Decoding Alzheimer’s complex equation

Rob Winn’s recipe for success: home training, hard work

Integrative medicine pushes past tradition
DEMONS THAT SPAWN ALZHEIMER’S 18-19

Nicholas Seeds and his protégé, Shay Fabbro, stalk the brain changes associated with Alzheimer’s disease. Tracing a chain of reactions, they may have found a way to slow down or stop one of dementia’s demons.

Cover photo and photo left by Glenn Asakawa

Dr. Rob Winn, page 6

Dr. Charles Dinarello, page 8

Integrative medicine, page 14
Investing in science pays off

Last summer the Proceedings of the National Academy of Sciences (PNAS) published the results of a study that claimed biomedical research funded from 1938–2004 by the National Institutes of Health now helps prevent 1.35 million deaths from cardiovascular disease, stroke, cancer and diabetes per year. The process by which basic research improves public health is complex and time-consuming, and trying to quantify the exact number of lives saved invites charges of oversimplification and hyperbole. The study published in PNAS produced such charges. The uproar missed the point. What matters most is that basic science does save lives; increasing public investment in biomedical research improves public health. The challenge comes in educating people about how this public investment pays off. We cannot cure cancer overnight, no matter how much money we throw at it. Biomedical research defies traditional cost-benefit analyses. The scientific method of experimentation may be standardized; the results are anything but. Scientists prove some hypotheses and disprove others. What needs to drive the government’s investment policy in the National Institutes of Health and other biomedical research is faith in basic science, tempered with patience. Given money and time, it will save lives.

Managing an academic enterprise in these economic times is interesting. The research, clinical and state revenue sources, which are always in flux, seemed particularly tumultuous this summer. For our School of Medicine, the exultation of having hundreds of opportunities to submit grants for federal stimulus funding was always tempered by the reality that hundreds of medical schools and teaching hospitals submitted thousands of such grant requests. For the clinical enterprise, the excitement of addressing the serious dysfunction of our national health-care system is tempered by the reality that reform could put clinical revenue at risk for the majority of our faculty who are specialists. And the excitement of creating a new campus and curriculum is tempered by the reality that, in the coming year, the state will look for more draconian cuts to our already inadequate state appropriation.

I welcomed yet another “best class we ever admitted” on Aug. 10. One thing is for sure: They are the largest. We have 160 new students ready for the four-year cycle.

With warm regards,

Richard D. Krugman, MD
Dean, School of Medicine
Vice Chancellor for Health Affairs
University of Colorado Denver

“Biomedical research defies traditional cost-benefit analyses. The scientific method of experimentation may be standardized; the results are anything but. Scientists prove some hypotheses and disprove others.”
Renowned colleague receives honorary degree and rare industry distinction

Patricia A. Gabow, MD, the chief executive officer and medical director at Denver Health Medical Center, received an honorary degree at the University of Colorado Denver 2009 Anschutz Medical Campus graduation ceremonies. Gabow is nationally and internationally recognized for developing the best public integrated health system in the United States. The American College of Physicians has selected her as a Master of the College. Of its 119,000 members, only 546 have attained the distinction.

Professor wins Physician Walking Stick Award for supporting family medicine

Mark Deutchman, MD, a professor in the department of family medicine, won the 2009 Osage Orange Distinguished Physician Walking Stick Award. The annual award honors a physician who works with medical students and residents, particularly those interested in practicing family medicine in rural communities. Deutchman, seen here during his career as a rural doctor, developed the School of Medicine’s Rural Track training program in 2005, and his students praise him for his dedication, excellent teaching, mentorship and overall commitment to rural health.
Professor wins Bonfils-Stanton Foundation Award for immunology discovery

Henry Claman, MD, Distinguished Professor of Medicine and Immunology in the division of allergy and clinical immunology, won the Bonfils-Stanton Foundation Award in Science and Medicine. The award recognizes Claman’s contributions to the quality of life in Colorado. Claman found that two types of immune cells—T cells from the thymus and B cells from the bone marrow—cooperated to help the body fight infections. This development changed the field of immunology and led to more informed research and better patient care.

Medical students participate in prestigious laboratory research program

Two University of Colorado Denver School of Medicine students are among 112 medical, dental and vet students across the country chosen for a special laboratory research program sponsored by the Howard Hughes Medical Institute. Bietel W. Belay, a third-year medical student, and Emily Fischman Kauvar, a fourth-year student, will each spend a year in a laboratory honing scientific skills that prepare them for possible careers in research as part of the HHMI-NIH Research Scholars Program.

Don Gilden, MD, the chair of the neurology department since 1985 (shown above in his early days), has spent nearly a quarter-century at the University of Colorado doing research on and treating patients with multiple sclerosis. In September, the Rocky Mountain MS Center presented Gilden with a lifetime achievement award for adding to the understanding of MS. Among a long list of accomplishments, Gilden received the 2007 International Society for NeuroVirology Pioneer Award.

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A tobacco ban placed in effect in April 2009 just passed the six-month phase-in period. Now no one, including faculty, staff, students, patients and visitors, may use smoking and smokeless tobacco products anywhere on the Anschutz Medical Campus, inside or outside of buildings.

The last pack

In May 2009, the School of Medicine held its annual memorial service honoring those who donated their bodies for dissection in anatomy labs. First-year medical student Shawn Stone spoke for all medical students as he eulogized the woman whose body he dissected. “Yes, I learned about the human body from her,” Stone said. “But she also forced me to deal with the fact that, despite my best efforts, I too will one day die. In light of this, I look at my days and wonder what I contribute … In her last moments, she definitely did create a ripple which helps others and lasts beyond her days.”
They worked hard for the money

Some members of the medical school’s grants and contracts staff had to come in before dawn and others had to work late into the night to make sure grant applications for federal stimulus money got filed on time in the government’s overloaded computer system. Staff members like David White, seen here, worked until their hands literally ached from typing in data. As CU Medicine Today went to press, the University of Colorado Denver had submitted 566 proposals for grants under the American Recovery and Reinvestment Act and received 110 awards. Funding from these awards totaled more than $52 million.

The School of Medicine has a new social network on the Web. With the help of education staff member, Helen Macfarlane, MA, students, faculty and staff can now check the “Vital Signs of the Rockies.” Join up and join in posting photos, personal profiles and blogging. Check it out at http://ucdenverschoolofmedicine.ning.com/ To join go to http://tinyurl.com/n698mr

A reader responds:

I read your article speaking about the issue of educational debt (in the SPRING 2009 issue). My wife is a UC School of Medicine graduate. You made some very clear and important points. I thought I might add some “what ifs.”

- What if med school included a class in personal and medical finance? It might help better manage the transition between a resident’s pay and the tripling or quadrupling that takes place overnight.

- What if a new graduate understood the concept of compounding interest and realized that the banks are quite happy when $130,000 in debt turns into $300,000? While I fully agree that several hundred thousands is a large chunk of debt, understanding early the importance of properly managing those newfound salary dollars can make the process less painful.

- What if a residency program included a brief rotation in the business office so docs graduated with an understanding of medical coding and what insurance companies are going to do with it.

- And lastly (dream on), what if Obama can turn our health care system on its head and better balance the system in which specialists are paid so much more than the primary care docs.

Peter Brownstein
Getting his shot
A family’s work ethic beats the odds

By Jim Spencer

After his parents worked themselves to exhaustion to move their family from the slums of Buffalo, N.Y., to the suburb of Kenmore, Rob Winn went from academic wunderkind to wondering what kind of student he really was.

“I had to drop out of all of my honors classes,” Winn recalls of his transfer to Kenmore West High School. “I had to take remedial reading.”

Winn also had to make a decision. Did he want to dig in and try to prove a working-class black kid from the inner city could compete academically with upper-middle class white suburban children?

He looked only as far as his home training to find the answer.

His father, Harrison, started out as a Georgia sharecropper. Raised by relatives after his mother died, Harrison Winn dropped out of school to help his adoptive family earn a living. He picked cotton and chopped tobacco. Fleeing the poverty of the South, Harrison Winn moved to Buffalo, hoping to get a union job with General Motors. The closest he got was washing and waxing cars for a local auto dealer. So he learned to run a crane at R&R Salvage, a local junkyard. Then, Harrison Winn went to night school to learn how to read and started reading The New York Times every day. Life, as he showed by example, is usually Plan B.

Harrison’s wife, Vertia, grew up in Buffalo, steeped in a work ethic that taught her to do whatever it took to pull her own weight. So after giving birth to two boys, whom she called Bobby and Don, she labored her way to the top of the clerk-typist pool at a local government agency.

In turn, her first born—named Robert Andrew after Robert Kennedy and Andrew Jackson—chose to work his way to the upper percentage of his high school class. Then, he chose to go to Notre Dame. Then, he chose to go to medical school at the University of Michigan, marry his “study buddy” and accept a residency at Rush Presbyterian Hospital in Chicago. There, he was intern of the year, twice selected resident of the year and rose to be chief resident.

Finally, in 1997, Bobby Winn, by then known as Rob, took a fellowship in pulmonary medicine and critical care at the University of Colorado School of Medicine. What was supposed to be a three-year stint in the Rocky Mountain West turned into a commitment to fighting lung cancer and attracting more diverse medical school classes as assistant dean of admissions.

