health with collaboration from Tufts Medical Center in Boston. The study, referred to as D2d, will determine if vitamin D can reduce the risk of getting Type 2 diabetes in people who are at high risk.

Over 25 million people in the United States have diabetes and over 79 million are at risk for developing Type 2 diabetes. Weight loss and physical activity are known to reduce the risk of diabetes in people at high risk. However, additional preventive measures that are safe, inexpensive and acceptable are urgently needed to prevent Type 2 diabetes.

The D2d study is being conducted at 20 centers across the United States and will follow more than 2,000 people enrolled in the study for up to four years. The Memphis site at the UTHSC Department of Preventive Medicine is seeking people who are overweight, who may have a family member with Type 2 diabetes, live a sedentary lifestyle, have high blood pressure and are at risk for Type 2 diabetes. Women who had gestational diabetes during pregnancy are also at risk for developing diabetes. Some ethnic groups, including African-Americans and Hispanic-Americans, are at particularly higher risk for Type 2 diabetes.

“Diabetes is a serious medical condition that can lead to an increased risk of heart attack and kidney disease. The D2d study will investigate whether vitamin D can prevent diabetes in persons at high risk for the disease. If we can prevent diabetes, we may be able to help people live healthier lives,” said Dr. Karen Johnson, professor and interim chair of the Department of Preventive Medicine.

Study participants will be randomly assigned to take either a vitamin D supplement or placebo daily for about four years. Study pills are being provided at no cost. Participants will receive initial reports on specific health markers, including their blood sugar and blood pressure. Participants will be monitored throughout the study for the development of diabetes. Once enrolled, participants will be seen 12 times during the study.

Interested persons are asked to call the UTHSC Department of Preventive Medicine at (901) 448-8400 for more information.

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Unlocking the Secrets of Immune System Disorders

About one person in 20 develops an autoimmune disorder. These range from rheumatoid arthritis, lupus or multiple sclerosis, to other progressive autoimmune syndromes. A number of neurodegenerative and age-related disorders, as well as other chronic inflammatory affictions, also have an underlying immune contribution.

Marko Radic, PhD, of the University of Tennessee Health Science Center (UTHSC), in collaboration with colleagues at the University of Chicago and the University of Pennsylvania, offered insight into what protects healthy immune systems from developing autoimmune disease in a paper published in the July 16 issue of the Proceedings of the National Academy of Sciences (PNAS). Their findings in the systems from developing autoimmune disease may trigger proteins that possess genetic material that encoded an antibody that is common in Systemic Lupus Erythematosus (SLE) or lupus.

Dr. Radic, an associate professor in the Department of Microbiology, Immunology and Biochemistry at UTHSC, designed an experiment that stacked the deck in favor of destructive autoimmune disease, but other disorders that are not typically associated with a failed immune tolerance," explained Dr. Radic. "After nearly a decade of concentrated work with colleagues who share our interests and goals, we were able to achieve this breakthrough."

The College of American Pathologists (CAP) has awarded a two-year accreditation to UT DermPath, the University of Tennessee Health Science Center’s dermatopathology lab that provides diagnostic services to area dermatologists.

The accreditation program began in the early 1960s, and is recognized by the federal government as being equal to or more stringent than the government’s own inspection process. During the accreditation process, CAP inspectors examine the lab’s records and quality control procedures as well as laboratory staff qualifications, equipment, facilities, safety program, and record, in addition to the overall management of the lab. This rigorous inspection program is designed to ensure the highest standard of care.

The city isn’t just home to the university — it’s home to our families. Our families go to its schools, and our children play in its parks. Our patients are our friends and neighbors. We drive its streets and walk its sidewalks. But we didn’t come to town just to work. We came to live. When we look around us, we see signs that our mission is not yet complete — there is still more to do. But we also find evidence of our successes. And every day provides new examples of our commitment to our community, stories that demonstrate UT’s ongoing dedication to the health and well-being of our city. Here are a few of those stories …
The College of Medicine Goes to Town

An Uncommon Group Unites for a Common Cause

By Jennifer Johnson Backer /Reprinted from The Memphis Daily News

D r. David Stern, MD, executive dean of the University of Tennessee Health Science Center College of Medicine, has launched a unique effort to address community health needs in Memphis.

“It’s my belief that a medical school has a very unique opportunity to interact with the community,” Stern said. “I consider our community to be a very important laboratory — it is an underserved, minority community that is in ill health. The biggest contribution we can make is to move the needle on overall community health and to develop new methods that we can apply to other communities like Memphis.”

Stern, who moved to Memphis in 2011 to serve as the chief academic and administrative officer responsible for the College of Medicine campuses in Memphis, Chattanooga and Knoxville, has formed College of Medicine campuses in Memphis, Mark Luttrell and Memphis Mayor Mark Luttrell, and Memphis Mayor Shelby County Mayor Mark Luttrell, said he asked Levine to help him assemble a group of Memphis leaders to help identify community health needs, educational, clinical and economic development opportunities and other ways that the College of Medicine can better serve the Memphis community.

“In the clinical sense, it’s very important to me that the medical school meets the needs of the community that other private physicians may not be filling,” Stern explained. “There are gaps in care in some cases — that might mean physicians don’t have skills in certain specialized areas … or it could be a new technique or technology.”

Stern said he hopes to continue recruiting and hiring physicians that have specialized skills that aren’t already found in Memphis. There is no shortage of plastic cosmetic surgeons, for example, he said, but not enough surgeons who are willing to work on patients who need reconstructive surgery or who have craniofacial abnormalities and birth defects. Those specialties are more likely to find a home at a medical school, he said.

Levine, who has agreed to serve a three-year term as the board’s first chairman, said he’s encouraged that Stern wants to build upon existing outreach programs to improve overall community health and wellness in Memphis.

“He’s trying to get medical students and residents engaged in providing health care in the community in the hopes that they will continue to do that when they move on,” Levine said.

Levine said the community advisory board also hopes to create better brand awareness for the College of Medicine and to improve the recruiting process to attract top medical talent to Memphis.

“There are these statistics about Memphis on the Internet that show Memphis is not a safe city — so we need to enhance the recruiting process and help spouses find employment as well,” he said.

The new advisory board will also help identify ways the College of Medicine can address heart disease, diabetes, high blood pressure and other debilitating health conditions that are common in Memphis and the Mid-South.

“I’d like to bring more clinical trials to the area that study some of the key reasons we have such a high burden of stroke and diabetes and heart disease,” Stern said. “Health disparities are a big issue in Memphis. The medical school is going to devote its resources to clinical research, community outreach, and educational initiatives and also really embedding the medical school in the community in a way that makes the school relevant in the community.”

Ken Glass, an advisory board member who also is the retired chairman and CEO of First Tennessee Bank, says the board hopes to identify gaps in medical services and care, but also find innovative ways to make the College of Medicine play an even bigger role in the Memphis community.

“This is a deal that’s bringing more resources together to identify how the College of Medicine can be a better and bigger part of the community,” he said.

The community advisory board convened for the first time last summer. The board also will form individual committees that will focus on key areas and an executive committee.

“I thought by meeting people from different sectors of this community, I could better understand how to make the medical school positively impact the community,” Stern said. “The medical school needs to meet community needs and to provide an outstanding venue for training future doctors.”

An advisory board created to build a healthier city.

Advisory Board Created to Build a Healthier City.

**The UTHSC College of Medicine Advisory Board includes:**

- George Abor
  Retired CEO of Lenny’s Corp.
- Ron Belt
  CEO of Belt Enterprises
- Don Colloran
  Executive vice president for Global Sales and Solutions, FedEx Corp.
- Ken Glass
  Retired chairman and CEO of First Tennessee Bank
- Rabbi Michael Greenstein
  Senior rabbi of Temple Israel
- Estella Greer
  President and CEO of the Orpheum Theatre
- Bob Hester
  Senior partner, Deloitte and Touche
- Kevin Kane
  President and CEO, Memphis Convention and Visitors Bureau
- David Levine
  Business consultant and former chairman and CEO of ResortQuest International
- Mark Luttrell
  Shelby County mayor
- McNeal McDonnell
  Co-owner and chief manager, Moulton Bar
  John Moore
  Former President and CEO, Greater Memphis Chamber
- Mark Norris
  Tennessee Senate majority leader
- Ron Pope
  Director, student engagement, Shelby County Schools
- Meart Purvis
  Evening anchor, Fox 13 News
- Jill Steinberg
  Attorney and shareholder, Baker, Donelson, Bearman, Caldwell & Berkowitz PC
- A C’Wharton Jr.
  Memphis mayor

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UTHSC Leads a Four-Pronged Attack on Kidney Disease

By Margaret Carbaugh

Continued ...

James Eason, MD, professor and division chief, Transplantation at UTHSC, performs surgery on a patient suffering from kidney disease. Dr. Eason says that kidney transplantation is the treatment of choice and standard of care for patients with end-stage renal disease.

If you live in Shelby County, chances are you have a friend or family member with some stage of chronic kidney disease, even though, they may not be on dialysis yet or in immediate need of an organ transplant.

Though approximately 508,000 Tennesseans have kidney disease, the condition is a leading cause of death only in Shelby County, where roughly one-third of the state’s 3,000 dialysis patients live.

“It has to do with the two main causes of kidney disease — diabetes and high blood pressure,” explained Robert B. Canada, MD, an associate professor, Medicine. Dr. Canada, a nephrologist and the chief medical officer of UT Medical Group, has been practicing medicine and teaching with the University of Tennessee Health Science Center for almost 10 years.

Dr. Canada said that African-Americans, who make up a large percentage of our patient populations, are more likely to have high blood pressure than other groups and twice as likely to have diabetes. “Almost half (42 percent) of African-Americans have high blood pressure, and patients with high blood pressure are six times more likely than other groups to have kidney failure,” he said.

African-Americans are not the only group at risk for chronic kidney disease, Dr. Canada said. “The South is overall disproportionately affected, compared with the rest of the nation.”

We asked Dr. Canada whether lifestyle or genetics is to blame. “A little of both,” he replied, citing lifestyle factors such as weight and diet. “There is also a genetic component to salt-sensitive hypertension in African-Americans,” he added. “We don’t know the complete story about that yet.” He also listed lack of access to care and fresh fruits and vegetables as contributing factors.

