The Dean of Deans
Richard Krugman, MD, on his time as dean and what’s next for him and the school
“IT WAS A SYZYGY”

Richard Krugman, MD, the longest-serving Dean in the history of the School of Medicine, explains why he’s stepping down after more than 24 years and he looks ahead to his time as “just a professor.” Page 14

Cover photo by Robert Anderson, MD. “Now” photo at left by Glenn Asakawa.

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OFFICE OF ALUMNI RELATIONS
Academic Office One, Room 1214
12631 E. 17th Ave., Box A080
Aurora, CO 80045
E-mail: healthalumni@ucdenver.edu
303-724-2518/877-HSC-ALUM
www.ucdenver.edu/healthalumni

SCHOOL OF MEDICINE
Richard D. Krugman, MD, Dean;
Vice Chancellor for Health Affairs
University of Colorado Denver
Terri C. Carrothers, Associate Dean, Administration and Finance, and Chief of Staff

EDITOR
Mark Couch
Director of Communications

DESIGN AND PRODUCTION
Helen Macfarlane

COPY EDITOR
Amy Rasberry

WEB CONTENT
Tonia Twichell

WRITERS
Jenny Dean
Vicki Hildner
Dan Meyers
Tonia Twichell
Amy Ventura

PHOTOGRAPHY
Robert Anderson, MD
Glenn Asakawa
Patrick Campbell
Dan Meyers
Tonia Twichell

CU MEDICINE TODAY FALL 2014
Pursuing the next chapter

When a book ends, we don't stop reading; we reach for something new. And so the time has come for me to pursue my next chapter, too. Since 1990, I have had the privilege of leading this wonderful School of Medicine, and together we have accomplished many great things.

We updated the curriculum to improve the quality of education our student body receives. Students today receive a competency-based, integrated four-year curriculum that better prepares them to improve the quality of health of their patients and communities.

We moved to the 217-acre Anschutz Medical Campus from 44 acres on the Ninth Avenue Campus, establishing one of the best centers for medical knowledge, discovery and patient care in the country, and we are poised for achievements that were unimaginable just a decade ago.

We established higher standards for treating one another with respect. The superior quality of care we give our patients should be reflected in the daily interactions we have with one another, and we have made great strides in creating such an environment.

Amid trying economic times, we have secured our future with a high-performing clinical practice and with strong, abiding partnerships with our affiliated providers who are invested in our education and research missions.

We have improved alumni and philanthropic support. We are grateful for the gifts bestowed on the school by those who have depended on us.

In January, I announced plans to step down as dean of the School of Medicine when a new dean is hired. That process has been moving along this year and should soon be completed.

I plan to return to the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect. I'm told they have a nice office with a prime view of a nearby parking garage. That's OK. I'll be working on a research project in Belgium that I've wanted to do since before becoming interim dean in 1990, and I have children and grandchildren to visit across the country and in Japan; I expect I'll be traveling a bit.

This message should be my final one for this magazine as your dean, and it is my opportunity to say thank you for your advice, your dedication and your financial support over the years. We have had many colleagues on this journey who will continue to guide the school, and they will continue to make this a great place for learning and caring.

I also have had the privilege of working with other leaders, some who are gone too soon.

My friend Chip Ridgway, MD, MACP, distinguished professor of the university and senior associate dean for academic affairs, is chief among them. Chip died this summer after a sudden illness. His willingness to take on challenging projects and his steady, thoughtful analysis were a constant source of strength and inspiration. Look around this campus and you'll see his works living here.

In his modest way, Chip would want to share credit and to respect the contributions of others. And with good reason. None of the school's achievements could be done without you. Together we teach and learn, investigate and discover, cure and care.

Our greatest achievement is to build a school that endures, that serves the people of Colorado and that makes our world a better place. I am grateful that we have made this journey together, and I look forward to the many great things you will continue to do.

With warm regards,

Richard D. Krugman, MD
Dean, School of Medicine
Vice Chancellor for Health Affairs
University of Colorado
Ethan Cumbler, MD, associate professor of medicine, discussed setting up the only hospital unit in Colorado specializing in the care of the elderly in a June article in The Wall Street Journal. He stresses that treating elderly patients requires a holistic approach that takes into consideration all of their physiological, psychological, economic and social issues.

Fred Hirsch, MD, PhD, professor of medicine, discussed his research on a device that could test patients’ breath to reveal whether they have lung cancer and how advanced it is. “This could totally revolutionize lung cancer screening and diagnosis,” he told The Huffington Post in June. “The perspective here is the development of a nontraumatic, easy, cheap approach to early detection and differentiation of lung cancer.”

James O. Hill, PhD, executive director of the Anschutz Health and Wellness Center and professor of pediatrics and medicine, outlined the results of his research study that found drinking diet beverages can help people lose weight. “This study clearly demonstrates diet beverages can help people lose weight. ‘This study clearly demonstrates diet beverages can help people lose weight. ‘This study clearly demonstrates diet beverages can help people lose weight. This study clearly demonstrates diet beverages can help people lose weight. ‘This study clearly demonstrates diet beverages can help people lose weight. This study clearly demonstrates diet beverages can help people lose weight. This study clearly demonstrates diet beverages can help people lose weight. This study clearly demonstrates diet beverages can help people lose weight.' he told 9News in Denver in May.

Catherine Lozupone, PhD, assistant professor of medicine, talked with Scientific American in April about probiotic supplements. “I think probiotics have a ton of potential, but different bacteria are going to do different things in different contexts,” she said. “This notion of ‘oh just reseed the good bacteria … they’re good for you’ is definitely very oversimplified.”

Cordelia Robinson, PhD, RN, director of JFK Partners and professor of pediatrics and psychiatry, in an April report in La Voz debunked claims that vaccines are a cause of autism. “They are absolutely not connected,” she said. “Reports from the Centers for Disease Control have laid that issue to rest.”

Paula Riggs, MD, professor of psychiatry, told the Los Angeles Times in April that the delayed reaction to edible marijuana has led some users to keep eating, looking for a buzz. “A half-hour later they are on their back,” she said.

Michael J. Kosnett, MD, MPH, associate professor of pharmacology and toxicology, in a report that appeared in March on News4 in Jacksonville, Fla., commented on packaging for edible marijuana products following a spike in accidental poisonings. “It would be our advice that all jurisdictions that sell these candies and other edible products be sold with child resistant packaging,” he said.

John R. Corboy, MD, professor of neurology, discussed a Supreme Court case about generic drugs in The New York Times in March, explaining that a brand name drug for multiple sclerosis patients had significantly higher costs. “The prices would go up 10, 20, 30 percent at a time for no apparent reason,” he said. “We spend a quarter, some days half our time talking to patients about insurance and figuring out how we are going to get them medications.”

Ben Honigman, MD, professor of emergency medicine, in April remarked in Time magazine about a 16-year-old who stowed away in the wheel well of a Boeing 767 on a five-hour flight from California to Hawaii. “The brains of young people are more adaptable, and recoveries of kids who were comatose for a long period of time are more likely than recoveries among older patients,” he said.

Iñigo San Millán, PhD, professor of family medicine, was interviewed by Ivanhoe Newswire, a national news syndicate, about how training programs at the Anschutz Health and Wellness Center can help recreational athletes improve their performance in biking, running and swimming. “The majority of people that are entering these sports, they don’t know how to train,” he said in a report that ran on WWSB-TV in Sarasota, Fl. “They don’t know how to eat, how to recover. They are all over the map.”
Greg Everson, MD, professor of medicine, said that more people with hepatitis C should be treated with Sovaldi, even though the treatment costs about $1,000 per pill. “The focus on the price per pill is pretty short-sighted because we’re losing touch with really big issues,” he told KUNC public radio in June. “Before this drug came out, we were spending a lot of money on hep C and not getting anywhere near these results.”

Amneet Sandhu, MD, cardiology fellow, reported a 25 percent jump in the number of heart attacks occurring the Monday after switching to daylight saving time compared to other Mondays during the year. The study, presented at the American College of Cardiology meeting in March, was widely covered by the media, including by Reuters and Fox News. “Our study suggests that sudden, even small changes in sleep could have detrimental effects,” he said.

Omer Mei-Dan, MD, assistant professor of orthopedics, described the purpose of the first International Extreme Sports Medicine Congress, held in June in Boulder, in an interview with Colorado Public Radio. “These athletes often return to their sports before completing rehabilitation, jeopardizing their recovery and sometimes even their lives,” he said. “So we need to understand that and we need to know how to approach these people.”

Jason Rhodes, MD, MS, assistant professor of orthopedics, was quoted in Orthopedics Today in June discussing the skiing injuries among professional skiers. “If you are trying to race and go as fast as possible, obviously, you have a much higher risk of falling and getting significantly injured,” he said.

Robert Eckel, MD, professor of medicine, told USA Today in July that medicating people to reach a target number for cholesterol, triglyceride and blood pressure doesn’t necessarily prevent strokes and heart attacks. “It’s important to realize that HDL has not proven to be a target for therapy,” he said.

Edwin Liu, MD, associate professor of pediatrics, talked with Colorado Public Radio in July about his study on the genetics behind celiac disease and the promise of early detection and treatment, which was published in the New England Journal of Medicine. “If [celiac disease] is left untreated, individuals can develop thin bones like osteoporosis,” Liu said. “They can have iron deficiency anemia, it can lead to infertility or miscarriages, and there’s actually a slightly increased risk of certain cancers of the small intestine.”

Amy Brooks-Kayal, MD, professor of pediatrics and neurology, warned that the use of cannabis oil to treat children with epilepsy shouldn’t be considered medicine. “It is not a medication per se,” she said in a report that aired on KSHB-TV in Kansas City, Mo., in May. “The products are artisanal. The products aren’t consistent in their properties.”

George Wang, MD, assistant professor of pediatrics, was quoted in the Los Angeles Times in June regarding a surge in emergency room visits by children who had accidentally ingested marijuana. “Before the marijuana boom these kinds of edibles were not mass-produced and the amount of THC ingested was somewhat limited,” he said “But now we are seeing much higher strength marijuana.”

L. Michael Glode, MD, professor of medicine, in a July article in The Gazette, a Colorado Springs publication, discussed flying in Colorado State Patrol planes to provide care to cancer patients in Montrose and Alamosa. “Although we try to provide expertise and care for the whole state, it’s very hard to take three days off and drive to Montrose,” he said. “When you can go to the airport at 5 in the morning and get back at 6 at night, it’s a lot easier.”
Weighing Values, Assessing Priorities and Making Decisions

Matthew Wynia leads CU Center for Bioethics and Humanities

By Dan Meyers

The new director of the University of Colorado Center for Bioethics and Humanities will be a thought leader, a liaison to the community and even an art gallery boss. Matthew Wynia, MD, a specialist in infectious diseases, particularly AIDS, comes to the job eager to learn the local landscape and lay a foundation for the future of the center, which represents a commitment by the Anschutz Medical Campus to the human side of health care.