Now 44, Rob Winn, MD, doesn’t brag about how far he has come, but his journey says plenty.

The Winns battled their way out of a Buffalo neighborhood that had turned ugly. The family worked almost nonstop to raise the money to move, but saving enough to get to the suburbs took time. Meanwhile, drug dealers and prostitutes took up residence next door. The neighbors fired shots near the Winn home. The final stroke, the one that convinced Winn’s father that he must leave immediately or turn vigilante, came when his youngest son Don, then 12, yelled at neighbors for letting their dog wander onto the Winn’s property.

“A grown man sitting on the porch took a beer can, threw it at Don and hit him in the forehead,” Rob Winn recalls.

Winn’s father came dangerously close to violent retaliation, the doctor remembers. Instead of risking his life attacking the thugs next...
Bobby had trouble,” Harrison Winn says of his son’s transition from stardom in the Buffalo schools to his initial academic smackdown at Kenmore West. “But he was a hard fighter. We’d be in bed at midnight or 1 a.m., and he’d still be fighting those books.”

Raised in a family that proved effort can overcome almost anything, the boy was actually angry at the academic double standard between poor and rich schools.

“I wondered, ‘Why isn’t this education being offered to everybody?’” Winn says. “That ticked me off. That’s one reason I’m motivated to help people in every kind of community.”

A Notre Dame alumnus in Buffalo and, later, a couple of priests in South Bend saw this flame and fanned it. First, the alumnus helped Winn get into college, then, the priests directed him to medical school.

“I found him to be a most sincere young man who had a genuine care for others,” says Rev. Joseph Walter, who advised Winn. “He always had a smile and a calm disposition. He took his studies seriously, but without the so-called ‘premed syndrome.’”

Winn’s first reaction to the suggestion that he become a physician was: “I don’t know any black doctors.” Typically, his family rallied around him. “Junking” paid for his textbooks in undergraduate and medical school. On evenings when people put out discarded items for the city to collect, Winn’s maternal grandfather and his father would work full day shifts, gobble dinner, hop in a truck and go “junking” until 11 p.m. or midnight. “We’d go up and down the streets,” Harrison Winn explains, “take what you could salvage and sell it.”

Harrison and Vertia Winn worked hard so their boys could rise above their parents’ circumstances. “I wanted them to do better with their lives,” Vertia Winn says.

Winn says his father set few limits except “he didn’t want me to get my feet dirty or my hands burned.”

Winn’s brother Don now works as a New York state trooper.

Meanwhile, Rob Winn—a self-described “proud graduate of Head Start,” the early education program for poverty-stricken children—runs a lung cancer research lab at a major medical school. He includes minority student interns among the staff. As a researcher, Winn looks at the role of genes in tumor development. As a clinician, he recently helped start a multidisciplinary lung clinic at the University of Colorado Cancer Center. There, pulmonologists, surgeons, radiologists and oncologists team with one another in hopes of diagnosing and treating lung cancer more efficiently and effectively. He calls the integrated approach “awesome.” What would give Winn an equal rush would be to train thousands of African-American, Latino, Asian and rural physicians. One of Winn’s goals as an admissions dean is to establish better ties with Colorado’s communities of color, as well as its underserved rural and urban areas.

“I just didn’t know what was out there,” Winn says of his own life. “You need people to expose you.”

People also need role models. On that count Winn had two of the best.

Vertia Winn promised her kids: “You can do anything if you work hard.” But even she admits that she sometimes wonders how the dream came true. “I have to pinch myself when I think that the boy from Sycamore Street grew up to be a doctor,” she says.

Sometimes, the man that boy grew into has to pinch himself, too.

“Bobby had trouble,” Harrison Winn says of his son’s transition from stardom in the Buffalo schools to his initial academic smackdown at Kenmore West. “But he was a hard fighter. We’d be in bed at midnight or 1 a.m., and he’d still be fighting those books.”
Physician-researcher Charles Dinarello, a member of the prestigious National Academy of Sciences, continues to study how to balance inflammation in ways that promote human health.

Isolating and cloning “fever molecule” makes Dinarello hot stuff

By Jim Spencer

Charles Dinarello's search for the “fever molecule” began in 1965, the year he started Yale Medical School. Some scientists believed a human molecule existed that caused fever without infection. They wondered if the same molecule also caused other kinds of inflammation.

Dinarello set out to provide the facts that tested these theories.

It took decades for his work to translate into improved treatments for patients, but Dinarello's research proved so important that in 2009 the University of Colorado School of Medicine professor won three of the world's most prestigious medical science awards.

He finally isolated the fever molecule in 1977 at the National Institutes of Health. Then he headed the team that cloned the molecule in 1984 at MIT, while working at Tufts Medical School and the New England Medical Center.

As he isolated and cloned the fever molecule, Dinarello says he “lived in constant fear” that he was wrong because the concepts he and his colleagues were introducing were novel.

Dinarello's work on the fever molecule—which the doctor and his colleagues eventually called Interleukin 1—led to better understanding and treatment of inflammation, diabetes, cancer, arthritis and autoimmune diseases.

Dinarello's prizes in 2009 pay homage to the doctor's persistence. The Paul Ehrlich and Ludwig Darmstaedter Prize is among the most prestigious international prizes awarded in Germany in the field of medicine. Dinarello will accept the prize—worth $140,000—in a ceremony in Frankfurt on March 14, 2010, the birthday of the award's namesake, Paul Ehrlich. Ehrlich won a Nobel Prize in medicine in 1908. Eighteen previous Ehrlich prize winners have gone on to win the Nobel.

“I'm just happy the field is getting recognized,” says Dinarello, who at 66 is considered the father of a subdivision of immunology called cytokine biology. “Many people have contributed to this.”

Dinarello is happiest because patients, such as those with Type 2 diabetes, now get relief because of the research he pioneered.

The Ehrlich prize was the third big recognition of Dinarello's work in 2009. In the spring of 2009 Dinarello received a share of two other internationally prestigious awards—the Royal Swedish Academy of Sciences Crafoord Prize, presented to him by the King of Sweden, and the Albany Medical Center Prize in Medicine and Biomedical Research. In each case Dinarello split a $500,000 prize with two other researchers.

Dinarello, a professor of medicine in the medical school's division of infectious diseases, gave away all the prize money. He will do the same with his Ehrlich prize winnings. All of the money will end up in the Interleukin Foundation, which Dinarello started to help fund biomedical researchers who had good ideas but no source of cash.

Dinarello chose not to use his prize money to pay off his home mortgage or replace his 13-year-old Volvo for one reason: He knows how lucky he was to discover a path to enlightenment on the unexplored edges of science.

“Some of my professional colleagues would say at scientific meetings that the fever molecule we isolated contained bacterial products,” he recalls. “Some called our fever molecule ‘lymphodreck’ from the German-Yiddish expression for dirty.”

In 1978 Dinarello and Dr. Lanny Rosenwasser stood at a beta counter in a National Institutes of Health lab and saw a sample of Dinarello's best-purified molecule causing fever at one-millionth of the concentration they had begun testing.

He waited two years before publishing the data, using the time to check and double check his results.

While at Tufts-New England Medical Center Hospital, Dinarello asked to be relieved of clinical duties to try to clone Interleukin 1. At the time only three other molecules had been cloned—a human growth hormone, insulin and interferon.

“I was constantly aware of the potential of failure,” he says. “I estimate that we used 60 liters of human blood in the cloning project for Interleukin 1.”

Even when Dinarello and colleagues from MIT and Wellesley College finished cloning Interleukin 1 in 1984, enough professional skepticism persisted to cause the respected journal Nature to refuse to publish their findings. The Proceedings of the National Academy of Sciences published their results instead. The synthetic fever molecule turned out to be 100 percent pure. It did everything Dinarello claimed and more.

“In the end,” Dinarello says, “nothing beats proving a concept. More than any prize, that is the scientist's dream.”
Matt West chose a residency in neurology not for what was known about the specialty, but for what was not known.

“I started out to do internal medicine,” says the 29-year-old graduate of the University of Colorado Denver School of Medicine. “The everyday thing didn’t get me excited. I really like neurology. When I was supposed to be reading about medicine, I would find myself drifting over to read about neurology instead.”

What he read led him to understand that “much of the science behind neurology is still unknown.”

“How does the brain work?” West asks, not entirely rhetorically. He suspects that for a majority of physicians, gaps in knowledge within their specialties “is a little unsettling.” But the mysteries of neurology are what drive West.

Instead of having a patient show up with certain symptoms and following an established procedure, neurologists often end up asking, “Well, this doesn’t work. How about this?” West explains.

That’s the mindset the young man has developed during the three years he’s spent as a resident at the University of Colorado Hospital.

“We consult with neurosurgeons,” he says. “We have an epilepsy monitoring unit where we watch patients have seizures and locate the site in the brain where they occur. Surgeons go in and try to fix it so the patients don’t have seizures any more.”

Neurology is a long way from the sports broadcasting career West coveted when he graduated from Aurora’s Gateway High School and headed for undergraduate school at Washington University in St. Louis. But the tall, slender young man who played tennis, baseball and basketball at Gateway was always a bit of a science geek.

