PIONEERING
A NEW FIELD OF
BRAIN SURGERY

ALSO IN THIS ISSUE

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The UW Medicine Stroke Center

From Cambodia to Seattle:
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About the cover.
Read more about our colorful cover — and the team that’s using a procedure called TONES to change brain surgery — on page 7.

Letters to the editor.
UW Medicine welcomes your letters. Please email medalum@uw.edu or send mail to:
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• Tools for medical providers: coping with addiction and chronic pain
• Building a better, robotic endoscope
• The plastic brain
• Wonderful generosity: a breakfast, a gala, a celebration (videos & slideshow)
• Robotics and stroke rehab
• Sending us your WWAMI stories
• And more at www.uwmedmagazine.org.
Henry A. Kuharic, M.D. ’54, Res. ’68, became interested in infectious diseases while a serviceman in Korea. Since then, he has worked with health-care personnel worldwide, trained Peace Corps volunteers and made medical visits abroad.

More recently, Kuharic created a scholarship to support students — especially those interested in infectious diseases and global health. His estate plan will support the scholarship, too. “Global medicine is a cause dear to my heart,” says Kuharic. “I’d like to see more and more students involved in this work.”

Learn more about creating your legacy by contacting Mary Susan Wilson at 206.221.6172 or visiting www.supportuwmedicine.org.
MESSAGE FROM THE DEAN

Dedication and passion for one’s work are characteristics with enormous impact. This issue of UW Medicine features the work of UW Medicine faculty and staff in neurology, neurosurgery and otolaryngology-head and neck surgery whose dedication makes a profound difference in the lives of patients.

Kris Moe, M.D. ‘89, Res. ‘91, ‘94, UW associate professor in the Department of Otolaryngology-Head and Neck Surgery and chief of the Division of Facial Plastic and Reconstructive Surgery, worked with several colleagues to develop TONES, or transorbital neuroendoscopic surgery. TONES enables a range of brain procedures through the eye socket, rather than through the nose or via open craniotomy. The technique reduces pain, recovery time, scarring and complications.

Faculty and staff at the UW Medicine Stroke Center at Harborview Medical Center diagnose, treat and research stroke. The onset of a stroke can be difficult to identify, and treatment delays can result in major impediments to improvement. The interprofessional team at the Stroke Center works seamlessly to ensure the best possible outcomes. Now, the Telestroke Service is making consultation by Stroke Center faculty available to clinicians throughout the WWAMI region.

Deep dedication to medicine can be seen everywhere at UW Medicine. Our faculty and staff are dedicated to teaching and mentoring, but the rising debt of medical students poses major challenges. High debt influences students’ career choices and may detract from learning. The total median debt for UW medical students, though lower than the national median, exceeds $149,000 when other educational debt is considered as well.

The UW Medicine Scholarship Celebration on Feb. 9, 2011, demonstrated the impact that scholarship gifts, made by you — our alumni, faculty and community members — have on medical students. These future physicians will treat patients with stroke, develop the next game-changing surgical techniques, and provide primary care for patients throughout the WWAMI region.

The Huckabay family — Susan Huckabay, her late husband, Durward “Huck” Huckabay, their children, John and Kathy, and Kathy’s husband, Rich — provides a stellar example of this kind of impact. They have contributed to scholarships for many years, supporting more than 300 students. At the celebration, I was delighted to announce that the Huckabays recently made a generous $1 million gift to support our students; we will use their contribution to match gifts to endowed scholarships.

Thank you for your work in improving health.

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
MESSAGE FROM THE PRESIDENT OF THE UW MEDICINE ALUMNI ASSOCIATION

What are you doing in early June? I hope you’re planning to come to the 11th Annual All-School Reunion Weekend, June 3–4, 2011. Whether you’re an alumnus or alumna, a faculty or staff member, a student, or a friend of the School, this weekend is for you — we have plenty of memorable and interesting things in store. This year’s theme, “to your health,” will help us all focus on the importance of taking care of ourselves — so we’re good role models, especially to patients. Learn more at www.uwmedalumni.org/all-school-reunion.

I’d also like to encourage our alumni to become more involved with the alumni association. There are so many ways, big and small, to help students and to represent the School of Medicine. Have ideas about the association’s role? Become a board member. Want to stay connected to your classmates? Be a class representative. Think it’d be fun to meet medical students? Sign up for one of many student-oriented programs; two of the most requested, SAID and HOST, are explained on page 16.

For a full list of opportunities, visit the “get involved” page on www.uwmedmagazine.org, or contact our alumni relations staff at 206.685.1875, toll free 1.866.633.2586 or medalum@uw.edu. I look forward to seeing you in June!

