EXPLORING

WHY WE AGE

ALSO IN THIS ISSUE

Precision Medicine: Targeted Care
A Big-hearted Scavenger Hunt
YOUR CAUSE. 
YOUR LEGACY. 
THEIR DREAMS.

LOCAL BUSINESSWOMAN ERNA JORGENSEN believed in medical education — and she used her estate plan to support students at UW Medicine. Her scholarships have benefited 95 medical students (and counting) — and the communities they’ll go on to serve.

Caleb Hopwood is one of those students. “Growing up in a family with very limited resources, I have paid my way through college and medical school,” he says. “Without the generosity of donors like Ms. Jorgensen, my dreams would never have been possible.”

If you’d like to learn more about leaving a gift in your will to benefit education, research or patient care, contact Mary Susan Wilson at 206.221.6172 or visit supportuwmedicine.org/planned-giving.

On the Cover.
Read our story about research into aging on page 8.

Going green.
Rather read UW Medicine online? Want to save resources? Send your full name and email (and your spouse’s or partner’s name and email) to medalum@uw.edu. Mention the magazine. Next time, you’ll get an email notification rather than a print publication. Thank you!

UW Medicine
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A MOTHER’S THANKS

In the last issue, we mentioned Liza Benson, a MEDEX student who died in an avalanche in 2013. Her mother, Liz — at the far right in the photo, taken at a MEDEX graduation ceremony — wrote back.

I’d like to thank all those students and staff who participated in honoring Liza Benson at the graduation of MEDEX Northwest’s Seattle Class 45. I was so touched to see the t-shirt, with her name on the sleeve, which was sold to raise funds for a scholarship in her name. Liza was passionate about the program and had made such good friends whom she often mentioned to me. No words can explain why she had to depart at the pinnacle of her life. Thank you, Class 45, for caring so about her. I wish you Godspeed and success in your professional and private lives. You are forever in my heart.

—Liz Benson

A CORRECTION

Gary Beerman, ARNP, PA-C (Seattle Class 15) contacted us after reading last issue’s article on Patrick Parenzin, PA-C (Seattle Class 39). In that article, we wrote that Mr. Parenzin was the first PA to serve as a clinical faculty member at the UW School of Nursing. Correction: Mr. Beerman, who graduated in 1982, holds that distinction. Our thanks to Mr. Beerman for the update.
TRANSFORMATION

Through precision medicine, alumni commitment and more

In my recent annual address to the UW Medicine community, I discussed the many changes occurring in healthcare nationwide and the ways in which we are leading many of these changes. Our ability to transform and grow as an institution is possible thanks to a prevalent ethic of continuous improvement. It is a great pleasure to work with the 25,000 members of the UW Medicine community who demonstrate a strong commitment to improving the health of the public through the excellence of their daily work. If you would like to learn more about that work, you can view my address — and additional videos shown during the talk — at uwmedicine.org/about/Pages/annual-address-2014.aspx.

One of the research topics I discussed in my address — precision medicine — is also one of the features in this issue of UW Medicine. It is a powerful research area based on optimizing individual healthcare treatment through disease-specific molecular drivers. Precision medicine, including genome-based guidance for prevention, diagnosis and treatment, has enormous potential to change the practice of medicine over the coming years. I am very excited about UW Medicine’s leadership in this area, focused within the UW Medicine Center for Precision Diagnostics. I urge you to read the articles about precision medicine in this issue and learn about one of the most exciting areas in medicine.

In considering UW Medicine’s influence, I had the pleasure in my address of talking about the dramatic reach of UW Medicine through our alumni. The alumni relations office developed a map of the United States that portrays the number of graduates of the School of Medicine in each of the 50 states (see page 24). More than 12,000 graduates from our M.D., residency and fellowship training, MEDEX Northwest, Ph.D., M.S. and B.S. programs are located in Washington. Another 1,700+ graduates are located in the other four WWAMI states of Wyoming, Alaska, Montana and Idaho. The impact of the more than 23,000 graduates throughout the United States is profound.

Thank you to all of our alumni, located throughout the region, nation and world, for your commitment!

Sincerely,

Paul G. Ramsey, M.D.
CEO, UW MEDICINE
EXECUTIVE VICE PRESIDENT FOR MEDICAL AFFAIRS AND
DEAN OF THE SCHOOL OF MEDICINE, UNIVERSITY OF WASHINGTON
LOOKING TO THE FUTURE  
Staying Connected to the UW Medicine Community

My tenure as president of the alumni association has been a time of learning, listening and looking to the future. We convened an Alumni Relations Task Force, conducted a survey and held a series of focus groups to determine how to strengthen connections among alumni and provide more opportunities for alumni and students to meet. With the insights gained through these efforts, the Alumni Leadership Council voted in November to approve a new mission statement that better reflects the association’s work. In addition, the council developed a vision statement and a set of values that will guide future programming and planning. I think they are a great reflection of our community today, and I hope you agree.

The UW Medicine community enriches our lives long after our education is complete, and our connection with the School lasts a lifetime. As a case in point, I had the pleasure of attending an admissions information session in February where Carol Teitz, M.D., Res. ‘80 (orthopaedics), associate dean for admissions, provided an overview of the School’s admissions process for alumni and their “aspiring medical student.” I enjoyed spending an evening with fellow alumni, and it was a privilege to be part of these prospective students’ academic journey. Read more about Dr. Teitz’s presentation on page 25.

I’d like to remind you of another opportunity to connect: Reunion Weekend on June 6 and 7. There are programs for you even if your class is not celebrating a reunion. The two-day event includes brunch for the 50-Year Association, an open meeting of the UW School of Medicine Alumni Association Board and a “Learn & Lunch” featuring a discussion on healthy living. Most of all, I hope you’ll join us the evening of June 7 for the All-School reception at Husky Stadium, where we’ll also recognize and celebrate the 2014 recipients of the distinguished alumni awards.

The weekend is the perfect opportunity to catch up with classmates, renew old friendships and make new connections. I hope to see you in June!

Angela J. Chien, M.D. ‘95
PRESIDENT, UW SCHOOL OF MEDICINE ALUMNI ASSOCIATION, DOCANG1@COMCAST.NET

P.S. For more information, visit uwmedalumni.org or contact our alumni relations staff at 206.685.1875, toll free at 1.866.633.2586, or medalum@uw.edu.
THE UW SCHOOL OF MEDICINE ALUMNI ASSOCIATION

Incorporating feedback from the 2012 alumni survey and subsequent focus groups, the Alumni Leadership Committee determined that the association’s mission statement needed to be updated to reflect that input — and the association’s future direction. They also decided that the group would benefit from articulating a vision and a set of values to guide alumni-related activities.

The UW School of Medicine Alumni Association’s new mission statement, vision and values were passed in a unanimous vote in December 2013. Thank you to the alumni who participated in the process — and to all our alumni, who embody our values every day.

**Mission Statement**

The UW School of Medicine Alumni Association advances UW Medicine’s mission to improve the health of the public by:

- Creating a global community of alumni, faculty and students that fosters lifelong engagement with one another and the UW School of Medicine;
- Providing meaningful opportunities for advocacy and volunteerism; and
- Fostering a culture of philanthropy.

**Vision**

To be a vital partner in UW Medicine’s success by having an informed, engaged and active alumni community.

**Values**

- Advocacy
- Collaboration
- Communication
- Diversity
- Excellence
- Generosity
- Inclusivity
- Innovation
- Mentorship
- Service

---

**UW School of Medicine 2014 —**

**Reunion Weekend**

Friday, June 6–Saturday, June 7, 2014

Honoring the classes of
1954 • 1959 • 1964 • 1969
1974 • 1979 • 1984 • 1989 • 1994
and the 50-Year Association

Please join us for your Reunion Weekend, and look forward to a host of exciting and engaging activities — including the UW School of Medicine Reception on Saturday, June 7. Held at the newly renovated Husky Stadium, the reception is open to all alumni and friends of the UW School of Medicine. Visit our website for more details on the reception, connecting with classmates at class-specific celebrations, a “learn & lunch,” the alumni association’s board meeting and more!

**REGISTER TODAY**

uwmedalumni.org/reunion-weekend
Research

The second code in DNA
UW Medicine researchers, led by John Stamatoyanopoulos, M.D. ’95, UW associate professor of genome sciences and medicine, have uncovered a second code hiding within DNA. This second code contains information that changes how scientists read the instructions contained in DNA and interpret mutations to make sense of health and disease. The genetic code uses a 64-letter alphabet called a codon, and the team discovered that some codons can have two meanings: one related to protein sequence and one related to gene control. In these “duons,” the protein-coding language is written on top of the language for gene control, hiding it. The discovery, published in the Dec. 13, 2013 issue of Science, will open new doors in interpreting a patient’s genome — and in disease diagnosis and treatment. Read more at scienmag.org; search for “exonic transcription.”

Neanderthal DNA and the modern genome
In 2010, scientists concluded that Neanderthals interbred with the ancestors of Homo sapiens. In a study published on Jan. 29, 2014 in Science, Joshua Akey, Ph.D., UW associate professor of genome sciences, and UW graduate student Benjamin Vernot discuss their findings, based on a genome sequenced from a Neanderthal bone in 2012. In sequencing the genomes of 665 Europeans and East Asians, the researchers found that 20 percent of the Neanderthal genome survives in people from those groups. In other findings: Neanderthal DNA sequences are found in regions of the modern-day genome linked to regulation of skin pigmentation; they are conspicuously absent in a segment thought responsible for speech and language. Read more at The New York Times at nytimes.com — search for Neanderthal — or at UW Today: washington.edu/news.

Brain may play key role in blood sugar metabolism and diabetes
New research suggests that normal glucose regulation depends on a partnership between the insulin-producing cells of the pancreas and neuronal circuits in the hypothalamus and other brain areas that help maintain normal glucose levels. Michael W. Schwartz, M.D., Res. ’86 (internal medicine), UW professor of medicine and director of the Diabetes and Obesity Center of Excellence, is the lead author of the study, published in the Nov. 7, 2013 issue of Nature. The findings may lead to new treatments and approaches to prevent diabetes through a two-system model focused on the pancreas and the brain in blood sugar regulation.

Abnormal sleep duration increases genetic risk for depression
A UW study of 1,788 adult twins is the first to suggest that both too little and too much sleep increase a genetic risk for depression. Among twins with normal sleep duration of seven to 8.9 hours per night, the total heritability of depressive symptoms was 27 percent. The genetic influence on depressive symptoms increased to 53 percent among twins with a sleep duration of five hours per night and 49 percent among those who reported sleeping 10 hours per night. Principal investigator Nathaniel Watson, M.D., Res. ’97, ’00 (internal medicine), associate professor in the Department of Neurology and co-director of the UW Medicine Sleep Center, suggests that optimizing sleep might help maximize the effectiveness of psychotherapy and other treatments for depression.

Patient Care

New UW Medicine Memory & Brain Wellness Center
The doors opened October 15, 2013, at a new UW Medicine center focused on diagnosing and treating people suffering from memory loss and dementia caused by Alzheimer’s disease, Parkinson’s disease and other neurodegenerative disorders. Patients and their families may access the new UW Medicine Memory & Brain Wellness Center, located at Harborview Medical Center in Seattle, through physician referrals.

Now bigger and better, and still serving the Eastside
In response to the need for increased medical access on the Eastside, the Eastside Specialty Center moved to a larger site with more capacity and high-tech medical services. Read more about the center’s new home in Bellevue, Wash., and its many services — including cardiology, digestive health and other specialties — on page 23.
**Education**

**New initiative prepares faculty and students for effective teamwork**

The University of Washington contains six health sciences schools, including medicine, dentistry, nursing, pharmacy, public health and social work, and together, these schools are at the forefront of a national movement in healthcare teaching and delivery. With the launch of the Interprofessional Education Initiative: Vision for a Collaborative Future, the UW Board of Health Sciences Deans has laid the foundation for progressive integration of collaborative learning across these six disciplines. Students from the schools are participating in a new “Foundations of Interprofessional Practice” curriculum. Nearly 600 students attended the program’s kickoff last fall, and many faculty attended a workshop that explored teaching interprofessional core competencies and helping students navigate challenging interactions as a team.

**WWAMI**

**International conference held in Big Sky, Mont.**

More than 230 people from nine countries traveled to Big Sky, Mont., this fall to participate in the 2013 Consortium of Longitudinal Integrated Clerkships (CLIC) Conference. Clerkships, where third- and fourth-year medical students experience hands-on care in multiple clinical settings, expose students to different medical disciplines. Longitudinal integrated clerkships are a different learning model: they place a student in one setting over a longer period of time, where the student can contribute to the comprehensive care of patients, develop relationships with mentoring physicians and meet most of their core competencies in one place. Conference attendees had the opportunity to learn about technology and community engagement, among other topics, and students — courtesy of the Montana Family Medicine Residency — were invited to a wilderness medicine seminar. The conference was hosted by the UW School of Medicine, the Montana WWAMI program and the Montana Area Health Education Center.

**Notable**

**Three UW Medicine faculty members elected to Institute of Medicine**

Three faculty members were recently made members of the Institute of Medicine, one of the highest honors in the fields of health and medicine. Janis L. Abkowitz, M.D., Res. ’82, Fel. ’83 (hematology), the Clement A. Finch Professor of Medicine and head of the Division of Hematology in the UW Department of Medicine, has improved knowledge of how blood production resumes after a bone marrow transplant. She also leads the Hematology Clinic at Seattle Cancer Care Alliance. Frederick R. Appelbaum, M.D., UW professor of medicine in the Division of Oncology, is an expert in blood cancers. He is deputy director of Fred Hutchinson Cancer Research Center and president of Seattle Cancer Care Alliance. Bruce M. Psaty, M.D., Ph.D., UW professor of medicine, epidemiology and health services, co-directs the Cardiovascular Health Research Unit, a joint program of the UW and Group Health Research Institute. He has had major roles as an epidemiologist in multi-center studies funded by the National Institutes of Health.