“Science was not popular at Gateway,” West says. “But science made the most sense to me when I studied. I could put together facts and see how things interacted in the world.”

His gene pool didn’t hurt. West’s father, Sterling West, is a physician—a rheumatologist who spent his career in the Army, part of it at the old Fitzsimons Army base, which is now the site of the UC Denver Anschutz Medical Campus. These days father and son both work on the campus—West as a resident and his father, now retired from the Army, as a professor in the medical school’s rheumatology division.

The elder West went to the U.S. Military Academy at West Point. The younger West turned down his father’s invitation to do the same or to join the military.

“If there was one thing he wanted,” Matt West says of his father, “it was for me to be in the military. But as soon as I said it wasn’t for me, he was supportive.”

Plenty of public service opportunities await Matt West in the halls of the neurology department. He works with patients hospitalized for such ailments as migraine headaches; their elusive causes and treatments symbolize the challenge of neurology for West.

And like a military officer’s battles, a civilian doctor’s battles can come down to traumatic confrontations with death.

“I recall the first patient I lost,” West says. “It was this woman at the VA. She had come to town to see her daughter graduate from Metro State College. She had bleeding in her brain from increased blood pressure. After she died, I asked myself two questions: What was my role? And, what did I do wrong? Although I can’t find anything I did wrong, her death made me more diligent, more oriented. Her death forced me to think more deeply about every patient. That happens for all the patients you lose.”

It is also when the uncertainty finally hits home. No cures or entirely effective treatments exist for some neurological conditions, such as amyotrophic lateral sclerosis (Lou Gehrig’s disease) and Alzheimer’s.

“You can diagnose the patients, but you can’t do anything for them,” West says with evident frustration.

A fellowship for working with multiple sclerosis or stroke patients may be in West’s future, but wherever he lands, he will devote himself to two things. The first is patient care. “A close second,” he says, “is teaching the people below me, whether they are medical students or residents.”

West wants for every physician exactly what he’s found in neurology: a sense of excitement.
At some point in almost every interview, reporters ask Adit Ginde, “Are you a fan of vitamin D?”

Invariably, his answer is the same: “I am a scientist investigating vitamin D.”

For the 32-year-old physician and researcher, the distinction means everything. Ginde still works roughly six shifts a month in the emergency room at the University of Colorado Hospital. His faculty appointment at the University of Colorado Denver School of Medicine lists him as an assistant professor of emergency medicine.

But since February 2009, Ginde’s analyses of vitamin D in the human body have turned him from an ER doc into one of the country’s experts on a substance that appears more important to health than most scientists and physicians currently understand.

Working with information gathered by the U.S. Centers for Disease Control, including roughly 19,000 human tissue and blood samples and medical histories, Ginde pronounced vitamin D – not vitamin C – the major deterrent for the common cold and other upper respiratory infections. He also called vitamin D levels insufficient and declining in the U.S. population generally and among dark-skinned people in particular.

The lack of vitamin D could contribute not only to respiratory infections, but to cardiovascular disease, and maybe some cancers, Ginde suggested. “Vitamin D has roles we didn’t know about 10 years ago,” Ginde freely admits. “Even today, most doctors only associate vitamin D with treating rickets and osteoporosis.”


Ginde suddenly found himself answering questions from journalists, some of whom wanted him to take a leap of faith, not science. Reasons exist to be enthusiastic about the power of vitamin D, Ginde says. “But as a scientist, you have to follow the data. Being a ‘fan’ doesn’t fit that model. You don’t want to introduce bias.”

On the other hand, Ginde finds it perfectly appropriate to introduce a scientific debate and tests of the recommended daily doses of vitamin D that U.S. public health officials prescribe to the citizenry. Based on Ginde’s findings, those recommended doses could be four or five times too low.

Finding the key to vitamin D

By Jim Spencer
Ginde understands why people pay attention to his analyses. “Most adults get three to five respiratory infections per year,” he says. “Vitamin D offers the prospect of a relatively simple intervention to prevent them.”

That prospect has become slightly controversial. People can get more vitamin D by increasing exposure to the sun, by eating certain foods and by taking vitamin tablets. But one official at the National Institutes of Health dietary supplements office called Ginde’s conclusions “exaggerated.” On the other hand, pediatricians’ groups already have recommended doubling the recommended dose for kids and another medical researcher recently called the current guidelines “grossly inadequate.”

People can absorb vitamin D from sunlight and certain foods. But Ginde, who got his MD at Washington University in St. Louis and his masters of public health at Harvard, hypothesizes that they may need large supplements to reach levels that will improve their health. In any case, he will let the data do the talking.

“We have a grant to do a pilot clinical trial in nursing home residents,” Ginde says. “We’ll give some of them vitamin D supplements in high doses – 100,000 international units per month, roughly 3,000 units per day.”

U.S. public health officials currently recommend only 600 units per day for people over age 70 and 400 units per day for people 51-70 and just 200 units for people 50 and under. Ginde plans to supplement vitamin D in 200 nursing home residents for a year, record the number of respiratory infections diagnosed by their health providers and compare the results with nursing home residents who did not take supplements.

He hopes the experiment is the first in an increasingly detailed series of studies to determine whether vitamin D supplements have “a meaningful impact throughout the body.” Vitamin D, Ginde explains, is a hormone that circulates through the body and regulates 1,000 human genes. He’s currently at work with his mentor Camargo to see if vitamin D helps prevent heart disease, asthma and food allergies.

“As a junior investigator,” says Ginde, “this is how you build a career.”

In research perhaps, but while the Colorado Clinical and Translational Sciences Institute passed along an NIH grant so he can spend three-quarters of his professional time as a researcher, Ginde still works shifts in the emergency room because “the emergency room is a tremendous place to understand the need for preventive medicine.”

What Ginde often sees in the ER is critical illness from lack of healthcare access and prevention. He saw the same thing as an undergraduate at Rice University where he helped start a student emergency medical program and rode as an emergency medical technician on ambulances in Houston.

“There were lots of stabbings and shootings in Houston,” he says. “Sometimes we had to wait to treat people until police secured the scene.”

As an emergency room physician, Ginde lives in a “relatively informal, down to earth, intense, high stress environment” where each level of employee interacts with every other on a first-name basis and independence and individual responsibility extends down the chain of command. The chaotic teamwork that emergency medicine demands offers Ginde a yin to the yang of data crunching.

“You have to be able to take care of everything that walks in the door,” he explains. “And you have the ability to make a difference in a short period of time.”

Ginde sees his work on vitamin D making a difference, too, but in a much different time frame than staunching the flow of a gunshot wound. He calls his ongoing analyses “incremental science” in a niche that has room for a junior researcher.

“A scientist is like an inventor,” Ginde says. “You need some new avenue of discovery where you can test hypotheses.”

Eventually, though, he wants to do the same thing he does each time he walks into the emergency room:

Save lives and improve the public’s health.
Before he could rock the medical world by discovering how childhood diabetes develops, George Eisenbarth had to discover a way to go to college. Eisenbarth, whose life’s work just won him the American Diabetes Association’s (ADA) most prestigious prize, the Banting Award, took a distinctly different route to scientific genius than did most of his peers.

Eisenbarth, now executive director of the Barbara Davis Center for Childhood Diabetes and professor of pediatrics, medicine and immunology at the University of Colorado Denver School of Medicine, grew up in a working class neighborhood in Brooklyn. His father, John, had a sixth-grade education. His mother, Esther, also not a high school graduate, worked in an electronics factory. Grover Cleveland High, the public school from which Eisenbarth graduated in 1965, produced about 1,000 graduates a year. Only about 50 went on to college.

Still, the young man who would eventually prove that Type 1 diabetes was a chronic immune disease—one that could be predicted by genes specific to the immune system and the presence of certain antibodies—knew he would find a way to realize his mother’s dream.

“My mother always assumed I would be a doctor,” says Eisenbarth, who earned his medical degree and a PhD at Duke University. “I remember rowing a boat with my mother on a lake in the Catskills, and she would read to me from a science encyclopedia. My father worked as a cook at the Natural History Museum in New York City. My parents sort of signed me up to visit [the museum].”

It took very little convincing. Science “was fun” for Eisenbarth. So when one of his high school English teachers suggested that he apply for a Pulitzer Scholarship to Columbia University, he did. It was the hand up that a smart kid from humble, hardworking roots needed.

In nominating Eisenbarth for the ADA’s Banting Award, physicians and researchers said Eisenbarth’s work transformed a field that affects millions of children and adults.

The fact that Supreme Court Justice Sonia Sotomayor has Type 1
diabetes has called public attention to the disease in recent months; at age 61, Eisenbarth has been paying attention for nearly 40 years.

“Every 20 years in the Western world, the rate of Type 1 diabetes doubles,” Eisenbarth says. “In poor countries, that doesn’t happen.” It could be diet. But it could also be that developed countries have actually become “too clean,” not getting exposed to enough microorganisms that stimulate the immune system.

In May 2009 the leading British medical journal *Lancet* reported that between 2005 and 2020, new cases of Type 1 diabetes in European children younger than five years are expected to double.