As a clinician, Dr. Canada looks for ways to slow the progression of kidney disease, which is very difficult to halt.

“In our opinion, the role of the physician is critical,” he said. “We have the multidisciplinary team that’s needed, including nephrologists, vascular surgeons and endocrinologists. And the Health Science Center provides the web of providers it takes to care for kidney patients.”

Robert B. Canada, MD

Dr. Gosmanova added.

“Chronic kidney disease is frequently a ‘silent disease’ in its earlier stages as most of the symptoms related to kidney failure appear late in its course,” said Elvira Gosmanova, MD.

For this reason, patients should be routinely screened if they have known risk factors such as diabetes, high blood pressure and a family history of kidney disease, said Dr. Gosmanova, a nephrologist and hypertension specialist at UT Medical Group, and an associate professor, Medicine at the UT Health Science Center.

Diabetes and hypertension are leading causes of chronic kidney disease in the United States. If they are the underlying causes of the patient’s disease, we work on control of blood glucose and blood pressure to slow further kidney damage, explained Dr. Gosmanova.

“Untreated chronic kidney disease can progress to kidney failure and the need for a life-saving procedure called renal replacement therapy,” Dr. Gosmanova added.

As kidney disease progresses, nephrologists like Drs. Canada and Gosmanova start conversations with patients about their options for renal replacement therapy: dialysis (hemodialysis and peritoneal dialysis) and kidney transplantation.

“Transplantation is usually the best treatment for patients with end-stage renal failure,” said Dr. Canada.

Clinical Care

With these patients, the approach is the same as for others, use of medication to control high blood pressure, control of underlying diabetes, and patient education that stresses the importance of diet and blood pressure control. Clinicians also stress the importance of screening, which can be done relatively inexpensively in the primary care physicians’ office. “Chronic kidney disease is frequently a ‘silent disease’ in its earlier stages as most of the symptoms related to kidney failure appear late in its course,” said Elvira Gosmanova, MD.

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Continued ...
Transplantation

James Eason, MD, professor and division chief of Transplantation at UTHSC, says that kidney transplantation is the treatment of choice and standard of care for patients with end-stage renal disease. Dr. Eason, a 1987 graduate of the College of Medicine, said that some of those may not be on dialysis yet, although dialysis is imminent.

“If they have a living donor, we certainly want to try to perform transplantation early if possible, because their biggest risk factor for mortality is time on dialysis. Patients can be listed for kidney transplants on registries even before they are on dialysis. Dr. Eason was asked if there were any reasons why patients in Mid-South populations have a harder time getting matched donors. “No,” he responded. “We have been fortunate. We have had a statewide sharing agreement that has allowed patients in Memphis and the Mid-South to receive organs from across the state of Tennessee. That sharing agreement for kidney is going away in 2014. They will be limited to only the organs in the great Memphis metropolitan area.”

“This year, the University of Tennessee has formed an alliance with St. Thomas Hospital in Nashville, and we are operating a kidney transplant program there. We plan to double-list our patients — our patients can be listed both in Nashville at St. Thomas and in Memphis at Methodist and Le Bonheur. They will have greater access to organs than they would though any other transplant program in the state.”

In a typical year, the UTHSC-Methodist University Hospital Transplant Institute performs 250 transplant procedures. Half are kidney transplantations; the other half, liver transplantations. “We also perform kidney and pancreas transplants for patients who have renal failure,” he said. “That’s important” he stressed. “A Type I diabetic patient who goes into renal failure can undergo a kidney and pancreas transplant at the same time.”

Dr. Eason laid out his vision for the transplant institute: a statewide network of comprehensive transplant care with flagship programs at Methodist and Le Bonheur in Memphis and at St. Thomas in Nashville with affiliated kidney transplant programs in Chattanooga and Knoxvville. “I believe that we will be able to provide the greatest comprehensive transplant program in the Mid-South and the Southeast and we will continue to be a Center of Excellence and a destination for transplant treatment across the United States.”

James Eason, MD

Research

To attain our success, clinicians like Drs. Canada and Eason stress the importance of research in supporting UTHSC’s mission to improve care of patients with chronic kidney disease. Dr. Eason explained what has led to our success in the transplant institute. “We have assembled a dream team of physician-scientists and allied health professionals.” He added, “It will take increased funding to support the staff, which has made some of the most comprehensive transplant programs in the Southeast and the West, and we will continue to be a Center of Excellence and a destination for transplant treatment across the United States.”

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Barry Wall, MD

Education

Educating is another essential part of the Health Science Center’s mission to improve outcomes among our patients who have chronic kidney disease. In addition to education of medical students, residents and future kidney disease specialists, UTHSC has trained approximately 100 nephrology fellows at UTHSC and the Memphis Veterans Affairs Medical Center for approximately 40 years. Though there are nephrology fellowship training programs in all states in the U.S., only Vanderbilt University has a similar program in Tennessee. Barry Wall, MD, professor, Medicine, has directed the UTHSC-VA program and approximately 100 nephrology fellows during the past 10 years.

Fellows are physicians who have completed an internal medical residency and have chosen to specialize in nephrology. Dr. Wall explained. “It’s like rounding with peers.”

The fellows are exposed to patients at every stage of the renal condition. “They [the fellows] see patients with early kidney disease in the Methodist University Hospital, VAMC, and Regional Medical Center outpatient clinics. They also care for dialysis patients and patients experiencing acute issues that come up in the hospital,” Dr. Wall said. “The fellows also see the transplant patients at Methodist University and follow the long-term (chronic) transplant patients in individual faculty member’s clinic.”

Our fellows are also very active in clinical research. said Dr. Wall. Many have published their research in peer-reviewed biomedical journals and frequently present their findings at national conferences such as the American Society of Nephrology.

Conducting research in academic settings such as the VA Medical Center is ideal, Dr. Wall said. “It’s good for the fellows to make the connection between the patients they are seeing and the research they’re doing.”

The Health Science Center also takes part in a fellowship program for transplant surgeons, transplant nephrologists and transplant hepatologists. In addition, several faculty members have served as the National Kidney Foundation, whose goal is prevention of kidney disease and improved health of patients with this chronic condition.

“Fellows are physicians who have completed an internal medical residency and have chosen to specialize in nephrology.”

The College of Medicine Goes to Town

Dr. Kovesdy currently directs several studies focused on outcomes in chronic kidney disease. In two of these, which are NIH Research Project Grants, he examines national VA databases for findings that can be applied to patients in the Mid-South. His research question is what effect race and ethnicity have on mortality of patients with chronic kidney disease. “In many areas of the country, including the Mid-South, up to half of the patients on dialysis are African-Americans,” he said. “That’s important” he stressed. “A Type I diabetic patient who goes into renal failure can undergo a kidney and pancreas transplant at the same time.”

Dr. Eason explained what has led to our success in the transplant institute. “We have assembled a dream team of physician-scientists and allied health professionals.” He added, “It will take increased funding to support the staff, which has made some of the most comprehensive transplant programs in the Southeast and the West, and we will continue to be a Center of Excellence and a destination for transplant treatment across the United States.”

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The Message, the Mission

By Peggy Reisser Winburne

Paul D. Juarez, PhD, and Patricia Matthews-Juarez, PhD, moved to Memphis from Nashville in April, and have spent the last several months trying to get to know their new home. And while they are reveling in what's right about their adopted city, they are even more interested in what's wrong with it.

The couple came to Memphis to set up a new center at the University of Tennessee Health Science Center to research, measure and document health disparities here. They were recruited by David Stern, MD, executive dean of the College of Medicine, who charged them with much more than just crunching numbers.

“He said, ‘We’ve got to move the needle here,’” Dr. Matthews-Juarez said, recalling their early interview with Dr. Stern. “He didn’t say, ‘You have to change things.’ He said, ‘We have to change things,’ and so we felt totally convinced that he was on target.’”

Co-directors of the new Research Center on Health Disparities, Equity and the Exposome, they will not only research health disparities, but they will use the data to empower the community to turn those numbers around and improve overall health and wellness in Memphis and statewide.

“It’s not just research for research’s sake,” Dr. Matthews-Juarez said. “We’re going to make an impact on this community by finding this information out and then working through community organizations to do something about it.”

The Message, the Mission and the Methods

The center and its work may require some explanation for non-scientists. The couple are well aware that not everyone knows what health disparities are, and even fewer can define an exposome.

They are only too happy to explain.

“Disparities are really differences in terms of health outcomes that are due to social systems and other factors,” said Dr. Juarez. “It’s not just having worse outcomes. It’s sort of the systemic differences in outcomes in terms of race and ethnic groups, and the things that cause the disparities. Outcomes include morbidity, mortality, life expectancy, conditions and behaviors.”

An exposome is a measure of the impact of the environment on an individual’s health throughout life. It’s a term growing out of the environmental health movement,” he said. The center’s exposome model looks at the cultural environment (the air, water and land); the manufactured environment (buildings, transportation, community resources); the social environment (poverty, education, racial segregation); the policy environment, (federal, state and local laws). All of these affect health outcomes in some way, he said.

“The dynamic duo of Pat and Paul will have a tremendous positive impact on addressing and ameliorating health care disparities in Memphis,” Dr. Stern said. “Their appetite and energy for community engagement will highlight health disparities as a major emphasis of the College of Medicine. I look forward to their contributions as researchers and implementers of better access to health and wellness services for all in our region.”

The two are confident the baby steps they are taking now will pay off in the future. “Getting everybody at the table, maybe it won’t happen this year, maybe it will happen next year,” Dr. Matthews-Juarez said. “We expect that we’ll have a whole lot of people coming together.”

“Moving Forward

Already, they are looking at why mortality rates for African-American women diagnosed with breast cancer are twice as high as those for white women. “What we’re trying to do here is look at what are some of the interesting factors,” Dr. Matthews-Juarez said. They are working with holding groups to gather data on why poor African-American women don’t get screened, diagnosed and treated earlier, what the cultural barriers and myths that prevent them from accessing treatment are and how best to work together to improve the situation.

They are collaborating with the CANDLE study, which since 2006, has followed pregnant women to identify what factors during the pregnancy and the baby’s early years affect development and ability to learn. They are putting together a grant proposal to use the exposome framework and CANDLE data to study the effect of the environment on the growth and development at a molecular level of children in utero up to age four.