**Carlos Pellegrini: the new president of the American College of Surgeons**

Carlos A. Pellegrini, M.D., chair of the Department of Surgery and Henry N. Harkins Endowed Chair in Surgery, was installed as the 94th president of the American College of Surgeons (ACS) on Oct. 6, 2013. Pellegrini is a pioneer in minimally invasive surgery on the digestive tract. Under his leadership, UW Medicine opened the Center for Videoendoscopic Surgery, the Center for Esophageal and Gastric Surgery and the Institute for Simulation and Interprofessional Studies. Pellegrini also has been elected an honorary fellow of the Royal College of Surgeons of England. He will be formally admitted on July 8, 2014, in London.

**Residency program directors receive Courage to Teach Award**

Angelisa M. Paladin, M.D., Fel. ’99 (pediatric radiology), UW assistant professor in radiology, and Sidney M. Gospe, Jr., M.D., Ph.D., UW professor in neurology and pediatrics, are recipients of the Accreditation Council for Graduate Medical Education’s 2014 Parker J. Palmer “Courage to Teach” Award. The prestigious national award, given to only 10 people each year, honors program directors who find innovative ways to teach residents while providing quality healthcare. Paladin has been program director for the diagnostic radiology residency program for six years. Gospe, who holds the Herman and Faye Sarkowsky Endowed Chair in Child Neurology, recently retired after more than 11 years as program director for the child neurology residency.

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EXPLORING
Decades of wear and tear — that’s the age-old explanation for common afflictions of aging: creaking joints, wrinkling skin, weakening muscles, slowing mental processes. Over millennia, people have sought methods to counter infirmities and boost longevity, mostly with uncertain effect.

Recent studies, however, show that aging is not caused only by wear and tear. Rather, it is also a fundamental biological process, influenced by specific functional pathways conserved across at least 600 million years of evolution. These discoveries could upend prevailing concepts of aging and longevity — and the diseases associated with aging, such as cancer, diabetes, heart disease and Alzheimer’s disease.

Researchers like UW Medicine’s Matt Kaeberlein, Ph.D., are at the forefront of this new science, the biology of aging. Their objective? To promote not just a long life, but lifelong well-being.

“Medical science is still so focused on finding treatments to cure diseases of aging after they manifest, that it overlooks the opportunity to intervene in the aging process before people are sick in order to delay disease onset,” Kaeberlein says. “The biology of aging has great potential to have a huge positive impact on human health.”
Healthspan vs. lifespan

Even without medical intervention, average life expectancy in developed countries has been increasing consistently over the past century, due largely to improvements in nutrition, sanitation and medical science. Kaeberlein, a UW associate professor in the Department of Pathology points out, however, that there is no evidence that the aging process itself has been slowed.

“The dramatic increase in Alzheimer’s disease and other chronic diseases of aging can be directly attributed to the fact that we have done a good job at making people live longer, on average, without affecting the rate of biological aging,” he says. “Maximum human lifespan is probably the same now as it was 2,000 years ago.”

Still, if more people live into their eighties and nineties — a demographic change already in motion in some societies — it will have an enormous impact on society. The question is: will people remain healthy at 85 or 95? Or will they still contract diseases associated with aging, like cancer, diabetes, Alzheimer’s disease? And how will this affect healthcare costs? These are the issues that concern Kaeberlein, who prefers to emphasize the concept of healthspan, rather than lifespan.

“Healthspan is the length of life spent free from severe age-related disease,” says Kaeberlein. “Our goal is to understand the basic biology of aging and what causes an organism to switch from youthful and healthy to aged and infirm. We want to extend a person’s healthspan.” He suspects that slowing the aging process and extending healthspan might add another 10 or 15 years to human life expectancy.

This paradigm-shifting approach — addressing the issues of aging and age-related disease in tandem — impresses Kaeberlein’s colleagues.

“Without hyperbole, Matt is one of the world’s leaders in unraveling the basic biology of aging,” says Thomas J. Montine, M.D., Ph.D., UW professor and chair of the Department of Pathology and the Nancy and Buster Alvord Endowed Chair in Neuropathology. Montine recruited Kaeberlein to join the Alzheimer’s Disease Research Center. “When the book on Alzheimer’s disease is finished, there has to be a chapter on why aging is essential to developing the disease.”

Kaeberlein is also inspiring an upcoming generation of medical scientists, like doctoral candidate Melana Yanos. “So many research scientists remain focused on a narrow area of inquiry,” Yanos says. “Matt thoroughly understands every single experiment in the lab, but he is always considering the bigger picture and a study’s value and potential impact.”

She especially appreciates the collaborative atmosphere in the lab. “Matt has an amazing ability to be available to every person on the lab team,” says Yanos. “He is a tremendous advocate...I don’t know how he does it, but his door is always open.”

Starting with C. elegans

Yanos is one of about 50 scientists and students in Kaeberlein’s laboratory. They’re working on more than 20 distinct projects to identify the genetic and environmental factors that modulate normal aging and longevity.

It’s difficult to study these processes in humans. Our lives are long, involving a complex interplay of genetic and environmental factors. Just as important, scientists lack reliable biomarkers. Studies can only

“The biology of aging has great potential to have a huge impact on human health.”
— Matt Kaeberlein, Ph.D.
"If you want to extend lifespan, you almost always have to do something to affect the aging mechanism itself."

— Matt Kaeberlein, Ph.D.

examine the relationships of specific factors on mortality, which may not be relevant to the basic mechanisms of normal aging.

For these reasons, short-lived yeast strains, worms and mice are the models of choice for conducting controlled experiments in most research labs, including Kaeberlein’s.

“When I was a postdoctoral fellow in genome sciences at the University of Washington, I started thinking about evolutionary conservation and whether any of the genes or mechanisms for aging I was studying in yeast were conserved across time and species,” Kaeberlein recalls. “I decided to test the idea in C. elegans, a nematode worm with about 1,000 cells. It’s about midway in the evolutionary chain between yeast and humans.” Worms have another advantage: unlike yeast, they show clear signs of aging.

“We tested many different gene mutations and gene knockdowns in both yeast and worms and asked what was similar. We were looking for lifespan extension rather than lifespan shortening,” says Kaeberlein. “It’s easy to break something to shorten an organism’s lifespan, but that doesn’t necessarily have anything to do with normal aging. If you want to extend lifespan, you almost always have to do something to affect the aging mechanism itself.”

Exploring the aging mechanism with rapamycin

One such mechanism is controlled by a substance, called mTOR, that regulates cell growth, metabolism and components of insulin signaling. It also controls the breakdown of damage that accumulates inside cells as they age. The mTOR pathway is a primary determinant of longevity in yeast, fruit flies and C. elegans, and it can be modulated by an FDA-approved immune-suppressant drug called rapamycin.

After initial studies showed that mTOR is important for aging in simple organisms, the next step was testing in mice. “There is now strong evidence that rapamycin inhibits mTOR in mice, that it affects multiple age-associated disease processes and significantly prolongs lifespan,” Kaeberlein says. Tumor-ridden mice given rapamycin, for instance, maintained cardiovascular health and lived longer than mice not treated with the drug.

“This pathway functions similarly in humans,” says Kaeberlein, “and we have good reason to believe that rapamycin or other mTOR inhibitors could have similar effects on human aging.”

Getting ready for the “silver tsunami”

The biology of aging is a small but rapidly growing area of biomedical investigation, gaining recognition in scientific and technology circles. Google has invested in aging-related biotechnology. China recently joined several European programs in developing top-level aging research programs.

UW Medicine is in a prime position to grow to even greater prominence in this new field; it is one of just...
five sites with a National Institutes of Health (NIH)-funded Nathan Shock Center of Excellence in the Basic Biology of Aging; Kaeberlein is the center’s co-director, and Peter S. Rabinovitch, M.D. ’79, Ph.D., Res. ’81, is the director. In addition, the NIH is funding doctoral- and postdoctoral-level aging research at the UW, and Kaeberlein is spearheading an effort to create a longevity institute at the University of Washington.

The benefits — for the planet’s rapidly aging “silver tsunami” and for the rest of us — could be profound. And it could come relatively soon.

“We have a lot of work ahead to bridge the research gap between mice and humans, but, for the first time in my career, I see a clear path toward reaching this goal,” says Kaeberlein. “With continued support, it’s possible that interventions could be available within a decade.”

Curing a Childhood Syndrome?

While investigating rapamycin’s role in aging, Kaeberlein’s team also discovered something else. The drug can extend lifespan and alleviate neurological symptoms in a mouse model of mitochondrial disease. Mitochondria are the cells’ power generators, and mitochondrial dysfunction can lead to severe pathology in humans, including Leigh syndrome, a usually fatal mitochondrial disease contracted by young children.

In work published last December in *Science*, Kaeberlein’s team found that mice treated with rapamycin for mitochondrial disease lived two or three times longer than untreated ones. “About half the mice showed no behavioral or molecular signs of the disease when they finally died,” Kaeberlein says.

Kaeberlein is excited — for the potential that this work may have in benefiting children affected by Leigh syndrome and for further aging-related studies. “Severe mitochondrial diseases are not obviously related to aging, so this finding is taking us in directions we did not expect to go,” he says.
Peter Byers, M.D., has a message for his fellow physicians: precision medicine is coming. “It’s going to challenge you, it’s going to excite you, it’s going to bring you into a new world of medicine, and it’s going to give you a different understanding of the families that you work with,” he says. Byers, a UW professor in the Department of Pathology and the Division of Medical Genetics, is the director of UW Medicine’s new Center for Precision Diagnostics.

Traditional medical research and care is predicated on testing many people and coming up with a one-size-fits-all treatment. But one size rarely fits all. Precision medicine takes a different tack: the more we know about an individual, and the better we understand how a disease or a condition manifests in that individual, the better we can tailor their medical care.

What makes the coming wave of precision medicine possible? It’s a term used by cancer innovator and UW Medicine faculty Tony Blau: the “omics.” Genomics, proteomics, metabolomics, transcriptomics. All tools that allow researchers to understand how a patient’s body works at a molecular level. Arguably, genomics is in the vanguard; advances in gene sequencing technology made over the past 10 years make a great deal of precision medicine work possible. But Bob Waterston, M.D., Ph.D., the William H. Gates III Endowed Chair in Biomedical Sciences and one of the founders of The Human Genome Project, notes that genomics will partner closely with the other omics.

“Transcriptomics, proteomics and metabolomics are all measuring, in one way or another, the output of the genome as it reacts to its environment,” says Waterston. “These measures can provide useful readouts of the current status not only of genetic diseases [such as cancer], but other diseases as well, like diabetes, autoimmune diseases and cardiovascular diseases.”

Byers has high hopes for the Center for Precision Diagnostics, created to usher in this new type of care at UW Medicine. In addition to educating faculty, students, trainees and staff about precision medicine — and in addition to using exome technology to examine patients’ tissue samples — he intends the center to serve as a transformative resource for physicians in Seattle and throughout the region.

“With precision medicine, patients and families and doctors will form a cooperative relationship,” Byers says. “The nature of healthcare will change.”

Read about UW Medicine’s use of precision medicine technology — related to breast cancer, eye disease and Alzheimer’s disease — on the next few pages.

**The “Omic” Tool Set**

**Genomics.** A discipline in genetics that applies recombinant DNA, DNA sequencing methods and bioinformatics to sequence, assemble and analyze the foundation and structure of genomes.

**Transcriptomics.** Study of the RNA transcript molecules encoded by the genome of a cell or organism at a specific time or under a specific set of conditions.

**Proteomics.** Study of an organism’s complete array of proteins.

**Metabolomics.** A biotechnology that characterizes an organism’s small-molecule metabolites: the unique chemical fingerprints that cellular processes leave behind.
Back then, cancer seemed like such an incredibly difficult, intractable problem,” says Tony Blau, M.D., Fel. ’94, director of the UW Medicine Center for Cancer Innovation.

Blau knew how tough cancer was to beat, having done an oncology fellowship involving leukemia patients in 1989. “You threw as much radiation and chemotherapy as you could get away with at a cancer patient, gave them as much as they could possibly take, and then rescued them with someone else’s bone marrow,” Blau says. It was the best care available, and it didn’t always work.

Although Blau did not pursue cancer research immediately after his training, he grew interested in the topic again about five years ago, when gene-related medical technologies started to improve exponentially. At the same time, he started to attend conferences with his wife, oncologist Sibel Blau, M.D. The huge distance between the technologies available to researchers and the tools available to oncologists left a strong impression on him.

“It struck me that the approach we’re taking to cancer needed to be fundamentally restructured,” says Blau.

Restructuring cancer care

Blau’s plan can be seen at work in the Center for Cancer Innovation’s triple-negative breast cancer trial. It sounds simple enough: putting the patient at the core of the experiment. “The idea is to leave no gap between what a research lab can offer and what’s made available to our patients,” says Blau. The other primary idea: to work with just a few patients — at least at first — to gain as much data as possible about the evolution of their tumors.

Helping Blau in this initial trial is a group of women with metastatic triple-negative breast cancer, including Cathleen Olivas, a 57-year-old woman from Auburn, Wash. First diagnosed with breast cancer in 2007, Olivas had one breast removed, then the other. Then the cancer came back in March 2013.

When Sibel Blau asked Olivas to participate in the trial, her response was immediate, unwavering and positive. “I didn’t even have to think about it,” says Olivas.

After Olivas and other patients have their tumors biopsied, the tissue is turned over to UW Medicine faculty to work with just a few patients — at least at first — to gain as much data as possible about the evolution of their tumors.

“The approach we’re taking to cancer needed to be fundamentally restructured.” — Tony Blau, M.D., Fel. ’94
for whole-exome sequencing, RNA sequencing and the UW-OncoPlex™ panel, among other tests. Then, when possible, tumor cells are sent to the Quellos High-throughput Screening Core, where Tim Martins, Ph.D. (see page 16) investigates how the patient’s tumor responds to roughly 180 compounds. If there’s a “hit” — if a compound damages the tumor — Blau will try to incorporate the compound in the patient’s treatment, a process that, for investigational drugs, may involve the FDA and the drug company that produced the substance.