All of this adds to the importance of Eisenbarth’s work. “He’s very smart and ambitious,” says colleague Marian Rewers, MD, PhD, a UC Denver medical school faculty member who also serves as clinical director of the Barbara Davis Center. “I wouldn’t call him easygoing. He makes people work hard, but not by barking orders. He’s good at making people work as a team by persuading, not by scolding.”

In announcing Eisenbarth as the Banting Award winner, the ADA noted that “the major tenets developed as a consequence of his discoveries guide basic research, clinical diagnosis and disease therapy to this day.”

Not only did Eisenbarth find specific kinds of insulin antibodies in the blood of non-diabetic twins whose brothers or sisters already had diabetes, he found ways to link those antibodies back to certain amino acids produced by specific genes in the immune system. This opened the way for the genetic testing of hundreds of thousands of newborns to assess their vulnerability to a life-altering disease.

Eisenbarth needed an opportunity to realize his potential. His mother’s dedication to reading from that science encyclopedia and his father’s insistence that Eisenbarth visit the natural history museum begat an honor student who a high school teacher wanted to help rise above the limits of a neighborhood and a family history. The scholarship from Columbia begat a bachelor’s degree in biology, that, in turn, begat admission to Duke’s medical school where Eisenbarth met and adopted as his mentor a famous research physician, an endocrinologist named Harold Lebovitz.

Lebovitz opened the door for Eisenbarth to study autoimmune diseases and then packed his young protege off to the National Institutes of Health (NIH) in Washington, D.C., to learn more from Nobel Laureate Marshall Nirenberg, the biochemistry PhD who discovered how the genetic code transforms its chemical information into proteins.

From NIH Eisenbarth went back to Duke and honed in on the cause of Type 1 diabetes at a time when the scientific world believed that viral infections caused 90 percent of cases and that immune system problems caused just 10 percent.

In 1982 Eisenbarth left Duke for the Joslin Diabetes Center at Harvard Medical School where he studied twins who had identical genetic profiles, but only one in the pair had diabetes. In 1992 Eisenbarth left Harvard to join the faculty at the UC Denver School of Medicine and to run the Barbara Davis Center.

Now, primarily because of Eisenbarth’s work, the world understands a different model for diagnosis and treatment of Type 1 diabetes—genetic predisposition, a triggering event that causes the genes to begin a process that results in an attack on insulin, the loss of irreplaceable insulin cells in the pancreas over months in infants or years in children, and, finally, full-blown Type 1 diabetes.

“Diabetes is caused when the body’s own white blood cells make a mistake and kill the body’s insulin cells,” Eisenbarth explains. Once destroyed, insulin cells in the human pancreas don’t grow back. When that happens, the body can’t absorb sugar—an inability that turns debilitating and sometimes deadly.

“If the body can’t use sugar, the body makes ketones to try to burn fat,” Eisenbarth says.

It’s called ketoacidosis, and it’s like starving. Unabsorbed sugar pulls water out of the system, causing dehydration through frequent urination. If Type 1 diabetes treatment begins at this advanced stage of the disease, the brain may swell and kill the patient.

The toll would be much greater were it not for the early identification of risk factors that Eisenbarth fathered. In addition to his study of diabetic and non-diabetic twins, Eisenbarth helped isolate the gene that causes diabetes in animals.

In 1986 while at Harvard, Eisenbarth hired a researcher named Masakazu Hattori, who lived in Japan. Japan was the one country in the world that was known to have an accident of nature called the “non-obese diabetic mouse,” or the NOD mouse. When Hattori arrived at Eisenbarth’s American lab, he brought some NOD mice with him. Hattori and others eventually identified a gene that caused diabetes when they bred NOD mice with normal mice.

These days the newly anointed Banting Award winner works in Colorado as one of an international league of scientists hoping to find a way to change the diabetes-linked gene so it won’t go through the process that causes it to form the antibodies that destroy insulin cells.

Physicians and PhDs around the world, including several at the Barbara Davis Center, test newborns for genetic vulnerability to Type 1 diabetes and track them through childhood. Researchers conduct human trials on medicines to treat or stop the progression of diabetes, including oral insulin and a drug that stops the insulin-destruction process for up to a year. On tap is a cocktail of medications that may permanently stop the destruction of insulin-producing cells. Hope also exists for development of a vaccine to intervene even earlier for those at risk.

Meanwhile, the guy who facilitated much of this progress sits in his office at the Anschutz Medical Campus in Aurora and ponders a way not to treat Type 1 diabetes, but to prevent it.

Though his mother and father didn’t live to see him graduate from medical school, much less change the world of diabetes research, there is no doubt of one thing: George Eisenbarth’s parents got what they wanted.

First, Dr. George Eisenbarth proved to the medical world that Type 1 diabetes was an autoimmune disease. Now, he looks for a way to change a diabetes-linked gene and prevent the disease.
Practitioners of integrative medicine mix and match treatments

By Jenny Deam

When the first needle pierces her skin, Victoria Adams does not so much as flinch. Through the skin of her forehead, on the top of her hand, behind her ears, at the hairline and among fuchsia-colored toenails, 15 tiny slivers of stainless steel soon jut from her body at odd angles, giving the immediate impression of a stylish porcupine.

“Isn’t it cool?” the 52-year-old cancer patient asks as she undergoes her weekly acupuncture session. She never feels a thing. Within small treatment rooms like this one, a quiet revolution in patient care is underway at the University of Colorado Hospital. Located adjacent to the internal medicine clinic, the Center for Integrative Medicine has seen its number of patient visits climb from three—when it first opened in December 2001—to just under 7,000 since the end of the fiscal year.

Integrative medicine is the mingling of traditional, Western-style medical treatments, such as surgery and pharmaceuticals, with alternative ones like acupuncture, herbal therapy, massage and even chiropractic care. The trend to offer a broader menu of care has been gaining traction ever since 1997 when the National Institutes of Health (NIH) acknowledged the benefits of acupuncture. Two years later the NIH created a National Center for Complementary and Alternative Medicine for researching nontraditional treatment and outcomes, once again adding credence to a new perspective.

“I was like most doctors [thinking] that all alternative medicine was quackery at best, harmful at worst,” admits Lisa Corbin, MD, an associate professor of general internal medicine at the University of Colorado Denver School of Medicine and medical director of the Center for Integrative Medicine. But she, like many in the medical community, has had a change of heart and mind. “There’s been a nice evolution away from close-mindedness. We can let our guard down a little.”

Government research aside, what truly has driven the growth is the patients themselves. Frustrated by a lack of results and the expense of some conventional treatments, they are willing to try something different. “I tell doctors, ‘Don’t be intimidated by a patient who has an interest in seeking alternative treatments. Take it as a sign they are interested in taking control of their own health,’” says Corbin.

Back in the treatment room, acupuncturist Ban Wong firmly grasps Adams’ wrists and uses them as a diagnostic tool. He explains that by examining the wrists, he can monitor and evaluate different organ functions. He asks Adams about her nausea and headaches that have come with the chemotherapy she undergoes for a recurrence of ovarian cancer. “How is the sleep?” he asks. Adams confesses insomnia. He smiles. “We’ll work on that, too.”

Wong, a second-generation practitioner of traditional Chinese medicine, was born in China and grew up watching his father administer acupuncture. Wong is also schooled in tai chi, qigong and reflexology.

“IT TELL DOCTORS, ‘DON’T BE INTIMIDATED BY A PATIENT WHO HAS AN INTEREST IN SEEKING ALTERNATIVE TREATMENTS. TAKE IT AS A SIGN THEY ARE INTERESTED IN TAKING CONTROL OF THEIR OWN HEALTH.’” LISA CORBIN, MD
He studied international economics at the University of California Los Angeles and went on to earn a master’s degree and PhD in acupuncture and Oriental medicine.

Most of the Western world got its first glimpse of acupuncture when a *New York Times* reporter covering former Pres. Richard Nixon’s trip to China in 1972 wrote about receiving acupuncture for post-operative pain after an emergency appendectomy. Since then, Wong says, Americans have been fascinated but often skeptical of its healing powers. Thought to be more than 2,000 years old, the theory behind acupuncture is that there are patterns of energy flowing through the body that are necessary for health. A disruption causes pain and disease. Acupuncture corrects imbalances in the energy flow by stimulating identifiable points close to the skin.

Adams first came to Wong and the integrative medicine team suffering from neuropathy, nerve damage that left her feet and hands numb. It is thought her condition was caused by the aggressive chemotherapy used to treat her cancer. The 52-year-old Lakewood woman had a friend who tried acupuncture after breast cancer treatment and raved about its outcomes. “Thanks to this I now have feeling in my hands and we’re working on my feet,” Adams says. By the end of her half-hour session her headache is gone. She says she feels the benefits for as long as five days afterward.

“They shouldn’t see this as a threat,” Wong says of American doctors. He believes Western medicine and Eastern methods can and should co-exist for the benefit of everyone.

The coordinated team approach is what he and others say makes the integrative approach work. Practitioners meet regularly to discuss patients and consider various treatment options, with Corbin at the helm. She makes sure all treatments are complementary and have not strayed too far from recognized medical protocol. Currently the center offers acupuncture, massage therapy, chiropractic care, a nutritionist, a pharmacist and a psychologist to explore with patients the connection between attitude, behavior and health.