Regards,

Trish A. Raymer, M.D. ’89, Res. ’92 (family medicine)
PRESIDENT, UW MEDICINE ALUMNI ASSOCIATION
HONORS
Anthony L. Back, M.D., Res. ’87, UW professor of medicine in the Division of Medical Oncology and director of palliative care and the Program on Cancer Communication at the Seattle Cancer Care Alliance, received the American Cancer Society’s Pathfinder in Palliative Care Award. William J. Bremner, M.D. ’69, Res. ’72, Ph.D., chair of the Department of Medicine and the Robert G. Petersdorf Endowed Chair in Medicine, has been chosen by the Association of Professors of Medicine to receive the 2011 Robert H. Williams, M.D., Distinguished Chair of Medicine Award. William A. Catterall, Ph.D., chair of the Department of Pharmacology, has been awarded the 2010 Wachter Research Prize by the University of Innsbruck, Austria, for exceptional scientific achievements in all fields of medicine. Catterall was recognized for the discovery of sodium and calcium channel proteins and the definition of their receptor sites for drugs. Karen Horvath, M.D., UW professor of surgery and director of the general surgery residency program, was named the 2011 Distinguished Educator by the Association for Surgical Education. Three UW School of Medicine faculty and staff received the Accreditation Council on Graduate Medical Education’s (ACGME’s) highest awards in March 2011. Byron D. Joyner, M.D., UW professor and residency program director in the Department of Urology and associate dean for graduate medical education, and Karen J. Souter, M.D., UW associate professor, residency program director and vice chair for education in the Department of Anesthesiology & Pain Medicine, will receive the Parker J. Palmer Courage to Teach Award. Michelle Rickard, academic program manager in the Department of Pathology, will receive the Coordinator Excellence Award. In recognition of his commitment to patient welfare, patient autonomy and social justice, Harry R. Kimball, M.D., Res. ’64, Chief Res. ’68, former president of the American Board of Internal Medicine (ABIM) and senior advisor to the dean, received the Abraham Flexner Award for Distinguished Service to Medical Education from the Association of American Medical Colleges (AAMC). He shares the award with Dr. John Benson, the first president of the ABIM. Mary-Claire King, Ph.D., UW professor of medicine in the Division of Medical Genetics and the Department of Genome Sciences and the American Cancer Society Professor of Medicine and Genome Sciences, will serve as president of the American Society of Human Genetics in 2012. She’s the sixth UW Medicine faculty member to hold this position. Teresa L. Massagli, M.D., Res. ’88, UW professor in the Department of Rehabilitation Medicine, director of the physical medicine and rehabilitation residency program, and Rehabilitation Medicine Residency Director Endowed Professor, was elected chair of the American Board of Physical Medicine and Rehabilitation. Carlos A. Pellegrini, M.D., the chair of the Department of Surgery and Henry N. Harkins Endowed Chair in Surgery, has been elected chair of the Board of Regents of the American College of Surgeons. Lalita Ramakrishnan, MBBS, Ph.D., UW professor of microbiology and adjunct professor of immunology, a tuberculosis researcher, and Ram Samudrala, Ph.D., a UW associate professor of microbiology who studies the connections between proteins, DNA and metabolites, were among 17 scientists nationwide to receive the Director's Pioneer Awards from the National Institutes of Health. Muneesh Tewari, M.D., Ph.D., UW assistant professor of medicine in the Division of Medical Oncology and an assistant member of Fred Hutchinson Cancer Research Center, is among 85 people selected by President Obama to receive the Presidential Early Career Award for Scientists and Engineers.

RESEARCH
A number of genomic research projects conducted at UW Medicine were featured in Science’s “2010 Breakthroughs of the Year.” Among them were genetic discoveries brought about by parallel sequencing methods and the location of the gene responsible for a rare, single-gene Mendelian disorder. Analyses of data from nearly 50,000 people have uncovered several DNA sequence variations associated with the electrical impulses that make the heart beat. These findings were reported in Nature Genetics by Nona Sotoodehnia, M.D., Res. ’00, Fel. ’02, UW assistant professor of medicine in the Division of Cardiology, and her colleagues. UW Medicine’s prominence in comparative effectiveness research was recently recognized with $24 million in patient-centered research grants from the national Agency for Healthcare Research and Quality. The grants will support several areas, including cardiovascular risk factors among HIV-infected patients, a clinical scientist career development program and lower back pain interventions in the elderly. Such research is key to ensuring that health systems deliver the best care. The UW is one of 41 research institutions participating in ResearchMatch, a National Institutes of Health enterprise that helps match research studies and people who want to volunteer. Volunteers are crucial in testing hypotheses, theories and protocols that help advance medicine.
On Jan. 18, 2011, UW Medicine and Valley Medical Center (VMC) signed a non-binding Letter of Intent to explore a strategic alliance that would integrate VMC into UW Medicine and increase access to health-care services for South King County residents. The University of Washington, the University of Maryland and the University of Nairobi are working together to expand clinical training outside of Nairobi, Kenya, to 12 rural sites. They are using UW Medicine’s WWaMi program as their model. In mid-October, a patient at UW Medical Center became the world’s first recipient of a device designed to quell the disabling vertigo associated with Ménière’s disease. Jay T. Rubinstein, M.D. ’87, Ph.D. ’88, UW professor in the Department of Otolaryngology-Head and Neck Surgery, director of the Virginia Merrill Bloedel Hearing Research Center and Virginia Merrill Bloedel Chair in Clinical Hearing Research, and James O. Phillips, M.D., Res. ’92, Ph.D. ’93, UW professor in the Department of Otolaryngology-Head and Neck Surgery and director of the Dizziness and Balance Center, developed the device. Harborview Medical Center’s satellite clinics for HIV/AIDS patients, located in Bremerton and Everett, received the 2010 Warren Featherstone Reid Award for Excellence in Health Care from the State of Washington. Read about ROAM, the Rural Opiate Addiction Management Collaborative, at www.uwmedmagazine.org. A collaboration between Washington State University and the University of Washington, the program recently trained rural providers on the use of buprenorphine, a drug useful in treating opioid addiction, in Spokane, Wash.
On Kris Moe’s bookshelves, pink plastic skulls exhibiting various pathologies sit side by side with antique medical texts — both testament to the surgeon’s passion for treating brain diseases and traumatic injuries.