This is precision medicine at its most precise and responsive. And if the tumor grows resistant to the drug, the process is repeated: biopsy, sequencing, high-throughput screening, alteration of treatment.

All for one, and one for all

In describing his project, Blau often uses the phrase “all for one, and one for all.” He’s referring to bringing the best he and his colleagues can offer to a single patient.

He’s also referring to the sacrifices that the cancer patients — between 10 and 20 women for this initial trial — are making. Time, energy, tissue: patients give all of these to pursue knowledge and therapies not guaranteed to benefit them.

“For me, I honestly don’t know if it will accomplish anything,” says Olivas. “I’m fine with that. What they’re learning is amazing.”

And Blau and his colleagues are certainly going to be learning. They’re collecting enormous amounts of data. If this project works as Blau thinks it will, amassing information that helps deepen understanding of tumor evolution and potential therapies, he hopes to conduct a larger clinical trial for patients with any type of advanced cancer.

And Blau and his colleagues are certainly going to be learning. They’re collecting enormous amounts of data. If this project works as Blau thinks it will, amassing information that helps deepen understanding of tumor evolution and potential therapies, he hopes to conduct a larger clinical trial for patients with any type of advanced cancer.

Steven Hooper, one of the founders of Ignition Partners, makes investments for a living. “At the end of the day,” he says, “you’re investing in people.” And the people he and his wife, Cathy Beth, have chosen to invest in work at the IPCR: the Institute for Prostate Cancer Research, a collaboration of UW Medicine and Fred Hutchinson Cancer Research Center.

The issue is quite close to home: Hooper’s father had prostate cancer. His uncle had it, two of his brothers have it, and Hooper had it, too. Hooper had a radical prostatectomy, and while he’s doing very well, he feels certain that his son or his grandsons will someday be diagnosed with the disease. Hence the Hoopers’ commitment to the Act Smart initiative at the IPCR — an initiative based on precision medicine.

Act Smart is the IPCR’s multi-million-dollar effort to analyze, understand and target prostate cancer tumors in ways specific to each patient. Hooper is optimistic. “In the last 14 years, we’ve learned a lot more about prostate cancer,” he says. With Act Smart, Hooper knows more advances are coming.

“When Cathy Beth and I made our gift, we hoped other men and their families would have more choices — that their quality of life would be even better,” says Hooper. “We hope our son won’t have to go through what I had to go through.”
Tim Martins, Ph.D. ’84, and James Annis work amidst the whirring and clacking of high-tech machines — machines that are changing medical experimentation at UW Medicine.

When Martins was in graduate school in the 1980s, the landscape was quite different. Researchers would conduct experiments in test tubes; then they moved on 8 x 12 plates — 96 wells in which to manually distribute materials like cells, reagents and compounds, and see how they would react with one another. Today, with plates containing 1,536 compartments and automated dispensers capable of filling each compartment with as little as 50 nanolitres, the game has changed.

“We’re able to do many experiments very, very quickly and reproducibly,” says Martins, director and principal scientist of the research core facility.

Testing compounds to fight illnesses

Martins and Annis divide the work at the Quellos High-throughput Screening Core. Martins handles the screening: using the 120,000 compounds in the core’s library to help scientists determine which ones might work to defeat a disease. Some of these substances are FDA-approved drugs; others may be in the testing stage; still others may be future candidates for testing. After diseased cell samples are exposed to the compounds, Martins can determine the compounds’ usefulness in damaging or killing the cells.

UW Medicine cancer researcher Pam Becker, M.D., Ph.D., has used the core to test compounds on cells donated by several of her patients, who have acute myeloid leukemia. For her project, Martins used these compounds at various concentrations to determine appropriate potency levels. “In just about every case, [high-throughput screening] has suggested an alternative treatment that would not have been next in line,” says Martins. “And from what I understand, it appears to be working very well.” (Read more about Becker’s work at uwmedmagazine.org.)

Following the genetic path to disease

James Annis, research scientist, is using the core’s equipment to study functional genomics: how genes, mutated genes and their products begin a process that can lead to disease — or to disease resistance. By combining the use of small inhibitory RNA molecules or siRNAs within screening paradigms, Annis can knock out a gene, track what happens afterward, and understand the intracellular pathways that are involved in the process. Martins calls this a truly powerful part of genomics.

“Just knowing a gene is knocked out...doesn’t link you to how a cell has responded downstream. The mutation may be over here” — Martins stretches out his arms to show the hypothetical distance — “but way over here is where the cell’s response is.”

Keeping discoveries in the region

The core, housed at the Institute for Stem Cell and Regenerative Medicine (ISCRM), has been in operation for approximately five years, conducting hundreds of projects and producing volumes of data for UW Medicine researchers and other organizations. The inspiration of ISCRM’s director, Randall Moon, M.D., Ph.D., the core was funded by a generous donation from the Quellos Group, LLC, and began offering research services with the addition of Martins, Annis and...
When does the gray matter that resides in your skull resemble an aching knee or elbow? When Tom Montine, M.D., Ph.D., chair of the Department of Pathology and the Nancy and Buster Alvord Endowed Chair in Neuropathology, makes an analogy to explain the development of Alzheimer’s disease.

“In some respects, Alzheimer’s disease is like arthritis of the brain,” he says. Take a damaged joint; in responding to the injury, the immune system may inflict additional damage that later leads to arthritis. Similarly, Montine thinks the immune system may also speed Alzheimer’s disease in some patients. Recent genetic indicators point strongly to immune regulation in the brain as a key element of Alzheimer’s disease.

“What Montine and his colleagues are working toward, however, is to amass all the genetic drivers for Alzheimer’s disease, not just the genes that code for immune response regulators. They want a complete picture — the genetic architecture of Alzheimer’s disease. With genomic technology, he says, this is coming quickly. But just knowing the drivers isn’t enough.

“Genetics defines molecular relevance,” he says, “but it doesn’t define molecular mechanisms.” Montine and his colleagues need better experimental models that allow scientists to track the pathways — from their genetic origins to their functional effects — responsible for Alzheimer’s disease and other neurodegenerative conditions, such as Parkinson’s.

Precision medicine tools like genomics (to assess risk) and proteomics (to measure biomarkers that indicate the possibility or presence of disease) are helping scientists track the pathways and the drivers in Alzheimer’s disease. And once the pathways and drivers are better understood, Montine says, “we have a rational approach to therapeutic development.” A precision medicine approach, one tailored to specific forms of diseases in specific people.
“It’s sort of like having the sword of Damocles above your head,” says Jennifer Chao, Ph.D., M.D., UW assistant professor in the Department of Ophthalmology. She’s referring to the diagnosis of macular degeneration, a condition that affects the sight of approximately 1.8 million people in the U.S., especially older people. There is no cure. “You go to the eye doctor, and you try to manage your symptoms, and sometimes there’s just nothing you can do,” Chao says.

Through a study being conducted at UW Medicine, however, Chao hopes to take several steps toward a cure, or at least toward understanding the causes of macular degeneration. And she has found a way around her first obstacle. How do you study a live, malfunctioning human eye — one still very much attached to its owner?

The answer is to create a partial model of the eye. To this end, Chao and her colleagues have recruited 12 volunteers. Some have macular degeneration, and some do not, but all of them donated blood.

First, Chao and her colleagues manipulated the blood cells to create patient-specific stem cells, which can transform into other types of cells. Then they prodded the stem cells into transforming into retinal pigment epithelium (RPE) cells. RPE cells maintain the retinal environment in the eye, and researchers think they’re connected to macular degeneration.

These clumps of RPE cells, which serve as models of the eye, are then tested at the Quellos High-throughput Screening Core — a service that enables rapid studies. They are first bombarded with factors thought to cause macular degeneration — factors that can cause cell death — and then exposed to nearly 2,000 medical compounds. The object of the experiment is twofold: to see if any of the compounds can save the eye models from dying and to better understand how macular degeneration affects the RPE.

The work has started, and rapid screening has shown some preliminary “hits” — therapeutic compounds that may work to defeat macular degeneration in one or more of the models. This is precision medicine in action — at a very early stage in the scientific process.

“It’s very exciting,” says Chao. She pauses when asked about the value of having the Quellos Core at UW Medicine. “I don’t really know where else we would do this,” she says. “It’s fantastic.”

See the story on the Quellos Core on page 16.
Amy Hoger always knew she wanted to pursue medicine. In fact, she worked her way up from a junior volunteer to become an LPN, but after 12 years as a nurse, Hoger found that she wanted to do more for her patients. “I like to help people,” she says.

Over the course of her nursing career, Hoger was inspired and encouraged by several physician assistants. In time, Hoger set her sights on becoming a PA, and she went on a search to discover the best training programs in the country. She chose MEDEX Northwest, entering the 26-month program in 2001, graduating in 2003. “MEDEX prepared me well for my future work,” she says.

In addition to providing more sophisticated care to patients, Hoger’s other goal was to live in a place she really enjoyed. Originally from St. Cloud, Minn., she spent most of her adult life in Boise, Idaho, with her son and her husband, Kevin. It had been the couple’s dream to live in Alaska for some time, and when a PA position became available in Fairbanks in 2010, the family decided to take a chance, pack up their belongings and move north.

In Fairbanks, Hoger did two years in urgent care. Then, in November 2012, she accepted a position in Anchorage, some 350 miles south of Fairbanks. In partnership with the Department of Family Medicine’s residency program at UW Medicine, Providence Family Medicine Center in Anchorage hired her to provide care for 100 homebound patients — with the larger goal of expanding access to care in the five-state region of WWAMI: Washington, Wyoming, Alaska, Montana and Idaho.

Hoger is expanding access to care in a diverse community: Anchorage’s population is anything but homogenous. More than 100 languages and dialects are spoken there, including Native Alaskan, as well as languages from Europe, Africa and Asia. Hoger’s work with homebound patients brings her into daily contact with people from diverse backgrounds. Although she doesn’t speak another language herself — “I could use about five!” she says — Hoger manages quite well, a testament to her cultural competency and to family members who occasionally step in to interpret.

Like their languages, her patients’ conditions vary, too. Focused mainly on the chronically ill or those unable to leave home — most over 65 years old — Hoger treats chronic conditions such as COPD, diabetes and heart disease.

Hoger’s role in Anchorage includes more than patient care. She is one of two MEDEX-educated PAs placed through the residency program, part of a larger effort to integrate PAs into UW Family Medicine Residency practices throughout the WWAMI region. Hoger is on faculty, sometimes teaching in the classroom, working directly with trainees: medical residents and students, along with interns in social work, psychology and pharmacy. Often she must start by explaining her role as a physician assistant, and she takes the students on home visits, exposing them to the unique needs of her homebound population.

The move to Alaska has turned out brilliantly. Hoger is happy in Anchorage; her colleagues are collaborative, she feels valued, and she’s doing important work.

“This is the closest to my dream job as I’m ever going to find,” she says. “I’ve always believed in the mission to serve, and this position allows me to do just that.”
Footwork was key to winning Seattle’s MyHeartMap scavenger hunt — footwork and organization. “We all work in marketing, and we’re pretty adept at spreadsheets,” says Rebecca Bridge. She is the leader of Team HeartMarket, the group that won the MyHeartMap challenge.

MyHeartMap was the brainchild of Graham Nichol, M.D., MPH, UW professor of medicine in general internal medicine and Medic One Foundation Chair for Pre-Hospital Emergency Care at UW Medicine, and Raina Merchant, M.D., of the University of Pennsylvania. Their goal was to enlist the public to find as many automatic external defibrillators (AEDs) in the city of Seattle as they could over the course of one month.

AEDs save lives when people suffer a cardiac arrest; they are often found in public areas and are intended to be used by bystanders. “We know from previous studies that if a layperson uses an AED to help a person in cardiac arrest before the paramedics arrive, the chances of survival double,” says Nichol.

While Seattle Fire Department staff track AEDs, they did not know where all the devices were located. A scavenger hunt, thought Nichol and Merchant, would bring in more information. At the outset of the MyHeartMap contest, staff knew the whereabouts of 350 AEDs in Seattle. Now, thanks to the efforts of 32 hard-working teams, Nichol’s colleagues are verifying the location and condition of approximately 1,000 of the devices.

The next step is to provide this information to the Fire Alarm Center and 9-1-1. Eventually, there may be an app that people can use to pinpoint AEDs in their vicinity.

What did it take for Team HeartMarket to win? Ceaseless effort during the lunch hour, after work and on weekends. In all, they found approximately 800 defibrillators. And they’re not stopping there; they’re using part of the prize money to develop a public service announcement on the value of installing AEDs in tall buildings. Bridge also notes that the team is buying AEDs for two non-profits serving low-income Seattle neighborhoods.

Nichol and Merchant count Seattle as a successful experiment, and they are already starting to work with other metropolitan areas, though Nichol isn’t revealing which ones. “I would prefer to maintain the suspense for now,” he says.

As for Bridge, she’s no longer hunting for defibrillators. But the instinct remains. “I still walk around and think, ‘maybe there’s an AED in there,’” she says, laughing.

Get an AED

Want to purchase an AED for your organization? Contact aed@uw.edu for a list of AED manufacturers.
In Nepal, the term for blind person translates to “mouth with no hands.”

“In the world’s poorest countries, blindness often leads to early death due to inability to work, poor nutrition and neglect,” says Matt Oliva, M.D. ’99, Res. ’03, an ophthalmologist in Medford, Ore.

As a medical student, Oliva did a rotation in Nepal, and he saw an international team perform 300 cataract surgeries in four days. “It was the genesis moment for me — I saw the model and the vision,” he says.

After settling into private practice, Oliva began volunteering with the Himalayan Cataract Project (HCP), which collaborates with clinicians from the developing world to improve eye care and enhance local capacity through training. Often working in temporary clinics set up in schools in remote areas, highly efficient physician-nurse teams provide cataract surgery, restoring sight in about seven focused minutes.