Her hope is that as this process matures and results can be quantified, others in conventional medicine will see her approach as valuable and begin to refer patients to the center at the start of patient treatment instead of as a last resort, when other treatments have failed. Currently, clinical care at the integrative program is considered among the best in the country, Corbin says.

With its emphasis on lifestyle, prevention and wellness, integrative medicine also fits within the ongoing national debate on health-care...
“IT’S COST EFFECTIVE TO EMPHASIZE WELLNESS,” CORBIN SAYS. “AS MUCH AS I CAN, I WANT TO RETURN THE CARE OF THE PATIENT TO THE PATIENT.”

reform and cost reduction. “It’s cost effective to emphasize wellness,” Corbin says. “As much as I can, I want to return the care of the patient to the patient.”

Corbin explains that if patients can be treated for such things as chronic pain without invasive surgery; without batteries of tests or without medicine cabinets full of drugs, the individual and the nation benefit.

In another treatment room, 52-year-old Cathi Hicks kicks off her shoes and stretches out on the padded table to begin her session with chiropractor Brian Enebo. He pushes her leg across her body at a 45-degree angle with surprising force. She does not make a sound. “It alternately hurts and feels good,” she says. She jokes about “oozing” out of the room after her treatments in euphoria that lasts for days. Thirty minutes before her appointment she did not appear outwardly stressed. But as she leaves the difference is undeniable. Her face especially is remarkably calm.

Enebo knows that many in the health-care community once considered the idea of a medical doctor and chiropractor working side by side blasphemy. He welcomes the evolution of thought. Hicks has been Enebo’s patient for five years. In that time he has taught her self-care exercises to lessen her 20-year chronic back pain and has even showed her how lacing her shoes differently can help.

In addition to her back pain, Hicks once had carpal tunnel syndrome so severe she would drop a pencil because numbness in her hands kept her from knowing if she was actually holding it. When Hicks first came to the Center for Integrative Medicine, her physician told her the only option was surgery. She reluctantly scheduled surgery for several months later. During the time in between she began treatment with Enebo and a massage therapist. When it was time for her surgery, the pain had lessened so dramatically that she cancelled her operation.
A term rarely heard in the ongoing health-care reform debate is “inalienable right.”

From his office in the Denver Health administration building, Phil Mehler, a 1983 AOA honor graduate of the University of Colorado School of Medicine, looks out toward skyscrapers. But what happens to poor, sick people on the streets below consumes most of his time as chief medical officer, practicing physician and medical school professor at one of the country’s most successful safety net hospitals.

“We’ve been running in the black for 20 years treating poor people,” explains Mehler, professor of medicine at the University of Colorado Denver School of Medicine.

“I don’t know if moral imperatives trump finances. I don’t think it can be black and white. But understanding that Americans are entitled to health care and understanding that the system is broken is important.”

This breakdown applies to everyone—not just the indigent, the uninsured and the underinsured. Denver Health’s integrated-care, nonprofit model of effective, equitable and efficient health care might be the solution to the country’s health-care crisis, Mehler modestly proposes.

“What has to drive health-care reform,” he says, “are efficiencies in a not-for-profit system.”

This sort of straight talk might give private health insurance executives pains in their wallets or dislocate the dropped jaws of free-market advocates. But it represents the sum of the 52-year-old Mehler’s work. Roughly a quarter-century ago, he came to Denver Health as a resident physician and stayed. His patient roll now includes well-insured wealthy mansion dwellers as well as the penniless and the homeless. Mehler seems driven to symbolize the motto of Denver Health: “Level One Care for ALL.”

However, that won’t happen unless the American health-care system “redirects its payment stream,” Mehler says. The reformed health-care system must “penalize” the overuse of tests and redundant treatments that it now rewards. “We’re looking at a process rather than an outcome,” he notes. The reformed health-care system must “use evidence-based medicine that rewards better care, not just more care.”

Still, the practice of medicine as a mere economic exercise fails miserably on the altar of inalienable rights. So, as the Glassman Professor of Medicine at his alma mater, Mehler warns his students not to judge their patients based on tax bracket, culture, skin color, native tongue or life choices.

“I tell residents that I don’t care who the patient is lying in the bed in front of them,” Mehler says. “I don’t want to hear the residents calling them names. We value the lives of every one of these people. It’s a sacred mission we have.”

Mehler adds, “what floats my boat at Denver Health is helping a vulnerable population.” What buoys his spirit just as much is a report lying on his cluttered desk. The report, prepared by a national group called the University Health Consortium or UHC, shows Denver Health with the lowest patient mortality rate among UHC’s 144 academic medical centers.

“It is,” Mehler insists, “a model that can be replicated out there.”

“Out there” includes the suburbs, as well as the inner city. It includes the state of Colorado and the entire United States of America.

“Just because a business is for-profit doesn’t make it better,” the doctor maintains. He advocates rewarding medical benefit rather than the mere provision of service.

Then, in what in some quarters amounts to political heresy, he explains how extending Medicare to Americans in their 50s could actually keep that government program solvent, save citizens and the country money in the long run, and still allow millions more access to affordable, quality, preventive health care.

“Through Medicare, we guarantee people care after they are 65,” Mehler says. “We end up paying for diseases that developed in their 30s and 40s. You can pay me now or pay me a lot more later.”

This is not Vladimir Lenin or Fidel Castro talking. This is a guy who understands that it makes no financial sense to spend 90 percent of health-care dollars on the last 10 percent of people’s lives.

But this is also a guy who long ago figured out that the right to receive health care ought to be as oblivious to economic circumstance and social class as the maladies physicians are called upon to treat.

“She one equalizer in life is disease,” says Mehler. “When HIV or cancer bites you, it doesn’t ask how much you have in the bank.”
“What we have here is a new insight into the story that may lead to new therapies down the road,” says Nicholas Seeds. When researcher Shay Fabbro crossbred mice afflicted by Alzheimer’s disease with mice missing a key dementia-related protein, the offspring produced a quiet miracle in a University of Colorado Denver School of Medicine laboratory.

The newly bred mice in Fabbro’s study warded off the disorientation and confusion typically seen with Alzheimer’s. The results gave new hope of finding relief for a disease that affects 5.3 million Americans, incrementally robbing them of their memories and identities.

“When we have here is a new insight into the story that may lead to new therapies down the road,” says Nicholas Seeds, PhD, Fabbro’s mentor and a professor of biochemistry and molecular genetics.

“We were able to rescue a pretty specific Alzheimer’s deficit called spatial orientation,” Fabbro, a recent PhD graduate in human medical genetics, explains. “That’s where [dementia] patients sort of lose the ability to orient in three-dimensional space based on visual cues. It’s really amazing. It’s very dramatic.”

Seeds and Fabbro have focused on the protein neuroserpin, which is found at levels about 67 percent higher than normal in Alzheimer’s patients.

Neuroserpin prevents the formation of a good enzyme called plasmin by directly inhibiting a substance called tissue plasminogen activator—or tPA—that forms plasmin. Plasmin helps the body remove or minimize the formation of amyloid-beta plaques in the brain, plaques that eventually destroy brain neurons. The presence of amyloid-beta plaques is one of the hallmarks of Alzheimer’s. The activity of tPA could prove critical to Alzheimer’s patients, Seeds says.

The multi-step process Seeds and Fabbro used to stop or reduce the production of the Alzheimer’s-causing plaques in mice shows just how complex brain chemistry is and just how challenging finding a cure for Alzheimer’s will be. It took them taking several steps back from the disease to even begin to take a step forward.

But when Seeds and Fabbro found a way to take mice with Alzheimer’s and alter them genetically so that they functioned normally in a cognition test, they knew they had hit on something important.

Researchers already knew tPA played a role in learning and memory. But Seeds and Fabbro determined that tPAs activity shrinks by 50 percent in Alzheimer’s patients.

In laboratory experiments, Seeds and Fabbro found that mice lacking the ability to produce plasmin could not clear brain plaques as well as normal mice. At the same time, the researchers discovered that mice who lack the ability to make neuroserpin cleared brain plaques faster than normal mice. The findings formed a kind of double-edged sword in the fight against Alzheimer’s.

Seeds and Fabbro proved their point with a dramatic demonstration they captured on video. They trained various mice with visual cues to find a life-saving platform just beneath the surface of a non-transparent liquid. Later they removed the platform.

“When you put in the normal mouse who has learned [where the platform is], he has the spatial memory and remembers,” Seeds explains, showing the video. “He will swim back and forth over where [the platform] should be.”

Mice bred solely with the Alzheimer’s gene never zeroed in on any one area.

“When you watch the Alzheimer’s mouse in the tank, he just swims all over the whole tank,” Fabbro says. “He has no clue. He doesn’t remember.”

But when a mouse with Alzheimer’s had its ability to make neuroserpin genetically removed, the Alzheimer’s mouse reacted normally, swimming in the area where the platform was.