Wynia, who began the job in April 2014, will spend 40 percent of his time at CU until fully transitioning in summer 2015, after one of his children graduates high school. Until then, he'll continue as director of Patient and Physician Engagement at the American Medical Association in Chicago, and as a clinical assistant professor of medicine at the University of Chicago.

Q: What example do you use to illustrate for people how you think about ethics in health care?

A: a few years back I had a patient who relied on several HIV medications. For a few months she was so low on cash for copays that she skipped the meds. Soon, she was hospitalized with AIDS-related pneumonia. The stay likely cost $50,000 or more.

There are reasons to consider charging patients a drug copay, to give them some "skin in the game" around health care spending decisions. But for her, charging a copay for these particular medications was both medically and ethically wrong, and making her think twice about filling her prescriptions was a terrible business decision, since those meds were keeping her out of the hospital.

This case shows how health care, policy and ethics connect. It's intersections like these—between health care and bigger-picture issues—that have interested me for a long time and will be even more of a focus for me now.

Say more about the connection between health care and the bigger picture.

Health humanities and bioethics are about examining the experience of being a health professional or an ill person. And because we are social creatures, these explorations often have to consider how health care fits into larger community concerns and dynamics.

This is why bioethics ends up grappling with issues like: How do you manage the care of people who need dialysis but are here illegally? How should we handle new cancer drugs that provide small marginal benefits but that are extremely expensive? And many other topics that are contentious and difficult.

How did you become interested in this area?

When I was an undergraduate at the University of Oregon my majors were biology and philosophy. I was aiming for medical school. For my undergraduate degree, I had to write a thesis. I started reading about bioethics and ended up writing about the topic of paternalism in medicine. Ever since, I've been fascinated by trying to understand the unique relationships between health professionals and the patients and communities we serve.

What drew you to CU and this role?

The groundbreaking work of CU in interprofessional education and training was a big draw. There are also a number of individuals here whom I've known for some time, and whose work I've admired, and I'm excited by the opportunity to join them.

CU also has a unique role, not only within Colorado but also in the region and nationally, which makes it appealing for building a program in humanities and bioethics with a focus on public engagement and policy issues.

How do you begin a job like this, especially coming from outside Colorado?

I'll spend my first months listening and learning, creating a foundation to build on. I want to identify ways to engage not just the Anschutz campus but also the broader community in discussions and presentations.

Health care is getting complicated, and CU is launching into the realm of personalized medicine. Peering into patients' genetic makeup leads to both precision care and questions about privacy. Does all that point to the kind of work the center does?

Certainly. I would also say that, in addition to privacy concerns, there are very complex and interesting interactions between issues at the level of the individual and community. Many personal health issues have strong connections to broader forces such as economics, community and politics.

Take obesity. There are genetic factors at play, but there are also factors related to the microbiome—the trillions of bacteria that live on and inside us. The microbiome is connected to personalized medicine because...
it seems to affect epigenetics, which is how our genes are activated or deactivated. But the microbiome is also related to the environment and policy decisions, and decisions by health professionals about antibiotic use, and so on.

Then, superimposed on these issues, there are many social factors that impact obesity in individuals, like whether you have a grocery store in your neighborhood, whether it’s safe for you to get out and exercise, the types of advertisements there are in your neighborhood, etc.

What’s more, these individual and social factors are so intertwined that we shouldn’t look at them too much in isolation. Your social environment affects what you eat; what you eat affects your microbiome; your microbiome affects your genes; your genes make you fat. That’s obviously a huge oversimplification but still it would be a mistake to look only at the last step in that cascade.

Some might think of changes in health care as being driven by technology. You seem to be saying there’s a lot more to it.

Many personal medical issues today are no longer easily resolved with purely technical knowledge. They require weighing values, assessing priorities and making decisions where there might not be one right answer for everyone. For these types of questions, which some have called “wicked problems” and others call “complex adaptive challenges,” multiple types of expertise must be involved in figuring out the best way forward.

That includes the expertise that members of the public bring to the conversation. As the health care system continues to evolve, it seems clear there will be an increasing push for public and individual engagement in health issues that we used to simply entrust to health professionals. I see the role of the university and the center as critical to bringing all those voices together in a forum.

The word “humanities” is in the title of the center you now lead. You oversee an art gallery and the site for lectures and discussions in the Fulginiti Pavilion. How does that tie in to health care?

Arts and humanities are central to the mission. Literature, art, music, film—all are ways of connecting with the human experience of being in the health care environment, whether as a patient or a professional. All convey the type of knowledge and understanding you often can’t get from a textbook.

The arts and humanities program, under Dr. Tess Jones’ direction, has traditionally been a very strong part of the portfolio of activities at the center, and I see that continuing and even growing as we move forward.

Define what success will look like in the coming year.

For the next year, which is a transition year for me, success will be the development of a clear, shared vision for the work of the center and how it fits into the university and the larger community. I’ll be working closely with the deans of the schools, the centers on campus, the bioethics center’s Community Advisory Board, the core faculty and staff, and other stakeholders to make a plan for growth that makes sense to everyone.

And I will be looking for ways to measure the effectiveness of what we’re doing. I’m a big believer in measurement, even when what you are trying to measure might seem nebulous. For example, much of my research to this point has focused on figuring out how to measure the ethical climate of health care organizations.
Rodeo Doctor

Jason Stoneback jumps from saddle bronc rider to surgeon

By Tonia Twichell

Jason Stoneback, MD, watches with an expert eye as the bareback rider hits the dirt.

After waiting a couple of beats to see if the cowboy can get to his feet by himself, Stoneback sprints into the arena and kneels down to check for injuries.

“You were kicked by the pickup horse,” one physical trainer tells the cowboy.

“No, you slammed into the pickup horse,” another insists.

Stoneback settles it to everyone’s satisfaction: “You got ricocheted around out there,” he says.

An orthopedic traumatologist, Stoneback worked through his undergraduate years at Middle Tennessee State University by competing in the National Intercollegiate Rodeo Association and by breaking and training horses.

“During my undergraduate years I was breaking and training horses. It was the best college job ever.”

Stoneback grew up around horses so going into rodeo made sense. He started by riding bulls (that’s how he got the dent in his leg), then picked up saddle bronc to become an all-around cowboy. He loved the camaraderie and the friendliness of the competition.

“I won several buckles and competed in a lot of rodeos for five or six years. Then at some point I decided I wanted to go to medical school to be a surgeon. I tried to quit to keep myself healthy, but basically, for lack of a better term, I relapsed in my first year of medical school.”

Finally weaned from rodeo by his second year at University of Tennessee College of Medicine, Stoneback concentrated on medical school, then did his residency at University of Colorado. When he and his wife Gin Stoneback, who was Miss Rodeo Tennessee 2000, returned to Colorado after his fellowship at St. Louis University, they settled in Weld County where they could have horses.

Bull riding and saddle bronc were out of the question at that point so he and his wife, who until recently was events and program coordinator for the School of Medicine’s Department of Orthopedics, took up team roping.

“It’s like cowboy golf,” Stoneback, 35, says. “When you get too old to ride roughstock, you just rope. It actually is kind of like golf because everyone does it but not everyone does it well.

“This is how I can still be a part of rodeo.”

But the Stonebacks missed the people and lifestyle. So when Justin Sports Medicine Team approached him about volunteering as a physician during professional rodeo events like the Greeley Stampede and the National Western Stock Show, Stoneback jumped at the chance.

“Very social. It’s a real privilege to be part of it.”

Some contestants remember him from his rodeo days. “They tease me a lot because I quit and became a doctor, but they’re proud of me,” he says.

A few minutes later, while Stoneback is examining the rider in a big red Justin Sports Medicine trailer that’s parked behind the chutes, a debate develops about exactly what happened in the arena.

Middle Tennessee State University by competing in the National Intercollegiate Rodeo Association and by breaking and training horses.

“I wanted a flexible job,” he explains. “It was the best college job ever.”
says Stoneback, director of Orthopedic Trauma and Fracture Surgery Service at UCH, director of Orthopedic Inpatient Medical Services at UCH and director of the Pediatric Orthopedic Trauma Program at Children’s Hospital Colorado.

Gin Stoneback often attends with her husband so she can spend time with old friends and learn from professional team ropers.

“Most of our friends aren’t Facebook people,” she says. “So I catch up on them and their kids.”

Stoneback’s background gives him a unique perspective into competitors’ mindset. He knows that small injuries aren’t going to stop a rider from moving on to the next rodeo.

“Where are you going next?” he asks one cowboy at the Greeley Stampede as trainers strap a large icepack to his lower back.

“Prescott. Tomorrow,” answers the cowboy.

Stoneback nods, his unflappable manner matching that of his patients. He understands how important each rodeo can be to a rider’s overall standings.

“I know how to talk to them. I know what they’re thinking. I’ll ask them where the next rodeo is, how important it is. That’s the kind of conversation they can’t have with just any doctor.

“I rarely say they shouldn’t do it. I just weigh the risks and benefits with them.”

Missing a rodeo event can damage more than their standings. Though many have health insurance through Professional Bull Riders and Professional Rodeo Cowboys Association, “it’s not like there’s a desk job they can go to. If they aren’t in the saddle working, they aren’t making money.”

Leaving rodeo behind was a hard personal decision for Stoneback but he chose a medical specialty that mirrors some of the excitement and uses many of the same skills.

“When you’re on a 1,200-pound horse or a 2,000-pound bull, and the crowd is yelling, it’s hot, and you know that something could step on you and seriously injure you or even kill you, you have to shut it all out and just focus. It’s similar for a traumatologist.

“When you’re in the emergency department, people are running around, and it seems like everything is chaos, you just have to focus and systematically get it done. You have to think on your feet, not get lost in the commotion, and make a decision at that moment.

“In both cases, there are a million things going on. But you have to do what needs to be done.”
ABC’s “Extreme Weight Loss” films at Anschutz Health and Wellness Center

Holly Wyatt, MD, helps participants change their lives

By Jenny Deam

When the Anschutz Health and Wellness Center was still in the planning stages, Holly Wyatt, MD, who would eventually become its medical director, began to fret.

The $34 million state-of-the-art medical research and fitness mecca, a glittering metal and glass structure on the northwest corner of campus, would be opening in 2012 with a mission to transform lives. But could the center’s team really get the word out to the nation beyond traditional public relations and ribbon cuttings?

“It was one of those if-we-build-it-will-they-come [moments],” she says.

The team needed to go big and bold. What they needed to spread the center’s message was a book and a reality TV show.

The book? Check.