“We got a list of all the neighborhood associations in the city and we’ll start going out and meeting and working with them, trying to help them identify what are the major health problems they see in their community,” Dr. Juarez said.

The Research Center on Health Disparities, Equity and the Exposome:

• Health disparities are typically described in terms of differences in the incidence and prevalence of mortality, morbidity and other health outcomes and conditions that exist in specific population groups when compared to an index group. They are experienced individually, but are rooted in social determinants of health, and are highly concentrated in terms of excess morbidity, disability, years of life lost, quality of life, loss of economic opportunities and perceptions of injustice and inequity.

• The “exposome” measures lifetime exposures from conception to death. The Research Center is building a 30-year longitudinal database of 17,290 socio-behavioral, man-made, natural and policy variables that will show “hot spots” of unequal burden of disease by groups and diseases. This visualization through GIS (or geographic information systems) mapping is one tool the Center uses to ask scientific questions about health disparities.

• Six priority areas of the Center have been identified as health disparities areas in Memphis/Shelby County:
  – Cardio-metabolic disease: heart, diabetes, obesity, hypertension, stroke
  – Cancer: breast, cervical, colon, skin, lung, prostate
  – Child and maternal health: infant mortality, low birth weight, asthma
  – HIV/AIDS/SSTI: Sepsis, Gonorrhea, Chlamydia
  – Intentional and unintentional injuries: child abuse, youth violence, domestic violence, motor vehicle accidents, falls, drug overdoses
  – Substance Abuse/Mental Health: anxiety, depression, suicide, alcohol and drug abuse

Source: Information Supplied by Dr. Patricia Matthews-Juarez
Methodist Le Bonheur Healthcare has donated $250,000 to create the Dr. Ed Reed Scholarship Fund at the College of Medicine. The scholarship fund is named in memory of the late Ed Reed, MD, who passed away in 2012 at the age of 92. Dr. Reed was the first black general surgeon to establish practice in Memphis and blazed the trail for the integration of the surgical staffs of Memphis hospitals in the 1960s. He was a former faculty member of UTHSC and was the first black president of the Memphis chapter of the American Cancer Society. Additionally, Dr. Reed once served as chairman of the board for The MED and practiced medicine in Memphis for nearly 50 years.

“We are delighted that Methodist will support a medical student scholarship,” said David Stern, MD, executive dean for the UTHSC College of Medicine. “This gift will help us recruit a meritorious and diverse student body that can best serve the needs of the citizens of Tennessee.”

The funding will allow for enhanced diversity scholarship support at the UTHSC College of Medicine. Methodist will donate $50,000 per year for the next five years and the scholarships will be awarded to students currently enrolled at or admitted to the medical college. Students must exhibit exceptional academic performance, and financial need will be a key consideration for the awards as well.

This fall, the first five Dr. Ed Reed Scholarship Fund recipients at the UTHSC College of Medicine each received $10,000 awards. The recipients are:

**Class of 2014:** Megan Delores Ward
Andrew Stephen Poole
Bryauna Schunece Lewis

**Class of 2015:** Keadrea Renee Wilson
Petrina L. Craine

“We are proud to honor the great clinical and teaching legacy of Dr. Ed Reed. We hope that these scholarships will encourage and allow deserving students to pursue a medical career and follow in Dr. Reed’s footsteps and provide outstanding health care for all citizens.”

Gary Shorb, President and CEO of Methodist Le Bonheur Healthcare

**TRAILBLAZER**

**Dr. Ed Reed Honored for Breaking New Ground for Integration in Memphis Hospitals**

Based on data compiled by the Association of American Medical Colleges, the 2011 College of Medicine graduating class made UTHSC the second highest among non-historically black medical schools for graduating African-Americans. The 20 African-American graduates represented 14.08 percent of the 2011 UTHSC College of Medicine graduating class, which had a total of 142 graduates. In the category of non-predominantly African-American colleges and universities, only Duke University ranked higher than UTHSC in 2011, graduating 19 African-Americans (19 percent) in a class of 100 medical students.

“We are proud to be among the top medical schools educating and graduating African-American physicians,” said David M. Stern, dean for the College of Medicine. “Our College of Medicine is committed to recruiting talented, motivated African-American men and women with the drive and desire to become competent, caring physicians. Matching the complexity and diversity of the physician workforce to the communities we serve is essential in ameliorating disparities in health care that plague our region and nation.”
Translating Cancer into Cure for Mid-South Adults

By Margaret Carbaugh

I t’s hard to find anyone without a family member or close friend who has had cancer. That fact alone might be devastating. But it’s not the whole story, thanks to promising research being done on the campus of the Health Science Center and at other institutions.

While work continues to find a cure for cancer, research teams at the Health Science Center are also conducting basic science studies to better understand cancer and research to develop new diagnostic tests and treatments.

In the Mid-South, as elsewhere, the overwhelming majority of cases (90 percent) are diagnosed in adults, according to Lawrence Pfeffer, PhD, interim vice chancellor for research at UTHSC, Mainhead Professor and vice chair, Department of Pathology.

“Among our patients, rates of some types of cancer are higher than they are in other areas of the country,” said Dr. Pfeffer, making cancer research especially important for the Health Science Center, with its focus on patient populations in the Mid-South and Tennessee. In addition, prostate cancer is more prevalent in African-Americans, who make up a large percentage of patient populations in the Mid-South.

Dr. Pfeffer is also director of the UTHSC Center for Cancer Research (CCR). Founded in 2005, it is the only adult cancer research center in the Mid-South. “We have a diverse group of researchers, plus collaborators at St. Jude, who work together on cancer research study teams,” he said. “At present, they are working on grants focused on different types of cancer—skin, oral, brain, breast and urological just to name a few.”

One team has been studying glioma, the deadliest type of brain cancer. In 2009, the year U.S. Sen. Edward Kennedy died of glioma, researchers at the CCR began studies to learn how it and other types of cancer manage to thwart the anticancer action of chemotherapeutic drugs. “Kennedy’s case is a perfect example of malignant glioma,” said Dr. Pfeffer. “It typically manifests later in life, as it did in Kennedy, who lived only a year after his surgery.”

Most of those with a diagnosis of glioma die within two years. Surgery helps only a few. Early in 2009, Dr. Pfeffer and other researchers began a study of new strategies to fight the brain cancer, including treatment with interferon. They started out by knowing that interferon, a protein produced by the immune system, had a way to combat the problem: injection of a virus into the cancer cells, which specifically lowers the amount of this miRNA. With the levels of this miRNA lowered, interferon is effective at killing cancer. Dr. Pfeffer’s study is now moving into its next phase. If he continues to find success with his strategy, he plans to test his discovery in human clinical trials.

Dr. Pfeffer’s team extended their work on this subject in another study; results of the research were recently published online in the Journal of Biological Chemistry. The article was written by Dr. Pfeffer, graduate student Jo Meagan Garner, and Andrew Davidoff, MD, of St. Jude Children’s Research Hospital.

Garner is one of two graduate students in Dr. Pfeffer’s lab. In addition to Dr. Pfeffer and Garner, the CCR serves 15 principal investigators from the Colleges of Medicine, Dentistry and Pharmacy and approximately 50 other scientists. Finding more funding for this work is always a priority, given that it costs several hundred thousand dollars per year to support one researcher. It costs Dr. Pfeffer approximately one million dollars per year to support his lab, with its eight scientists.

Funds from non-government sources are increasingly crucial to the mission of the Center for Cancer Research, given the announcement last May that $293 million, or 5.8 percent, of the National Institutes of Health budget would be cut this fiscal year. The repercussions have already been felt on our campus. Dr. Pfeffer’s five-year grant from the National Cancer Institute has been cut each year for the past four years. This year, the grant’s fifth and final year, it was cut 20 to 25 percent. His work was helped by federal funding from an earmark in Congress for brain cancer research. The effort to secure the earmark, led by Rep. Steve Cohen of Memphis, helped, but such allocations are not popular. Researchers like Dr. Pfeffer know that they can’t count on such sources to fund their work.

From Survivor to Researcher

Garner continues to work in the Center for Cancer Research while she completes her PhD in the integrated biomedical sciences program. Her research focuses on characterization of renal and glioma cancer stem cells in relation to brain metastasis. “I may not want to do research full time for the rest of my life,” she said, “teaching and mentoring of other young researchers also appeal to her.

One team has been studying glioma, the deadliest type of brain cancer.
The West Clinic, Methodist and UTHSC Announce the Formation of West Cancer Center

The West Clinic, a leader in the fight against cancer in the Mid-South for more than three decades, in partnership with UTHSC and Methodist Le Bonheur Healthcare, has announced the formation of West Cancer Center in Memphis. Together, the three organizations are advancing efforts to provide leading-edge treatment, extensive clinical trials, and cutting-edge research in the fight against cancer. In general use, the new name is West Cancer Center, but all partners are incorporated in the program’s new logo to reflect the important role each partner plays in bringing the best possible cancer care to our region.

The creation of the center involves the consolidation of current services from across multiple locations into an existing building at 7945 Wolf River Blvd. Renovated capabilities include cancer imaging such as PET, MRI and CT services. There will be two new ambulatory surgery suites, and one new and one relocated linear accelerator. A second project will establish a Le Bonheur pediatric outpatient center at the current West Clinic location at 150 N. Humphreys Blvd. This new pediatric center will consolidate many of Le Bonheur’s services and increase access to care.

“Our combined mission is to leave no stone unturned in the diagnosis, treatment and care of every patient the center treats, providing world-class care to patients fighting cancer at home with their families right here in Memphis,” stated Eric Mounce, CEO of West Cancer Center and SVP for the Methodist Healthcare Cancer Service Line.

The main advantage for patients and their families,” Mounce said, “is that they can get the best care available, stay near the doctors they know and are with the people they love while fighting cancer.”

“Memphis Fight On” ad campaign underscores vision to deliver world-class cancer care to patients close to home

Future location of West Cancer Center at 7945 Wolf River Blvd.

Benny Weksler, MD, Named Eastridge-Cole Professor for Thoracic Surgery

The UT Health Science Center recently named its first Eastridge-Cole Professor for Thoracic Surgery, Benny Weksler, MBA, MD, FACS. Dr. Weksler will also serve as chief of the Division of Thoracic Surgery at UTHSC and as chief of Thoracic Surgery for UT Methodist Physicians.