Moe, M.D. ’89, Res. ’91, ’94, is a UW associate professor in the Department of Otolaryngology-Head and Neck Surgery and chief of the Division of Facial Plastic and Reconstructive Surgery. His desire to reduce the pain, scarring and recovery time associated with traditional open-brain surgery or transnasal surgery led him to develop a game-changing new surgical procedure. The procedure, called TONES, is performed in only two places in the United States: UW Medicine and University of California at San Diego.

“Scarless” brain surgery

TONES — transorbital neuroendoscopic surgery — enables a range of brain procedures through the eye socket, rather than through the nose or via a traditional, open craniotomy, where a section of the skull is temporarily removed to access the brain.

Using TONES, surgeons access the brain by making a small incision next to the eye or through the eyelid. While a surgical assistant holds the passage open with a retractor and suction, the surgeon enters with an endoscope — a long tube containing a light and a camera — and an ultrasonic bone aspirator to cut out a small section of the thin bone around the eyelid. With this approach, the brain does not need to be...
In his office, Kris Moe illustrates how a TONES procedure approaches the brain through the eye socket.

In doing pituitary surgeries together, we began to wonder, ‘What stands in the way of us getting to that spot in the brain?’

Approaching the skull base or the front of the brain from above means performing a full craniotomy, resulting in a large, ear-to-ear scar. And when approaching that area from below via transnasal surgery, the size of the nostrils limits the number of instruments that can be used at one time, as well as the number of hands that can work at once.

In addition, says Manuel Ferreira, M.D., Ph.D., Fel. ’10, UW assistant professor in the Department of Neurological Surgery and co-director of Skull-base and Minimally Invasive Neurosurgery at Harborview, “the big downfall with transnasal approaches is the morbidity associated with cerebrospinal fluid leaking.”

“When you leak this fluid into a non-sterile environment, the risk of meningitis is high,” Ferreira says. While the natural barrier between the brain and the pituitary lowers this risk in transnasal pituitary tumor surgery, treating pathologies such as skull-base tumors and trauma-induced CSF leaks with transnasal surgery is more risky. (Visit www.uwmedmagazine.org for more on UW Medicine’s expertise in pituitary tumor surgery.)

“Going through the eye, you’re going from a sterile space to a sterile space,” Ferreira explains. “You get the benefit of greater access, and the lobes of the brain hold pressure on your new construct, which helps prevent the spinal fluid leaking.”

TONES is so minimally disruptive that “patients often ask to go home the next morning.” —Kris Moe

“These concepts started coming to me,” Moe explains. “I had two interests — facial plastic surgery and skull-base surgery — transorbital surgery is where these intersect.”

Upon his return to UW Medicine in 2006, Moe began pursuing the idea with colleagues.

Teamwork was key to developing TONES. “The UW offers a really great collaborative working environment,” says Chris M. Bergeron, M.D., Fel. ’08, assistant professor of surgery in the Division of Head and Neck Surgery at UC San Diego Health System. Bergeron trained with Moe at UW Medicine and helped develop TONES.

A tale of two specialties

Moe earned an M.D. and completed residencies in surgery and otolaryngology at UW Medicine.

During fellowships at the universities of Bern and Zurich in Switzerland, he developed skills in skull-base surgery and facial plastic surgery that, in the United States, would have been outside the realm of his specialty training.

Later, when Moe was performing transnasal pituitary tumor surgery and orbit-repair surgeries at the UC San Diego School of Medicine, the seeds of a new idea were sown.

In his office, TONES generally leaves no visible scar, even in patients who have sustained extensive injuries. Often stitches are unnecessary.

In fact, TONES is so minimally disruptive that, even after major surgery, “patients often ask to go home the next morning,” Moe says. “Sometimes they’re only taking one pain pill.” Best of all, he adds, after some 150 endoscopic orbital and transorbital surgeries, “we have not had any serious complications from this procedure.”

During fellowships at the universities of Bern and Zurich in Switzerland, he developed skills in skull-base surgery and facial plastic surgery that, in the United States, would have been outside the realm of his specialty training.

The process reduces pain and decreases recovery time. Because the incisions are hidden in the folds around the eye, TONES generally leaves no visible scar, even in patients who have sustained extensive injuries. Often stitches are unnecessary.

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After developing the technique on cadavers, Moe and Bergeron began using TONES on patients with post-traumatic injuries, and then on patients with other pathologies. “The results are phenomenal,” says Ferreira.

Minimally disruptive surgery

“Every operation causes some degree of trauma to the body,” says Carlos A. Pellegrini, M.D., UW professor, chair of the Department of Surgery and Henry N. Harkins Endowed Chair in Surgery. With its small entry sites and use of miniaturized cameras, TONES keeps entry trauma to a minimum.

“We’re trying to go from open surgery to minimally invasive surgery to minimally disruptive surgery,” Moe explains. “We want to get in, do what we need to do to effect a cure, and then leave no tracks.” Key to achieving this result is the use of endoscopes, which provide increased lighting and magnification. Endoscopes dramatically improve vision compared to the naked eye and enable surgeons to see around obstructions and visualize areas of the brain that would not otherwise be visible.

“It occurred to me in repairing orbit fractures that endoscopes would be useful for TONES,” says Moe. “They are excellent for surgery and for teaching,” he says, because they allow team members and residents to observe endoscopic images on multiple monitors. In the future, flexible robotic endoscopes will further increase the effectiveness of TONES. (Visit www.uwmedmagazine.org to learn more.)

Before and after: saving lives, speeding recovery

“I don’t think I would be the same man I am today if I hadn’t gone to see Dr. Moe,” says William (Bill) Arnold, a resident of Peter’s Creek, Alaska.