“State of Slim: Fix Your Metabolism and Drop 20 pounds in Eight Weeks on the Colorado Diet” hit bookshelves in August 2013. It was designed as a roadmap, told through personal stories, on how healthy eating could help a person shed pounds and feel better. It was coauthored by Wyatt and James Hill, PhD, one of the nation’s leading nutrition and weight-loss experts and founding executive director of the center.

That left the vexing issue of reality TV.

Hill was unconvinced at first that the flash and often tawdry nature of reality TV could—or should—match the seriousness of the center’s mission.

But Wyatt stood firm.

A graduate of Baylor College of Medicine who arrived at the University of Colorado Medical School in 1993 as an intern and never left,

Wyatt is an endocrinologist by specialty who has made it her life’s mission to study what works and what doesn’t in weight loss.

She knows the odds are stacked against most weight-loss efforts. Of those who lose 10 percent of their body weight, only about 20 percent to 30 percent will be able to keep it off a year later.

“Losing weight for an event, say a high school reunion, is an external motivator and there’s nothing fundamentally wrong with that. But you need to work on the internal motivator, too. You need to find the deeper ‘why,’” she says.

She also knows that “you cannot be on a diet forever.” She says food choice and portion size might do to cut weight in the beginning, but the body needs exercise to maintain. Her job is to help people find the right combination, with a healthy dose of introspection to go along with it.

Then, in a planets-aligning moment, “Extreme Weight Loss,” a Los Angeles-based reality show where participants battle not just the scale but also the emotional conflicts that come with obesity, started shopping for a new location.

“We always look for a story, for people ready to change. Our show is not about fat people. Our show is about getting healthy, so where better than a state known for its fitness?” says Matt Assmus, the show’s executive producer, about the decision to relocate to Colorado.

He was instantly impressed by the Anschutz Health and Wellness Center. “To have all of that science behind the show really elevates it to a new level.”

“It really fits with what we are trying to do
here. We are about changing lives,” Wyatt says of the show’s philosophy. She serves as medical director for the show and makes sure participants are being safe in their rapid weight loss.

While she understands that TV needs drama, she likes that the show gives people the skills to cope once they are no longer on camera. And unlike other weight-loss reality TV shows, this one does not attach prize money to winning and it promotes long-term behavioral change by following people for an entire year.

And as bonus: The Anschutz Health and Wellness Center gets a national spotlight along the way.

Thirteen participants are picked for each season of “Extreme Weight Loss,” culled from letters written by people asking for help. Each participant spends 90 days in Colorado in a boot camp setting, working out in the center’s fitness room, learning from its nutrition staff, even getting personal counseling. The show then follows them for nine more months at their homes, keeping them on track and charting their progress.

In the first four seasons, 52 participants have lost a combined 9,000 pounds.

“I have yet to see one case that cannot be applied to the public at large. The same themes and lessons are there,” Wyatt says. “It may not be that you want to lose 100 pounds in 100 days. But you can use the messages from the show to lose 30 pounds in 100 days.”

Season five of “Extreme Weight Loss” began shooting in July. It is the second season shot in Colorado.

On a Sunday afternoon this summer, the newest group was led into the gym one by one.

Lights glared and wires snaked through the room. A boom camera silently closed in to capture nervous faces and embarrassed voices.

“You good?” asks Chris Powell, the show’s host, to a rotund young man in neon shorts and animal-print tights.

The man nods and they walk together into the gym. It takes two tries to get the moment just right.

A blue scale is shoved in front of him. “Are you ready to take the first step?” Powell asks, pausing slightly for effect. The results are not good. Topping 300 pounds, the man grimaces, the cameras zoom and a goal is set: Lose 90 pounds in the first 90 days. That's a pound a day.

“I’m mad at myself. All the wasted time I could’ve had a better life,” he says softly.

“It’s all up to you,” Powell says.

Since the show began to air, Hill has changed his mind. “I've come to embrace it,” he says of the show.

He praises Wyatt for seeing the potential of featuring the center on television and for her ability to connect with patients beyond just pounds lost and workout routines completed. “I think she is one of the best weight-loss doctors in the country right now.”

“I love Dr. Holly because she is so real. It just radiates off her,” says Charita Smith, a 33-year-old mother of three from Colorado Springs who lost half her body weight last year in season four, the first season the program was filmed at the Anschutz Health and Wellness Center. At 5 feet 7 inches tall, Smith dropped from 310 pounds to 160, and fulfilled a dream of becoming a Zumba instructor.

“I ate for any reason. I ate if I was happy. I ate if I was sad. I didn’t know how to cope emotionally with my life,” Smith says about her rollercoaster fight against depression that began when she became pregnant the first time as a single teenager. She faced her past under the glare of the cameras and began to heal. “It wasn’t a quick fix,” she says.

Wyatt says she knows about determination and about picking yourself back up after a fall. She is now slim, but she has battled her weight in the past and feels a special kinship to anyone who struggles. “This is what I was meant to do. To have all of that science behind the show really elevates it to a new level.”

Holly Wyatt, MD, left, was Charita Smith’s medical advisor, friend and inspiration. Photo courtesy of Holly Wyatt, MD.
Laura Cortez has banished soda from her house. Potato chips, too. And she told her husband to quit buying all those packages of cookies. She worries that their youngest son will develop diabetes, a disease her husband has already.

She says she noticed that she was getting winded after walking up a flight of stairs, so she’s also made a commitment to exercise a half-hour every day.

Cortez is forming these healthier habits thanks to a program called Community Heart Health Actions for Latinos at Risk (CHARLAR), a 12-week education course that encourages better eating and exercise routines for older adult Latinos and their families who live in northwest Denver. The course is taught by a team of promotores de salud who deliver several classes throughout the week.

On a Wednesday evening in late February, Cortez and 15 other people gather in a meeting room at Our Lady of Guadalupe Church for the “Controlling High Blood Pressure” class taught by Fernando Pineda-Reyes, promotor de salud and founder of CREA Results, a community-based organization that partners with the Colorado Prevention Center.

Participants grab disposable cardboard bowls of pozole de pollo—a soup with lettuce, hominy, chicken and radishes—and settle into their seats as Pineda-Reyes begins to speak to them in Spanish.

He starts with a review of the previous week’s class and a discussion about changing children’s eating habits. One woman talks about how she sneaked vegetables into a favorite dish and her children liked the meal better than usual.

Then, Pineda-Reyes begins talking about the refillable water bottles that each participant received in class. He recommends they drink more water throughout the day. When one man says drinking more water every day means going to the bathroom more often, Pineda-Reyes tells him that’s OK because he’ll be getting more exercise with those extra steps.

The class takes a break to do some light physical exercise and then the conversation continues with a discussion on blood pressure. Pineda-Reyes encourages participants to read food labels, control salt intake, adhere to medication and manage stress.

CHARLAR offers practical advice that participants can work into their everyday lives. Pineda-Reyes, who co-founded CREA Results with his sister, gives each session a dose of good humor, a dash of common sense and a heap of caring.

“I don’t call this a class,” he says. “It’s a conversation.”

CHARLAR was developed by the Colorado Prevention Center (CPC), a nonprofit community health and clinical research organization affiliated with the University of Colorado School of Medicine. The CPC Community Health division provides evidence-based programs to fight cardiovascular disease in underserved populations. The CHARLAR program is primarily funded by The Colorado Health Foundation, the state Office of Health Equity and the Anschutz Foundation.

CHARLAR takes the message out of hospitals and doctors’ offices and into places closer to people’s hearts: their homes, churches and neighborhoods. Cortez says her church, St. Cajetan, had an event where she was signing up for a mammogram, and that’s when she saw the schedule for the CHARLAR program.

The course was available at no charge to the participants; it required only a commitment of time, so Cortez signed up. She is part of the group scheduled to graduate in spring 2014. Since CHARLAR started in 2008, more than 1,300 people have participated in the program.

Students at the School of Medicine have supported the program by assisting cardiovascular disease and diabetes screening events that occur before and after the 12-week education series.

When he helped with a screening day after the fall 2013 CHARLAR course, Igor Shumskiy, who graduated in May 2014, says he found that participants lowered cholesterol, decreased blood pressure and lost weight.

“It was really impressive,” Shumskiy says. “They were very energized and motivated, and that’s what you need if you want to make a change.”

While CHARLAR’s classrooms might be humble spaces, the results of the program are profound and life changing.

“We know we’re not just touching people, we are transforming the way a community goes about health,” Pineda-Reyes says. “We don’t do magic. We do what’s tangible.”
On to Medical School

First students in BA/BS-MD program arrive at Anschutz Medical Campus

By Mark Couch and Vicki Hildner

This summer the School of Medicine enrolled its first group of students from the University of Colorado Denver’s special BA/BS-MD program.

The matriculation of these seven into the School of Medicine is a milestone in the school’s continuing effort to attract students who have been underrepresented in the medical profession.

“These students are smart and passionate about serving others,” says Charles Ferguson, PhD, director of the Health Professions Programs in the university’s College of Liberal Arts and Sciences. “They understand this program has been a phenomenal opportunity and they have run with it. I have to run to keep up.”

In 2010, the school was offered funding support by the Colorado Health Foundation to establish a program that would attract students from diverse backgrounds. As a result, administrators created the BA/BS-MD program to track selected Colorado high school students through undergraduate studies at CU Denver to acceptance into the School of Medicine.

It’s the promise of a helping hand, but not of a guaranteed seat. Students in the BA/BS-MD program must make the grades and complete the courses that any other aspiring medical-school student would need.

“Our students are not guaranteed anything,” says Regina Richards, MSW, director of the Office of Inclusion and Diversity at the School of Medicine. “They are provided a structured program that helps them meet the requirements for admission to medical school.”

The program is highly competitive. There were 110 applications for the 10 slots that were offered for the class enrolling at CU Denver in fall 2010, Richards says.

By helping these students with aspirations of becoming physicians, CU Denver aims to increase the number of doctors serving underrepresented populations in Colorado.

“The data are clear—students return to their roots to practice,” Ferguson says. “This is especially true of ethnic minorities and rural students. They will be going into parts of Colorado where there currently are few, if any, physicians. They have the power to be agents of change in the community.”

Zane Sternberg, who grew up in La Veta, says he understands the important role a physician can play in a community.

“We had one family physician in town, so you can really see the need for doctors in a place like Huerfano County,” Sternberg says. “In the city, it’s harder to see the effects one physician can have. In rural Colorado, you appreciate the impact one physician can have.”

The seven students in the first class to progress to the School of Medicine say they feel prepared by the academic guidance and exposure to professional opportunities they’ve received as undergraduate students. The program offers cocurricular workshops, tutoring, internships, mentoring, career-development support, community-service opportunities and scholarships.

“It allows flexibility with your college education,” Leo Zukin says. “It prepared me for a medical career, but at the same time it allowed me to take classes outside the traditional sciences and math, so I took Spanish, computer programming and economics.”

Zukin’s family immigrated to the United States from Belarus when he was 18 months old. His father had been an engineer and he attended CU Denver’s School of Engineering and Applied Science after they arrived in Colorado.