Oliva serves on the HCP’s board, oversees the organization’s work in Ethiopia, trains ophthalmologists overseas and has performed more than 10,000 cataract surgeries in five countries. “Treating blindness is probably the most cost-effective health intervention with the biggest impact,” he says.

He enjoys sharing the moment when the bandages come off and a patient sees a family member’s face. “Many people look old and frail on the surgical table, but the next day they are walking confidently or dancing with joy, and looking 10 years younger,” says Oliva. “I love the transformation.”

Alumna Estell Williams, M.D. ’13, remembers her own transformative moment: a glimpse of open-heart surgery during a medical-science summer program for disadvantaged youth. The surgery crystallized 14-year-old Estell Williams’ goals. “When the doctors showed me what was happening,” says Williams, “I said, ‘I want to do that.’”

One of the first things Williams wanted to do upon entering the UW School of Medicine was to strengthen ties to the local African American community. She and other first-year students held focus groups with community leaders to discuss health needs and ways to address them, as well as to train future physicians to work with culturally diverse groups.

“We wanted to start in our own backyard to help the university fulfill its mission,” Williams says. One outcome: the creation of an elective course on African American health and health disparities. She also served in other ways. Throughout medical school, Williams was a leader in the Alliance for Equal Representation in Medicine, a mentoring program focused on local high-school and college students, and in the Student National Medical Association, which has similar goals.

Now Williams is a first-year UW surgery resident. When she completes her training, she plans to work in trauma and critical care in East Oakland — and to continue serving as a mentor. “What fuels me and keeps me happy is to provide the same empowerment to disadvantaged students that I was afforded,” Williams says.

Want to learn more about the hope provided by cataract surgery? Watch a video at vimeo.com/m/81749477, which shows Ethiopian patients whose sight was restored by Oliva and his colleagues in the Himalayan Cataract Project. Or visit the HCP at cureblindness.org.
One in two people in the U.S. lacks access to effective mental health care. In rural areas, the problem is even worse, compounded by geographic isolation, lack of insurance, shortage of specialists, and reluctance to seek care.

“A depressed person may not seek help,” says Jürgen Unützer, M.D., MPH, professor and chair of the Department of Psychiatry and Behavioral Sciences and director of the Advancing Integrated Mental Health Solutions (AIMS) Center. “If we focus only on the patients who come to a mental health specialist’s office for care, we won’t make a dent in the denominator, the population of people who live with mental health and substance-use problems. An accountable health care organization has to consider the denominator.”

Unützer and UW Medicine colleagues spend a lot of time considering this denominator. In fact, they tested, refined and confirmed the effectiveness of a collaborative-care model developed with the leadership of Wayne Katon, M.D., Res. ’79, UW professor in the Department of Psychiatry and Behavioral Sciences. This model has since been used to benefit thousands of people around the world.

In collaborative care, a team of primary-care physicians and mental health care managers work with a consulting psychiatrist to provide effective mental health care. When a screening reveals depression, the patient meets with a care manager — usually a nurse, a social worker or a licensed counselor — to create and initiate a personalized treatment plan. The psychiatrist and care manager regularly review patient progress and recommend treatment adjustments to the primary-care physician as necessary. The psychiatrist also consults directly with patients who need extra help either in person or via a televideo connection.

This model makes mental health care more readily available. And, because it’s provided in the primary-care setting, it can reduce some of the stigma often associated with seeking mental health care.

The AIMS Center has implemented the collaborative care model at several of the UW Neighborhood Clinics and partnered with Community Health Plan of Washington and Public Health of Seattle and King County in a Mental Health Integration Program, an effort that has reached more than 38,000 patients since its initiation in 2008. Last year, the AIMS Center brought the model to rural clinics in the five-state region of Washington, Wyoming, Alaska, Montana and Idaho as part of a federal initiative supported by the John A. Hartford Foundation and the Social Innovation Fund.

Partnership Health Center (PHC) in Missoula, Mont., is a Hartford-supported site that serves an urban-rural area with high unemployment and poverty. UW Medicine’s model is already making a difference. “Patients are showing good
“If we focus only on the patients who come to a mental health specialist’s office for care, we won’t make a dent.”
— Jürgen Unützer, M.D., MPH

response to collaborative care,” says Program Director Mary Jane Nealon, R.N.—CPP. “One patient told me, ‘I don’t want to go through another generation of trauma and depression in our family.’”

PHC’s medical director, John Miller, M.D. ’00, MPH, also has a positive report. “Now we have the staff resources to deliver care more personally, efficiently and cost-effectively. Collaborative care is having a big impact on our work, and everyone benefits,” Miller says.

Local and regional clinics are benefiting; global providers are decidedly interested. “Clinicians all over the world are asking us how to implement this model,” Unützer says. In response, the AIMS Center is developing a web-based automated program that can create a collaborative care plan and training program tailored for a clinic’s needs.

To date, Unützer and his colleagues have trained more than 5,000 clinicians in 1,000 practices in the U.S. and in Europe, Australia and Hong Kong — making UW Medicine a “go-to” global innovator in collaborative mental health care.

THE JEWEL ON THE EASTSIDE

Larger. More convenient. Access to more specialties. That’s UW Medicine’s new Eastside Specialty Center (ESC). “Patients are really going to enjoy the experience in our new clinic,” says Eugene Yang, M.D., UW clinical associate professor of medicine. Yang is a cardiologist and the ESC’s medical director.

In February, the ESC moved to its new, 33,000-square-foot home in the Bellevue, Wash., area. Patients can now visit approximately 40 experts in cardiology, orthopaedics, digestive health and other specialties — 15 areas in all — in addition to having access to comprehensive radiology services and outpatient endoscopy. It’s a big step forward for the center, formerly housed in a space less than one-third the size and offering roughly half the scope of services.

The center’s expansion is a response to the need for medical access on the Eastside. “We were receiving a lot of feedback from UW Neighborhood Clinics,” says Yang. “People really wanted to stay within the UW Medicine system, but it was inconvenient…to come to Seattle for specialty care.”

Yang notes that the ESC can now handle some minor outpatient surgeries, including treatments that previously would have been referred to sites in Seattle. It’s the first location on the Eastside to use low-dose CT scanners, reducing patients’ exposure to radiation during imaging procedures. And in addition to superb care, patients will receive the high level of customer service they’ve come to expect from a major health provider.

“The center is going to be a jewel for UW Medicine,” says Yang.

A view of the Eastside Specialty Center, expanded in size and in scope, in Bellevue, Wash.
GREETINGS AND FAREWELLS

The UW School of Medicine Alumni Association is pleased to welcome Lynne Salkin Morris, our new director for alumni relations. Lynne began in January 2014, having previously served at the University of Washington Alumni Association.

“I am thrilled to be at UW Medicine,” she says, “and I am very much looking forward to getting to know the School’s alumni and working with them to foster a lifelong connection with each other and the School.”

Lynne holds a bachelor’s degree from Hamilton College and a master’s in public administration from the University of Pennsylvania, and before she moved to Seattle in 2010, she held positions at the Boston Foundation, the Greater Boston Chamber of Commerce and the German Marshall Fund of the United States in Berlin.

Many of you were acquainted with Sarah Rothschild, our former director for alumni relations, who moved back East with her family in December. We extend a warm thanks to Sarah, whose efforts elevated the visibility of the association, and whose work and leadership on the behalf of our alumni is gratefully remembered.

Meet the new director. If you would like to welcome Lynne or to ask her about the alumni relations program, she would enjoy hearing from you: 206.221.8361 or lynnesm@uw.edu.

WHERE ARE OUR ALUMNI?

And How Can You Stay Involved?

Almost half of our alumni are located across WWAMI — and the rest of you make your presence felt in other places. In addition to the 23,145 alumni living in communities throughout the United States (as of October 2013, shown in the map at left), 506 live in other places around the globe.

Regardless of where you live, we want you to stay connected and be in touch. Take a moment to tell us what you’re doing. Volunteer to host fourth-year students when they’re traveling for residency interviews (through the HOST program). If you live in Seattle or the WWAMI region, look for opportunities to connect with fellow alumni, or volunteer to meet current students through SAID (the Student-Alumni Information Days program).

Visit us at uwmedalumni.org. Like us on Facebook (search for the “UW Medicine Alumni Association”). Email us medalum@uw.edu. We look forward to connecting with you.

*Ph.D., MEDEX, M.S. and B.S. graduates
GETTING INTO MEDICAL SCHOOL

Do you know someone — maybe even your own child — who wants to go to medical school? Has a friend asked you for help with a med-school application? Carol Teitz, M.D., Res. ’80 (orthopaedics), associate dean for admissions at the UW School of Medicine, provided some guidance on applying to the School at an event held for alumni and aspiring students in February 2014.

A student’s potential for academic success is an important factor in selecting medical-school candidates, but by no means the only one. “We want problem-solvers and communicators,” says Teitz. “We’re also looking for motivated students who show a record of service and have broad life experiences.”

In addition to covering the nuts and bolts of the application process — the average MCAT score to aspire to, for instance, and the importance of meeting deadlines — Teitz also emphasized that potential applicants should shadow a physician. Learning what medicine is truly like — the pace, the procedures, the patients, the state of healthcare in the U.S. — helps the candidate understand and articulate what they want.

“Before you apply, you should know yourself, and you should know what you’re getting into,” says Teitz. “And it should show in your application.”

Learn more about the admissions process: visit uwmedicine.org/admissions.

HOSTING STUDENTS: HOME AWAY FROM HOME

“It’s great to catch up on what’s happening at the School of Medicine and to hear about faculty we know,” says Weiya Wysham, M.D. ’09. Weiya and her husband, Nick Wysham, M.D. ’09, participate in the UW School of Medicine’s HOST program: taking in fourth-year students visiting their city — Durham, N.C. — for residency interviews.

In part, the Wyshams are paying it forward; as a couple who made numerous interview trips to seek a match in the same location, they greatly appreciated being hosted by other alumni. “We still keep in touch with some of our hosts and want to return the favor,” Wysham says. She and her husband, who grew up in Washington, enjoy the experience. “We have fond memories of our time in medical school, so it’s a good way to stay connected,” says Wysham. “Meeting the students is a bit of home away from home.”

Interested in participating in the HOST program? Please contact the UW School of Medicine Alumni Relations office at medalum@uw.edu, 206.685.1875 or toll free 1.866.633.2586.
In this segment, we document some special moments at UW Medicine with photos of students, faculty, staff and friends.

Carol C. Teitz, M.D., Res. ’80 (orthopaedics) and Norman J. Beauchamp, M.D., MHS, hold a Student-Alumni Information Day (SAID). In SAID, alumni and medical students discuss specialties and the realities of life as a physician. Teitz is associate dean for admissions and Beauchamp is the chair of the Department of Radiology at UW Medicine.

On Dec. 5, 2013, Gen. Colin L. Powell, USA (Ret.), served as the keynote speaker at the Prostate Cancer Survivors Celebration Breakfast, a benefit for the Institute for Prostate Cancer Research (IPCR) — a collaboration between UW Medicine and Fred Hutchinson Cancer Research Center. Photos: David Wentworth Photography.

Paul G. Ramsey, M.D., CEO of UW Medicine, Steve Fleischmann (the event’s founder and chair), Gen. Colin L. Powell, and Lawrence Corey, M.D., president and director of the Hutch.

Steve Fleischmann watches proudly as his daughter, Hannah, addresses the room.


Susan Brotman greets John Huckabay as Dr. Ramsey looks on.

First-year students Kelsey Petrei, Sergi Ivanov and Laura Coats enjoy a reception held for them by the Friends of WWAMI Spokane in October 2013. Photo: Eugene Elikh.
Jorge D. Reyes, M.D., was appointed the first holder of the Roger K. Giesecke Distinguished Chair in Transplant Surgery in February 2014. Pictured, left to right, are CB and Amy Shaw, Reyes, Mary Pigott (who created the chair, named after her late husband), Susanna Nazarian, M.D., Ph.D., assistant professor of surgery, and Carlos A. Pellegrini, M.D., the chair of the Department of Surgery.

Teen jewelry maker Greer Gates founded My Jewels of Hope to raise money to cure cancer at UW Medical Center.

Gates presents Liz Swisher, M.D., Res. ’93, with some “funny” money, representing her real donation to Swisher’s work in ovarian cancer.

David A. Eschenbach, M.D., Res. ’73, chair of the Department of Obstetrics and Gynecology, enjoys the proceedings.

A panel of alumni explore specialty options with third-year track medical students in Boise, Idaho — one of the offerings of the WWAMI educational program.

Students and alumni connect for a conversation about the WWAMI program in Olympia, Wash., in early March. Pictured, left to right: Peter Bulger, Alex Spencer, Ki Shin, M.D. ’93, Res. ’96 (assistant dean for regional affairs, Western Washington WWAMI), Suzanne Allen, M.D., MPH (vice dean for regional affairs), Angela Bowen, M.D. ’63, Christopher Link, Alina Plavsky and Tiana Nizamic. Photo: Michelle Pelt

John E. Olerud, M.D. ’71, Res. ’76, ’78, and his wife, Lynda, enjoy his retirement party. In his honor, friends and colleagues are fundraising to create an endowed chair in dermatology, the division he headed for many years. Some of them also signed a baseball, a tribute to Olerud’s love of the sport. Photos: Masaoki Kawasumi.
1950s

Gil Beall, M.D. ‘53, Res. ‘60 (internal medicine), writes, “My novel, Drugs for Cambodia, has been published.”

Richard Layton, M.D. ‘54, was honored with the Governor’s Recognition Award in October by Washington State Gov. Jay Inslee. The award paid tribute to Layton’s service in World War II and a secret mission to Bikini Atoll in the Marshall Islands.