Arnold had a chronic runny nose, but it wasn’t caused by a cold. It was a CSF leak. Nervous about the idea of a traditional craniotomy proposed by surgeons in Anchorage — “I didn’t want a shunt inside my head,” he explains — Arnold was ultimately referred to Moe in Seattle.

Moe diagnosed the cause of the CSF leak immediately: an encephalocele, or brain hernia (a protrusion of the brain through an opening in the skull). He performed a TONES procedure to remove the hernia and seal the opening.

“I don’t think I would be the same man I am today if I hadn’t gone to see Dr. Moe.”

—Bill Arnold

“If you’d seen me when Dr. Moe dismissed me from the hospital, you would never know that I’d had a brain operation,” Arnold says. “I was back to work within six weeks, with no memory loss. I credit my life to this man.”

The short recovery time associated with the procedure allows other treatments to proceed with little delay. Ferreira cites the case of a patient who’d had a very large cranio-facial resection a decade ago to treat an olfactory neuroblastoma (a cancerous tumor that develops from nerve tissue). When the tumor recurred, Ferreira and Moe performed TONES, rather than a traditional craniotomy.

“When performing TONES procedures, physicians watch a monitor to assess the progress of the endoscopes — instruments central to minimally invasive surgery.
Dodging tomatoes and pushing envelopes

TONES is an adaptation of minimally invasive techniques already in use at UW Medicine, says Richard G. Ellenbogen, M.D., UW professor and chair of the Department of Neurological Surgery and the Theodore S. Roberts Endowed Chair in Pediatric Neurosurgery. “That was the beauty of it,” he says. “It wasn’t a new skill set, just a new application.”

Together, Ellenbogen, Moe and Bergeron published the first article about TONES in the September 2010 issue of Neurosurgery.

“We’re preparing to dodge tomatoes from the establishment,” says Bergeron. “That’s how medicine works — there’s a healthy degree of skepticism about anything that’s new.” In fact, because TONES represents a paradigm shift in neurosurgery, the review process for the article included extra scrutiny.

While the Neurosurgery paper has prompted some of the larger hospitals in the country to explore the technique, currently TONES is being performed in the U.S. only at UW Medicine and at UC San Diego, where Bergeron teaches the technique to residents and is developing a program with neurosurgery. A former fellow of Moe’s, Holger G. Gassner, M.D., is also performing TONES at the University of Regensburg, Germany.

“As everything in surgery is going toward this minimally invasive route, the next generation of physicians has to be versed in these techniques,” says Anthony M. Avellino, M.D., Res. ’00, FACS, MBA, UW professor in the Department of Neurological Surgery and director of the UW Medicine Neurosciences Institute. At UW Medicine, he says, otolaryngology and neurosurgery residents and fellows rotating through Harborview are involved in TONES and other minimally invasive surgeries performed by Moe and Ferreira.

Moe, Ellenbogen, Bergeron and Ferreira have all given presentations about TONES at hospitals, meetings and conferences — locally, around the country and internationally. And a new skull-base surgery lab in the University of Washington’s Institute for Simulation and Interprofessional Studies (ISIS) will allow neurosurgeons and otolaryngologists from other hospitals to learn the technique this year.

“The real leaders in the field and young people are very excited about TONES,” says Moe. A leading endoscopic surgeon, he says, calls TONES “an entire new field of surgery.”

And, Bergeron adds, “we continue to push the envelope.”
Police officer Phil Farr remembers the instructor, the track, the obstacles — all part of the high-speed driving course his unit took on a regular basis. But something was different in 2003. He left the track with a splitting headache.

Farr, a member of the Island County Sheriff’s Department in Oak Harbor, Wash., didn’t know that the strain of driving had torn his left carotid artery. Clots formed, and much of the blood flow to his brain simply stopped.

Farr — then 47 years old — was having a stroke.
When time is brain

Farr experienced the most common type of stroke — ischemic — which occurs when an artery is blocked by a clot. Another type, hemorrhagic stroke, occurs when blood vessels in the brain break. In both cases, brain cells deprived of oxygen and glucose die, and rapid treatment means better outcomes. In other words, time is brain.

Still, many things about stroke care remain uncertain. David Tirschwell, M.D., M.Sc., Res. ’93, UW associate professor of neurology and co-director of the UW Medicine Stroke Center at Harborview Medical Center, says stroke patients present with many different symptoms, including bad headaches, sudden weakness on one side of the body, or sudden language or vision problems. (Visit www.uwmedmagazine.org to learn more about stroke symptoms.) “The challenges are that every patient is different and there are only a few therapies proven to be effective,” he says.

One such evidence-based therapy is tissue plasminogen activator or tPA, a clot-busting blood-thinner that can be administered intravenously within 4½ hours of an ischemic stroke. But there are limits to its effectiveness. “If you treat too late [with tPA], you’ll have more bleeding than benefit, and that’s why there’s a limited treatment window,” says Tirschwell.

These and other high-tech therapies — as well as an expert team in stroke care based primarily at Harborview — can be found at UW Medicine.

The Stroke Center and Telestroke: better care for the region

The UW Medicine Stroke Center at Harborview is unique to the Pacific Northwest; it includes six board-certified vascular neurologists, neuroradiologists, interventional neuroradiologists, neurosurgeons and rehabilitation specialists.

These individuals treat patients from the four-state WAMI region of Washington, Alaska, Montana and Idaho — in fact, they care for more than 700 patients hospitalized for stroke every year. Harborview has been recognized for this high level of care with certification as a Primary Stroke Center by The Joint Commission, stroke honor roll recognition by the American Heart Association/American Stroke Association and pending state certification as a level 1 stroke center.