“During college, I’ve had amazing clinical experiences serving refugees who face huge cultural and language gaps in health care,” Zukin says. “It was inspiring to help those in the same position my family was in years ago. Through these experiences, I worked with different clinics and organizations in Denver, and this has motivated me to practice medicine here in the future.”

For profiles of the seven students in the first BA/BS-MD class, go to http://medschool.ucdenver.edu/CUMedToday/features

The first BA/BS-MD students matriculated at the School of Medicine this summer. From left: Anna Astashchanka, Logan Hostetter, Tamara Lhungay, Zane Sternberg, Rachel Ancar, Leo Zukin and Brandon Sklar. Photo by Glenn Asakawa.
Understanding Childhood Strokes

$2.6 million grant supports research that will improve care

By Dan Meyers

Her son’s diagnosis bewildered Brooke Ewert.

“He had a stroke?” she recalls saying to her husband Travis. “A 3-year-old can have a stroke?”

Actually, Trevor Ewert may have had four of them before a team led by Tim Bernard, MD, a pediatrician at the University of Colorado School of Medicine who practices at Children’s Hospital Colorado, figured out the likely cause.

Today, Trevor is a smiling, squirmy, chatty 8-year-old, focused on his pet frogs and mastering flip turns in the swimming pool rather than on a medical condition that surprises many people.

Bernard and a team of doctors, researchers, nurses and statisticians at the Anschutz Medical Campus now are hoping to do even better by young stroke patients such as Trevor.

In April, the American Stroke Association funded its first center in the country for pediatric stroke. The four-year, $2.6 million grant to CU, part of a $9 million package that includes two other universities working on adult stroke, is part of the American Stroke Association-Bugher Centers of Excellence in Stroke Collaborative Research.

“This is an important and understudied area,” says Richard J. Traystman, PhD, vice chancellor of research for the CU Denver and Anschutz campuses. “This grant is a big thing for the kids. We feel we can, in the end, come up with better understanding of stroke in children and innovative treatments.”

Combining research, treatment, outcomes

Traystman, who submitted the grant application, says CU is one of only a handful of medical centers in North America that focus on pediatric stroke. The grant positions CU to advance understanding of the issue through the unusual combination of research, treatment and outcomes.

The focus of the grant is on a certain type of stroke and age group: childhood arterial ischemic stroke in patients ages 1 month to 18 years.

In ischemic strokes, a blood clot blocks blood flow in the brain, killing “downstream” tissue within minutes. Another type, hemorrhagic stroke, occurs when a blood vessel ruptures. These strokes can occur in utero, at birth or later in life.

While adult stroke and treatment is much studied, pediatric stroke is not. Ischemic childhood stroke is rare, with some 1,000 cases a year in the United States. Children’s Hospital sees about 20 new cases a year and is following about 100 children with ischemic stroke, Bernard says.

With little data about childhood stroke, Bernard says, caregivers borrow heavily from the adult world, knowing that they are helping but also that they face what he has called “a paucity of data” that further research can remedy.

“Children are not just little adults,” Traystman says. “So this is the beginning of understanding childhood stroke. Clearly the way we are treating kids cannot be 100 percent right. We don’t know what will come of what we discover through this new grant but I’m sure it will be different than with adults.”

For a child neurologist such as Bernard, the grant is huge.

Craving more information

“We make the best decisions with the information we have,” he says. “But I find myself craving this information. I want to learn how to treat the kids I see better.”

Even the cause of stroke is different in children and adults. With adults there are clear links to conditions such as high blood pressure. With children, the cause often is mysterious, although preexisting issues such as sickle cell disease or congenital heart disease are sometimes a known cause. The consequences for children can be lifelong and one stroke makes it more likely for another to occur.

For Trevor Ewert, the cause may have been a mishap on a trampoline. A bouncing playmate accidentally landed on Trevor’s neck. Soon after, Trevor began suffering from severe headaches. One day, the Highlands Ranch family pulled into the parking lot of their church. Brooke and Travis turned to the back seat and were horrified to see Trevor’s body stiff and immobile.

The Ewerts sought medical help. The incidents kept coming, at least four
times total. Once, Travis says, Trevor’s symptoms hit so hard he thought his son was gone.

“Dad,” Trevor asked his father at one point, “when I go to heaven will you come see me?”

The case eventually came to Tim Bernard, part of the stroke group at Children’s Hospital, which began its stroke clinic in 2004, when Bernard was a fellow there.

Finding the problem

Trevor’s previous scans had revealed nothing. But Bernard pushed, sending Trevor’s scans to colleagues. On the same day, someone at University of Colorado Hospital and another in Toronto detected something in an angiogram: a bulge, hard to see because it was tucked away in a bend of a main blood vessel to the left side of the brain.

It was where the playmate had landed on Trevor’s neck. It was the kind of defect that could produce clots that would lodge deeper in the brain.

David Kumpe, MD, a medical school professor who practices at University Hospital, performed surgery, inserting small coils to block blood flow to the problem area. Another blood vessel took over. Trevor hasn’t had a stroke since.

His case already has guided treatment for another child with similar symptoms. Now the grant may take matters much farther.

When they decided to go after that grant funding, Traystman, the veteran researcher, and Bernard, the clinician three decades younger, would hash things out by telephone Saturday mornings, seeking something unique and compelling, Traystman says, “so they would have to fund us.”

Pediatric stroke itself was an unusual focus for a stroke center. But the grant also was built on the capabilities of the existing Children’s Hospital stroke program, CU animal research and the multidisciplinary strengths of the Anschutz campus, which is home to two hospitals and five health care schools and colleges.

Wanting to help

Bernard’s focus includes the psychological aspects of helping children with a stroke. Everybody’s different, he says. So for some 16-year-olds, a stroke that limits feeling in the right hand might not be crushing. You still could drive, for example, or get a job.

“But what if you are a baseball player?” Bernard asks. “Losing that ability at 16 can be devastating.”

“If we better understand what is important for the individual patient we might be able to intervene in a way that is more helpful.”

The grant includes the unusual component of training two MDs and two PhDs for two years in a program led by Sharon Poisson, MD, as well as pediatric animal-based research in stroke led by Traystman and CU colleagues Paco Herson, PhD, and Wendy Macklin, PhD.

“Our main goal,” Bernard says, “is to help kids have a high quality of life, like Trevor does.”

“We learned a lot through our experience with Trevor,” the boy’s mother, Brooke, says. “And we want to help any way we can.”
That's how Dean Richard Krugman, MD, describes his decision earlier this year to announce his plan to step down when a new dean is hired to lead the University of Colorado School of Medicine.

Well, those are not the exact words he used. Instead, his description was a bit more Krugmanesque—serious and playful, creative yet cosmic.

“It was a syzygy,” he says. “You know what a syzygy is? No? S-y-z-y-g-y. Things came together. A syzygy is an unusual alignment of several things that don’t normally align that way.”

Sometimes things line up just the way they are supposed to

By Mark Couch

For more than two decades, the sun rose in the east, flowers bloomed in the spring, snow fell on the mountains, the Broncos and Rockies took the field and Richard D. Krugman, MD, was the dean of the School of Medicine. That's just how things were meant to be.

As the longest-serving dean in the history of the School of Medicine and currently the longest-tenured leader of any medical school in the United States, Krugman has earned the nickname “Dean of Deans.”

“He really is the gold standard of medical school leadership,” says Lilly Marks, University of Colorado’s vice president of health affairs and executive vice chancellor of the Anschutz Medical Campus. “Dick provides a model of integrity, trust and collaboration.”
And that tenure lends tremendous value to the entire institution, says CU President Bruce Benson.

“He has a huge national reputation,” Benson says. “He’s been here as dean for over 24 years, and that helps the School of Medicine, the Anschutz Medical Campus and the university. It’s a huge deal to have somebody with his stature.”

During his more than 24 years at the helm of the School of Medicine, he has presided over an era of unprecedented growth and prestige for the venerable institution by nurturing careers, mentoring colleagues and building a team of physicians and scientists who are training a generation of new leaders in research and medicine, and providing world-class care to patients.

In the 24 years before he became dean, the School of Medicine had 11 different deans or acting deans, and five of those had served in the decade preceding Krugman’s appointment as interim dean in 1990.

Since becoming dean, more than 4,000 physicians, physician assistants, physical therapists and medical scientists have earned degrees from the school and launched their careers.

Krugman has appointed all department chairs, major center directors and senior leadership at the school; established a workplace that values collaboration; directed the school’s move to the nation’s newest academic medical center campus; and strengthened the school’s financial foundation by overseeing the growth of its successful physician practice plan, University Physicians, Inc. (UPI).

He manages an enterprise that has a $1.1 billion annual budget and more than 3,000 faculty members who practice medicine at five affiliated health care providers and other sites across the state and around the world. UPI this year reported annual revenues of $609 million, its best year ever, extending an unbroken string of more than 20 consecutive years with double-digit percentage growth.

And then last year, Krugman saw the syzygy. Family matters, scholarly goals and professional accomplishments had aligned to tilt his orbit in a new direction.

“And then last year, Krugman saw the syzygy. Family matters, scholarly goals and professional accomplishments had aligned to tilt his orbit in a new direction.”

“From the family perspective, we have seven grandchildren who live thousands of miles away, and they’re all getting older,” he says. “They range in age from 7 months to nearly 16 years. We have only been able to be with them on weekends during the year. It would be nice to spend a longer period of time with the far-flung members of our family. And they really are far-flung. They are in Boston, Baltimore, Atlanta and Tokyo.

“It’s awkward to be like a helicopter grandparent. I always have meetings on Friday until at least noon, and I always have meetings at 8 o’clock Monday morning. And that means when they are that far away, you only get to see them on Saturday and Sunday—and only half the day Sunday. And that’s just not enough time to spend with family.”

Research that Krugman long dreamed of doing also remains undone and he figures the time is now.

“Professionally, I was on my way to do a study and try to make some major changes in the child abuse field in 1990 when I got into this job,” Krugman says. “I put off a sabbatical at that time to become acting dean because I thought it would only last a year or two. Interestingly, the problems I was trying to work on in that field are still there 24 years later, and I think I’d like to have the next phase of my career be just a professor working in the area that is pretty important for me.”

Krugman, who was director of the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect from 1981 to 1992, is one of the nation’s leading experts on the subject, and his plan was always to compare how some European nations handle such cases with the American system.

During his career, he has published more than 100 papers, chapters and editorials, and four books on the subject. He served as chair of a U.S. Institute of Medicine and National Research Council committee that last year released a major report finding that efforts to prevent, identify and respond to commercial sexual exploitation and sex trafficking of minors in the United States remains undersupported, inefficient, uncoordinated and unevaluated.