An internationally known figure in thoracic surgery, Dr. Weksler most recently held senior-level positions at the University of Pittsburgh Medical Center, one of the nation’s top academic programs in thoracic oncology. Thoracic cancer is a particular concern in the Mid-South, which has some of the highest lung and esophageal cancer incidence and mortality rates in the U.S. At the University of Pittsburgh, Dr. Weksler served as associate professor of cardiothoracic surgery and director of Robotic Surgery. He was also chief of the section of Thoracic Surgery at the VA Pittsburgh Health Care System. To his new position, he brings unique experience in thoracic oncology and innovative treatment approaches, thanks to his vast experience with minimally invasive surgery techniques employing robotic surgery and video-assisted thoracic surgery.

“I am excited about the opportunity to join UTHSC, Methodist Le Bonheur Healthcare and the West Cancer Center, to jointly develop a world-class Thoracic Oncology Program,” said Dr. Weksler. “I began my new responsibilities on Nov. 11, reporting to Timothy G. Fabian, MD, professor and chair for the UTHSC Department of Surgery and to the Cancer Council of the West Cancer Center, in collaboration among UTHSC, Methodist Le Bonheur Healthcare and the West Clinic.

A professorship in thoracic oncology is especially needed in our area, said Dr. Fabian. “For lung cancer, and other types of thoracic cancer, surgery results in the highest curative rates. That’s why it’s so crucial that we train a new generation of thoracic oncologists,” he added, citing the historically declining number of surgeons training in this specialty field. “It also allows us to grow in oncology by providing training in diseases of the lung, mediastinum and esophagus,” he added.

Dr. Weksler has a particular interest in treating diseases of the chest by using minimally invasive techniques such as robotic surgery and video-assisted thoracic surgery. Minimally invasive procedures allow surgeons to make smaller incisions, resulting in less pain and shorter hospital stays. His research interests range from treatment of early-stage lung cancer to long-term results of minimally invasive esophagectomy and immunology of thymoma.

The College of Medicine, through approval of the UT Board of Trustees, was able to create this new endowed professorship by merging the earnings of two separate funds. One was created by the Methodist Foundation; the other is managed by the Community Foundation of Greater Memphis. The funds were named for two Memphis physicians who began a lifelong friendship when they were together in the UTHSC Thoracic Residency Program. Charles E. Eastridge, MD, and Francis Hammond Cole, Sr., MD.

Dr. Eastridge graduated from the College of Medicine in 1950 and completed his residency at the Memphis VA Medical Center, where he was later program director of thoracic surgery. Dr. Cole founded the residency program at the West Tennessee Tuberculosis Hospital, and he worked at Methodist Hospital. He was one of the first thoracic surgeons in the Memphis area.

His son, Francis Hammond Cole, Jr., MD, is a professor of Surgery in the UTHSC College of Medicine. The Eastridge professorship fund was established through a $1 million bequest made by Dr. Eastridge in 1998. The Cole fund was created in memory of Dr. Francis Cole through donations made by former patients, colleagues, and Methodist Healthcare.

To find out how you can establish a scholarship or professorship fund like this in honor of or in memory of a friend, professor, colleague or family member, contact Zach Pretzer, development director, at zpretzer@uthsc.edu or 901-448-4975.

“For lung cancer, and other types of thoracic cancer, surgery results in the highest curative rate. That’s why it’s so crucial that we train a new generation of thoracic oncologists.” – Tim Fabian, MD

By Margaret Carbaugh
A Legacy of life

By Margaret Carbaugh

Shortly before he died in July, Sheldon Korones, MD, received a graduation invitation from a former patient, Copeland Elijah White. Tucked inside the invitation were two photographs: one shows a 2-pound infant in an incubator at the newborn intensive care unit at The MED, the other, a beaming young man in cap and gown.

“See how far I’ve come,” bragged White, one of the many adults and children alive today, thanks to the lifelong commitment of Dr. Korones, for whom the neonatal intensive care unit at The MED is named.

“Dr. Korones demanded that our hospital do better,” White said. “He was a tireless advocate for babies, and he started the unit to save babies, regardless of how premature they were, regardless of race or if (the parent) were not able to pay the medical expenses,” she said. “Besides that, he was a great educator, and many fellows graduated from his program.”

Dr. Korones was a pediatrician in private practice in East Memphis, when he saw a need and became passionate about helping premature and ill newborns in the city’s public hospital.

“There’s no question in my mind that he was a pioneer and a trailblazer, and he did not shun controversy,” Dr. Dhanireddy said.

In 1968, he founded the newborn center that bears his name and has treated more than 50,000 premature babies since it opened. The city’s first neonatal intensive care unit and one of the oldest in the country, the center admits about 1,200 to 1,300 high-risk newborns each year, most of whom are born at The MED, Dr. Dhanireddy said.

“Whenever we were the only one there, we were watching and making sure that baby is being cared for by him. And the rapport he had with the families, he was at their beck and call.”

By Peggy Reisser Whithorne

“If we can give a baby hope, we’re able to save that baby,” Dr. Dhanireddy said. “We want to keep all of our patients, but if we can keep the babies alive, we’re able to keep the mother alive.”

Dr. Korones died in July at age 89, but his legacy lives on in every baby treated and every doctor trained at the Sheldon B. Korones Newborn Center at The MED.

For more than 40 years, Sheldon Korones, for whom the neonatal intensive care unit at The MED is named. Dr. Korones, a 1947 alumnus of the College of Medicine, was also a professor of Pediatrics at UTHSC.

White, now 18, lives in Jackson, Tenn., with his mother, Mrs. Gertrude Copeland. She recalled the day she met Dr. Korones. At age 41, she was the oldest mother with a baby in the NICU.

“I was standing at my son’s incubator, and I was so scared not knowing what was going to happen to him,” she said. “I saw Dr. Korones walking toward me with the residents. Even before he spoke to me, there was something in his manner that reassured me. He told me that my baby was going to be all right, though it would take time.”

Also alive today, thanks to Dr. Korones, is Whitney Jordan, the daughter of Kelly Bolen Jordan and Sam Jordan of Germantown.

Ms. Bolton was asked about Whitney’s health, given that she once weighed just 1 pound, 4 ounces. “Well, she just kicked a soccer ball into a neighbor’s yard three houses down,” she laughed, adding that Whitney now plays basketball and volleyball at Hutchison School, runs every night and plays on two competitive soccer teams.

Despite her premature birth and low birth weight, Whitney has kept up with the academic program at Hutchison School, where she is in the seventh grade.

Ms. Bolton recalls the events that led her to her family’s connection to Dr. Korones and his wife, Judy. Just 25 weeks into her first pregnancy, she was feeling wretched and having terrible headaches.

She went to her doctor, who told her she had HELLP Syndrome, a potentially life-threatening condition, and admitted her to labor and delivery, despite the baby’s premature state. The neonatalogist was on staff, so she was sent to The MED.

“Dr. Korones first stabilized her condition, delaying the need for delivery and buying her daughter a few more precious days in the womb. She was also given steroids to strengthen the baby’s lungs. A few days after being admitted, Ms. Bolton had an emergency C-section delivery.

Today, she knows for certain what saved her daughter. “It was the power of prayer, the grace of God, and Dr. Korones,” she said. “He fought for every child.”

After three months in the neonatal intensive care unit, Whitney was allowed to go home, though still on oxygen. “I begged Dr. Korones to keep her until the first grade,” Ms. Bolton laughs.

White is 13 years old, and her mom has never forgotten the compassion of the entire team who cared for Whitney. They were inspired, she believes, by the passion and leadership of Dr. Korones.

“For the first few years after Whitney left the NICU, we took cupcakes to the staff on her birthday,” Ms. Bolton said. She and her husband became friends of Dr. and Mrs. Korones and met them for dinner every few months. “When Whitney was old enough, we took her with us,” Ms. Bolton said. “She’d sit between us and Dr. Korones. I remember, she used to show him her report card.”

Dr. Dhanireddy knows Korones is a tough act to follow.

“He’s very big one,” he said. “I don’t claim to fill his shoes. But he’s always an inspiration to me. I think we’ll always be striving to meet his expectations, and hopefully, we’ll get there. We are at heaven from within and saying, ‘OK, I left this unit in the right hands.’”

Sheldon Korones, MD: 1924 - 2013

“I thought, he’s deserving, he’s a very humble person. I have nothing to give him,” Dr. Dhanireddy recalled.

“I came from the community,” Dr. Dhanireddy said. “He was a visible presence 24/7 during most of his life. For more than 40 years, he worked hard to improve the outcomes for these premature babies and the mothers, and made tremendous progress in lowering infant mortality in these babies.”

In 2011, for the first time, the infant mortality rate in Shelby County dropped below 5 per 1,000 live births. While still higher than about six per 1,000, the local rate is down from about six per 1,000, the local rate is down from 5 per 1,000 per 1,000 live births. While still higher than 8 per 1,000 live births. While still higher than 8 per 1,000 live births. While still higher than 8 per 1,000 live births. While still higher than 8 per 1,000 live births. While still higher than 8 per 1,000 live births. While still higher than 8 per 1,000 live births. While still higher than 8 per 1,000 live births. While still higher than 8 per 1,000 live births.

“After a time when there were so many controversies, he was an advocate for babies, and he started the unit to save babies, regardless of how premature they were, regardless of race or if (the parent) were not able to pay the medical expenses,” she said. “Besides that, he was a great educator, and many fellows graduated from his program.”

Linda DeBatt, LMSW, is the manager of the Perinatal Social Work Department at the newborn center. She worked with Dr. Korones from 1984 until he retired in 1999.

“He had this caring about him,” she said. “I remember going in there and we had a very sick baby and he was just sitting at the bedside, just watching and making sure that baby is being cared for by him. And the rapport he had with the families, he was at their beck and call.”

“He was a person who was very special. He demanded respect. He expected himself to be treated as anybody that he was not willing to do.”