Sharing this kind of medical expertise is part of UW Medicine’s mission and the purpose of the Telestroke Program, which began roughly a decade ago. “The stroke phone has been part of the UW Medicine neurology system since around 2001…initially, it was just for residents in our system to call when they had questions,” says Sandeep P. Khot, M.D., MPH, Res. ’06, Fel. ’07, a stroke specialist and director of Harborview’s Neurology Consult Service. Now doctors from the WWAMI region use the phone, too; it’s staffed, 24/7, by Khot and other vascular neurologists.

Telestroke faculty dispense advice, review images and help doctors decide if their patients should be transferred to Harborview for care. It’s a vital service for smaller hospitals in the WWAMI region that don’t have stroke experts, says Vicki Johnson, DNP, MHS Ed., ARNP, manager of the Stroke Center. Johnson helps educate staff at other institutions.

“We want to help our partners be better stroke providers,” she says.

When every minute counts

For far-flung and local patients alike, stroke care often starts en route to Harborview — with emergency services like Medic One and Airlift Northwest. Harborview’s ER is also on the alert for potential stroke patients.

“We have some of the most advanced equipment in the U.S., in the world, even, because we’ve had a collaborative effort with [Philips] over the years,” says Raj Ghodke. This partnership — Harborview is one of Philips’ national “show sites” — provides great benefits, like minimally invasive surgery for stroke patients. Pictured above: the angiography suite.
checklist, looking for red flags for stroke as it does for cardiac problems,” says Johnson.

Next comes a CT or MRI scan, which can help determine if the patient had a stroke. Then the team weighs the patient’s options, based on the type, size, severity and timing of the stroke. “You want fast, accurate evaluation and immediate access to treatment,” says Bruce R. Ransom, M.D., Ph.D., UW professor and chair of the Department of Neurology, and the Warren and Jermaine Magnuson Endowed Chair in Medicine for Neurosciences. “Access to this high level of care can be life-saving.”

“We want to help our partners be better stroke providers.” — Vicki Johnson

Some patients with hemorrhagic stroke are eligible for neurosurgery; others with ischemic stroke can receive intravenous (IV) tPA. “We can administer IV tPA to somebody within 30 minutes of presentation when all goes well,” says Kyra J. Becker, M.D., UW professor of neurology and neurological surgery and co-director of the Stroke Center.

Other ischemic stroke patients are candidates for angiographic interventions. These image-guided therapies are delivered by experts like Bavaraj (Raj) Ghodke, M.D., Fel. ’03, UW associate professor of radiology and neurological surgery, director of neuro-interventional radiology, and co-director of the UW Brain Aneurysm Center, and Danial K. Hallam, M.D., M.Sc., UW associate professor of radiology and neurological surgery.

Most patients arrive after the 4½-hour window required for intravenous tPA has closed, explains Ghodke. In those cases, interventional neuroradiologists may use sophisticated scanning and catheter-based techniques to deliver tPA directly to a clot. Or they may perform a mechanical thrombectomy, another catheter-based therapy in which doctors remove clots either by inserting a corkscrew-type coil through the neck to snag the obstruction, or by using a tiny vacuum.

“We’re fortunate to have the best diagnostic neuroradiology and therapeutic neurointerventional team in the country,” says Norman J. Beauchamp, M.D., MHS, UW professor and chair of the Department of Radiology. Their expertise, he says, pays dividends — such as the relationship they’ve developed with medical technology companies. Take Penumbra, Inc., for example, the company that developed the vacuum-based system.

“We’re the first center in the Seattle area to use Penumbra,” says Hallam, noting that he and his colleagues have helped the company develop better catheters. UW Medicine also partnered with Philips Healthcare to develop Harborview’s high-tech angiography suite. In other medical centers, patients would need a separate scan to measure perfusion — an indication of blood flow and blockage in the brain — at a time when every minute counts.

With Harborview’s one-stop angiography suite, no time is wasted, says Ghodke. “We can monitor our progress by doing these perfusion angiograms during the procedure itself,” he says.

After the stroke

For many patients, rehabilitation — physical, occupational and/or speech therapy — often follows acute care. “Rehabilitation is all about maximizing function and getting back to your previous activities,” says Peter C. Esselman, M.D. ’86, Res. ’87, ’90, UW professor and chair of the Department of Rehabilitation Medicine.

This was certainly the case for Phil Farr, who couldn’t speak after his stroke. After therapy at Harborview helped restore normal speech, he returned to work.

Approximately 120 stroke patients are admitted to Harborview’s inpatient rehabilitation unit every year; others, like Farr, use the hospital’s outpatient rehabilitation services. UW Medical Center also provides stroke rehabilitation — often for cases connected to complications from other conditions, like cardiac problems or cancer.
In addition to improving speech and cognition, the rehab team works to improve a patient’s basic mobility: often, stroke leaves a patient with weakness on one side of the body, which makes it difficult to walk. The progression, from parallel bars, to walker, to cane, for instance, “takes time and a lot of work,” says Esselman.

There’s another piece to stroke care, too, says Johnson: education. She and her colleagues teach patients about risks posed by hypertension, diabetes and cholesterol. “A big part of the work-up is digging deep to figure out why they had their stroke,” she says. “If we can identify the cause, we can come up with a better long-term plan to prevent future strokes.”

From robots to the immune system
Still, problems may persist. Five years after his stroke, Farr’s headaches returned, and he passed out during a visit to Becker’s clinic. “That bought me a 10-day stay in Harborview,” he says.