Jack E. Games, M.D. ‘55, Res. ‘61 (psychiatry and behavioral sciences), a member of the Arizona Psychiatric Society (APS), published recollections of his psychiatric training and experiences from 1955 to 1961 in the APS newsletter. Games lives in Phoenix, Ariz.

Eldon Lee, M.D. ‘55, writes, “Just to send greetings to the members of the Class of 1955. I must be one of the oldest at 90½ years. I will always have a warm spot in my heart for the UW and to the wonderful men who prepared me well to serve a fulfilling lifetime in the medical field.”

William Morton, M.D. ‘55, writes, “I’m still participating in the academic program of the Department of Public Health and Preventative Medicine at Oregon Health & Science University.”

Frederick F. Holmes, M.D. ‘57, and Grace E. Holmes, M.D. ‘57, write, “We will launch a website — Medicine in the First World — with Kansas University Medical Center in spring 2014. Grace is busy working on a book on nurses in World War I, assembled from diaries, reminiscences and letters home. Her masterpiece of 1992, Whither Thou Goest, written under the pseudonym Anne Miller Johnson, M.D., is now available for e-readers. Fred’s newest romance novel, Ophelia, penned with a pseudonym, is also available for e-readers.”

1960s

James Dalen, M.D. ‘61, was awarded an honorary Doctor of Science degree from the University of Massachusetts in June 2013. One of the founding faculty, he established the Division of Cardiovascular Medicine. After serving as the chair of cardiovascular medicine, he was chair of the Department of Medicine from 1977 to 1988. Dalen is currently dean emeritus and professor emeritus of medicine and public health at the University of Arizona, where he teaches in the colleges of medicine and public health. He also serves as executive director of the Weil Foundation, a non-profit organization dedicated to the improvement of medical education.

C. Gordon Strom, M.D. ‘61, writes, “I’ve been a hospital surveyor for The Joint Commission for the past 16 years. My specialty is otolaryngology, U.S. Navy: 34 years.”

Fay Millett, M.D. ‘62, writes, “I retired from orthopaedics eight years ago. I’m now bird-watching, gardening and woodworking. I have three children and four grandchildren and spend March in Phoenix for the Cactus League.”

James A. Mergolis, M.D. ‘64, writes, “I continue to do clinical child psychiatry part-time. I’m teaching at the UC Davis School of Medicine and teach outdoor emergency care related to skiing.”

Gilbert A. Smith, M.D. ‘64, writes, “I’m a retired OB-GYN of 26 years in Spokane, Wash. I am also retired from the U.S. Army.”

Raymond E. Vath, M.D. ‘65, Res. ‘69 (psychiatry and behavioral sciences), writes, “I am a retired emeritus associate professor and benefactor donor at the University of Washington.”

Valerie Jorgenson, M.D. ‘66, retired in 2011.

Philip Crichton, M.D. ‘67, writes, “I’m still working full-time as a radiologist in Brunswick, Maine. I am finding time for some interesting trips to different parts of the globe.”

George Hess, M.D. ‘68, writes, “Now fully retired and enjoying my grandkids and travel to visit family.”

Janice Tiller-Borcich, M.D. ‘68, writes, “I am retired and enjoying my three grandchildren. I golf and travel a lot. I look forward to our 50th class reunion.”

Richard Layton, M.D. ‘54 (left), is presented with the Governor’s Recognition Award.
Marilyn Ann Duncan, M.D. ’69, and Paul R. Duncan, M.D. ’69, write, “Paul retired from clinical medicine in January 2014, but will continue familial cancer research. Marilyn retired and has become proficient, like Paul, in Model T Ford restoration.”

John A. Liebert, M.D., Res. ’69 (psychiatry and behavioral sciences), received the Percivall Pott Virtuous Surgeon Award from the medical faculty at McGill University.

Elizabeth P. Phillips, M.D. ’69, writes, “I continue to practice hematology/oncology in New Rochelle, N.Y., with a focus on breast cancer. Our whole family delights in our two toddler grandsons.”

1970s

Philip O. Haines, M.D. ’71, writes, “I’m a diagnostic radiologist in Sacramento, working full-time with Dignity Health as a member/owner of Mercy Radiology Group.”

Warren H. Toews, M.D. ’71, writes, “Retired from practice in Denver in late 2005. About to enter year eight of working for Seattle Children’s as a pediatric cardiologist. For the past year and a half, I have worked several days a month in regional and outreach clinics.”

John C. Newsom, M.D. ’72, writes, “I have been elected president of the 952-member medical staff at St. Mary Medical Center in Langhorne, Pa. I continue my solo family medicine practice at Newsom Care.”

Fred Silverstein, M.D., Res. ’72 (internal medicine), was named UW Medicine’s 2013 Inventor of the Year. Silverstein was selected for his contribution to the invention and development of a variety of medical devices that have positively affected the practice of gastroenterology worldwide.

Richard Crone, M.D. ’73, writes, “I’m now serving as the director of cardiac services and director of the cardiac cath lab at Providence Newburg Medical Center in Newburg, Ore.”

Adolphus C. Favors, Jr., M.D. ’73, writes, “Married to my wife, Velma, for nearly 45 years. I have two beautiful daughters, Stephanie and Latechia. I’m board-certified in internal medicine and medical oncology. I continue to practice internal medicine in St. Louis, Mo.”
Frederick A. Matsen III, M.D., Res. ’74 (orthopaedics), met a major milestone: 300,000 views of his Shoulder Arthritis and Rotator Cuff Tears advice blog. Dr. Matsen, UW professor in the Department of Orthopaedics and Sports Medicine, began the blog in March 2011.

Fred J. “Gino” Gianola, PA-C (Seattle Class 8) (1976), is on the MEDEX Seattle didactic faculty, and he recently received his master’s degree in bioethics from the UW School of Medicine. This is all on point for Gianola, who teaches Professionalism, Ethics and Basic Research Integrity. “If you can define an ethical problem in two sentences, the likelihood of you being able to address it will be much easier,” he says. “Somebody said the other night, ‘This is lifelong learning.’ Little did I figure that, at 66+, I’d be going back to school. Even though my fellow students were younger than my youngest child, and all my professors were younger than me, I realized I could still learn. I think lifelong learning, especially in the PA profession, is something we have to do.”

Benjamin A. Lipsky, M.D., FACP, FIDSA, FRCP, Res. ’76 (internal medicine), Chief Res. ’77 (internal medicine), Fel. ’78 (internal medicine), writes, “I retired from the UW Department of Medicine faculty after 35 years and have been working at the University of Oxford since June 2012. I was the deputy director of the graduate entry course and am now a teaching fellow at the University’s Green Templeton College and a member of the UK’s Independent Scientific Advisory Committee. I was appointed visiting professor of medicine (infectious diseases) at the University of Geneva, where I am helping to set up a bone and joint infection clinical research program.”

1980s

Ted Epperly, M.D. ’80, FAAFP, has been chosen as the recipient of the 2014 Idaho WWAMI Alumni Award for Excellence in Mentoring, Teaching, Leadership and Patient Care.

Marc Hawkins, PA-C (Seattle Class 13) (1980), joined the faculty of MEDEX Northwest after 38 years (33 as a PA) with the U.S. Coast Guard, where he served in a medical administrative position. “I’ve enjoyed the opportunity to come back to the MEDEX program and to begin teaching and working with students,” he says. In his job as a clinical coordinator, Hawkins is tasked with placing second-year students in their clinical rotations. This is a job that Hawkins shares with three other regional clinical coordinators, and the task is daunting. Together, they must place 134 MEDEX students in nine rotations each across 500 clinical sites — work that involves 1,000 preceptors. But Hawkins rises to the challenge with the determinedness of someone with strong military training. “To do this well — and make sure we meet everybody’s needs — can be a challenge,” he says. “But I relish the opportunity, and I know that we manage to meet those needs.”

Darrel L. Kauffman, M.D. ’81, is a practicing orthopaedic surgeon for Samaritan Health Services in Corvallis, Ore.

Janis L. Abkowitz, M.D., Res. ’82, Fel. ’83 (hematology), the head of the Division of Hematology at UW Medicine, has been named a member of the Institute of Medicine. Abkowitz holds the Clement A. Finch, M.D. Endowed Professorship in Hematology.

Scott Barnhart, M.D., Res. ’82, Fel. ’84 (back row, far right), is part of a team that’s implementing an HIV and chronic disease prevention program in South Africa.

Scott Barnhart, M.D., Res. ’82 (internal medicine), Fel. ’84 (pulmonary critical care), writes, “I’m currently working with colleagues from UW and Makerere University, the Ministry of Health in Uganda and the U.S. Centers for Disease Control and Prevention to finish a study of whether the President’s Emergency Plan for AIDS Relief (PEPFAR) strengthened or weakened the non-HIV health system. We are also preparing a large program to provide male circumcision services in Zimbabwe. In South Africa, we have a large prevention program where we work closely with communities to learn about their health needs and then provide screening for HIV and other chronic diseases.”

Scott Barnhart, M.D., Res. ’82, was elected president of the Washington State Medical Association (WSMA) in September. Reisner is a maternal-fetal medicine physician.

Justin P. Smith, M.D. ’82, Res. ’89 (nuclear medicine), writes, “I am a health policy fellow with Sen. Ron Wyden (Oregon) in Washington, D.C., and I will complete my master’s degree in political management in August 2014 at George Washington University.”

MEDEX in New Zealand

A number of notes mention New Zealand. That’s because MEDEX Division Chief Ruth Ballweg, PA-C (Seattle Class 11), MPA, and several graduates are working on a novel pilot project, sponsored by the Ministry of Health’s Health Workforce New Zealand. The project places U.S.-educated PAs in visible rural practice settings to test whether the PA concept is viable outside the U.S.

Dale P. Reisner, M.D. ’82

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Justin P. Smith, M.D. ’82, Res. ’89 (nuclear medicine), writes, “I am a health policy fellow with Sen. Ron Wyden (Oregon) in Washington, D.C., and I will complete my master’s degree in political management in August 2014 at George Washington University.”
Andrew S. Weeks, M.D. ‘82, writes, “When the hospitalists came to town, I joined them, initially part-time, now full-time. After 30 years of office practice in union settings, I find I like the simplicity of the hospital best at this point in my career.”

Janet Allen, M.D., Res. ‘84 (pathology), writes, “After nearly 12 years with the Alaska Native Tribal Health Consortium, I have finally retired at age 75.”

David (D. C.) Dugdale, M.D., Res. ‘85 (internal medicine), UW professor of medicine and director of Hall Health, has been appointed medical director for care management for UW Medicine.

Scott A. Fields, M.D. ‘86, writes, “I am the vice chairman of the Department of Family Medicine for the Oregon Health & Science University School of Medicine.”

Jane Lester, M.D. ‘86, Res. ‘90 (pediatrics), was awarded the Everett Clinic’s 2013 Patient’s Choice Award. When Everett Clinic patients were asked to nominate a provider who made a significant difference in their lives, one of Lester’s patients described her as “an amazing doctor, the best of the best.”


Michael G. McNamara, M.D. ‘87, writes, “I’m a hand, elbow and shoulder surgeon in Anchorage, Alaska. My daughter Kristin, 24 years old, works in my office; Shannon, 19 years old, is at Whitworth University; and Jake, 17 years old, is in high school.”

Annie Murphy, M.D. ‘87, writes, “I am an oncologist at Jefferson Healthcare in Port Townsend, Wash.”

Terry Massagil, M.D., Res. ‘88 (physical and rehabilitation medicine), UW professor of rehabilitation medicine and physical medicine and rehabilitation residency program director, received the Distinguished Member Award from the American Academy of Physical Medicine and Rehabilitation.

Jane C. K. Fitch, M.D., Res. ‘92 (anesthesiology), has been named the president of the American Society of Anesthesiologists (ASA). Fitch, who has served the ASA in numerous capacities, is the first woman to achieve the presidency. She is the professor and chair of the Department of Anesthesiology at the University of Oklahoma Health Sciences Center in Oklahoma City.
Karen L. Kwong, M.D., Res. ’93 (surgery), writes, “I’ve always worked at hospitals with populations of low-income patients, including county hospitals, facilities along the U.S. border, or inner-city settings. I’m now at the Portland VA, where I am the chief of surgery and associate director for the surgery residency at Oregon Health & Science University.”

Suzette Madson, B.S. ’93 (physical therapy), is in private practice, specializing in orthopaedics, sports and dance physical therapy.

Corliss L. Newman, M.D. ’93, writes, “Enjoying life with my husband, John, and our three kids.”

Kim Stichter Branagan, B.S. ’96 (occupational therapy), writes, “My husband, Brian, and I live in Tampa, Fla., and have two fun and crazy boys, ages 4 and 5. I have been working as an occupational therapist and pediatric rehab coordinator at Tampa General Hospital for the past eight years. All of this continues to challenge me and to be a huge blessing!”

Nassim Assefi, M.D. ’97, writes, “I’m currently the director of stage content at TEDMED. Our April 2014 event at the Kennedy Center in Washington, D.C., attempts to unlock imagination in the service of the biggest issues in health and medicine. I’m also finishing up my second novel, which tells a personal story about the perils of foreign humanitarian action. The subject was inspired by a handful of my Afghan women friends who became superstars in their country post-Taliban, only to be harassed, hurt and killed in the backlash.”

Carey Farquhar, M.D., Res. ’97 (internal medicine), Chief Res. ’98 (internal medicine), Fel. ’03 (allergy and infectious diseases), and UW associate professor of medicine in the Division of Allergy and Infectious Diseases, has received the 2013 UW Medicine Mentoring Award for her mentorship skills and dedication to faculty.

Working for Students:
Anne Eacker, M.D. ’97, Chief Res. ’01

An interest in the intersection of mental and physical health: that’s what led Anne Eacker, M.D. ’97, chief res. ’01 (internal medicine), to become a primary-care physician. A UW associate professor of medicine, her research focuses on the health and well-being of medical students.