Dhanireddy says he wishes Dr. Korones would be remembered as much for his kindness and his “deep sense of fairness and justice” as for his take-charge personality. “He is well known in this community for being tough and demanding,” he said. “Of course, he demanded excellence from people, but he expected himself to be like that. He didn’t ask anything from anybody that he was not willing to do.”
S

ometimes, basic research — so called "bench" research — doesn’t seem to have an immediate clinical application. That’s not the case, however, with the work being done by Karl T. Weber, MD, and his colleagues. "We’re really proud of the translation we’ve done between the bench and the bedside," Dr. Weber said. Heart disease is a pressing problem locally as well as nationally. According to an article by Dr. Weber and his team in The American Journal of Medical Sciences, heart failure not only occurs in African-Americans at an earlier age compared to whites; it is more severe and more progressive, resulting in higher levels of morbidity and mortality. Another major area of interest for Dr. Weber is the role played in heart failure by nutrients, both macronutrients and micronutrients. Micronutrients are those things the body consumes in smaller amounts — smaller when compared to proteins, carbohydrates and fats, which are macronutrients. These include calcium, magnesium, potassium, zinc, selenium and more — what Dr. Weber calls “the things you might find in a salad.” Micronutrient minerals play a key role in the healthy functioning of the heart.

Correcting Imbalances

Another major area of interest for Dr. Weber is the role played in heart failure by nutrients, both macronutrients and micronutrients. Micronutrients are those things the body consumes in smaller amounts — smaller when compared to proteins, carbohydrates and fats, which are macronutrients. These include calcium, magnesium, potassium, zinc, selenium and more — what Dr. Weber calls “the things you might find in a salad.” Micronutrient minerals play a key role in the healthy functioning of the heart.

According to Dr. Weber, the reason people suffer abnormal heart rhythm after going to the hospital for an automobile accident or even a minor fall is that their bodies are under an enormous amount of stress, and their blood levels of calcium, potassium and magnesium suddenly precipitously drop. "This shift can lead to arrhythmia," he said. Furthermore, the hormones released in heart failure “wash calcium out," Dr. Weber said, creating a worsening cycle of calcium loss and heart problems. Actually, Dr. Weber’s work with micronutrients is closely related to his work with vitamin D. The key function of vitamin D is that it is responsible for the absorption of calcium and phosphorus in the intestines. Another problem for African-Americans is that many are lactose intolerant, so they avoid dairy products, a rich source of calcium. Thus, their calcium levels are already lower than ideal before they even get to the emergency room, putting them at even greater risk for cardiac arrest. Dr. Weber said, creating a worsening cycle of calcium loss and heart problems.

"Here, we have identified a problem — the over activity of the parathyroid gland," Dr. Weber said. "Once we did that, we had to figure out the correct management of the problem — how to put the parathyroid gland to rest." The solution, Dr. Weber felt, was not a simple one given the current recommendation. The "official" guidelines from the Institutes of Medicine called for 500 units of vitamin D daily. Instead, Dr. Weber gave much more vitamin D than most had previously considered giving, calling for 50,000 units weekly for eight to 12 weeks. Has it made a difference? "Around here we believe it has!" Dr. Weber said. For example, after implementing this newer, more aggressive guideline, the rate of in-hospital cardiac arrest at the Regional Medical Center appears to have been reduced. "It’s not fair to compare The MED to other hospitals," he said, “but it’s a unique feature of The MED to have such a low incidence of in-hospital cardiac arrest. Outstanding, unique things have been done here.”

Where from Here?

Traditionally, doctors have written off heart tissue that has been damaged. Dr. Weber doesn’t believe in giving up so easily. He is working to come up with ways to renew heart tissue with working cells. "We’re looking to rescue heart muscle cells," he said. The goal is nothing less than “the renewal of the failing heart, by renewing failed myocardia, or muscle tissue of the heart.” Damaged heart tissue, he explained, is ridded with smaller cells as a result of heart disease. These cells are in isolated groups that Dr. Weber compares to islands or an archipelago — a group of islands. His goal is to get these cells functioning again and reestablish them with healthy tissue. "This is a new topic," he said. "Regenerating heart tissue is something other labs are also doing, but from a different vantage point using stem cells. Our approach, right here in Memphis, is complementary to that approach."
UTHSC’s Core Teaching Hospitals Continue to Rank Among Nation’s Best

U.S. News & World Report rankings have once again recognized several of UTHSC’s core teaching hospitals as among the best in the nation. In 2013, four of UTHSC’s core teaching hospitals appeared on the U.S. News list — Methodist University Hospital and Le Bonheur Children’s Hospital, both in Memphis, the UT Medical Center in Knoxville, and the Erlanger Medical Center in Chattanooga.

“It is a pleasure to congratulate our hospital partners for this significant achievement,” said Chancellor Steve J. Schwab, MD. “It’s equally important to recognize that it is our faculty’s diligence, compassion, quality care in hospitals across this state and region. That is the foundation for being the best in the nation.”

Methodist Hospitals of Memphis has been ranked as one of the best adult hospitals for 2013-14 in the country for nephrology (#49) and was ranked #1 in the Memphis metro area. Methodist Hospitals of Memphis is comprised of Methodist University Hospital (MUH), Methodist North Hospital, Methodist South Hospital and Methodist Le Bonheur Germantown Hospital. One of UTHSC’s primary teaching hospitals in Memphis and home of the UT Methodist Physicians Practice Group, MUH was also recognized for an additional national special status in solid organ transplantation. Eight other specialties were commended as high performing, with MUH being declared the best adult hospital in West Tennessee and ranked as the #2 adult hospital in the state of Tennessee.

Methodist Le Bonheur Children’s Hospital was declared the No. 3 adult hospital in the state of Tennessee and the best adult hospital in East Tennessee. It received high performance commendations in 11 specialties.

The Erlanger Medical Center in Chattanooga was declared high performing in three areas and best in the Chattanooga metro area.

The adult hospitals join the nationally ranked Le Bonheur Children’s Hospital, home of the UT Le Bonheur Pediatric Specialists Practice Group. Earlier this year, for the third consecutive year, Le Bonheur was ranked by U.S. News among the nation’s best children’s hospitals. On this year’s list, Le Bonheur has five nationally ranked specialties.

The UT Medical Center in Knoxville was declared the No. 1 adult hospital in the state of Tennessee and the best adult hospital in East Tennessee. It received high performance commendations in 11 specialties.

The annual U.S. News Best Hospitals rankings, now in their 24th year, recognize hospitals that excel in treating the most challenging patients. U.S. News evaluates hospitals in 16 adult specialties. In most specialties, it ranks the nation’s top 50 hospitals and recognizes other high-performing hospitals that provide care at nearly the level of their nationally ranked peers.

“A hospital that emerges from our analysis as one of the best has much to be proud of,” said Avery Comarow, U.S. News Health Rankings Editor. “Only about 15 percent of hospitals are recognized for their high performance as among their region’s best. Just three percent of all hospitals earn a national ranking in any specialty.”

U.S. News publishes Best Hospitals to help guide patients who need a high level of care because they face particularly difficult surgery, a challenging condition, or added risk because of other health problems or age. Objective measures such as patient survival and safety data, the adequacy of nurse staffing levels and other data largely determined the rankings in most specialties.

Doctors Discover a Bicycle Friendly City Has Much to Offer

Bruce W. Steinhauer, MD, a professor of medicine-general internal medicine at the UTMC, makes his morning commute from East Memphis to the Medical Center area not in a comfy sedan or sports car, but on his Trek bicycle.

John Bissler, MD, a UTHSC professor of pediatrics and chief of pediatric nephrology at Le Bonheur Children’s Hospital, commutes to his office in the Le Bonheur Children’s Hospital building on his Cannondale bike. These two docs on bikes don’t just talk the talk, they exercise the power of their pedaling on the way to work. They say they are bicycle commuters for many reasons: it’s better for the environment, it saves money and it’s fun. But mainly, they say, it’s a time-efficient way to get their exercise in, despite their busy work schedules.

“I love it,” said Dr. Steinhauer, who has been a bicycle commuter for five years or more. “All of us should get 150 minutes of exercise a week, so while the rest of you have to spend your evenings in the gym, I’m already done.”

He leaves his house in the Galloway Golf Course area between 5:30 and 6:30 every morning to beat the rush hour traffic, makes his way to Central Avenue, up to Cooper Street, over to Madison Avenue and then to his office in the Coleman Building.

Steinhauer was president of the Regional Medical Center at Memphis from 1997-2006, isn’t out to get attention on his bike, and he’s quick to point out that he and Dr. Bissler aren’t the only bicycle commuters on campus. But he’s not above using his transportation of choice to propel his patients to move more. “A lot of them have seen me out there,” he said. “I use this as an opportunity to say, ‘Maybe exercise some more.’”

Bissler, a newcomer to Memphis and an avid cyclist, makes the more than 20-mile commute back and forth from Germantown daily, mostly on the city’s bicycle trails, including the Wolf River Greenway and the Shelby Farms Greenline. “I start at the beginning and I tend when it ends, and I’ll do that as long as I possibly can,” he said.

Bissler was recruited in Cincinnati by Memphis to direct the Tuberous Sclerosis Center of Excellence at Le Bonheur and started work Sept. 1. He said he finds Memphis bicycle friendly, and that’s one of the things that drew him here. “So, one of the things that I asked about is ‘how bicycle friendly is Memphis,’ and Cincinnati is not,” he said. “The ability to get regular exercise by bicycling to work is just awesome. At the end of the day, which is when most people work out, there is a temptation to blow it off. I’ll put in over 40 miles every day.”

He leaves his house between 5:15 and 5:40 a.m. to get ahead of traffic, and tries to get back on the road at the end of the day before dark. “Rush hour is a very bad idea,” he said.

Even in the first few weeks of bicycle commuting in Memphis, he began to become familiar with other early morning and evening commuters. “There are people waiting for the bus, and we always say ‘good morning,’ and that’s wonderful,” he said. “Even on Summer Avenue (which he must traverse for a short distance), you see faces you recognize. Now, they wave. I’m very happy with it. I’m building this sort of relationship.”
Born in the cotton fields near Skullbonia, Tenn., an intrepid Paul Blaylock was already a mad scientist by age 10. Dr. Blaylock was born in the “Kingdom of Skullbonia,” so it was only fate that he pursued the skull (neurosurgery) and bones (ER trauma) in his career.

After a singed bedroom and a back porch explosion were left in his wake, Blaylock’s parents knew their only child’s scientific curiosity was too far gone to abort. So they gave him a science lab.