While Farr had not had a second stroke, his right carotid artery (like the left one a few years earlier) had torn. His case is a textbook example of the importance of research in advancing patient care. This time, Ghodke inserted a stent — a therapy that simply hadn’t existed five years earlier — in Farr’s carotid. The stent promotes blood flow in an effort to prevent strokes, and it eliminated Farr’s debilitating headaches.

Many research questions remain, however, because existing therapies don’t work for everyone. Becker and her colleagues are searching for answers — collecting data on how best to prevent secondary strokes, for instance, and on how the immune system responds to stroke. “There’s a possibility that the immune system actually can contribute to brain injury following stroke,” she says.

Other studies at UW Medicine — involving robots, video games and re-training the brain — focus on rehabilitation for stroke patients. (Visit www.uwmedmagazine.org to learn more about these researchers’ progress.)

Keeping up with quality of life
Anthony M. Avellino, M.D., Res. ’00, FACS, MBA, UW professor in the Department of Neurological Surgery and director of the multidisciplinary UW Medicine Neurosciences Institute, recently evaluated the institute’s programs, placing them into tiers of importance. Given our aging population, he and his colleagues put stroke management in the top tier.

“If we don’t focus on heart disease, joints, stroke, and aging and neurodegenerative disorders, we’re going to be way, way behind,” says Avellino. The medical marketplace proves the point. “The demand for stroke specialists has really gone up,” says Tirschwell, who directs the stroke fellowship at UW Medicine.

Stroke education, research, care: it’s all done to save and improve lives. And watching patients’ progress is rewarding for providers, who see patients in clinic three, four, 12 months after their stroke. Some show so much improvement, says Johnson, “you wouldn’t even believe it’s the same person.”

“The demand for stroke specialists has really gone up.” —David Tirschwell

Phil Farr can attest to that. In 2008, he was on a morphine drip for intense pain. In 2010, he and his Jack Russell terrier headed out on a motorcycle trip to visit a friend in Missouri. (Visit www.uwmedmagazine.org for the slideshow.)

This is life after stroke, Farr says. “I try to take more opportunities to find things to enjoy.”

Extra content at www.uwmedmagazine.org »

Stroke: warning signs and prevention
The plastic brain
A man, a dog, a motorcycle: life after stroke
Robotics and rehab
Fact sheets: the Stroke Center and Telestroke
It doesn’t matter if you’re in the OR or following up on a patient after surgery, says Linda Lai, PA-C (Seattle Class 28). “An effective physician assistant acts as a surgeon’s right hand.”

Lai works at Swedish Neuroscience Institute with John Hsiang, M.D., Ph.D., a neurosurgeon who specializes in spine care and minimally invasive techniques. Hsiang, Lai and others share the patient load — Lai’s presence and the presence of other trusted staff allow the surgeon to take on the more complex cases. It’s a partnership that he deeply appreciates. “I’ve worked with a number of PAs, and Linda has an extraordinary work ethic. She is reliable, responsible and willing to learn.” And, Dr. Hsiang adds, “The patients like her a lot.”

Lai has an aptitude for medicine — in part, perhaps, because of her family’s history. Her father was a physician in Cambodia; later, after emigrating to the U.S., he worked as a lab technician and PA. Lai was 11 when the family moved to Indiana, and she shadowed her dad when he saw patients. The opportunity gave her a window on the world of medicine and whetted her appetite for medical practice.

Later, Lai’s family moved to the West Coast. When Lai decided to become a physician assistant, MEDEX Northwest was the natural choice. The Seattle program allowed her to stay close to her family, and gave her exactly what she says she needed: a solid base of knowledge on which to develop her career path.

That career path led first to a position in a family medicine practice, where Lai enjoyed a fairly autonomous role. Four years ago, she shifted her attention from interventional radiology to spinal surgery. She enjoys the change. “It’s different than being in a clinic,” Lai says. “You get to see the full range of what’s involved, from consultation through surgery and post-operative care.”

At first, Lai found the work technically challenging because of the equipment, which includes a retractor and a tubing dilation system that helps direct placement of screws in lumbar surgery. Although she has mastered the job’s technical components, her work continues to inspire her; she’s seen progress in techniques and equipment that result in patient benefits, including reduction in tissue trauma and blood loss in spinal surgery. “The surgery is not necessarily a cure,” Lai says, “but seeing a patient return to an improved level of function is very rewarding.”

Lai works in a fast-growing practice and recently took on another role: that of supervisor. Juggling medical and administrative responsibilities is a new challenge, but she’s looking forward to enhancing her team’s workflow and communication — and to continuing to mentor other PAs. “She leads by example,” says Loverne Greg Jimenez, PA-C, (Seattle Class 40), who has worked with Lai for two years. “Linda has been instrumental in my development as a PA in neurosurgery. Working with her has been a pleasure.”

Happy in a job she loves, Lai has another career goal. After her children are grown, she wants to do missionary work in Asia. When she does, she’ll come full circle, completing a family story started in Cambodia many years ago.
At Family Day, first-year students and their families joined faculty and academic leaders to learn what to expect during medical school.

"I want more students!" says Angela Chien, M.D. ’95.

Chien, who invited students to her house to chat about specialties, said the evening was great fun. And fun, information and food form the foundation of the Student-Alumni Informational Dinners program (SAID), a program that takes place primarily at the homes of Puget Sound-area alumni.

In SAID, alumni offer students dinner. In HOST (Help Our Students Travel), alumni all over the country offer students a place to stay for a few days while they do residency interviews. Medical school is expensive, and requests for this program have grown enormously over the last year.