“Medical students who experience burnout are at a higher risk for depression and dropping out of medical school,” says Eacker, who is also the associate dean of student affairs. “All of us who work with students — clinical faculty, College mentors and everyone in Academic Affairs — do all we can to keep burnout from occurring.” Part of that process, she says, is offering opportunities for students to develop strong relationships with each other during their first and second years, and helping them develop the tools they need to sustain them throughout their clinical years.

Eacker draws inspiration from her work. “I have been working with students throughout my time on faculty,” Eacker says. “They constantly amaze me with their ability to manage their personal and professional lives.” Students may be taking a page from Eacker’s own book: in addition to her work at UW Medicine, Eacker is an enthusiastic skier, a triathlete and an active member of her church. Eacker, above, is pictured on the slopes with her sons, Alec Denny (left) and Aidan Denny.

Ryan Blanck, B.S. ’98 (prosthetics and orthotics), developed the Intrepid Dynamic Exoskeletal Orthosis (IDEO) while working at the Brooke Army Medical Center with the Center for the Intrepid. He was the head of the upper-extremity prosthetic program and lead prosthetist on various upper-extremity research projects with the Department of Defense. For his design, he received the Meritorious Civilian Service Award, the second-highest award given to civilian employees of the federal government. He now works with Hanger Clinic in Austin, Texas, and is developing a national IDEO program to provide prosthetics to civilians.
Eileen Bulger, M.D., Res. ’99 (surgery), Fel. ’00 (surgery), UW professor of surgery, writes, “For the last year, I have had the honor of serving as the chief of trauma at Harborview Medical Center, where I manage the trauma quality improvement program and work with all services providing trauma care. I also have been involved with the International Medication Surgical Response Team (IMSURT), headquartered in Washington, D.C., since it was established in 2003. The team responds to major disasters when a local medical system is overwhelmed and establish field hospitals to manage complex patient cases and perform surgery.”

2000s

Hilary Bowers, M.D. ’00, writes, “The last decade has been quite a ride! Ten years in private practice in Los Angeles, Culver City and San Diego, which included five housing moves. The birth of Elijah, Miriam, Hannah, Naomi and Rivka. My husband, Peter Bowers, Ph.D., has started two biotech companies and published numerous papers and patents.”

Joanne Stekler, M.D., Res. ’00 (internal medicine), Fel. ’05 (allergy and infectious diseases), UW associate professor of medicine in the Division of Allergy and Infectious Diseases, was honored with an HIV/AIDS Service Award at the 10th Annual World AIDS Day Breakfast in December.

Drew Garcia, PA-C (Spokane Class 3) (2001), is part of the core faculty group for the new MEDEX Tacoma site, and he is one of the regular lecturers. “I also see my role more as a guiding one in the first year — helping to form the students both personally and professionally for their upcoming roles as PAs,” he says. In 2011, Garcia’s life took an interesting turn when he moved to Egypt to care for Westerners and Egyptian nationals working with a U.S. government program; the country’s revolution had begun that January. “It was pretty amazing,” he says. “And in my mind, it confirmed that people are people around the world. The Egyptian nationals were looking to better their situation. They were looking to live life the best they could without interference from either internal or external sources. It was really interesting to watch the progression of democracy. Unfortunately, their timetable as a nation was shorter than what true democracy takes.”

Todd Lefkowicz, MOT ’01, writes, “I worked as a rehabilitation engineer for about 10 years and then decided to pursue a degree in occupational therapy. I thought the additional education would help me be more effective in providing assistive technologies. In 1995, I had the chance to work for about three months in Peru. While there, I saw many children who needed special seating systems. I realized that local therapists were not learning the basic principles of seating and positioning. Eleven years after my first trip, a group of us founded Mobility Builders. Our partners in Peru now use our system fairly independently. Our goal is to enable the families to come in for a seating evaluation and leave a few hours later with a complete custom wheelchair and seating system.”

Ashley Marquardt, PA-C (Seattle Class 33) (2001) was named the “Alaska Physician Assistant of the Year” by the Alaska Academy of Physician Assistants in 2013. On the MEDEX faculty since the start of the Anchorage site in 2008, Marquardt was recognized by the academy for his dedication to the PA profession and his efforts to gain more visibility for PAs in the Alaska community. Marquardt is the didactic site coordinator for MEDEX Anchorage, responsible for all the classroom instruction. On students, he says, “Mostly we try to recruit Alaskans, or people who are going to work in Alaska. It helps if they have Alaskan experience. Most importantly, they should demonstrate commitment to the MEDEX mission, which is to bring healthcare to underserved populations and communities. It doesn’t necessarily mean we want them out in the bush, although that would be very nice. But there are plenty of underserved right here in Anchorage.” (See a related story on page 19.)

Aimee Koch, PA-C (Yakima Class 7) (2002), went straight into family practice after graduation. “I worked with three female physicians in a private practice in Wallingford in Seattle. They all delivered their own babies, so I saw the gamut of patients, from newborn to elderly. I learned so much from them. After three years, I left to work closer to home, in Issaquah. I worked for a combined family practice/urgent care clinic, where I ran the Saturday clinic solo, without an electronic medical record or computers — all handwritten dictation. After another three years, I grew weary of the rain and headed for the sunshine of Bend, Ore., where I worked for a high-acuity urgent care in town and on Mt. Bachelor. Although it was an incredible job that I enjoyed for five years, I wanted to push myself out of my comfort zone, which is how I ended up in New Zealand! I’ve now been in New Zealand going on six months, and it’s been an incredible experience. It’s definitely taken me a while to get used to what resources (or lack thereof!) are available to us in the medical field. I no longer have access to immediate imaging or lab results. But malpractice is virtually non-existent here. Which basically means, instead of ordering a massive number of tests to cover all the bases, I have to use my brain to figure out which tests I feel are absolutely necessary. And I sometimes feel like I’m a new graduate again, having to learn new drug names and to explain to every person I meet what it means to be a physician’s assistant. So although there are challenges to being a trailblazer here, the Kiwis are so nice, and I have so much support from my fellow PAs. And of course I’m spending every spare moment outside of work exploring the countryside. So much beauty!”
Larry Witham, PA-C (Yakima Class 8) (2003), a captain in the U.S. Army, writes, “After graduation from MEDEX, my first PA position was in an undeserved rural clinic in Umatilla, Ore. Completing the National Health Service Scholarship, I rejoined the Army to serve our nation at war. I was sent to the 82nd Airborne Division, and I found myself in Afghanistan within a few months. My medics were fantastic; most had deployed before, and they taught me so much. Lacking textbooks, I wrote MEDEX, and they responded with medical books. I was so proud of my school and the opportunity to share knowledge with my medics. A short time later, I sent Private First Class (PFC) Brown — a 19-year-old medic — on a mission. Her convoy was struck by a roadside bomb and took heavy fire. She saved the lives of fellow soldiers and even shielded the injured with her body, rendering medical care. PFC Brown became the first woman in Afghanistan and only the second woman since World War II to receive the Silver Star, this nation’s third highest medal for valor. In 2009, we returned to Afghanistan for another 12 months. We lost a soldier from our small outpost and saluted the casket, draped by an American flag. I was awarded the Bronze Star, and I gave it to my daughter, who had been without her dad during her formative high-school years. I returned shortly after her graduation, and now I serve at Joint Base Lewis-McChord in Fort Lewis, Wash. This has allowed me to be closer to my daughter, now in her second year of nursing school. I am so proud of her! I am privileged for the opportunities that were made possible thanks to the training I received at MEDEX.”

A. Noelle Larson, M.D. ’04, writes, “I am now a board-certified pediatric orthopaedic surgeon at the Mayo Clinic in Rochester, Minn., with a special interest in spine deformity, hip disease and the growth plate. My husband, Scott, and our two boys are enjoying the small-city feel of Rochester, the four seasons and the Minnesota sunshine. No mountains or ocean, though, so we visit Seattle frequently.”

Julien Pham, M.D. ’04, writes, “I am a nephrologist at Brigham and Women’s Hospital and a faculty member at Harvard Medical School. I split my time between academic medicine and the digital health start-up world. I co-founded RubiconMD this past year. We are helping redesign primary care by optimizing the specialist referral process, making opinions simple and convenient to share between clinicians. I still stay in touch with many in my med-school class (E-00) and am proud to see many of us now in fancy director roles of all sorts!”

Teresa Flores, PA-C (Seattle Class 37) (2005) Flores is on the MEDEX didactic faculty at the Anchorage site. This is her second time on the MEDEX faculty, serving first in 2008–2009 and returning in May 2013. “Working with students is a lot of fun because they’re really excited, they’re interactive, and they’re ready to go,” she says. “I just love what I do so much, and it’s so nice to see so many other people who are just as excited about it as I am.” Flores is a second-generation PA; her mother, Martha Flores, was a graduate of Seattle Class 23 in 1991.

Hieu T. Campus, M.D. ’06, and Felix T. Cabrera, B.S. ’02 (medical technology), M.D. ’08, write, “We served on two medical missions to the Philippines to help survivors of Typhoon Haiyan. The missions were sponsored by the Guam Medical Association. We currently practice on Guam as primary-care providers. [Cabrera is an internist, and Campus practices family medicine.] A third mission is tentatively planned for April.”

Paul Drain, M.D. ’06, writes, “I’m working on research related to the effectiveness of rapid, clinic-based diagnoses for people suffering from cryptococcosis, which kills more than 500,000 HIV-infected people worldwide every year. It’s preventable and treatable, if detected early. Without access to complex labs, we’re working with nurses in clinics to detect cryptococcal infections before they become life-threatening. I hope our results will demonstrate that these AIDS-related deaths can be prevented anywhere in the world.”
Scott Light, PA-C (Seattle Class 38) (2006), writes, “Prior to becoming a physician assistant, I was a U.S. Air Force pararescueman, a specialist trained to rescue people in any environment, anywhere in the world. In 2007, I moved to Aberdeen, Wash., and took a position with the hospitalist service at Grays Harbor Community Hospital. In 2012, I started work with the Washington State Department of Corrections (DOC) at Stafford Creek Corrections Center in Aberdeen. With the DOC, I act as a primary-care provider for 500 incarcerated offenders.”

Cody McDonald, B.S. ‘06 (prosthetics and orthotics), writes, “I went to Laos under the funding of a three-year USAID grant to improve orthotic treatment and quality. There I worked with the Cooperative Orthotic and Prosthetic Enterprise, a local non-profit originally established by Power International to help victims of ordnances receive prosthetic limbs. Before working in Laos, I volunteered in Haiti and Ecuador. My year-long project in Laos significantly changed my perspective regarding prosthetics and orthotics and medical care in the U.S., and it inspired me to return to UW to pursue my Ph.D. in rehabilitation science.”

Christine DeLisle, MOT ’07, lives with her husband, Steve DeLisle, DDS, in Las Vegas, where she has built the occupational therapy program at the VA Southern Nevada Healthcare System. She oversees a team of therapists, an education program with Touro University Nevada, and inpatient and outpatient programs; she also is working on opening a community living center rehabilitation program.

Kenneth Haverland, PA-C (Seattle Class 39) (2007), writes, “When I graduated from MEDEX, I was at Valley Medical Center doing primary care, and I loved it. But I was part-time in the UW Medicine family medicine residency — and part-time in urgent care — so it was tough.” Haverland built on earlier experiences to assume a role in surgical services at UW Medical Center, and he received the 2013 UW Cares Award for upholding values that support UW Medicine’s patients. His award nomination read: “Patients really are first for Ken. And he goes out of his way every day to show it.”

Machelle Dotson, PA-C (Spokane Class 10) (2008), writes, “Since graduating from MEDEX Spokane Class 10, I moved to the Columbia River Gorge in pursuit of wind sports in 2008. I wanted to learn how to kite surf, and that continues to be my adrenalin-pumping sport of choice. I took a short-term job in Gresham, Ore., where I was able to commute for six months until the opportunity to work in Stevenson, Wash., opened up at a rural family practice. I worked there until I was laid off due to budget cuts in 2012. It was heart-breaking to get laid off from a job that I loved so much, but I used that summer to obtain my yoga teacher’s certificate and to kite almost every day on the Columbia River. I was heading up the Deschutes River to fish with friends when I received an email inquiring if I would be interested in [MEDEX’s] New Zealand demonstration pilot program. I needed to find another job, and this just felt right — not to mention that it was an adventure that pushed my comfort zone! So here I am, having some great adventures. I work with an amazing group of providers and have never felt so welcomed and respected by my peers. Learning the New Zealand healthcare system has been challenging, but in the end, it has been a path of discovery for me. I’m looking forward to learning more about the local culture and to personal development.”

Heather L. Evans, M.D., Fel. ’08 (surgery), UW assistant professor in the Department of Surgery, writes, “I became one of the first 8,000 Google Glass explorers, after winning Google’s #ifihadglass contest in March 2013. As a trauma surgeon at Harborview Medical Center, I use Glass to explore how wearable computing, with the ability to transmit live or recorded images captured at the eye level of the operator, might be used to enhance surgical training through performance feedback and remote intraoperative consultation. The use of technology to improve surgical care is a major theme of my research. I lead a multidisciplinary team developing mPOWEr, a mobile app for patients to use after surgery to track the condition of their own surgical wounds and facilitate communication after they leave the hospital with the providers who know them best. The UW Center for Commercialization (C4C) recently awarded $50,000 from the Commercialization Gap Fund to support the project and highlighted the mPOWEr team at the 2013 C4C Innovator Recognition event.”
George Froehle, PA-C (Seattle Class 40) (2008) was working for a private internal medicine practice in Seattle, one specializing in HIV, gay men’s health and transgender care. When the opportunity arose to travel to New Zealand to help jumpstart the physician assistant profession there, Froehle decided to take a risk and say “yes.” He writes, “The New Zealand Physician Assistant Demonstration Project has been an incredible experience so far. I have been here for five months and have enjoyed it immensely. While it can be difficult to explain what a PA is every day, and to get prescriptions signed, it is also an honor to be one of the first PAs in this country. I think New Zealand is an incredibly attractive country for PAs because, while it is small, the population is mostly in Auckland, leading to a lot of underserved rural areas. This is where we PAs will be utilized the most. It is truly amazing to put in an eight-hour workday and then still have time to hit a beautiful beach, take an amazing hike, go to Auckland for dinner, etc. Also, the cultural diversity of New Zealand makes each day, clinical or not, incredibly enriching. We have a long road until PAs are a part of the medical system in New Zealand, but it’s going to be a beautiful road.”