“The child protection system in the United States is still struggling,” Krugman says. “The approach that this country has taken to try to help abused children and their parents wasn’t working in 1990, and I don’t see any evidence that it’s working any better now. And the systems I wanted to study in Europe, for the most part, are still there, although they’ve changed some. But neither system has any data to support their

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Krugmanisms
Just what the doctor ordered: the wit and wisdom of Dean Krugman

Richard Krugman, MD, possesses a distinctive linguistic style, and whenever he's in a meeting or a conversation, one of his unique phrases may come tripping off his tongue.

The graphic on this page is a “word cloud” of the most commonly used words in his weekly campus email, compiled from the missives sent during the past 18 months. In this graphic, the size of the word correlates to how frequently it was used.

In addition to these words, there are a batch of Krugmanisms that are part of daily life with the dean, who is a connoisseur of cadence, an eminence of elocution and a wrangler of wry witticisms. Here are a few favorites:

“The great conveyor belt of life never stops.”

“If your only support is above you, then you’re hanging.”

“Krugman’s the name. Deaning’s the game.”

“It seems to me we’d be trading a headache for an upset stomach.”

“The Schulick Unit is the current active unit for participating on search committees.” (Said when the dean thanked Surgery Chairman Richard Schulick, MD, MBA, for serving on three concurrent search committees.)

“I met with all the stake holders; I was medium rare.”

“That’s one for the next shrimp on the barbie. But given the growth around here, maybe we need a giant prawn.”

“Spasms of citizenship lead to eruptions of good behavior.”

“Are there any acute and chronic issues we should discuss?”

“What I heard from an unusually unreliable and uninformed source ….”

When entering a room: “All rise.”

“Please stay seated and talk among yourselves.”

“Please stay seated and read a magazine. The doctor will be with you in a minute.”

“Trust me. I’m a doctor.”

“The pleasure of our meeting hasn’t been all yours.”

“Just be patient. These things take a little time.”

“They are moving from indignant rejection to reasoned objection to qualified opposition to tentative acceptance to qualified endorsement to judicious modification to cautious adoption to proud parenthood to dogmatic propagation.”

“Sometimes you just have to set aside your principles and do what’s right.”

When eating a big dessert: “I’m in the control group.”

“It’s a prime number.” (whenever one comes up)

“I can see you don’t suffer from triskaidekaphobia.” (fear of the number 13)

At the end of an arduous discussion resolving a seemingly intractable dilemma: “That was easy.”
assertions that they have good outcomes. And from my perspective that’s part of what needs to be done in the field of child abuse."

Time marches on—or Krugman might say, “the great conveyor belt of life never stops”—so Krugman decided he’d better get to Belgium.

Krugman’s career path took its turn from Belgium to dean Monday, July 2, 1990, at 4:30 p.m., with a phone call from then-Chancellor Bernard Nelson.

“I got a call at the Kempe Center from the chancellor, Bernie Nelson, who said, ‘The dean has resigned. I need to talk to you about who should be acting dean. Could you stop by the house?’ So I stopped by his home on the way home and I brought him three names.”

Nelson asked Krugman to be dean, but Krugman demurred. “I said, ‘Well, I can’t do this job because I’m going to Belgium.’”

And so began a back-and-forth dance that lasted for more than a year.

On July 5, 1990, Krugman became acting dean, and three months later Nelson asked him to take a three-year contract as dean. The university’s president, the Board of Regents and the chancellor were all pleased with his performance and wanted to make it permanent.

“I said, ‘I appreciate the support, but I’ve always believed that if your only support is above you, you’re hanging. So, why don’t you start a search and if the chairs and the students and the faculty think I should be in the job after a search, I’m happy to consider the job, but I’m not going to just take the job.’”

“So they started a search and I didn’t apply.”

Krugman still was planning to go to Belgium and was preparing a major national meeting in Denver on child abuse issues. But after an intervention by the search committee and some faculty, he says he was convinced to apply for the job as dean.

Meanwhile, school leaders were preparing a retreat in December 1991 on how to solve the turnover in the dean’s position. Between 1978 and 1990, prior to Krugman’s appointment, there had been six acting, interim and permanent deans of the medical school.

“I missed that retreat because I wound up in the hospital with appendicitis,” Krugman says. “I had an emergency appendectomy on the night of Dec. 16, 1991, and when I woke up the next morning, among other people at my bed was the chancellor who said he’d gotten my name from the search committee and he wanted to negotiate. And I said, ‘That’s nice, but I don’t negotiate on morphine. I’ll see you after the first of the year.’”

For the first two months of the year, Krugman negotiated the deal, and on the last day of February, he was called to Nelson’s office where he found his wife Mary, a few other people, a cake and a final offer letter.

“I remember taking the letter, turning around, going outside, reading it again and then coming back in and saying, ‘What the hell,’ and I signed it. And so on March 1, I had my acting-ectomy after my appendectomy.”

There were those who were concerned: “My father, who was chair of pediatrics at NYU, called me every week and said, ‘What the hell are you doing? That is a terrible job—the dean job. Are you OK?’”

“And I’d say, ‘You know, Dad, I’m fine. It’s kind of interesting,’” Krugman says. “You know, I’d basically spent my whole life in pediatrics and with pediatricians. And I actually thought everybody was like pediatricians. It turns out they’re not and that’s why 90 percent of physicians are not pediatricians! So if you’re interested in human behavior, this is a terrific job to see the diversity and the power and the problems of human behavior.”

The School of Medicine filled all the available space it could at the Ninth Avenue Campus and eventually faced limits on its potential because it could no longer grow at the site.

The CU Board of Regents approved moving the School to the Anschutz Medical Campus in 1997, a move that was completed years ahead of schedule.
Krugman says he recognized he had a gift for administration. “I guess I never believed that this was a job I would ever want. I mean some people desperately want to be chairs or deans or presidents, and I never really wanted to do that. I was very happy doing what I was doing. “Now, I happen to enjoy administration. I’ve been administering things since I was the captain of the crossing guards of P.S. 50 in the fifth grade and when I was chief resident in pediatrics. Administration isn’t something I hate. I find it not so hard. I’m interested in people and in institutions and in human behavior.” And all those years learning about how societies handle child abuse and neglect proved to be good training, Krugman says. Dealing with groups that have diverse points of view but are working for a common good proved to be great training for the top job at the medical school. “I’ve said this before and people always sort of laugh or don’t understand it,” Krugman says. “Being in child abuse work for 10 years was really good preparation for this job because in that work you have to work with physicians, lawyers, social workers, law enforcement, criminal and civil judges, educators. They all think differently; they all solve problems differently. They all see life from their own perspective, and if you’re going to be successful on behalf of the child and the family, you need to be able to work as a multidisciplinary team. You need to listen and take what they say into effect. “It turns out that schools or universities are not very different. And in this environment, it’s not just all of the faculty and the departments, but it’s five different hospitals, it’s different health systems, it’s alumni, it’s the legislature, it’s everybody who’s got a different perspective on what the job is. They are made up of all these very different groups of people, but the analogue to the child and the family is that if this school and the university are going to be successful, you have to make sure that all of its parts work well together.” And not everything was easy over the years. The momentous decision to move away from the Ninth Avenue Campus in Denver to the abandoned former Fitzsimons Army garrison in Aurora was divisive and difficult. When Chancellor Vincent Fulginiti told Krugman that the university was moving, Fulginiti estimated it would take 20 to 30 years to make a full transition to a new campus because he expected to depend on state funding for the construction. “I remember clearly saying to him, ‘Vince, if this takes 20 to 30 years to move, then the
medical school will move last. Don’t bother to call me for the planning.”

Krugman explains that he himself needed to be convinced that the move was a good idea. It was only after Lilly Marks and others showed how the faculty could facilitate the move by dedicating a portion of their administrative funding from grants to cover construction costs that it became clear that most of the move could occur by 2012.

“It is true that not everybody was in favor of it,” Krugman says. “The Department of Medicine in particular and the basic science chairs didn’t want to be disrupted. They felt if we built one more research building on the Ninth Avenue Campus that would do it. That would serve our needs.”

Other options were considered. The school looked at possible construction on the west side of Colorado Boulevard, but the neighborhoods and city leadership were opposed.

“The other opportunity we had in 1994 was we were offered 55 acres in Lowry when it closed,” Krugman says of the former Air Force base. “But the city wanted $6.5 million for it and we didn’t have the $6.5 million. And, by the way, it was the best $6.5 million we never had.”

The Lowry site was too small to accommodate all the growth of the school, let alone leave space to attract Children’s Hospital Colorado to locate on the same campus as the school.

“We would have sent all of the health services research to Lowry, Children’s would still be downtown, we’d have 400 to 500 faculty downtown, we’d have 100 to 200 faculty there [at Lowry], we’d be trying to maintain three campuses. It would have been awful,” he says.

The failing conditions of the older buildings at the Ninth Avenue Campus helped change some minds about moving to Fitzsimons.

“I remember the day that Boris Tabakoff came to see me. He was the chair of pharmacology and one of the sewage pipes between the second and third floor burst and dumped sewage into his radioactive phosphorus hood where he was doing an experiment. And he got the basic science chairs together and he came down to my office and he said the basic chairs will move.”

Krugman’s approach to managing the move was in his distinctive style, says Marks.

“So many people interpret leadership as ‘follow me up the hill; I’m going to lead you into battle,’” Marks says. “Dick established a sense of trust and created an environment that allowed people to do incredibly bold things without having a revolution. He built a team that was a real team and he empowered them. He was very generous in allowing them to do things and he didn’t try to steal the spotlight.”

The result led to the construction of a campus that is a major engine of the Colorado economy. A report released this summer found that the CU Anschutz Medical Campus infused $2.6 billion in direct spending into the state economy in the fiscal year ending June 30, 2013, and supported 21,954 jobs.

Sustaining the school and the campus is an ongoing concern for leaders. Federal budget cuts are restricting grant funding, and national efforts to control health care spending will affect clinical income.

“We are, compared to a lot of other medical schools, very under capacity for how much clinical activity we can have here, and I think with the new campus and the success of these two hospitals [University of Colorado Health and Children’s Hospital Colorado] we have the ability to really rebrand ourselves,” Krugman says. “And I think this can be a destination campus—like a Texas Medical Center, like Mayo, Cleveland and others—in the future if we really pay attention to that, and that’s really where the revenue comes from to support your research and education and community service missions.”
Wedding Vows in Medical School

All 'Bout Couples helps the harried and married

By Tonia Twichell

When Sammie and Joel Roberts married in 2010, they agreed their partnership was for better or for worse, for richer or for poorer, in sickness and in health, and, as it turns out, through medical school.

Before they married, they’d both planned careers in medicine, but they knew there was no guarantee they’d get into the same school at the same time.

“We talked to our pre-med advisor,” at Azusa Pacific University in California, Sammie Roberts says. “He told us that there isn’t a formal way to apply together and that we were kind of rare in his experience. He advised us that our best policy was to be open with admissions committees we interviewed with that we were in this together.”