Would you like to meet some students? To extend a helping hand? Contact us at medalum@uw.edu, 206.685.1875 or toll free 1.866.633.2586 for more information. You’ll provide some inspiration. You’ll likely find some inspiration, too.

“[The students who came were delightful],” says Steven Anderson, M.D. ’80, Res. ’84. “It gives me hope for the future of medicine.”
PH.D. WELCOME RECEPTION  October 28, 2010

Our annual Ph.D. Reception was co-sponsored by the UW Medicine Alumni Association and the Department of Research and Graduate Education.

John P. Slattery, Ph.D., vice dean for research and graduate education, meets (left to right) bioengineering students Renuka Ramanathan and Tyler Hartley, and Mike Zhang, a student in the M.D.-Ph.D. program. Ted Chen, also a bioengineering student, is pictured at far left.

50-YEAR ASSOCIATION LUNCH  November 20, 2010

Alumni from the classes of 1950 through 1960 gathered for the annual 50-Year Association Lunch at the Seattle Yacht Club. The event honors those who have celebrated their 50th class reunion. Alumni enjoyed hearing from third-year medical student Jessica Garrity, who received the UW Medicine Class of 1953 Endowed Scholarship.

Dick Patton, M.D. ’54, enjoys a lunchtime chat with Jackie Minor and Hugh Minor, M.D. ’54.

Bob Fithian, M.D. ’55, and his wife, Barbara, are greeted by Sue Tarica, wife of Sam Tarica, M.D. ’52.
The year's biggest celebration for alumni, faculty, staff, students and friends of the School of Medicine is almost here! Register today for the 11th Annual UW School of Medicine All-School Reunion Weekend.

The weekend's theme is “to your health,” a call to our graduates to take care of themselves as well as their patients. We're presenting great seminars on work-life balance, the brain, and healthy cooking, among other offerings — and time with your classmates. We're also holding gatherings for the 50-Year Alumni Association and the classes of 1951, 1956, 1961, 1966, 1971, 1976, 1981, 1986, 1991, 1996, 2001 and 2006, at which you will be seated with your classmates. We'll also recognize this year's esteemed alumni award recipients: Lawrence K. Altman, M.D., Res. '68, Fel. '69, Anna H. Chavelle, M.D. ‘57, Marshall S. Horwitz, Ph.D. ‘88, M.D. ’90, and Frank W. Ogden, M.D. ’61.

For more information or to register, please visit our website at www.uwmedalumni.org/all-school-reunion, or contact UW Medicine Alumni Relations at 206.685.1875, toll free 866.633.2586 or medalum@uw.edu. We look forward to seeing you!

WWAMI TURNS 40: Celebrate and Share Your Stories!

Did you deliver a baby in a remote Alaskan clinic? Teach students in Montana? Research a medical topic in Wyoming? Complete a residency rotation in an Idaho community health clinic? Advocate for rural health care in Spokane? Graduate, student, resident, faculty, preceptor, advocate, community member — whatever your connection with WWAMI, we want to hear about it! Because WWAMI is turning 40 this year.

The WWAMI program is a unique five-state partnership, based at the UW School of Medicine, that provides medical education, service, and learning experiences throughout Washington, Wyoming, Alaska, Montana and Idaho.

Celebrate with us. Share your story at www.uwmedmagazine.org, and we’ll share it in future issues of the magazine. And thank you!
The ClassNotes below were received through January 2011; any received afterward will appear in the next issue.

New job, award, move or family addition? Send us a quick note; simply go to www.uwmedmagazine.org, click on the “ClassNotes” button, and let us know how and what you’re doing. And take a minute to improve our residency records — use the “ClassNotes” function to confirm your specialty, location and year.

Prefer mail to the web? We’d love to hear from you: UW Medicine Alumni Relations, Box 358045, Seattle, WA 98195-8045.

1951

The Class of 1951 celebrates its 60th reunion at the 11th Annual All-School Reunion Weekend, June 3–4, 2011. Please mark your calendar. If you’d like to join the reunion committee — listed below in italics — please contact UW Medicine Alumni Relations at meda-lum@uw.edu.

Frederick G. Hazeltine, M.D., Margaret H. Hazeltine, Barbara G. Sauntry, Anne H. Sola, Carol H. Simons, Doris H. Wilson, M.D.

John Gahringer, M.D., writes, “I retired in 1991 after 39 years in family practice enjoying small-town and rural practices in Wenatchee, Waterville, Odessa and East Wenatchee. For several years after that I worked in photography, specializing in black and white, doing darkroom work. When the digital revolution came along, the darkrooms all but disappeared, so I switched. I still do some work. About seven years ago, when I grew tired of 22 years of being single, I remarried and moved back to Odessa, where I felt comfortable. Naturally, I dropped my license as it would be too costly to maintain without a full practice. I have four children who are doing well and have brought forth 11 great-grandchildren. One of my grandchildren just entered medical school this fall (UW, of course.) I will make a special effort to get to my 60th class reunion this June!”

1954

Thomas Brooks, M.D., writes, “Normally we go south this time of year, but we are enjoying winter in the Northwest. Retirement is fun, but I miss the patients.”