Aaron Scheidies, DPT ’08, recently started working at CRISTA Senior Living in Shoreline, Wash. Most of his patients are older, and they are either in the inpatient skilled nursing facility or have come out of skilled nursing. Scheidies also writes about an important personal goal. “I learned I was losing my vision at nine years old. One of my biggest accomplishments in the athletic arena was being nominated for the Best Male Athlete With a Disability at the 2010 Excellence in Sports Performance (ESPY) Awards. Right now, I’m training and competing to qualify for the 2016 Paralympic Games in Rio de Janeiro. Ideally, I would like to end my athletic career on the medal stand.”

George Ford, M.D. ’09, writes, “I completed residency in pediatrics at Children’s Hospital at Dartmouth. I am in my second year of fellowship in pediatric endocrinology at Oregon Health & Science University. I also am enrolled in a master’s program in healthcare ethics and am pursuing research interests related to congenital hypothyroidism. I am married with four children, the youngest of whom recently turned two months old.”

Aaron Scheidies, DPT ’08, (in blue), is training for the 2016 Paralympic Games.

Your Baby — In Their Very Own Bib!
This issue is full of beautiful babies wearing the best accessory that mealtime has to offer: the official bib of the UW School of Medicine. If you’d like a bib for your baby, just email us at medalum@uw.edu. Then send us a photo!
2010 Through Today

Elizabeth Peacock-Chambers, M.D. ‘10, and Kyle Chambers, M.D. ‘10, write, “Elizabeth has completed her pediatric training at Boston Children’s Hospital and Boston Medical Center and is now in an epidemiology research fellowship at Boston Medical Center. Kyle is in his fourth of five years of ear-nose-throat residency at Massachusetts Eye and Ear in Boston and is planning on pursuing a head and neck fellowship. We welcomed a baby, Cecilia, in May 2013.”

Hana Smith, M.D. ‘10, writes, “I just completed a pediatric residency at Ann & Robert H. Lurie Children’s Hospital of Chicago and now work at Friend Family Health, a federally qualified health center in Chicago. I am a clinical associate of the University of Chicago and attend in resident clinic once a week. My husband and I welcomed our first daughter, Ada, in March 2013.”

Lisa Tuffs, PA-C (Seattle Class 42) (2010), writes, “After graduation, I started out in the urgent care/fast track ER at Harrison Memorial Hospital in Bremerton, Wash., for a year. I moved on to Saxonbrook Medical in Crawley, West Sussex, England, which is about 30 minutes south of London. I drove the Highlands of Scotland, visiting castles and whiskey distilleries, and made a trip to the Louvre in Paris. I had settled into orthopaedics for a year in Centralia, Wash., when I met my sweetheart. She stole me away to Virginia Beach, where she works for TeamHealth at three Bon Secours Hospitals. I’m enjoying my beach life, with frequent trips to colonial Williamsburg. This is an exciting time in medicine for PAs.”

Daphne Ma, Ph.D. ‘11 (immunology), writes, “I have been in Peru for almost a year on a Fogarty Fellowship with the UW Department of Global Health. My project is called A Peru Unit for Neurosyphilis Diagnosis. I’m working with la Universidad Nacional Mayor de San Marcos in the Institute of Tropical Medicine and a non-profit organization called Asociación Civil Impacta Salud y Educación on two different projects to study syphilis. Throughout my research, I’ve received invaluable guidance and support from physicians here in Peru and in Seattle and know this will help propel my career in the study of infectious diseases.”

Baby Cecilia, held by her dad, Kyle Chambers, M.D. ‘10.

Andy Powers, Ph.D. ‘11 (physiology and biophysics), now works as a presidential postdoctoral fellow at the Novartis Institute for Biomedical Research. Powers’ research focuses on a protein called CDK5, a signaling molecule that participates in many aspects of normal cellular physiology but is thought to become deregulated in neurodegenerative and metabolic disorders.

William Roberts, PA-C (Yakima Class 16) (2011), and Liesel Ernst (Spokane Class 13) (2011), were married on Dec. 28, 2013, in Santa Cruz, Calif. They both practice at the Mayo Clinic in Rochester, Minn. Ernst writes, “How can you pass up a man in a classic 1955 Airstream? We both shared a background as professional paramedic firefighters, with many years in the fire service, prior to going to PA school. We became friends right away, but he was in the Yakima class, so it was a rotation at the VA in Boise, Idaho, that brought us together. We have been together since. I knew that he was serious about the relationship when he moved all the way to Minnesota to work at the Mayo Clinic with me.”

Daniel Capurro, M.D., Ph.D. ‘12 (biomedical and health informatics), writes, “I am an assistant professor at the School of Medicine at Pontificia Universidad Católica de Chile. I spend most of my time working on the implementation of our new institution-wide electronic medical record and clinical data warehouse, making sure that we are able to use data collected during routine patient care for research and public health. I am also a member of the board of directors of the Chilean Health Informatics Association.”

Stephanie Rubright, PA-C (Spokane Class 14) (2012), writes, “I recently relocated to the Seattle area after spending the past year working at Loma Linda University on the solid organ procurement and transplant team. I have just started my new position on the general and vascular surgery service with Group Health. I love this position, as it offers a wide variety of roles and responsibilities, including first-assisting in the OR, rounding on the inpatient units, interventional radiology procedures and vascular clinic. I work for a wonderful group of surgeons and PAs that are mentoring and guiding me through the first years of my career.”

Brenda Wilks, PA-C (Spokane Class 14) (2012) began working in family practice and urgent care in a rural setting just north of Spokane, Wash., shortly after graduating. Recently, Wilks accepted a new position, and she now works in the dermatology center at Rockwood Clinic in Spokane.

Luis Manriquez, M.D. ’13, and his wife welcomed twins — Frances and Javier — in January. The family lives in Portland, Ore. (See next page for photo.)

James Noonan, PA-C (Seattle Class 45) (2013), writes, “Since graduating this past August, I’m just settling down after the whirlwind of the certification exam, a cross-country road trip/move, finding a new apartment, and starting as

Ada, the daughter of Hana Smith, M.D. ‘10, sports a pink ribbon in addition to an alumni association bib.
a new provider with my former employer, Boston Health Care for the Homeless Program (BHCHP). I started at BHCHP in 2006 as an AmeriCorps member, spent four years there as a case manager, and am now back next to my old desk as a PA at the Barbara McInnis House, a medical respite facility for homeless patients that are too sick for the shelters but not sick enough to be admitted to the hospital. In this 104-bed facility, patients receive short-term medical management (the average length of stay is two weeks) for acute medical issues, such as post-op care or a frostbite injury, and/or exacerbation of chronic medical issues, such as deteriorating congestive heart failure, cirrhosis, uncontrolled hypertension or diabetes. Soon, in addition to working in the medical respite unit, I will start to develop a panel of primary-care patients who I will see in one of BHCHP’s shelter clinics. While I already miss the Northwest, I am glad to have the opportunity to work with an organization nationally recognized for providing the highest quality care for homeless people and learning from the mentors and patients who inspired me to be a PA. I feel well-prepared by the MEDEX program to start to provide quality care to these medically complex and underserved patients. And, in many ways, I feel I’m fulfilling the goals that I went to MEDEX to achieve. I’m doing justice to the primary-care stipend I was fortunate enough to receive while at the University of Washington.”

Pam Voltz, PA-C (Seattle Class 45) (2013), writes, “Post-graduation, I returned to Salem, Ore., to continue to work with underserved community members. I am a cardiothoracic surgical PA-C by day, and at night and on weekends, I’m the CEO of a 501 (c)(3) nonprofit called Without Strings (withoutstrings.org). I founded the organization, which holds preventative healthcare events. Every person involved in our organization is a volunteer, including myself. I have had more than 400 healthcare volunteers (R.N.s, PA-Cs, M.D.s, D.O.s, CNAs, etc.) donate their time or services over the past four years. We just completed our fourth winter vaccine clinic, providing influenza, tetanus and pneumonia vaccines to community members in an outdoor clinic setting. We are now gearing up for our fourth annual Feet on the Street clinic, which provides foot care, wound care and footwear to low- and no-income community members. We also run a large dental clinic every year; I rent two dental vans and partner with the dental school at Oregon Health & Science University (and their faculty) to provide restoration and/or extractions. What’s unique about Without Strings is that all of our “street clinics” are held under the Marion Street Bridge, and the clinics truly are without strings. We don’t ask questions, and we offer assistance to any guest visiting our events. I have aspirations of obtaining funding to begin a mobile primary-care clinic, and I continue to work on grants with that goal in mind. I remember a question I was asked when I applied to MEDEX: ‘Where do you see yourself in five years?’ My reply then and now is this: ‘under a bridge practicing medicine to improve access to underserved communities.’”
PASSAGES: OUR FRIENDS, REMEMBERED
Below we pay tribute to recently deceased alumni, faculty, students and friends. Because we are not always aware of deaths in the larger UW Medicine community, we gratefully accept your notifications. Our sincere condolences to those who have lost loved ones. Please see uwmedmagazine.org for full obituaries.

ALUMNI
Aubrey C. (Aub) Tanner, M.D. ’51
Born Nov. 8, 1927, in Vancouver, B.C.
Dr. Tanner, a surgeon, practiced in the Yukon, St. Lucia and Papua New Guinea.

Frank G. Kassebaum, M.D. ’52
Born Aug. 1, 1919, in Sunnyside, Wash.
Died June 28, 2013
Dr. Kassebaum was a veteran of World War II, and, while in medical school, he worked as a chief engineer on merchant ships.

Salud S. Abrose, M.D., Res. ’55
Born April 18, 1969, in The Philippines
Died Feb. 11, 2013
Dr. Abrose practiced family medicine in Stockton, Calif.

Garnet Wynne, M.D., ’56
Born Dec. 3, 1930, in Havre, Mont.
Dr. Wynne worked in orthopaedic surgery — and educated residents — at St. Mary’s Medical Center in San Francisco.

John C. H. Laudan, M.D., ’57
Born Nov. 1, 1931, in Milden, Saskatchewan
Died Sept. 14, 2013, in Vancouver, B.C.
Dr. Laudan was a radiologist; he was also a Renaissance man who could paint, dance and speak four languages.

Blaine S. Boyden, M.D., Int. ’58
Born May 7, 1929, in Kauai, Hawaii
Died Nov. 6, 2012, in Calif.
Dr. Boyden practiced ophthalmology in San Francisco for 40 years.

Kenneth R. Wilkske, M.D. ’59, Res. ’62, Fel. ’64
Born Jan. 4, 1935, in American Falls, Idaho
Dr. Wilkske was a groundbreaking rheumatologist who developed a standard of practice called “inverting the therapeutic pyramid.” Please see Dr. Wilkske’s obituary on page 40.

Arthur C. Brown, Ph.D. ’60
Born Feb. 7, 1929
Died Jan. 8, 2013
Dr. Brown was a professor emeritus of physiology and pharmacology at Oregon Health & Science University.

Robert I. Lindemeyer, M.D. ’61
Born June 19, 1932, in Kirkwood, Mo.
Died July 4, 2013, in Mercer Island, Wash.
Dr. Lindemeyer practiced family medicine in Kirkland, Wash.

Hart D. Peterson, M.D., Res. ’62
Born 1933
Dr. Peterson was a pioneer in pediatric neurology who specialized in epilepsy and muscular dystrophy.

William D. Lenzi, M.D. ’68
Born July 22, 1941, in Idaho Falls, Idaho
Died Oct. 6, 2013, in Boise, Idaho
Dr. Lenzi was a hand surgeon known for his generosity and willingness to volunteer.

Joseph A. Moylan, Jr., M.D., Res. ’69
Born July 14, 1938, in Hartford, Conn.
Died May 16, 2013, in Durham, N.C.
Dr. Moylan’s career as a surgeon included working in burn and trauma; he was chair of the Department of Surgery at the University of Miami.

Linden J. Bishop, M.D. ’76
Born Feb 1, 1951, in Council, Idaho
Died Aug. 18, 2013, in Orofino, Idaho
Dr. Bishop was a family practice and ER physician, and he loved the outdoors.

Candace Gleason, R.N., PA-C (Seattle Class 10)
Born in Portland, Ore.
Died May 19, 2013, in Palmer, Alaska
Ms. Gleason was a nurse and a Jesuit volunteer before she became a physician assistant.

Steve P. Nakamishi, M.D. ’77
Born Nov. 21, 1950, in Seattle, Wash.
Died Nov. 1, 2013, in Chino Hills, Calif.
Dr. Nakamishi practiced family medicine at Kaiser Permanente for 34 years.

Ellen Harder, PA-C (Seattle Class 12)
Born Nov. 14, 1932, in Missouri Valley, Iowa
Died Sept. 17, 2013, in Gig Harbor, Wash.
Ms. Harder worked with MEDEX Northwest and was known for her advocacy and kindness. Please see her obituary on page 41.

Roy A. E. Bakay, M.D., Res. ’82
Born March 5, 1949
Died Sept. 5, 2013, in Chicago, Ill.
Dr. Bakay was a neurosurgeon and a leading authority on Parkinson’s disease.

Kenneth A. Sandbeck, Ph.D. ’87
Born Dec. 5, 1952, in Mineola, N.Y.
Dr. Sandbeck was a microbiologist.

Christopher M. Bernards, M.D., Res. ’90
Born Feb. 5, 1958
Dr. Bernards was director of clinical research and professor of anesthesiology at Virginia Mason Medical Center.