In fact, says Fabbro, “when you look at the Alzheimer’s neuroserpin-knockout mouse, she swims right to that quadrant. Actually, she almost finds it better than the wild-type mice.”
Seeds, a highly regarded neurobiologist whose research runs the gamut from studying brain development to neurological recovery from spinal-cord injuries, suggests that the ability to regulate neuroserpin holds promise as a potential breakthrough for preventing brain-cell death in Alzheimer’s patients.

“Where you want to go from this work is to identify potential inhibitors of neuroserpin,” he says.

This becomes even more important, Fabbro adds, because neurons damaged before Alzheimer’s is detected likely cannot be restored.

Still, Seeds cautions that similarly promising discoveries have reached research dead-ends in the past. Furthermore, even if stemming the production of neuroserpin is the answer, the pursuit of an effective therapy to relieve some of the symptoms of Alzheimer’s could take years.

Over the past 16 years, the U.S. Food and Drug Administration has approved five drugs to slow the worsening of Alzheimer’s symptoms, giving short-term relief to about half of patients but not stopping brain-cell death, according to the Alzheimer’s Association.

While medical advances have reduced the number of deaths attributed to heart disease, breast cancer and stroke, Alzheimer’s disease deaths jumped 47 percent between 2000 and 2006. As Baby Boomers grow older, the number of patients with the disease is projected to grow significantly, reaching 615,000 new cases annually by 2030.

Daniel Lawrence, a professor of cardiovascular medicine at the University of Michigan Medical School, also focuses his research on tissue plasminogen activators in the brain. Lawrence says the study by Seeds and Fabbro, published in the April 15, 2009, issue of the Journal of Neurochemistry, reveals new insight into neuroserpin’s role in the development of Alzheimer’s disease.

“Most research in Alzheimer’s disease has focused on how these harmful proteins are generated; however, it may be that it is not their generation that is harmful but their levels in the brain that are important,” Lawrence says. “This is important, as it suggests further avenues of research.”

It’s too early to tell if the discovery will be the key to unlocking the mysteries of the disease, Lawrence says, but he applauds the effort and approach.

“Nearly all research is incremental. That is how science works,” he notes. “It is clearly too early to tell if this will be an important pathway or not, but since we have not gotten as far as we would like in understanding how this disease develops, then any new leads could turn out to be important.”

For Denver neurologist Beverly Gilder, who treats patients with Alzheimer’s and other cognitive diseases, any breakthroughs that slow the decimation of the mind will be welcome.

“You can see the terror on their faces,” she says of patients diagnosed with Alzheimer’s disease. “It’s scary and very sad.”

With few other options for providing comfort, Gilder recently has softened her view on alternative therapies billed as beneficial to Alzheimer’s patients. She now advises patients that these treatments are fine as long as they don’t harm them and don’t siphon away all of their money.

“Give me something that might help or that might help even a little bit,” Gilder says. “It doesn’t have to be dramatic. It’s frustratingly slow when you have someone who’s deteriorating before your eyes. You have families and patients out there who are desperate . . .”

Seeds and Fabbro hold out hope that their discovery could be the first step in stemming the cognitive losses of Alzheimer’s disease, if not an outright cure.

“Really, it’s the cognitive deficit that is so tremendously bad in Alzheimer’s patients,” Fabbro says. “That’s what you really want to fix.”
Medical Alumni Association President’s Message

Dear alumni and friends,

Greetings from the Medical Alumni Association (MAA). I have assumed the presidency of the board of directors and I am working closely with past president John Farrington, MD ’52, and associate dean for alumni affairs William Maniatis, MD ’65. We have unanimously agreed to support MAA by increasing our numbers by 20 percent in three years. We need to know from you, our fellow alumni and potential members, what would stimulate your interest to join the association.

Several exciting activities are being planned. We are in the process of arranging tickets to one of the upcoming CU football games with a medical alumni tailgate party. Also, we are planning to host a fundraising event in the spring of 2010 to benefit the scholarship activities of MAA.

We have two student representatives from each class on the board and sponsored two student-alumni panel events this past year.

A few changes are in the works. As soon as first-year medical students start matriculating, they are members of the Medical Alumni Association (MAA). All interns, residents and fellows, past and present, are alumni as well.

Participating in MAA isn’t about giving money. Being active alumni, either as past students or interns, residents and fellows, can range from attending clinics, teaching, mentoring students, etc.—all notable contributions.

If you have not seen, walked or “smelled” the new campus, you are in for a treat. It is almost overwhelming and sure to inspire pride. Our school’s heritage was built on its graduates—people like you. Please consider being a part of this growth. Come, visit us, communicate with us, join us.

Best regards,

William Maniatis, MD ’65
Associate Dean of Alumni Affairs,
School of Medicine

Associate Dean of Alumni Affairs Letter

A New Beginning...

Most alumni remember the 9th Avenue Campus, and we are indebted to those old buildings as they are where we received our education. With the closing of Fitzsimons Army base, however, a new jewel has appeared.

While many graduates have had differing experiences as students and possibly as interns, residents and fellows, the fact is that we all received our education from here. For most of us, our medical education is one of the most significant events of our lives. With our new state-of-the-art campus and new curriculum, it seems fitting to rejuvenate our alumni relationships as well.

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A letter from the Alumni Relations Office

Dear alumni,

This year’s reunion was a great success and we thoroughly enjoyed welcoming alumni to the Anschutz Medical Campus, many of whom were visiting for the first time. For most, school ties are linked to the former 9th Avenue Campus, but when they visit the new campus they are pleasantly surprised and tend to form an immediate bond. It is truly a point of pride to see the new buildings and the opportunities medical students have available to them today.

Beginning with this issue of CU Medicine Today, the new associate dean of alumni affairs, William Maniatis, MD ’65, will give updates on the state of alumni affairs for the school. Dean Richard Krugman’s creation of this position shows the value he sees in investing in alumni relations. Please contact Bill Maniatis at william.maniatis@ucdenver.edu if you have any ideas for improvements to alumni relations so that we may focus on them in the future.

As always, I welcome you to contact the Office of Alumni Relations at 877-HSC-ALUM or healthalumni@ucdenver.edu if there is anything we can do for you.

Sincerely,

Joy B. French, MPH
Director, Office of Alumni Relations

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Associate Dean of Alumni Affairs,
School of Medicine
Med students need education, not edicts

By Vicky Nguyen, MSII

“Have you decided what you want to do in medicine?” the doctor asks me.

“I’m a first-year medical student,” I answer. “I’m really not sure.”

Primary care, the doctor responds, should be the only area I consider.

I am in the process of finding the medical field that catches my interest and understand that a shortage of primary care physicians exists; I believe all medical students are aware of this fact. The majority of us enter medicine for altruistic reasons, but the science behind medicine also fuels us. The majority of us do not know exactly what field of medicine we want to practice. We are supposed to get to explore and decide during our medical education. This is part of the appeal of studying medicine.

If, at the age of 23, someone had forced me to sign a contract stating I only wanted to practice primary care, I don’t believe I would be in medical school now. I trained with an internist at Denver Health as part of my curriculum, and while I found her work interesting and difficult, I am not sure if it is the right fit for me.

We make decisions based upon people we encounter and experiences we have. Studies on medical student specialty choices confirm this. These studies show that students eliminate fields based upon bad experiences they have had and unhappy doctors they have met. We also choose fields that match our personalities and that we feel will be best suited for us. Forcing new physicians into an underserved field they don’t really like poses a threat of its own. Disgruntled employees translate into underproduction; unhappy doctors translate into suboptimal care.

I would suggest that advocates for primary care approach the matter from another angle. Understand that students have choices and need to be informed. Suggest that we explore the field rather than mandate our fate. Add to our good experiences rather than the bad ones that drive medical students away from the “unpicked” specialties.

Path to greatness may not pass through primary care

By Blair Woodbury, MSII

Policymakers and physicians can’t seem to remind us enough that we need a primary care doctor, and nobody wants to be that kind of doctor anymore.

A recent study in the Journal of the American Medical Association found that only 2 percent of fourth-year medical students planned a career in general internal medicine and only 5 percent planned to become family practice physicians. Internal medicine and family practice encompass most of primary care.

The reasons for medical students’ aversion to primary care have become a major topic. Experts’ explanations dwell mostly on financial considerations. Primary care pays too little, and student loans push indebted doctors into higher paying specialties.

These things may be true, but they ignore one of the reasons medical students are drawn to specialties outside of primary care: They want to be the best.

Getting into medical school requires years of success. Earning mostly As in college (the average GPA for students admitted to U.S. medical schools is 3.65), achieving stellar standardized test scores, participating in research and accumulating volunteer experience are all part of the equation.

The types of people who get into medical school are, for the most part, competitors—science fair winners, grading-curve killers, etc. This doesn’t mean that the most intelligent and hard-working students never go into primary care. It doesn’t mean that internists and family physicians deal with fewer challenging cases than dermatologists and orthopedic surgeons. Extract the drug addiction and unbridled misanthropy from television’s Dr. House and you have your average internist.

Sadly, students don’t know that. All we know is that we need straight As and stellar board scores to be plastic surgeons, and while the thought of enhancing breasts and suctioning adipose tissue for the rest of our lives may make us retch, competition awaits, and we’re not about to let it pass us by.