The “lab,” a shack in the woods far behind their South Fulton, Tenn., home, became a haven of castoff chemicals surrendered by his science teachers. Here, he concocted this and that to create one of his greatest inventions 55 years ago — a miracle stain remover.

That magic potion removed the spot from his mom’s favorite chiffon dress, “but by the next day,” he says, “the potion ate the rest of the dress.”

“I considered it a minor setback, kinda like when I deodorized baby skunks and tried to sell them as pets. My poor mom repeatedly was surprised by finding dissected creatures from the swamp in her refrigerator.”

With a thirst for knowledge instilled in him by his late mother, Blaylock first learned to read and write by studying newspapers used as insulation on the walls of his grandparents’ tarpaper house, which had no electricity or indoor plumbing.

His insatiable eagerness to learn about any and everything was a sign of things to come.

At 16, he enrolled at UT Martin and met his advisor, Dr. Phil Watkins. The former vice chancellor of student affairs and advisor of student government cemented Blaylock’s ambitions. Their lifelong bond is honored in “Friends,” bronze statutes created in their likenesses on UT Martin’s campus. The UT Martin Student Government Association also renamed their office after Blaylock. In 2003, he was honored as an outstanding alumnus at Martin. In 2005, he was nominated for the same recognition by the Health Science Center.

“I believe in the power of education and try to learn something new every day of my life,” Blaylock says. Echoing philosopher Henry David Thoreau, he adds, “I’ve tried to suck the marrow out of life every day.”

After graduating as valedictorian in 1968 from UT Martin pre-med, he graduated in the top of his medical school class from the UT Health Science Center in 1972. He trained under the internationally acclaimed cardiac surgeon Dr. Michael DeBakey and went on to neurosurgery residency in Portland, Ore. By 28, he was a trauma emergency doctor. Twelve years later, he added a JD to his name after graduating at the top of his law class. He was selected by his classmates to give the commencement address.

Now in private medical practice, Blaylock’s 40-plus year passion for medicine co-mingled with a robust law career enables him to minister “from an accident to the courtroom.”

“I think of myself as a doctor foremost,” he says. “When I look at photos and cards sent by patients whose lives I have saved or helped, I know I have made a difference and I realize how blessed I am to have made a difference in people’s lives.

“The same passion I had 40 years ago for medicine still burns. This is what I was born to do.”

That passion has halted his retirement six times, including this last June 4, which marks the day he graduated from medical school and drove off in his “Tennessee Corvette.” The 1972 graduation gift, decked out with a UT checkerboard license plate, is symbolic of his journey to success.
For the first time ever, the Office of Development and Alumni Affairs hosted a Golden Graduate Homecoming for all six colleges. It was a time for graduates to reconnect, reconnect and see the changes that have taken place on campus in the past 50 years. One theme was woven throughout all the events: the progress that’s been made would not be possible without the support of the Golden Graduates and the groundwork laid during their early careers in science and medicine.

This point was underscored by Jerre Freeman, MD, a member of the honored class. “Our medical training during the early 1960s occurred during watershed years,” he said. “So many of us who graduated then entered areas of medicine and research that truly revolutionized modern American and worldwide medicine and surgery. A reunion encourages us to meditate on what a wonderful experience our training at the University of Tennessee gave us.”

The capstone event was the Golden Graduate Ceremony at the Pink Palace Museum. Randy Farmer, vice chancellor of Development and Alumni Affairs, paid tribute to the class of 1963. “You have helped to make us who we are today,” he said. “Though they are no longer by your side, most assuredly they remain close to your hearts. Golden Graduates who served in the military were also honored for their service. Classes were called up by college, and Chancellor Emeritus Wall placed medallions on the Golden Graduates, amid cell phones flashing and proud spouses videotaping.

In all, 125 Golden Graduates and spouses attended the event. They came from 17 states, including Texas, Virginia and Arizona. “We are happy with the first effort, and hope to grow it next year with our new concept of a campus-wide celebration,” said Phillips. When asked how he would measure the success of this inaugural Golden Graduate Reunion, Phillips responded, “Seeing that our Golden Graduates come back, reconnect and truly understand what we mean when we ask ‘Where would you be without UTHSC’ because we wouldn’t be where we are without our Golden Graduates.”
New College of Medicine Scholarships in the Past Two Fiscal Years

Dr. A. Michael Alabaster Scholarship Endowment
This scholarship was established in honor of A. Michael Alabaster, MD, a Memphis urologist and 1977 graduate of the College of Medicine. Two awards were made, both for the first time, in the fall of 2013. Hannah Dickey, an M3, received the Karl Schieditz Monogram Service Award and Mohsinah Umairani, an M3, received the Martin Grush Harshbard Award.

Peggy Murphy Dawson Scholarship Endowment
This fund, named in memory of Peggy Murphy Dawson, will be awarded in the fall of 2014.

Julian G. Fleming, MD, Scholarship Fund
This fund was created in memory of Dr. Julian G. Fleming, a 1961 graduate of the College of Medicine. Dr. Fleming practiced internal medicine in Memphis. Numerous students began receiving awards from the scholarship fund this fall.

The Fred and Vicky Gregg Endowed Scholarship
This fund was established by Fred M. Gregg, MD, and Vicky Gregg, in honor of Hershel R. “Pat” Wall, MD, Chancellor Emeritus of the Health Science Center, for the profound effect he had on Dr. Gregg’s life and the lives of the many students he taught during his 50-plus years at UTHSC. Mrs. Gregg is the former CEO of BlueCross BlueShield of Tennessee. Dr. Gregg is a 1978 College of Medicine graduate. The scholarship was awarded for the first time in the fall of 2013; the recipient was Jordan Grubbs, an M3.

The Albert and Elizabeth Grobmyer Endowed Scholarship
This fund was established through the generosity of Dr. Albert J. Grobmyer III and Mrs. Elizabeth T. Grobmyer. Dr. Grobmyer, a 1962 graduate of the College of Medicine and surgeon in Collerville, is a past president of the College of Medicine’s Alumni Council. Elizabeth Grobmyer is a 1961 graduate of the College of Allied Health.

Bobby V. Khan, MD, PhD, Endowed Scholarship
This fund was established by Dr. Bobby Khan to support the work of a student pursuing a combined MD/PhD. Dr. Khan graduated with honors from the College of Medicine and Graduate Health Sciences in 1981. With his dual degree, he has combined a career in basic science research with teaching and clinical care. The scholarship will be awarded to a student also pursuing the dual MD/PhD.

Kerlan Family Endowed Scholarship
This fund was established by Bob Kerlan, MD, his wife, Andrea E. Kerlan, and their son Jeffrey Kerlan, MD. Bob Kerlan, a 1969 graduate of the College of Medicine, practices internal medicine at St. Francis Hospital in Memphis. Jeff Kerlan graduated from the College of Medicine in 1998 and is a cardiologist at Stern Cardiovascular in Memphis. Bob Kerlan is currently vice president of the College of Medicine’s Alumni Council.

The Dr. Ed Reed Scholarship Fund
This fund was established through generous support by Methodist Healthcare. The funding will allow for enhanced diversity scholarship at the UTHSC College of Medicine.

University of Tennessee Alumni Association (UTAA) Legacy Scholarship
This fund was created in 2013 by the UTAA and supports students whose parents or grandparents received a degree from the University of Tennessee. Matching funds from the UTHSC Chancellor allows each College to award a $1,000 Legacy Scholarship each year.

Dr. Hershel Wall Endowed Scholarship
This fund was named in honor of Dr. Pat Wall, Chancellor Emeritus of the Health Science Center. It was established by Joseph Delozier, MD, and his wife, Jan Delozier, MD, 1962 graduates of the College of Medicine; and J. Stephen Rich, MD, a 1974 College of Medicine graduate and his wife, Susan Rich. The first award was made in the fall of 2013. Trenton Stevens, an M2, was the recipient.

R. Lee and Betty T. Winchester Memorial Endowed Scholarship
The scholarship was awarded for the first time in the fall of 2013; the recipient was Brandon Boyd, an M2.

Where would you be without UTHSC?

Mary Cannon Hammock, MD
Hometown: Born in Knoxville (my father and mother both have UTK degrees), resides in Chattanooga
Family: Daughter, Molly Schmepf
Educational background: Category a Internal Medicine Internship and Residency (UTHSC COM, Chattanooga, Erlanger, 1981-84; UTHSC College of Medicine, 1981; UT (Biological), 1976
Specialty: Internal Medicine

What is your favorite UT Memory as a student?
Walking on Beale Street on Friday nights. Actually, I had to work every Friday and Saturday night to pay rent, so I did not have a great social life. Some fun was found from renting “jon boats,” fishing in West Memphis, Ark., and drinking Wiedemann’s beer, which tasted just like Mississippi River water.

Why did you select UT COM?
Dr. Joe Johnson is one of my favorite people. (Dr. Johnson celebrated 50 years of service to UT. In his various roles, he was UTHSC chancellor (1970-73), two-term UT president (1990-1999 and 2003-04), and has served as President Emeritus since 2004.)

What are some highlights of your professional career?
Member of American College of Physicians; Chattanooga-Hamilton County Medical Society; Tennessee Medical Association; UTHSC assistant professor of Medicine; Chair, Clinical Competency Committee; Medical Director, Medical Intensive Care Unit at Erlanger Hospital (1986-1995); Chair, Centin U-Care Home Health Agency (1996-present); Tennessee Medical Association Alternate Delegate (1988); UTHSC COM Alumni Council (1993-present)

What UT Volunteer Positions have you held?
President, UTHSC College of Medicine Council (2002-2004); UT Alumni Association Women’s Council (2010-12)

Why did you get involved?
Being involved has helped me be current with medical trends. I like to be kept aware of achievements of my peers. On a personal note, I credit my profession with providing funding for my quirky trend to adopt equines.

What is your advice to other UT Alumni about getting involved?
Do not hesitate when you are asked. In fact, don’t wait to be asked, go ahead and step up! Where would you be without UTHSC?

UT Gears Up For Legislative Session — You Can Help
January marks the beginning of another legislative session in Nashville. Are you interested in learning more about legislative efforts under way that impact the University of Tennessee? Consider supporting UT by joining the UT Advocacy network. Simply register at advocacy.tennessee.edu to access advocacy tools, alerts, and events.