Jamie L. Garcia, M.D. ’99
Born in Los Angeles, Calif.
Dr. Garcia developed the Pomona Community Health Center to help poor and medically underserved populations in L.A. County.
FACULTY AND FORMER FACULTY

James McIndoe Burnell, M.D.
Born July 17, 1921, in Manila, The Philippines
Died Sept. 8, 2013, in Seattle, Wash.
Dr. Burnell performed the first dialysis treatment at Harborview Medical Center and served on the board of Northwest Kidney Centers for 32 years.

Col. Jack L. Gibson, M.D.
Born Dec. 7, 1924, in Fayetteville, Ark.
Died Nov. 20, 2013, Kirkland, Wash.
Dr. Gibson served in the U.S. Army for 25 years before becoming a faculty member in OB/GYN at UW Medicine.

Robert Van Citters, M.D.
Born Jan. 20, 1926, in Alton, Iowa
Dr. Van Citters was the fourth dean of the UW School of Medicine. Please see his obituary on page 42.

FRIENDS

Sally S. Behnke
Born Sept. 21, 1923, in Seattle, Wash.
Ms. Behnke was a highly respected leader in the Seattle community. Please see her obituary on page 43.

ADDITIONAL PASSAGES

We do not always have information on alumni who died some time ago. We only recently learned of the deaths below, and we welcome any tributes or memories you would like to share at medalum@uw.edu.

Conrad A. DeLateur, M.D., Res. ’40
Wallace A. Coburn, M.D., Res. ’51
Born June 30, 1924
Died Nov. 4, 2008
Robert V. Devito, M.D. ’53, Res. ’60 (surgery)
Lynn D. McGlynn, M.D. ’55
Died July 1989
Robert B. Voynow, M.D. ’55
Born June 20, 1928
Bert Degroot, M.D. ’56
Born April 1924
Died March 1994
Neal E. McCarthy, M.D., Res. ’57
Born Aug. 1919
Died Sept. 1993
Bruce K. Wightman, M.D. ’59
Born May 30, 1926
Died Feb. 20, 2001
Robert Silber, M.D., Fel. ’61 (hematology)
Born Jan. 4, 1931
Died Nov. 3, 1998
Daniel F. Marriott, M.D. ’66
Born Dec. 31, 1939
Thomas G. Coles, Jr., PA-C
(Seattle Class 1)
Born Jan. 2, 1946
Died Feb. 1, 2008
Richard L. Blandau, M.D. ’72, Res. ’78 (internal medicine)
Born July 10, 1944
Died Oct. 24, 1994
Roger Ranch, PA-C
(Seattle Class 6)
Died Dec. 22, 2010
George B. Randall, PA-C
(Seattle Class 4)
Deborah R. Worthington, PA-C
(Seattle Class 9)
Joe Patton, PA-C
(Seattle Class 17)
Born Nov. 11, 1940
Died May 26, 2009
Gary D. Cieslack, M.D., Res. ’91 (anesthesiology)
Born Feb. 10, 1958
Died Jan. 30, 2009
Wen-Yee Shaw, PA-C
(Seattle Class 26)
Born Aug. 19, 1952
Died Aug. 3, 2009
Matthew S. Sell, M.D. (faculty)
Born Jan. 22, 1954
Died Aug. 11, 2012
Doris M. Watson, M.D., Res.
(physical medicine and rehabilitation)
M. D. Martin, M.D., Res.

ALUMNI

Kenneth R. Wilske, M.D. ’59, Res. ’62, Fel. ’64
Born Jan. 4, 1935, in American Falls, Idaho
Kenneth R. Wilske, M.D., ’59, Res. ’62, Fel. ’64, graduated with honors and a B.A. in biology from the College of Idaho. After graduating from the UW School of Medicine, he completed a medical residency at Columbia-Presbyterian Hospital, New York, in 1961. He then returned to the University of Washington for a two-year fellowship program. During his 40-year career at Seattle’s Virginia Mason Clinic, Dr. Wilske took on many leadership positions, including serving as the section head of rheumatology and clinical immunology, deputy chief of medicine and head of the continuing medical education program. His legacy was recognized through the creation of the Wilske Center for Translational Research at Virginia Mason.

Dr. Wilske authored or co-authored 76 articles in peer-reviewed journals as well as numerous books and book chapters for medical colleagues and the public. His contributions to clinical research culminated in the development of a new paradigm and strategy for early aggressive treatment
Ellen Harder, PA-C (Seattle Class 12)
Born Nov. 14, 1932, in Missouri Valley, Iowa
Died Sept. 17, 2013, in Gig Harbor, Wash.

Ellen Harder, PA-C (Seattle Class 12) grew up on Bainbridge Island, Wash., where she showed an insatiable curiosity for nature. She dreamed of becoming a nurse, but deferred schooling to marry, raise a son and daughter, and help support her family. After a divorce in 1974, Ms. Harder decided to realize her dream of working as a healthcare professional, first training as an emergency medical technician, then as a radiology technician, and then as a physician assistant at MEDEX Northwest. She graduated in 1979, and, for the next 12 years, she provided quality healthcare to small communities throughout Washington, later serving as a clinical coordinator and lecturer at MEDEX. Upon her retirement in 1998, she was appointed to the Medical Quality Assurance Commission, where she served as a powerful advocate of PA roles in talking to physicians, regulators and policymakers. MEDEX Northwest honored Ms. Harder with the Lifetime Achievement Award in 2007.

Ms. Harder believed in the power of change, and she was a powerful advocate for those who had no voice. As a long-time member of the worldwide network Women in Black, she was committed to finding solutions to problems through peace and justice. Ms. Harder inspired countless people with her love and respect for humanity, and she is survived by her siblings: Joy Minsinger, Judy Dulay and Chuck Jones; her son, John Harder; her daughter, Kerry Harder (Ray Montoya); and granddaughters Maya and Solita Harder-Montoya. Please see uwmedmagazine.org for Ms. Harder's full obituary.

of rheumatoid arthritis to control disease activity prior to joint damage, disease resistance and increasing drug toxicity. Known as “inverting the therapeutic pyramid,” this concept is now a standard approach for the treatment of rheumatoid arthritis and other collagen-vascular diseases. Dr. Wilske also served as president of the Northwest Society for Clinical Research and the Northwest Rheumatism Society, and he was a member of the FDA’s Arthritis Advisory Committee.

In recognition of Dr. Wilske’s contributions, the American College of Rheumatology awarded him the honor of Master of Rheumatology in 2000 and the Distinguished Rheumatologist Award in 2001; for his many contributions to Seattle’s Benaroya Research Institute, the institute created a lecture series in his name. He was also awarded the Distinguished Alumnus Award from the UW School of Medicine in 2005.

Dr. Wilske is survived by his wife of 54 years, Janean; three daughters, Lisa, Ashley and Kendell (Jon); three granddaughters, Isabella, Claire and Michaela; and his sister, Kathleen. Please see uwmedmagazine.org for Dr. Wilske’s full obituary.
Robert Van Citters, M.D., who served as the UW School of Medicine’s fourth dean from 1970 to 1981, died at the age of 87. Dr. Van Citters, known as Van to many, came to the University of Washington in 1958 as a National Institutes of Health special research fellow in the Department of Physiology and Biophysics. He joined the faculty of that department in 1963.

Dr. Van Citters made numerous contributions to the School of Medicine. He was described by the late Robert G. Petersdorf, M.D., former chair of the Department of Medicine, as “one of this country’s most imaginative and productive cardiovascular physiologists” during the 1960s. He developed instrumentation to measure blood flow through arteries and made major contributions to the study of cardiac function in unanesthetized animals. His studies helped to clarify the relationship of physiological responses in animals to those in humans. In recognition of his many scientific contributions, Dr. Van Citters was elected in 1977 to the Institute of Medicine of the National Academy of Sciences. He was active at the National Institutes of Health and served on many review and advisory committees, including the Artificial Heart Evaluation Task Force beginning in 1967.

As an administrator, Dr. Van Citters served from 1968 to 1970 as associate dean for research and graduate programs. In 1970, he was named dean of the UW School of Medicine. Dr. Van Citters oversaw the start of the WWAMI program, the School’s regional medical education system. He also oversaw the creation of the Department of Family Medicine and the School’s rural medicine program.

Theodore J. “Ted” Phillips, M.D., founding chair of the Department of Family Medicine and former associate dean of academic affairs, said Dr. Van Citters was a cherished mentor. “I was one of his first administrative appointments after he became dean. He was my mentor. He got me started in academic medicine. I knew nothing about academic administration when Van hired me. I could not have done it without his attentive and patient mentorship. He was a delightful human being. We became and remained good friends.”

William J. Bremner, M.D., Ph.D., the Robert G. Petersdorf Endowed Chair in Medicine, said Dr. Van Citters was an understated and steady leader whose legacy is evident throughout UW Medicine. “Van didn’t talk a great deal, but he was clear and firm when he did communicate and was greatly respected on any topic, from academics to fishing,” Bremner said. “He left an indelible mark on so many facets of the School of Medicine, in particular, but also what is now UW Medicine as a whole.”

Other initiatives started during Dr. Van Citters’ 11 years as dean included Harborview Medical Center’s burn and trauma services, the Medic One Foundation, the MEDEX Northwest physician assistant program, key affiliations between the School of Medicine and Seattle Children’s, Fred Hutchinson Cancer Research Center, and the VA Medical Center, Washington’s statewide regional residency program, and more.

Thomas F. Hornbein, M.D., a former chair of the UW Department of Anesthesiology, wrote, “He taught me over the years precious lessons in caring leadership. I suspect most of my chair peers had a similar experience. He always made me feel I really mattered. Our periodic meetings together, for example, taught me a principle that has been lastingly precious: when the door to his office closed with the two of us inside, I had his total, undivided, seemingly unhurried attention. He always appeared totally focused on us, regardless of whatever big chaos was simmering in his deanly life.”

In a letter to the faculty, Paul G. Ramsey, M.D., CEO of UW Medicine and dean of the School of Medicine, wrote, “We have lost a wonderful leader, colleague, role model and friend. His legacy is profound. I and many others will miss his grace, vision and quiet, down-to-earth humor.”

Dr. Van Citters was preceded in death by his wife, Mary. He is survived by two daughters: Mary (Jim); Saramary (Ken); two sons, David (Cheryl), and Robert, Jr.; his brother, David; and eight grandchildren and three great-grandchildren.
A woman of many “firsts,” Mrs. Behnke was the first woman to join the board of Washington Mutual Bank and the first woman to chair the Corporate Council for the Arts (now ArtsFund). She served as a member of the board of trustees at Fred Hutchinson Cancer Research Center, taking an active leadership role with its capital campaigns. She also was an active fundraiser for the Northwest AIDS Foundation (now Lifelong AIDS Alliance) and The Nature Conservancy. Not least, Mrs. Behnke was a great friend of the University of Washington, serving on the board of directors for the UW Foundation, the Tyee Club and UW Medicine’s development council, among many other commitments. She also was a generous contributor — a member of the UW President’s Club who contributed to many programs, including intercollegiate athletics, the Henry Art Gallery and medicine, where she and her family established the Bob and Sally Behnke Endowed Chair for the Health of the Student Athlete.

Mrs. Behnke was honored numerous times for her service: with the W. J. “Jerry” Pennington Award, the highest award bestowed by Seattle Children’s; the 2010 Gates Volunteer Service Award (also awarded to Bob Behnke and his brother, John F. Behnke) from the UW Foundation; the Grace Hefferman Arnold Guild Award for Outstanding Service from the Hutch; and with the Isabel Coleman Award for Excellence in Community Service from the YWCA of Seattle-King County-Snohomish County.

Mrs. Behnke is survived by her sons, Carl G. Behnke (Renee) and John S. Behnke (Shari), four grandchildren, four great-grandchildren, and her sister, Nancy Nordhoff (Lynn Hays).
As a boy, Wade See dreamed about becoming a physician, but traveled a circuitous, adventurous path to that goal. In his first detour, at Texas A&M University, he “ran screaming out of chemistry class” and into agricultural journalism and wildlife biology. Dream deferred.

After a first job in Dallas, the great Northwest called to him. A master falconer, he moved to Boise to serve as a research biologist. There, he radio-tracked falcons and observed nests in the Snake River Canyon. He also took up hang gliding. “It didn’t go well,” See recalls. “I broke my arm, but after great medical care, I realized ‘I need to do something like this.’” Dream rekindled.

See earned a paramedic’s license and worked as an EMT in Idaho. He also served as a firefighter. Next, his passion for flying — he’s also a licensed fixed-wing and helicopter pilot — drew him to Missoula and four years as a critical-care flight paramedic. The teams served rural residents needing transport and flew rescue missions into the backcountry, providing the dual enjoyment of saving lives and seeing the magnificent countryside. “Still, I wasn’t satisfied,” See says. “I wanted to understand more about what was going on with patients.”

An advanced paramedic course fanned the spark into a flame and spurred him to complete pre-med requirements at the University of Montana in Missoula. Spending his first year in medical school at Montana State University in Bozeman, one of the UW School of Medicine’s partner WWAMI sites, was the “natural choice.” See says his 13-year EMT career eased his way through clinical rotations, and his experience led to service on the UW School of Medicine’s admissions and curriculum renewal committees. “Both were very rewarding — a real privilege,” See says.

After graduating this coming June, See will embark on a five-year general surgery residency. He is grateful that scholarship support lowered his debt load so he can eventually practice in Montana. Other goals include teaching in the Montana WWAMI program and becoming involved in trauma prevention efforts.

See notes that surgical rotations in Libby, Mont., reinforced his goal to become a general surgeon in a rural community. “I saw how much difference they make in people’s lives, and I love the close connection with a rural community,” he says.
ONE physician can save a life. One researcher can advance an entire field. One teacher can inspire thousands of students. And one contributor can make a world of difference to their work.

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writemed@uw.edu    supportuwmedicine.org

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For more details on your reunion weekend, please see page 5.