They were relieved when CU School of Medicine accepted them, but they also were aware that medical school’s long study hours and clinical rotations have a reputation for taking a toll on relationships.

“There were a couple of naysayers who told us we might not be making the right choice,” Sammie says. “We definitely decided that we would prioritize our marriage.”

Shortly after starting their first year, Sammie and Joel discovered a student organization that supports medical students and their families. All ‘Bout Couples (ABC) hosts gatherings where upperclass students address commonly asked questions: How busy are we actually going to be? Where can we find day care? What neighborhood should we live in? Which third-year rotations are family-friendly? Where can we find day care? What neighborhood should we live in?

Which third-year rotations are family-friendly? When is a good time to have a baby or plan a wedding? How much will I see my family?

“We really try to emphasize that even if both people aren’t in medical school like we are, the whole family is actually in medical school because everyone is affected by it,” says Joel Roberts, co-president of ABC.

The difference between single and married students can be significant.

“A lot of single class members are going out partying after tests,” he says. “The majority of students with families are using the opportunity to finally catch up with their kids and their spouse.”

In his graduation address this spring, Dean Richard Krugman, MD, told graduates that previous generations didn’t have to worry about balancing family and medicine. When his father was in his medical residency 75 years ago, interns received half a day off every two weeks and were not allowed to be married. During Krugman’s residency, students could be married but rarely saw their families because they worked 36-hour shifts with 12 hours off in between.

The School of Medicine Office of Student Life does not keep track of the number of students who are married or have children, says Terri Blevins, assistant dean of student affairs, but she believes more students have families than in previous decades. That might be a result of the changing demographic of medical school.

“We take some older nontraditional medical students—many are having a second career,” Blevins says. “They’ve spent 10 or 15 years in their first career and they’re likely to have family and children.”

Each year, ABC hosts barbecues and other events so students and their families can get to know each other. The School of Medicine holds an annual Valentine’s Day dinner to support couples.

“We were shocked in a way that it was so family-friendly here,” Sammie says.

Sammie, 26, and Joel, 27, will couple match in the Spring. Sammie in pathology and Joel in anesthesia. They say they made it through nearly four years of medical school with their relationship intact and healthy, but it came with a price. She feels she didn’t get to know her classmates as well as she might have had she been single.

And that’s an important message for incoming medical students.

“I guess I’d tell people that they have to expect to sacrifice something, and that’s OK,” Sammie says. “But I think it’s important to know your priorities going into medical school so you don’t end up sacrificing something that you hadn’t intended to.”

Developing a support network is important, too. The Roberts’ church and family were helpful when times were hard.

“We could ask people to bring us food when we didn’t have time to make anything. Our parents dropped by casseroles. That allowed us to have time to be together and not be as stressed. That outside support is really critical.”

Joel and Sammie Robert married in 2010 before medical school. Photo by Tonia Twichell.
A deadly virus had already killed 15 people at a remote hospital in Saudi Arabia in spring 2013 and the Saudi Arabia Ministry of Health requested that Price, along with two other North Americans, join the international team investigating the case.

“I was called on a Monday, and by Friday, I was in Saudi Arabia,” Price says. “When I landed, I was provided an abaya and driven to the Ministry of Health in Riyadh to join a news conference with Saudi public health authorities and the World Health Organization (WHO).”

Price, chief of the Division of Infectious Diseases at Denver Health and Hospital and professor of medicine at the CU School of Medicine, is one of an elite group of experts in the world who has investigated the hot spot of a puzzling breakout.

A decade ago, Price went to Toronto to investigate a viral respiratory illness called severe acute respiratory syndrome (SARS). It was first reported in China in February 2003 and it spread to more than two dozen countries in North America, South America, Europe and Asia before it was contained.

“Hospitals in Toronto were having difficulty controlling a resurgence in SARS cases, and their health care workers needed some relief. The Ontario Ministry of Health asked for health care epidemiology and clinical infectious disease assistance,” Price says.

As a result, Price and her fellow investigators “learned a lot about the infection control of emerging respiratory infections” and now could act as a rapid-response strike team for the current Saudi outbreak.

“SARS seemed to go away and then MERS, which is caused by a closely related virus, is identified 10 years later,” Price says.

Middle East Respiratory Syndrome coronavirus (MERS-CoV) was first detected in 2012 and it emerged as a serious enough issue in spring 2013 that Saudi Arabia invited the WHO and other experts, including Price, to help assess the situation.

“There are many other things that we don’t understand,” the WHO announced. “For example, how are people getting infected? Is it from animals? Is it from contaminated surfaces? Is it from other people? Finally, we don’t know how widespread is this virus, both in this region and in other countries.”

Price went to Saudi Arabia knowing that cultural differences would add to the complexity of the work. But knowing what to expect was not the same as experiencing it. It was more complicated than grabbing a scarf when she packed for the trip.

For example, the man driving her through the desert to the country’s oil-producing Al-Hasa region didn’t speak to her. Suddenly and without explanation, he pulled over along a remote stretch of the highway and stopped the car. It became clear soon enough that he was stopping to pray, but the isolation of the setting jangled her nerves.

Additionally, coordinating the working arrangements required attention to cultural norms. The women on the team needed special permission to work in the conference room as they pored over records.

“We completed the chart reviews from the dialysis outbreak in a week,” Price says. “We worked nonstop, but we had it figured out by the time we returned to the United States.”

The team reported in early June 2013 that there had been 55 cases confirmed by laboratory testing. Of those, 40 occurred in Saudi Arabia. While the overall number of cases was limited, the virus caused death in about 60 percent of patients.

Price says MERS originated as a bat virus that likely found its way to camels, which might explain why it was originally located in the Middle East. The WHO has continued to monitor MERS closely and study how it is transmitted. Globally, 834 laboratory-confirmed cases of infection with MERS-CoV, including at least 288 related deaths, have been reported to the WHO as of July 14, 2014. As surveillance efforts increase, mortality among identified cases has decreased by approximately 35 percent.

Beginning in mid-May 2014, there was a substantial increase in the number of MERS cases reported, including the first case in the United States when an infected traveler entered the country. Eighty-five percent of cases have been reported from Saudi Arabia, and most of the recent cases have occurred in health care settings.

The reason for the increase is not yet completely known, and Price returned to Saudi Arabia in June with a team from Johns Hopkins International to investigate an outbreak at Jeddah hospitals.

“It is important to implement measures to limit human-to-human transmission in health care facilities and in the community to prevent the upcoming pilgrimage to Mecca (the hajj),” Price says. Jeddah is the entry point for almost 3 million Muslims, including almost 11,000 Americans, who make the pilgrimage each year. This was a unique opportunity to hopefully have a hand in preventing the next pandemic, and that’s what was such a privilege with this trip.”
Ellen Smith, seated in the center, was diagnosed with Stage IV lung cancer in 2009, but has enjoyed years of family time thanks to a clinical trial at the CU Cancer Center. Photos by Patrick Campbell.

Lung Cancer Treatment Shows Promise

CU Cancer Center survival rates outpace national averages

By Vicki Hildner

In the five years since Ellen Smith was diagnosed with Stage IV lung cancer, she has been busy.

She traveled the world, indulging her love of art and art history. She celebrated the births of four more grandchildren. She married Ben Smith, the man she calls her “best friend.”

None of this seemed possible in June 2009 when she learned that the lung cancer, which had been initially diagnosed in 2008, had spread to her abdomen and brain.

“You hear ‘Stage IV’ and you say, ‘How many months or days do I have left?’” Smith says. “But between the Anschutz Medical Campus and the good Lord, I am still here.”

Ellen’s Story: Diagnosis

Smith called in late to work on April 1, 2008. She had a nagging cough, and her primary care physician, who suspected she might have pneumonia, sent her to the hospital for tests.

Smith did have pneumonia. She also had a mass in her left lung. Five biopsies later, she learned that she had non-small cell lung cancer. She was 58 years old, with no other health problems, and she had never been a smoker.

“After you hear the ‘c’ word, you just think that’s synonymous with death,” Smith says. “But I still felt like I had a lot to live for and a lot to do.”

Smith underwent chemotherapy to shrink the tumor, and in August 2008, surgeons removed her entire left lung. Five months later, when the cancer returned under her sternum, doctors treated her with radiation. But despite this aggressive treatment, the cancer advanced to Stage IV.

Smith’s three adult children had been researching lung cancer, and their investigation led them to the website for the CU Cancer Center at the Anschutz Medical Campus, where they found a number they could call for a second opinion. The good news? D. Ross Camidge, MD, PhD, was doing a clinical trial for the treatment of non-small cell lung cancer. The bad news? There was only a 4 percent chance Smith’s cancer would have the specific molecular markers that would qualify her for the trial.

She was in Scotland on what she thought might be a final vacation when her son called her with the news: She was a match for the clinical trial. “I went from terror to ‘Oh my gosh, there is hope,’” Smith says.

Ellen’s Story: Clinical Trial

Smith started the clinical trial at the end of July 2009. She was one of the first people in the world to take crizotinib, a potential anticancer drug, known as an ALK inhibitor, that is designed to block the gene driving the lung cancer. Two months later, Smith sat with two of her children, Camidge and Ben Smith, whom she had been dating since the summer of 2005, and they stared at PET scans of her entire body.

“The cancer had disappeared off the scans,” Camidge says. “I was delighted.”

“Dr. Camidge said to me, ‘We cannot cure your cancer, but we can control it,’” Smith says. “I understood that this would be the new norm—living with cancer.”
Ellen Smith says she is “a grandma who is gaga for her grandchildren.”

A year later, Ben came over to Smith’s house with a serious look on his face. She suspected that their relationship was about to end, a casualty of cancer. Instead, he proposed with words that could easily double as vows. “I will be here with you and for you,” he said. “You’re not going to journey through this alone.”

Through the years, Smith’s cancer has gone through phases, sometimes outwitting the drugs. During those periods, she has had traditional infusion chemotherapy and radiation and then returned to an ALK inhibitor. When that drug stopped working, she began another clinical trial with a second-generation ALK inhibitor.

“Lung cancer has been treated as one disease for decades,” Camidge says. “We know now there are different types of lung cancer, so you can’t apply the dogma of the last 20 years. You need to be a clinical pioneer, looking over the next mountain, exploring. You’re on a journey with the patient, their family and the drug company, and no one knows the outcome. You’re trying to figure it out together.”

Smith praises Camidge for his willingness to “think outside the box and be open to all sorts of options” with her treatment.

“Dr. Camidge is brilliant,” she says. “He is also compassionate. I think of him as my brother.”

Today, Smith has two missions: to enjoy every minute with her family (“I am a grandma who is gaga for her grandchildren.”) and to spread the word about the CU Cancer Center on the Anschutz Medical Campus.