Being an advocate for UT has never been easier.
2013 Medicine Alumni Weekend
Join your fellow alumni in Memphis to reminisce about your days in school and learn about the exciting things happening in the College of Medicine and on the Health Science Center campus. Whether you are looking for continuing medical education courses, opportunities to interact with current students or the chance to catch up with old friends, Medicine Alumni Weekend is the event for you!

**Save the Dates!**

**August 14-17, 2014**

**Madison Hotel - Memphis, TN**

**Join us for...**

- Outstanding Alumni Awards Dinner
- Alumni Networking Reception
- UT Health Science Center Campus Tour
- Spouse Events
- Reunion activities for the classes of 1974, 1984, 1989 and 2004

**Don’t miss this opportunity to celebrate the accomplishments of your fellow alumni!**

**Things to Do:**

- Outstanding Alumni Awards Dinner
- Alumni Networking Reception
- UT Health Science Center Campus Tour
- Spouse Events
- Reunion activities for the classes of 1974, 1984, 1989 and 2004

Should you have any questions or if you are interested in chairing your class reunion, contact Chandra Tuggle at (901) 448-5042 or ctuggle@uthealthsci.org. The UT Health Science Center Office of Development & Alumni Affairs hopes you will make every effort to join us in Memphis for this Grand Celebration.

**Check Your Inbox in the Coming Months for Details!**
Jack L. Wilson, PhD

Excellence in Teaching for 45 Years

As an MD, Bowie was especially grateful for the way that Dr. Wilson interacted with first-year medical students. “He never talked down to us,” Bowie recalled. “He was the opposite of condescending.”

Like members of medical classes before them, Gabrick and Bowie marvel at Dr. Wilson’s ability to lead students through the complexities of human anatomy with nothing more than bits of colored chalk and a slate blackboard. “He used the chalkboard to great advantage, showing us the progression of each system and how it fits together [with other body systems],” said Gabrick, who is amazed that Dr. Wilson can draw the entire autonomic nervous system without referring to notes.

Dr. Wilson came to the UT Health Science Center in the late 1960s, before high-technology tools like Blackboard, video streaming, online classes and long-distance learning were available. “We had the chalkboard and overheads,” he recalled. Though Dr. Wilson still favors use of the chalkboard for anatomy drawings, he integrates board work with PowerPoint presentations and videos. “New technology has its place,” he conceded.

He learned his teaching philosophy and the nuts and bolts of anatomy instruction from the mentors who influenced his career: Drs. Alexander Fedinec, Jean Holbrook and Harry Wilcox. He explains his success in reaching students with diverse educational backgrounds: “I teach as I would want to learn,” he said.

“My goal is to show students that the study of anatomy is not just rote memorization, but an understanding of logical development and organization.”

For the future, Dr. Jack Wilson plans to continue giving of himself to students in several ways. He may return to teach embryology and he has already given his word that he’ll be back to prep students for their boards. He also plans to put his skills to work for a professional education firm that conducts Step 1 board reviews.

“Before Dr. Wilson helped them piece together patients’ stories through the process of dissection. With the expertise born of endless practice, he showed his students how to infer a patient’s disease and stage at death from holding an organ, for example, a human heart in their hands.”

He taught us how to look for evidence, for example, scar tissue from surgery, a stent or hardware such as an implantable device, and necrotic tissue that would tell us the person had heart disease,” said Bowie. “In the textbook, it’s all perfectly laid out,” he added. “In reality, it’s not always, and he helped us see that”.

As for what inspired his grateful giving, Dr. Wilson answered, “It was in my heart to show students that the study of anatomy is not just rote memorization, but an understanding of logical development and organization.”

Dr. Wilson’s patience in working with students in the dissection lab. He said that Dr. Wilson helped them piece together patients’ stories through the process of dissection. With the expertise born of endless practice, he showed his students how to infer a patient’s disease and stage at death from holding an organ, for example, a human heart in their hands.”

Students Say ‘Thank You’ to Dr. Wilson

Dr. Wilson’s daughter, Marilyn, contacted his former students and requested that they send comments for a keepsake book, which she presented to him at the reception. Here are some excerpts.

Gene Mangiarante, MD (’79): One guy, hundreds of surgeons, thousands of patients.

Timothy Gordon, MD (’94): Even though I had Dr. Wilson in Gross Anatomy 28 years ago, I still remember that welcome smile that he gave to all of his students. In a sea of confusion with the start of medical school, he gave us a calming reassuring environment to learn to excel.

John Little, MD (’92): It must be satisfying to look back and realize the immense good that you have done through one of the most fundamental courses in medical training. Many lives have been improved and saved because of that knowledge, and they will continue to be for many years to come.

Thomas Edward Dukovac (M3): During my first year of medical school, we were attempting to do a difficult dissection. We managed to make such a mess of things that one professor called Dr. Wilson to help. We asked what we could do to remedy our mistake. His response was, “Well boys, you can also come back and try next year,” tactfully implying that we’d done such a terrible job that we would have to repeat the entire anatomy course next fall.

That was Dr. Wilson for you, quick-witted and working in a bit of humor here and there to lighten the mood. He quickly salvaged our dissection disaster.
Faculty

Alan Battle, PhD, Honored

Alan Battle, PhD, professor of Psychiatry and chief, Division of Clinical Psychology, was honored last August with a reception and the unveiling of a portrait of himself in which he is hooting a student at 2013 convocation.

Dr. Battle has hooted every student who graduated from the College of Medicine at UTHSC since 1955!

American Board of Surgery Elects Joseph Cofer, MD, as Chair

The American Board of Surgery (ABS), the national certifying body for general surgeons and related specialists, welcomes Joseph B. Cofer, MD, as chair for 2013-2014. Dr. Cofer was elected to the ABS in 2007 as a representative of the Southeastern Surgical Congress. Dr. Cofer is professor of surgery and surgery residency program director at the University of Tennessee College of Medicine in Chattanooga.

American Board of Surgery Elects Joseph Cofer, MD, as Chair

Joseph Cofer, MD, is honored last August and chief, Division of Psychiatry at UTHSC, was invited to give one of six plenary talks at the 13th Annual Southeast Health Sciences Fellowship Program, the American Heart Association has awarded $27,000 to Dr. Jennings, who serves as a professor in three departments at UTHSC — Internal Medicine, Microbiology, Immunology and Biochemistry; and Surgery. Over the next two years, she will use the award to fund fellowships for up to three students each year.

Lisa Jennings, PhD, Receives Support from American Heart Association to Support Student Fellows

Edward Chaum, MD, PhD, Wins Innovation Award

Dr. Edward Chaum of the Hamil* ey Institute and UTHSC, received an Innovation Award for creating the Telemedical Retinal Image Analysis and Diagnosis (TRAD) Network, which allows for digital screening and diagnosis of diabetic retinopathy, a leading cause of blindness in adults.

The Innovation Awards are presented by MBG. Inside Memphis Business magazine and the Fogelman College of Business & Economics at the University of Memphis.

Bruce Steinhauser, MD, Wins Lifetime Achievement Award

Dr. Bruce W. Steinhauser, professor of medicine-general internal medicine at UTHSC, was recognized as the Lifetime Achievement winner at Memphis Business Journal’s 15th annual Health Care Heroes awards. Steinhauser is a former chief of medicine at Seoul Military Hospital in Korea and at Walter Army Hospital in Fort Dix, N.J. He served nine years as president and chief executive officer of the Regional Medical Center at Memphis from 1997 to 2006.

Two New Chairs Appointed in the College of Medicine

David Stern, MD, executive dean of the College of Medicine at UTHSC, has appointed new chairs to lead two departments in the college.

Alex Dorsic, MD, PhD, assumes the chair of the Department of Pharmacology, and Michael Whitt, PhD, is the new chair of the Department of Microbiology, Immunology and Biochemistry. Both are recognized academicians and accomplished researchers.

Dr. Dorsic is a Distinguished Professor in the Department of Pharmacology. He received his MD in 1984 and PhD in 1989 from the University of Buenos Aires. He did a postdoctoral fellowship at the University of Massachusetts Medical School, and accepted a faculty position there. He joined UTHSC in 2000. His research has been extensively funded by the National Institutes of Health (NIH) and other granting agencies. In 2010, he was given an NIH MERIT Award for his research titled, “Ethanol Action on BK Channels from Arteries vs. Brain.” This project, which researches cellular mechanisms underlying alcohol-induced constriction of brain arteries, is in its 16th year of continual NIH funding. As a result of the work, he has been incorporated into Medical Pharmacology textbooks.

“Dr. Dorsic is a distinguished scientist, as indicated by his multiple publications in top-tier journals, patents and NIH funding for his research, including a MERIT Award,” Dr. Stern said. “His work on the effects of ethanol and cholesterol on potassium channels is a compelling body of work. I am confident that as a seasoned researcher and mentor, he will lead the department to a higher level of accomplishment.”

Dr. Whitt is a professor in the Department of Microbiology, Immunology and Biochemistry at UTHSC. He received his PhD in 1987 from the University of California, Davis, and did a postdoctoral fellowship at Yale School of Medicine. He joined UTHSC in 1991 as an assistant professor.

From 2001-2005, Dr. Whitt was the Director of Viral Cytolytics and Vector Development at GTx Inc., in Memphis. During that time, he maintained a part-time faculty appointment at UTHSC, where he continued to train graduate students and postdoctoral fellows in his lab and to teach in the graduate and medical school curricula.

He returned to UTHSC full time in 2005 and has continued his NIH-funded research to understand virus assembly and entry, and to develop novel virus-based therapies for cancer treatment.

Dr. Whitt holds multiple U.S. and foreign patents related to his work in recombinant viruses. He has received numerous Golden Apple Awards for Excellence in Teaching for his lectures.

“Dr. Whitt is well-recognized for his expertise in virology,” Dr. Stern said. “Through his 22 years in the Department of Microbiology, Immunology and Biochemistry (MIB), he understands the faculty very well, and is in an ideal position to engage established faculty and recruit new talent to invigorate the research mission.”