Of course, we should close the pay gap between specialists and primary care doctors. Pay inevitably plays some role in the competitiveness of specialties—so does student debt. Graduating with a quarter-million dollars in medical school loans makes specialties that pay three times more than primary care more appealing.

But money is not everything to medical students choosing a specialty. Being the best of the best may be just as important.
Summer saw the Class of 2010 knee-deep into their “Sub-Is”, four-week clinical excursions in a specialty where senior medical students assume intern-level responsibilities. Seniors are required to complete at least one Sub-I for graduation. Most choose to do it in the specialty they are interested in pursuing. The remaining 28 required weeks are spent taking electives, conducting research or traveling to other schools for rotations.

Summer also kept seniors busy as they prepared their residency applications for early fall submission deadlines. Between every four-night call, increased patient loads and preparing for residency, many in my class are left wondering, “Where’s that relaxed fourth year that we’ve heard so much about?”

Well, fall brings a somewhat less-stressful lifestyle for the Class of 2010: residency applications are submitted, dean’s letters are sent and interview scheduling is in full swing. Many seniors will be taking the next few months off to fly to interviews at residency programs around the country. Others may be engaging in research that will allow them flexibility to interview from November through January. Each block lasts approximately eight weeks.

Students gain exposure to inpatient and outpatient medicine, as well as settings ranging from tertiary care centers to rural clinics. The entire class occasionally reconvenes to discuss larger issues such as medical ethics and managed care, and, of course, to share stories about our amazing experiences.

Thus far, the opportunity to participate daily in patient care has been exciting and reaffirming, reminding us why we chose to embark upon this journey in the first place. Our clinical knowledge is growing exponentially. Patients are clearly much better teachers than textbooks! From a mother whose infant refuses to gain weight to a grandfather with pneumonia, every patient has something to share. We are truly privileged to take part in the care of these individuals and to learn the important lessons of their experiences.

On behalf of my class I would like to thank the alumni who gave their time over the last three years to participate in the “Evening with Alumni” events. The information shared with our class was invaluable and helped guide us along on our career paths in medicine. As the medical students begin to plan next year’s “Evening with Alumni” events, please consider attending and e-mail the alumni office to express your interest.

The class of 2011 survived Step 1 of the Boards in April, although many of us continue to suffer PTSD from the experience! Thankfully our classroom days are over. We have transitioned into living and breathing the wonders of medicine in hospitals. In the beginning of our clinical rotations the class dispersed into the clinics, wards and operating rooms of Denver and other Colorado community hospitals. Each student is now in the process of completing the six core clerkships for the third year of medical school: internal medicine, family medicine, pediatrics, obstetrics and gynecology, neurology and psychiatry, and surgery. Each block lasts approximately eight weeks.

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Within days of the last exam of our first year of medical school, the class of 2012 dispersed across the globe to take advantage of our first and only summer break—eight weeks without classes before we begin our second year as medical students. Though we all craved a vacation after the rigor of our first year, most students transitioned rapidly into summer activities and jobs.

Some students stayed close by, working in the anatomy lab or completing research projects; others traveled nationally and internationally, exploring and working in various health-care settings. Most students chose summer activities that would help them build a solid framework for their mentored scholarly activity, a project each medical student must complete before graduation.

In August we returned to classes, beginning with the nervous system block. The start of our second year also signaled the beginning of our preparation for Step I of the USMLE boards. We are slowly learning how to balance board preparation with our ongoing academic schedule—a balance that will become more and more important as we approach the spring test date. As we continue to study devotedly and diligently, most students are enthused by the anticipation of beginning rotations and the experiences that await us in our third year.
1940S

Dale M. “Pete” Atkins (MD ’45), Denver, Colo., has been selected to receive the George Norlin Award from the University of Colorado at Boulder for his distinguished lifetime achievements. This award recognizes outstanding alumni who, throughout their lives, have demonstrated a commitment to excellence in their chosen field and a devotion to the betterment of society and their community. Atkins was also the 1977 recipient of the Medical Alumni Association’s Silver & Gold Award.

1960S

Joseph H. Bowlds (MD ’60), Peabody, Mass., was honored by the Eye Institute at Lahey Clinic with the 1st Annual Joseph H. Bowlds Lecture in Ophthalmology on the evening of June 11, 2009, at the Lahey Clinic Medical Center Alumni Auditorium in Burlington, Mass. After graduating from medical school in 1960, Bowlds completed his residency in ophthalmology at the U.S. Naval Hospital in Bethesda, Md. He was in active duty in the U.S. Navy from 1960–1972. In October 1972 he joined the Lahey Clinic, holding various leadership positions including chairman of the Department of Ophthalmology from 1987–1992 and medical director of Lahey Clinic Northshore from 1992–2000. He was also a member of the Board of Governors and Trustees of Lahey Clinic. In 1998 Bowlds was awarded the Lahey Clinic Section of Medical Ethics Patient Care Award, which is given “to the physician who best exemplifies the ideals of their profession by combining a mastery of the art and science of medicine with the human values of caring, empathy and effective communication.”

1970S

Carol M. Rumack (MD ’74), Greenwood Village, Colo., was awarded the America Roentgen Ray Society (ARRS) Gold Medal Award on April 26, 2009, at the ARRS 109th Annual Meeting in Boston, Mass. Rumack is a tenured professor of radiology and pediatrics at UC Denver’s School of Medicine. She is a pioneer in neonatal brain imaging with ultrasound and continues to practice neonatal imaging in the high-risk neonatal intensive care unit. She was awarded fellowship distinction by the American Institute for Ultrasound in Medicine, the Society for Radiologists in Ultrasound and the American College of Radiology for her outstanding contributions to radiology and ultrasound. In 1981 Rumack was elected as the founding president of the American Association for Women Radiologists (AAWR). She received the highest honor from AAWR in 2006, the Marie Curie Award, and in 2007 she was given the Pioneer Award from the Society for Pediatric Radiology. Recently she was elected to serve as the American College of Radiology president.

1980S

Paula K. Underwood (MD ’84), Washington, D.C., has spent her career in the Army since graduating from medical school. She has been stationed at 11 different locations, the last being Washington, D.C., where she served as the Army Surgeon General’s liaison officer to the United States Department of Health and Human Services. Underwood took command of the Army Medical Activity in Heidelberg, Germany, on June 26, 2009.

In Memoriam

James T. Taguchi (MD ’45), Lakewood, Colo. passed away on April 18, 2009. In addition to attending the School of Medicine, he graduated with a BA in arts and sciences in 1943 from CU-Boulder. He was married to Matilde “Til” Honda Taguchi for 63 years, was the brother of Douglas Taguchi, Lucy Taguchi Seo and Mary Taguchi Tadano, and had many nieces and nephews. Before retiring to Colorado, Taguchi, a cardiologist, headed the VA Hospital in Dayton, Ohio.

William K. Frankenburg, MD (Faculty), Bainbridge Island, Wash., died on April 3, 2009, after a brief, courageous battle with acute myeloid leukemia. He was 78 years old. Frankenburg joined the faculty of the School of Medicine in 1964, went on to become professor of pediatrics and preventive medicine and was later named professor emeritus in 1991. He is survived by his wife of 50 years, Wilhelmine; his son Kurt of Park City, Utah, his daughters Sibyl and Carrie, both of Seattle, Wash., his brother Peter of Wilmingon, Del. and his seven grandchildren. Frankenburg is deeply missed by colleagues, friends and family.
Nearly 400 members of the UC Denver School of Medicine family gathered in Aurora and Denver, Colo., to celebrate their shared bond as alumni, friends and supporters of the school at the 2009 reunion, held May 20–23.

The reunion kicked off Wednesday with a barbecue reception featuring Chancellor M. Roy Wilson, MD, MS, who gave opening remarks and welcomed everyone to Anschutz Medical Campus. He enjoyed conversing with alumni and listening to them reminisce.

Thursday was packed with exciting activities. First on the day’s agenda was the All-Class Breakfast and a “State of the School” address given by Dean Richard Krugman, MD. After breakfast, alumni and their guests went on a bus tour of campus that included Building 500 (formerly the Fitzsimons Army Hospital), the restored suite where President Eisenhower recovered from a heart attack, the education facilities, the University of Colorado Hospital and the Children’s Hospital. The tour’s highlight was a demonstration of the simulation labs at the Center for Advancing Professional Excellence (CAPE) that was given by lab director Gwyn Barley, PhD.

Photos:
(1) The Silver & Gold Banquet was held at the Denver Center for the Performing Arts Seawell Ballroom. (2) James Kaferly, Sr., left, shares a laugh with James Kaferly III, center, medical school Class of 2009, and James Kaferly, Jr. (3) Betty Buchanan enjoys reuniting with Drs. H.A. Fonken and J. Richard Gaskill. (4) The Class of 1959 marked its silver anniversary at a private party.
Following the tour, the 50-year class and the 2009 graduating class came together for the Honors Convocation and the Silver & Gold Banquet at the Denver Center for the Performing Arts. The Honors Convocation celebrated the many achievements of the Class of 2009. At the Silver & Gold Banquet almost 300 alumni, students, faculty and friends of the school socialized over cocktails and hors d’oeuvres. Just before salads were served, Dean Krugman gave welcoming remarks and after dinner he recognized John Farrington, MD ’52, the outgoing president of the Medical Alumni Association (MAA), with a beautiful clock. Farrington then paid tribute to the Class of 2009 student representatives, Heather Cassidy and Luke Perry, for their four years of service to the MAA board.