“Anschutz is the place to go,” Smith says. “They know that when dealing with cancer, one size doesn’t fit all. It’s very personalized care, individualized to the type of cancer. It’s a whole new way of thinking.”

“Ellen has helped other people,” Camidge says. “The data we have published about her case has changed the world multiple times.”

**CU Cancer Center: Personalized Care**

CU Cancer Center is the only National Cancer Institute-designated comprehensive cancer center in the Rocky Mountain region. It is known for its personalized cancer treatments and its robust and diverse clinical research and clinical trials program. It is home to one of the world’s best lung cancer research and treatment programs.

“I think patients believe we provide compassionate expertise,” Camidge says. “We will go the extra 10 miles for every patient.”

With the largest number of human cancer clinical trials in the region, CU Cancer Center provides patients across the state and region with access to the newest possible types of cancer care.

Ellen Smith says she is “a grandma who is gaga for her grandchildren.”

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**CU Cancer Center: Survival Rates**

A 2013 outcomes report from the CU Cancer Center and the University of Colorado Hospital shows that their five-year survival rates for many types of Stage IV cancer outperform national rates.

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2014 Medical Alumni Association Awards

Throughout the history of the University of Colorado School of Medicine, our graduates have made a remarkable impact. Each year the Medical Alumni Association bestows three awards on distinguished alumni who have performed outstanding research, filled positions of significance and served their communities in extraordinary ways. We honored this year’s award recipients at the Silver & Gold Banquet earlier this year.

Silver & Gold Award

H.A. “Rick” Fonken, MD ’59

The Silver and Gold Award, the association’s highest honor, recognizes excellence in humanitarianism, citizenship and professionalism for outstanding service to the community and contributions to the art and science of medicine. Fonken was selected for his remarkable contributions to the field of medicine, steadfast commitment to the alumni association and humanitarian work throughout the world.

Fonken, president of the Class of 1959 and an ophthalmologist, has regularly supported the Medical Alumni Association and the School of Medicine. He served on the alumni board of directors for 11 years and as president of the association for three years. He was a dedicated member of the admissions committee, which he describes as “a humbling experience” due to the quality of the applicants. He is a member of the Heritage Society and of the Dean’s Circle. One of his outstanding contributions was spearheading, with help from colleagues, the Stethoscope Sponsorship Program. The fund provides a stethoscope to each incoming medical student at the School of Medicine, and has become a beloved tradition and fixture of the student experience.

Fonken chose ophthalmology because, as he puts it, “the eye is a fantastic extension of the brain.” After medical school, Fonken served two years as Army general medical officer in France. During the 1980s, he spent time in Sierra Leone where he served as a cataract surgeon, treating children with afflictions such as glaucoma and parasites in the eyes. He continued his humanitarian service in Mexico in the early 1990s. Fonken had a private practice in Denver before returning to his native Fort Collins, where he practiced for 24 years. During that time, he was an assistant clinical professor at the University of Colorado Hospital. Fonken lives in Fort Collins with his wife Elaine.

Distinguished Service Award

David S. Gordon, MD ’67

This award is given for outstanding service to the alumni association and to the School of Medicine.

Gordon, an oncologist and a native of Denver, was an immunology research fellow in the laboratories of the Nobel laureate, Sir Peter Medawar, at Northwick Park Hospital in Harrow, UK. He later developed a laboratory immunology program for the U.S. Centers for Disease Control where he became director of the Immunology Division and was involved in the early years of the HIV epidemic. He also was professor of medicine in the Division of Hematology/Oncology at Emory University School of Medicine and attending physician on the leukemia/lymphoma/stem cell transplant service. For Gordon, oncology provides “a wonderful combination of science and humanistic things—being trusted with patients’ confidence to get through a difficult situation.”

Since 2002 Gordon and his wife, Penelope, have lived in northern Michigan, where he is developing a community cancer center with his clinical colleagues.

When he’s not leading immunology research, founding biotech companies or helping develop cancer centers, Gordon is active in the Medical Alumni Association. He served two terms on the board of directors and helped establish a scholarship program with Class of 1967 colleagues.

Distinguished Achievement Award

Bruce A. Mallin, MD ’64

Mallin was recognized for his outstanding service to the community, the practice of medicine, the provision of health care, the alumni association and the School of Medicine.
While much of Mallin's career has been in his native Arizona, his expertise and sense of duty has taken him all over the globe. While serving in the U.S. Navy, he was a flight surgeon. He served in Vietnam for a year during the Tet Offensive, and during Desert Shield/Desert Storm he was stationed at the National Naval Medical Center in Bethesda.

Mallin says he has gained much satisfaction in humanitarian service to the underserved—a passion that has taken him to Israel and to rural areas of South America. Closer to home, Mallin has regularly served at the St. Vincent de Paul clinic in Phoenix.

Mallin's daughter Emily, who is also a physician, says: “Over the years I’ve had the opportunity to meet many of my father’s patients. I am always struck but never surprised that invariably they remember him as one of the most compassionate and caring physicians they have ever known.”

Mallin retired from private practice in orthopedic surgery a few years ago, and still teaches as a volunteer associate clinical professor at the University of Arizona.

Association Scholarship Awards

To support and enhance our mission, this year and each year going forward, the Medical Alumni Association will award scholarships to at least one fourth-year medical student who is in good academic standing, demonstrates a commitment to the alumni association and has contributed time and energy to the community. In its inaugural year, we were pleased to present scholarships to two successful and well-rounded members of the Class of 2014.

Reunion Weekend 2014 reengages alumni from across the country

Reunions are a time to connect with lifelong friends, reminisce about your time in medical school and rediscover the remarkable achievements of the School of Medicine. This year we celebrated alumni who graduated during class years ending in a 4 or 9.

Reunion Weekend 2014 was one of our most successful to date. We welcomed hundreds of alumni and friends—from as far as Alaska—back to Colorado and the Anschutz Medical Campus.

The Class of 1964, as a part of its 50th reunion celebration, raised more than $30,000 to support incoming medical student scholarships. This financial support was matched by University of Colorado President Bruce Benson’s office, doubling the impact of their collective efforts.

The Medical Alumni Association also honored three distinguished alumni and two graduating students at The Silver & Gold Banquet. Holly Wyatt, MD, associate professor of medicine, was the featured guest speaker at the 1883 Society Luncheon, and Dean Richard Krugman, MD, provided a thought-provoking update on the School of Medicine.

The energy throughout the weekend was dynamic and underscores the delight of welcoming alumni back to campus. Alumni engagement is an essential part of our institution’s rich legacy, and we thank everyone for their attendance and participation.

To make a gift to the Medical Alumni Association Scholarship Fund, please contact the Office of Alumni Relations at 303-724-2518.

Benjamin Medrano, MD  Brandon Sawyer, MD
Gift boosts CU Eye Center and endows endocrinology chair

Denver philanthropist Frederic C. Hamilton has committed $3 million to support two major initiatives on the Anschutz Medical Campus.

Hamilton pledged $2 million to the University of Colorado Eye Center, which is building a new five-story building on the campus to expand its clinical and research programs. The gift establishes the Frederic C. Hamilton Macular Diagnostics Center Fund to help bring new diagnostic equipment and other equipment to the center.

Hamilton also gave an additional $1 million to the Frederic C. Hamilton Endowed Chair in Endocrinology Research in the School of Medicine Department of Endocrinology. The initial holder of the chair is E. Chester Ridgway, MD, professor of medicine.

Hamilton, who is known for his contributions and board service to the Denver Art Museum, has been a patient at the Eye Center.

“I chose to make my gift to the Macular Diagnostics Center, because I have macular in one eye,” Hamilton says. “It is the dry kind, untreated, and a very serious impairment to one’s life. It is vital that a treatment be developed for the future of other persons. I am fortunate in the hands of one of the world’s experts, Dr. Naresh Mandava, and by supporting him and his efforts, I hope to make a difference to people in the future that develop this horrible disease.”

Mandava, MD, chair of ophthalmology, has spent more than 15 years researching age-related macular degeneration, a leading cause of vision loss in people over age 60. Mandava has focused on new technologies in imaging, drug therapy and artificial vision. As executive director for the Eye Center, he has pioneered retina stimulation concepts that have the potential to restore sight in blind people.

Bunn named Giant of Cancer Care

Paul A. Bunn Jr., MD, distinguished professor of medicine and investigator at the CU Cancer Center, has been named a “Giant of Cancer Care” by publisher OncLive.

The award recognizes individuals who have achieved landmark success within the field of oncology. Bunn’s research interests focus on novel therapies for lung cancer. He has published more than 300 articles in peer-reviewed journals, more than 122 reviews and editorials, and 90 book chapters on lung cancer. His studies have set standards for the treatment of lung cancer and identified biomarkers of prognosis and therapy selection.

Bunn is the principal investigator on numerous national and local therapeutic trials and also is the principal investigator for the Specialized Program in Research Excellence grant that is designed to conduct translational research in lung cancer.

Schwartz receives “Colorado’s Nobel Prize”

David Schwartz, MD, chair of the Department of Medicine, last May received the Bonfils-Stanton Foundation Annual Award, which sometimes is referred to as “Colorado’s Nobel Prize.”

The foundation honored Schwartz for contributions toward understanding the role that biological and genetic determinants play in the onset of diseases like asthma and other chronic pulmonary diseases influenced by environmental exposures. His research of the causes of pulmonary fibrosis has led to discoveries that have revolutionized the understanding of the disease and its potential treatment.

Schwartz has been instrumental in developing training programs for physician-scientists through his leadership at National Institutes of Health and the University of Colorado. He has helped build a pipeline of physician-scientists and a framework for increased collaboration between clinicians and researchers.

He received the American Thoracic Society Lifetime Scientific Achievement Award, and was named the 2013 American Thoracic Society Amberson Lecturer. He has served on several prestigious scientific review committees and educational/advisory boards, and has lectured extensively across the world. He has published more than 200 peer-reviewed research papers, 75 reviews and editorials, 50 book chapters and a textbook.

The Bonfils-Stanton Annual Awards Program was established in 1984 to honor individuals who are advancing excellence in the foundation’s major areas of interest.
Barriers to school-based flu vaccination

School-based influenza vaccination programs are hampered by high rates of payment denial from private insurers, school restrictions on charging fees to parents and low payments for vaccine administration from public payers like Medicaid, according to CU researchers.

Allison Kempe, MD, MPH, professor of pediatrics and director of the Children’s Outcomes Research Program at Children's Hospital Colorado, reviewed a school-based flu vaccine program in the Denver Public Schools and found that it was able to reach nearly one-third of the students, but billing and reimbursement issues posed significant problems for administrators of the program.

“The current program demonstrated that school-based third-party billing for both vaccine and implementation costs was feasible, but problems with reimbursement will need to be solved before it can be financially solvent,” the authors wrote in an article published in the May-June 2014 issue of Academic Pediatrics.