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IgA nephropathy is the most prevalent primary chronic glomerular disease worldwide. Inflammation in the kidney is a serious, common issue among adults and children in North America. Finding noninvasive ways to properly diagnose, monitor, and treat the inflammation may be getting closer to reality, according to a study by Robert J. Wyatt, MD, professor in the Department of Pediatrics. Dr. Wyatt is co-author of a Medical Progress report titled, “IgA Nephropathy,” in the New England Journal of Medicine. His co-author is Bruce A. Julian, MD, in the UT Medical Group's Department of Obstetrics and Gynecology. Canada also specializes in treatments for dry eyes and corneal ulcers. After earning his medical degree from the University of Utah School of Medicine, Dr. Waite completed fellowship training in cornea, external disease and refractive surgery at the University of Colorado. He is board certified by the American Board of Ophthalmology and is associate professor of Ophthalmology at the UTHSC.

Professor Wyatt’s Research Offers Potential for Noninvasive Diagnosis and Monitoring of IgA Nephropathy

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Associate Professor Michael McDonald, PhD, Gets Grant to Further Neurological Disease Research

A lzheimer’s and Parkinson’s disease are two of the most complex neurological afflictions known to date. However, insight may soon be near thanks to Michael McDonald, PhD, and his research team. Dr. McDonald, an associate professor in the Departments of Neurology, and Anatomy and Neurobiology, has received a grant totaling $599,420 from the National Institute on Aging, a subsidiary of the National Institutes of Health. The study titled, “DiETary GlycamiNeoproCtE and CoGnitive EnhanCement,” will be conducted over a two-year period.

Dr. McDonald's research focuses on altering brain gangliosides to improve cognition and reduce neuropathology in models of Alzheimer's and Parkinson's disease. Gangliosides are found in every tissue of the body and are typically used, new funding will allow Dr. McDonald and his team to use a food additive that may alter brain gangliosides in a beneficial way. The additive, called glycaminoproteide, or GMP, is a natural byproduct of milk during the cheese-making process. It is also used as a supplement by bodybuilders because of its high protein content, and is added to baby formulas to improve their sialic acid content.

Global Outreach Mission Expanding Horizons

Students

The experience made her “appreciative of health care in the states,” she said. Forrest chose to spend a month doing mostly clinic work with InterHealth South America in and around Quito, Ecuador, where some villages were so remote they could be reached only by motorized canoe.

“We've learned about these diseases all year, and in Thailand we saw them in real life,” Merritt said. Matt Rudd of Jackson, Tenn., another UTHSC medical student, also traveled with the program to Sichon Hospital. “I just wanted to get some experience in another country, because I have some interest in doing some kind of a medical mission trip in the future,” he said. "I think I might like to go somewhere in Africa or South America, where I can really do something meaningful to me, but also meaningful to the people I'm helping." Pigott, who went to the Philippines through Work the World, said she was happy to be “an extra hand on deck,” observing the doctors and performing examinations and minor procedures. “It was just an awesome experience that I would recommend to any medical student.”

In the rural villages, you tend to see more conditions emblematic of a lack of health care, including infectious diseases and some tropical diseases,” he said.

Students

Global Outreach Mission Expanding Horizons

By Peggy Bessent Winburne

Sean Forrest of Chattanooga, a second-year medical student at the University of Tennessee Health Science Center, took his last summer from the classroom to the impoverished neighborhoods and remote villages in the jungle and highlands of Ecuador. Nashville native Ellen Pigott, also a second-year medical student at UTHSC, spent five weeks working in the Pediatrics Department at Western Visayas Medical Center in Iloilo City, Philippines. The two are among several students at the UTHSC College of Medicine who decided to take what they learned in their first year of medical school and spend the summer expanding their knowledge and learning how medicine is practiced in other countries.

The students’ summer work reflects the outreach mission of UTHSC. “The College of Medicine encourages service, both in the community and internationally,” said Dr. Owen Phillips, professor of obstetrics and gynecology and associate dean of student affairs for the College of Medicine. The college has a student-run Committee on Asia Outreach (CIAO) that helps identify and fund some medical travel opportunities for students.

The College of Medicine, part of the University of Tennessee Health Science Center, was one of several institutions involved in the outreach mission in the Philippines. Students, residents, and faculty members have been working with InterHealth South America in and around Quito, Ecuador, where some villages were so remote they could be reached only by motorized canoe.

副院长（护理学系主任）阮方道表示，该学院的外科医生和护士们正利用先进的技术和设备，为病患提供高质量的医疗服务。他强调，医疗团队始终坚持以患者为中心，努力提高患者治疗效果和生活质量。
On Oct. 15, UTHSC launched its first mobile application, called “ME” – “Mobile Everything, Everywhere, Everyone” – the app is available on Apple, Android and Kindle Fire devices to faculty, staff and students as well as the general public.

Implementation of the app was a joint effort by the Office of Student Affairs and Information Technology Services, with the primary target audience being UTHSC students. The main goal of the app is to increase student access to UTHSC data, services and resources while providing a general mobile presence for the university.

ME currently gives users access to general university information such as the campus calendar, news, important numbers, and the directory. However, it also provides access to some individualized information for students and faculty via a secure NetID login. For instance, students can review their final grades and Banner account holds, and both students and faculty can view information about the courses they are taking and teaching.

In early 2014, even more functionality will be added to the ME app, including a campus map that provides building information and the ability to access and play campus-related videos and audio clips.

To get the application, users must go to their app store on their mobile device and download and launch “Ellucian Go” (the vendor’s name for the application) and then choose “UTHSC ME” from the school list.

The app was piloted at UTHSC in honor or memory of someone that has supported them in their life. The funds raised were then matched by the Medicine in May 5k and Peri Ahnk.

For more information about accessing and using ME, go to http://www.uthsc.edu/me/.

College of Medicine Student Giving Project

Last spring, the College of Medicine class of 2013 piloted the inaugural student giving campaign at UTHSC. During April and May, students received a series of emails signed by their class leaders asking them to make a gift to UTHSC in honor or memory of someone that has supported them in their life. The funds raised were then matched by the Medicine in May 5k and Peri Ahnk.

The gifts from the class of 2013 were used to provide pocket clipboards to the class of 2017.

White Coat Ceremony and Parents Appreciation Day

The College of Medicine held its annual Parents Appreciation Day Friday, Aug. 16, beginning with a continental breakfast in the Student-Alumni Center and ending with a White Coat Ceremony at Mississippi Boulevard Christian Church.

The keynote speaker for the Class of 2017 was Ruth-Marie “Rhee” E. Funcher, MD, Professor Emeritus and inaugural Vice Dean for Academic Affairs at Medical College of Georgia at Georgia Health Sciences University.
Second-year medical students from UTHSC are conducting “Tar Wars” sessions to spread the message to elementary school students about the dangers of tobacco use. “We talk with kids about the costs of tobacco use — costs to their piggy bank, their health and the health of others. Saving that money and spending it on something that really matters to them, like a Nintendo or other fun activities, gets the kids’ attention.”

The Tar Wars program also explains how the tobacco industry specifically targets kids in advertising and other media. According to the program, the tobacco industry spends more than $8 billion a year to promote its products. Much of that marketing directly reaches and influences children. Each day, about 3,500 children in the United States will smoke their first cigarette. “Tar Wars is a great way to involve our medical students in preventive health care,” Dr. Choby said. “Our medical students want to encourage kids to develop good habits and healthy lifestyles starting at an early age.”

Robert D. Kirkpatrick, MD
Robert D. Kirkpatrick, MD, age 65, of Memphis, Tenn., died April 26, 2013.

Dr. Kirkpatrick graduated from UTHSC in 1974. During his distinguished career, he maintained a clinical practice and chaired the Department of Family Medicine at Saint Francis Hospital. Dr. Kirkpatrick also served as president of the Tennessee Medical Association, president and board member for the Tennessee College of Occupational and Environmental Medicine, president of the Memphis Medical Society, and board member for the Tennessee Academy of Family Physicians. He also served on the American Medical Association delegation for the state of Tennessee. One of his highest achievements was being appointed medical director for the State of Tennessee Worker’s Compensation Division. In 2010, he received the Tennessee Medical Association’s Distinguished Service Award. He is survived by his wife, Glenda Gail Kirkpatrick.

Robert A. “Alex” Sanford, MD
Robert A. “Alex” Sanford, MD, age 72, of Germantown, Tenn., died Oct. 17, 2013.

Dr. Sanford founded Le Bonheur’s surgical brain tumor program — a collaboration with St. Jude Children’s Research Hospital, the University of Tennessee Health Science Center and Semmes-Murphy Neurologic Spine Institute. The program has grown to be the largest program of its kind in the country. Dr. Sanford was honored by the American Association of Neurological Surgeons/Congress of Neurological Surgeons Section on Pediatric Neurological Surgery as recipient of the 2010 Franc Ingraham Award for distinguished service. He was one of fewer than 10 neurosurgeons ever bestowed this high honor. Dr. Sanford was a Professor Emeritus of the UTHSC Neurosurgery Residency Program.

Robert Riikola, MD, FAAP, Named Methodist Healthcare 2013 Living Award Honoree

Last August, Dr. Robert Riikola (’68) was awarded a 2013 Methodist Healthcare Foundation Living Award for Inspiration in Faith and Health — Physician. Dr. Riikola, who has practiced pediatrics in Memphis for more than 40 years, has been associated with Memphis Children’s Clinic since early in his career. Memphis Children’s Clinic recently celebrated its 60th anniversary.

Each year, the Methodist Healthcare Foundation Living Awards recognize individuals or organizations who have distinguished themselves by their leadership and commitment to the healing mission of Methodist Le Bonheur Healthcare and to those whose faith-based initiatives have had a profound impact on health care locally, nationally, and globally.
Do Fetuses Feel Pain?


Bloody Tears


Cocaine Addiction

The Commercial Appeal and the Memphis Business Journal reported on a UTHSC professor’s brain research aimed at fighting drug addiction.

UTHSC in the Media

CBS News
ABC News
USA Today
The Tennessean
The Drudge Report

Sneak Peek

The 2014 program will feature 40 tours, beginning at only $714!

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If you have any questions, please contact the UTAA at gsnow@tennessee.edu or 865-974-2115
SAVE THE DATE

August 14 - 17, 2014
2014 Medicine Alumni Weekend

Oct 15 - 17, 2014
Memphis, Tennessee
Golden Graduate Homecoming
Honoring the Class 1964
(plus all previous Golden Graduates invited)
Details to be mailed soon!