The highlight of the evening was the presentation of MAA awards. The Distinguished Achievement Award and the Distinguished Service Award were presented to Daniel Besessen, MD ’82, and Nancy Nelson, MD ’59, respectively. The Silver & Gold Award went to Phil Mehler, MD ’83. A profile of Mehler can be found on page 17. Profiles of Besessen and Nelson can be found on page 27.

Before the evening concluded, and in keeping with tradition, Krugman recognized the Class of 1959 and called them to stage where Farrington honored them with a certificate of recognition. Following a standing ovation, Krugman asked that the Class of 2009 come up to meet and shake the hands of each 50-year class member.

Photos:
(1) Dave Downs and Dr. Deb Parsons bonded with school of medicine Dean Dick Krugman at the Class of 1984 dinner at Maggiano’s restaurant. (2) The Class of 1999 partied at the Avenue Grill. (3) Members of the Class of 1984 catch up with classmates a quarter century after graduating from medical school. (4)/(5) Alumni toured the assessment and simulation labs at the Center for Advancing Professional Excellence (CAPE).
Another tradition took place on Friday morning as the Class of 1959, in full graduation regalia, led the procession at convocation. Representing MAA, Farrington helped hood graduates and Max Bartlett, MD ‘55, gave out alumni pins and certificates welcoming the Class of 2009 into MAA.

Following graduation, members of the 1883 Society gathered for their biannual luncheon. Established in 2006, the society includes all alumni who have celebrated their 50-year anniversary of graduation from the school. University of Colorado President Emeritus and former Senator Hank Brown gave an outstanding presentation titled “The New American Economy.”

Individual class dinners were held on Friday and Saturday nights and a few classes also gathered for lunch on Saturday. In all, the 2009 reunion was a great success. A special thanks goes to Annelise Sterne, second-year medical student and MAA board member, for organizing student volunteers for events and activities. Plans for the 2010 alumni reunion are already underway. If you graduated in a year ending in a zero or five, mark your calendar for May 26–29, 2010, and look for further announcements. For more information about Alumni Weekend 2009 and to inquire about upcoming events, contact the alumni office at 877-HSC-ALUM or healthalumni@ucdenver.edu.

Members of the Class of 1984 catch up with classmates a quarter century after graduating from medical school.
Silver & Gold Awards

Every year during the School of Medicine alumni reunion, the Medical Alumni Association (MAA) recognizes a select group of outstanding alumni. At this year’s Silver & Gold Banquet, held on May 21 at the Denver Center for the Performing Arts, MAA presented the following well-deserving alumni with awards.

Phil Mehler, MD ‘83, medical director at Denver Health, received the Silver & Gold Award for Excellence in Humanitarianism, Citizenship and Professionalism, the highest honor bestowed by MAA upon an MD graduate. More information on Mehler, professor of medicine at UC Denver School of Medicine, can be found on page 17.

Nancy Nelson, MD ’59, professor emerita of pediatrics, was honored with the Distinguished Service Award. Nelson's career has included some impressive firsts; she was the first female pediatric chief resident at Case Western Reserve University and served as the first female president of the Denver Medical Society in 1984.

According to the Denver Medical Society, Nelson “was a wonderful president—totally committed to students and to medicine. She attended all the annual meetings and always brought a cadre of students with her.” Nelson retired from the School of Medicine in 2002, where she’d served as associate dean of student affairs since 1988. When she retired, Nelson received clinical professor emerita status in pediatrics.

In his recommendation letter, then pediatrics chair and current professor Doug Jones, MD, wrote, “Dean Nelson has written more than 1,800 individual dean’s letters for senior medical students in their quest for residency positions.” He went on to cite another colleague, Dean Prok, MD ’04, who referred to Nelson as “an invaluable source of comfort and knowledge for countless medical students ….” Prok told of his reliance on Nelson “for support and advice during times of adversity, her endlessly patient advocacy for students and her constant search for fairness.”

In 2004 Nelson was honored with the Florence Sabin Award and the prestigious Joseph St. Geme Award. Jones summed up Nelson’s achievements by saying that she has “the ability to appropriately integrate the research and teaching environment at the School of Medicine, thereby promoting the interest of the entire institution, the ability to affect progressive change in medical education and the ability to impart enthusiasm for life and learning to students, friends and colleagues.”

Daniel Bessesen, MD ’82, received the Distinguished Achievement Award. An honors graduate, Bessesen, School of Medicine professor of medicine, is an attending physician in diabetes, endocrinology and metabolism at Denver Health, where he has held various clinical and instructional appointments since 1986. He’s been voted a “Top Doc” more than once in Denver’s 5280 magazine and his CV includes some 60 honors and awards.

As a researcher, Bessesen has a long list of awards from the National Institutes of Diabetes and Digestive and Kidney Diseases. He has been listed in U.S. News & World Report’s “Denver 42” for his work in hormonal disorders and has been a reviewer for NIH programs and committees.

As an educator, Bessesen has been called “an incredibly passionate teacher.” A student at the School of Medicine says, “He’s one of the few teachers who can at least make you think biochemistry is fun. He would draw the Krebs cycle on the board and then use arrows and hand motions to explain how fantastically simple it is. The Krebs cycle is neither fantastic nor simple, but we at least felt that way while he was teaching it.”

Bessesen has received the Medical Student Excellence in Teaching Award numerous times and the President’s Award for Excellence in Teaching. The Class of 2011 honored him with “Best Lectures” and “Caring and Concerned” awards, and last spring Bessesen received a Kaiser Permanente Teaching Award for Outstanding Teacher of Basic Science. This year, the Class of 2009 selected Bessesen as the Match Day speaker.

Call for Nominations

SILVER & GOLD AWARD—outstanding service to the community and contributions to the science and art of medicine

DISTINGUISHED ACHIEVEMENT AWARD—outstanding achievements benefiting the community, the practice of medicine or the provision of health care

DISTINGUISHED SERVICE AWARD—outstanding service to MAA and the School of Medicine

For more information or to make a nomination, please visit www.ucdenver.edu/alumni/medicine/. Deadline for nominations is Jan. 8, 2010.
MEDICAL ALUMNI ASSOCIATION MEMBERSHIP FORM

PERSONAL INFORMATION

Name: ____________________________

Maiden Name: ____________________ Year: ________

Street: _____________________________

City: ___________________ State: _______ ZIP: ________

Phone Number: ___________________

E-mail Address: _____________________

MEMBERSHIP

$______ Resident Member (alumni from 2001—2004) ☐ $50
☐ I would like to automatically renew my membership every year using the credit card below.

$______ Annual Member (alumni from 2000 and before) ☐ $100
☐ I would like to automatically renew my membership every year using the credit card below.

$______ Donation (Optional)
☐ In addition to my membership, I would like to make a donation to the Medical Alumni Association.

$______ Total Payment

PAYMENT OPTIONS

☐ Check enclosed
(Please make checks payable to the Office of Alumni Relations)

☐ Please charge my credit card:
☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS

Card Number: ____________________________

Expiration: ____________________________

Signature: ____________________________

The purpose of the Medical Alumni Association is to foster the involvement of alumni in the life of their alma mater and its students.

Membership dues are the association’s main source of revenue. Medical Alumni Association programs and activities include the contribution of stethoscopes to first-year medical students, alumni events such as reunions, our HOST program for fourth-year medical students, and scholarships. Your membership, while advancing the success of the Medical Alumni Association, also provides you with a variety of benefits including access to the beautiful new Health Sciences Library at Anschutz Medical Campus.

If you are not yet a member, or if you wish to renew your membership, please complete the membership form and return it in the enclosed envelope. You may also visit us at www.uchsc.edu/alumni to download a membership form.

We hope you will join us and support your Medical Alumni Association.

Thank you!
Commencement, May 22, 2009
School of Medicine Alumni Events

1883 Society Luncheon
Oct. 29, 2009, Noon
This lunch features CU Boulder Athletic Director Mike Bohn. 1883 Society members are alumni who have celebrated their 50th anniversary since graduating from the School of Medicine.
www.ucdenver.edu/1883society-lunch

Zoo Lights
Dec. 5, 2009, 4:30-9 p.m.
Celebrate the winter holidays with your family at a private, UC Denver-only viewing of the lights at the Denver Zoo.
$10 per person, children two and under free. please RSVP by Nov. 30.
www.ucdenver.edu/alumnievents

CU Family Night at the National Western Stock Show
Jan. 22, 2010, 7:30 p.m.
Your $10 ticket provides access to the stock show grounds and entrance to the rodeo.
Please RSVP by Jan. 15.
www.ucdenver.edu/alumnievents

Century Club Reception
Feb. 19, 2010
Century Club members are lifetime members of the Medical Alumni Association.
www.ucdenver.edu/centuryclub-reception

School of Medicine Alumni Reunion
May 26-29, 2010
www.ucdenver.edu/SOMalumni-reunion