In a second article, also published in Academic Pediatrics, Kempe and her colleagues reported on a survey finding that a majority of parents supported school-located influenza vaccination programs, although they expressed concern about not being present when the vaccine is administered.

“Our data demonstrate substantial parental support for the participation of schools in helping accomplish universal coverage among elementary children, although some will likely not participate unless they are allowed to be present for the vaccination of their child,” the researchers wrote.

Home visits by nurses reduce mortality of mothers and children

Low-income mothers and their first-born children who received home visits from nurses were less likely to die from preventable causes during a two-decade period studied by David Olds, PhD, professor of pediatrics.

Beginning in 1990, the Nurse-Family Partnership enrolled low-income, primarily African-American mothers living in disadvantaged neighborhoods in Memphis, Tenn., and assessed maternal and child mortality for more than two decades, until 2011.

Nurse-Family Partnership produced a significant reduction in preventable child death from birth until age 20. Children in the control group not receiving nurse-home visits had a mortality rate of 1.6 percent for preventable causes including sudden infant death syndrome, unintentional injuries and homicide. There were zero preventable deaths among nurse-visited children.

In addition, over the same two-decade period, mothers who received nurse-home visits had significantly lower rates of death for all causes compared to mothers not receiving nurse-home visits.

“Death among mothers and children in these age ranges in the United States general population is rare, but of enormous consequence,” says Olds. “The high rates of death among mothers and children not receiving nurse-home visits reflect the toxic conditions faced by too many low-income parents and children in our society. The lower mortality rate found among nurse-visited mothers and children likely reflects the nurses' support of mothers' basic human drives to protect their children and themselves.”

Rise in marijuana-related fatal accidents

The proportion of marijuana-positive drivers involved in fatal motor vehicle crashes in Colorado has increased dramatically since the commercialization of medical marijuana in the middle of 2009, according to a study by University of Colorado School of Medicine researchers.

With data from the National Highway Traffic Safety Administration's Fatality Analysis Reporting System covering 1994 to 2011, the researchers analyzed fatal motor vehicle crashes in Colorado and in the 34 states that did not have medical marijuana laws, comparing changes over time in the proportion of drivers who were marijuana-positive and alcohol-impaired.

The researchers found that fatal motor vehicle crashes in Colorado involving at least one driver who tested positive for marijuana accounted for 4.5 percent in the first six months of 1994; this percentage increased to 10 percent in the last six months of 2011.

They reported that Colorado underwent a significant increase in the proportion of drivers in a fatal motor vehicle crash who were marijuana-positive after the commercialization of medical marijuana in the middle of 2009.

The increase in Colorado was significantly greater compared to the 34 nonmedical marijuana states from mid-2009 to 2011. The researchers also reported no significant changes over time in the proportion of drivers in a fatal motor vehicle crash who were alcohol-impaired within Colorado and comparing Colorado to the 34 nonmedical marijuana states.

Stacy Salomonsen-Sautel, PhD, who was a postdoctoral fellow in the Department of Pharmacology, is the lead author of the study, which was published in the journal Drug and Alcohol Dependence. Christian Hopfer, MD, associate professor of psychiatry, is the senior author.

While the study does not determine cause and effect relationships, such as whether marijuana-positive drivers caused or contributed to the fatal crashes, it indicates a need for better education and prevention programs to curb impaired driving, Salomonsen-Sautel says.
Hajar A. Hajar Al Binali hunched over his desk, scribbling algebraic calculations in Arabic letters. When he arrived at the solution to the problem, he wrote the answer using the Roman alphabet. His American professor looked at him with skepticism when he handed in his work. “If your final answer is incorrect, I can’t give you credit for the Arabic calculations,” he told Hajar.

A newcomer to the U.S. from Qatar in the late 1960s, Hajar had to conquer all the requirements for his bachelor’s degree before he could achieve his dream of becoming a doctor.

From struggling student to Qatari medicine pioneer

“After finishing junior high school, he went to the United States on a government scholarship,” Hajar’s wife, Rachel Hajar, MD, says of her husband’s early years of U.S. schooling. “He could not understand a word [of English].”

Luckily for cardiology patients in his native country, Hajar learned English—and, by the way, aced that undergrad algebra class. He went on to earn a bachelor’s degree from CU-Boulder in 1969 and a medical degree from the CU School of Medicine in 1973.

Hajar returned to his native country in 1978 and proceeded to make a health legacy for himself. He established a cardiology service with a coronary care unit, a cardiac catheterization laboratory and cardiac surgery. Hajar’s efforts to modernize health care in Qatar included setting up an appointment system, initiating computerization of the medical record system and establishing a database of cardiac diseases in Qatar.

Because the labor force in Qatar is composed of workers from poor foreign countries, he introduced medical screenings for major communicable diseases such as tuberculosis and leprosy. Previously nonexistent medical services became available, such as pediatric cardiology, and hematology, pulmonary and gastrointestinal services.

“He was responsible for catapulting medical care in Qatar into the 21st century,” Rachel Hajar says of her husband. “He is considered the father of modern medicine and cardiology in Qatar.”

Hajar noticed a high incidence of coronary artery disease and a high prevalence of smoking in Qatar and spearheaded a national antismoking campaign. In 1999, he was appointed Qatar Minister of Health, where he worked to help pass the national tobacco control laws in 2002.

Hajar had childhood memories of his father, an Islamic judge, preaching against smoking in mosques. While a CU student, Hajar wrote a chapter in his father’s book, “Smoking: A Slow Suicide.”

Bringing the international cardiology community together

In honor of her husband and the work he is doing, Rachel Hajar gave a gift to the School of Medicine, establishing a visiting scholar program in cardiology. It will focus on collaboration among different institutions, meaningful professional relationships and information exchange across cultures.

“The program is an opportunity for cardiologists from around the world to obtain a focused and enhanced cardiology experience, which they can pattern or model in their home country,” she says.

Peter Buttrick, MD, professor of medicine, physiology and biophysics, and head of the Cardiology Division, says, “We could not be more grateful to Rachel Hajar for this generous gift. Not only is it a proper tribute to the medical legacy of her husband, but it will bolster our department through meaningful connections with the international cardiology community.”

A story of love and giving

While the gift honors her husband, Rachel Hajar deserves tribute as well. She, too, is a cardiologist, currently director of noninvasive cardiology at Hamad Medical Corporation in Doha. She also is founder and editor-in-chief of Heart Views, the cardiovascular journal of the Gulf Heart Association, and a fellow of the American College of Cardiology.

Originally from the Philippines, Rachel Hajar moved to the U.S. for her medical education and then to Qatar once married to Hajar. She authored a memoir, “My Life in Doha: Between dream and reality,” about her life in Qatar and her transition into an Arab-Islamic culture.

The book is not only an account of her experiences; it is also a love story. And that love, along with her passion for medicine, drove Rachel Hajar to give to the University of Colorado.

“I wanted to honor [my husband’s] medical legacy. I thought, ‘What better way to honor someone than to name a program after him at his alma mater?’”

Hajar A. Hajar Al Binali, MD, is the director of Medical Education for the Heart Hospital of Hamad Medical Corporation in Doha, Qatar, where he was also chairman of Cardiology and Cardiovascular Surgery, chairman of the board of directors and managing director.
Friends and family of E. Chester (Chip) Ridgway, III, MD ’68, MACP, gathered in August to pay tribute to a man whose work as a physician, researcher and teacher is recognized around the world, and whose life was devoted to his children, his family’s Wyoming ranch, and the fellows and colleagues he mentored throughout his career.

Ridgway, a Distinguished Professor of the University and the senior associate dean for Academic Affairs for the past 20 years, died July 31, just a few weeks after being diagnosed with pancreatic cancer. He was 72 years old.

Dean Richard Krugman, MD, told the hundreds who gathered for the ceremony that Ridgway deserves credit for the school’s successful move to the Anschutz Medical Campus.

“Much of what we have today is because of his work,” Krugman said. “Much of the credit goes to people like Chip who actually had the fortitude to pay attention to the thousands of details that made it happen and got it done years ahead of the plan. When academic administration is done well, it is invisible. He was a critical part of our infrastructure here and we will miss him an enormous amount, a great deal.”

Ridgway succeeded because he focused on the people around him, and that included the attention he gave to his children, Krugman said.

“He was passionate about furthering the science of endocrinology, about teaching and also about putting Colorado on the map as a top medical institution; this you all know,” said his daughter Emily Ridgway, MD. “But I also want to tell you that he was equally immersed and devoted to his role as a father and as a family member and as a patriarch of his extended family. Dad was larger than life as Hap (Chip’s brother) said. Magnetic. He galloped through life.”

She recalled that her father scattered soot by the fireplace and left gifts on the roof of the house one Christmas when she and one of her brothers began to show doubts in the existence of Santa Claus.

“We all know how devoted Dad was to his profession and how much it meant for him to be part of the University of Colorado,” she said. “We grew up with slide carousels on the countertop of his talks, and grant applications or drafts of article submissions on his lap during Broncos games for commercial breaks.”

Ridgway grew up in Cody, Wyo., and followed in his father’s footsteps by becoming a doctor. Ridgway completed a premed program and a philosophy major at Dartmouth College and came to the University of Colorado for medical school. Internship, residency and fellowship programs followed at Massachusetts General Hospital in Boston. He served two years in the Navy as a medical officer in San Diego and then returned to the faculty of Harvard Medical School and to Massachusetts General, where he headed up the Thyroid Unit.

He came back to the West when he joined the University of Colorado School of Medicine in 1985. Part of the reason was his own desire to be in the mountains and close to Cody. He wished the same for his children who, as he said, “were preteens and they were getting a little too used to being Boston people.”

Paul Bunn, Jr., MD, who, like Ridgway, is a Distinguished Professor of the University, recalled Ridgway’s competitive spirit in tennis matches in Evergreen, bicycling up Mount Evans and skiing in Aspen, where Ridgway persevered even though his boot was cutting up his ankle.

“Chip was a tough guy and he pursued excellence in every endeavor,” Bunn said.

Bryan Haugen, MD, head of the Department of Medicine’s Division of Endocrinology, Metabolism and Diabetes, a position Ridgway held from 1985 until 2007, said patients adored him and that he was a generous mentor and colleague.

“He loved every day working for this university and this school,” Haugen said.
Dean Richard Krugman, MD, has presided over more than two decades of strategic growth at the University of Colorado School of Medicine.

To honor his accomplishments and to provide a permanent source of funding for future leaders of the school, the University has established the Richard D. Krugman, MD, School of Medicine Dean’s Endowed Chair with the goal of raising $5 million.

Please consider a gift that will ensure future deans have resources to make strategic funding choices to perpetuate our legacy of excellence. For more information about giving to the endowment, go to cufund.org/SOMDeanChair.