Robert Kraft, M.D., writes, “I just passed my twentieth year in retirement. I’m part of the minority that left the state, and I now live near San Francisco. I came from Puyallup to San Francisco to complete my training in pathology at the University of California. When I received my boards, I could not find work in western Washington, but had several offers here in California. It has been a perfect place to practice. I travel to Europe twice a year to follow my daughter, Angela Kraft Cross, M.D., an ophthalmologist and a world-class pipe organist. I had the chance to see Henry Kuharic, M.D., of the Class of 1954 on a recent trip to Seattle. He still looked beautiful to me after 56 years. I look forward to our 60th reunion in 2014. I hope we can all make it. Greetings to all of my classmates.”

1956

The Class of 1956 celebrates its 55th reunion at the 11th Annual All-School Reunion Weekend, June 3–4, 2011. Please mark your calendar. If you’d like to join the reunion committee — listed below in italics — please contact UW Medicine Alumni Relations at meda-lum@uw.edu.

Robert E. Carney, M.D., Niles D. Chapman, M.D., Douglas O. Corpron, M.D., Lloyd P. Johnson, M.D., John W. Kendall, Jr., M.D., Vernon O. Larson, M.D., Elizabeth Roberg Yingling, M.D.

1958

Lawrence Knight, M.D., and his wife, Kaye, continue to enjoy good health and travel. Knight recently retired after 20 years as chair of the Idaho Medical Association’s scholarship trust, which has made numerous awards to UW stu-
dents. He is on the verge of total retirement from the UWVA satellite program in Boise. The Knights are looking forward to the wedding of their oldest granddaughter (they have 12 grandchildren) and anticipate the 55th reunion in 2013.

1959

Leland Burnett, M.D., Res. ’63 (radiology), received the first gold medal awarded by the Washington State Radiologic Society (WSRC). Presented at the annual meeting of the society in Nov. 2010, the medal recognizes extensive service to the society and accomplishment in practice and education over the course of a career. Burnett, a department chief at Virginia Mason Hospital & Medical Center for 18 years, held many offices in the WSRC; he also was an elected councilor to the American College of Radiologists (ACR) for many years, including a dozen years of service on the ACR’s steering committee.

Burnett (center) is pictured with Dr. Bill Warren (left) and Dr. Phil Lund (right), two of his residents at Virginia Mason.

Sheldon Sidell, M.D., writes, “Shirley and I are doing quite well. We both have passed all of our tests with flying colors, going on two years. Shirley gave a talk at the Seattle Flower Show in February on her specialty, Flowers Mentioned in the Bible and Biblical Gardens, and will have another photography show at the UW Urban Horticultural Library in August. I will be busy interviewing Garfield High School students for college scholarships in April. We give out more than $60,000. It takes a couple of weeks to read their applications, and we interview up to 100 students. We are staying at home this year and will spend more time enjoying the sea from our Whidbey Island home. Hope to see everyone in June at the reunion weekend.”
1961

The Class of 1961 celebrates its 50th reunion at the 11th Annual All-School Reunion Weekend, June 3–4, 2011. Please mark your calendar. If you’d like to join the reunion committee — listed below in italics — please contact UW Medicine Alumni Relations at meda-lum@uw.edu.

Edward E. Almquist, M.D., William M. Champion, M.D., Joseph Conrad Clifford, M.D., Rick L. Johnson, M.D., Sigvard T. Hansen, Jr., M.D., Ralph F. Kamm, M.D., Robert McAlister, M.D.

1962

Harold (Chuck) George, M.D., writes that he is enjoying a very laid-back retirement and hopes to get to Seattle for the 60th reunion.

Robert Stern, M.D., retired in December 2007 and went to Palestine, teaching pathology single-handedly at the Palestine School of Medicine at Al-Quds University in East Jerusalem. He is now teaching pathology at the Touro College of Osteopathic Medicine in New York City to second-year medical students — he’s also started a new research laboratory. Stern’s laboratory discovered the hyaluronidase gene family in the human genome.

1964

Larry Hull, M.D., Res. ‘73 (orthopaedics), received the Humanitarian of the Year Award at the 2010 meeting of the American Academy of Orthopaedic Surgeons in New Orleans, La.

1966

The Class of 1966 celebrates its 45th reunion at the 11th Annual All-School Reunion Weekend, June 3–4, 2011. Please mark your calendar. If you’d like to join the reunion committee — listed below in italics — please contact UW Medicine Alumni Relations at meda-lum@uw.edu.

Howard T. “Ted” Almquist, M.D., Marc T. Erickson, M.D., Howard Chris Halvorson, M.D., Edward D. Joneschild, M.D., Donald H. Mott, M.D., Charles A. Rohrmann, Jr., M.D., Richard W. Seaman, M.D.

1967

Robert Jeffers, M.D., writes, “Mary and I are living in downtown Edmonds; we’ve been retired since 2005. Our ninth grandchild just turned 1. We volunteer for a local multiple sclerosis project that refurbishes durable medical equipment for the needy and disabled as well as at the local food bank. Professionally, I review the OB malpractice claims for our physician-owned state liability carrier. Still jogging and playing more golf (but not any better).”

1968

Michael Theobald, M.D., writes, “I’m retired from general surgery, but work one day a week in an outpatient wound clinic. I also volunteer in the spring at the UW, assisting in the teaching of physical diagnosis to first-year medical students (fun!). Otherwise, I’m physically active, i.e., running, swimming, etc., and busy around the house (in the kitchen, garden, shop and garage), and with family at home and at gatherings and events. We all are privileged to be healthy and thriving.”

1969

Robert Arnold Johnson, M.D., writes, “After a career in cardiology (retired 2001), and a three-year stint as a novelist, I’ve re-trained in psychiatry and am enthused and happy about this new vocation. My practice utilizes my home as an office; the short commute to work is addicting. And possibly I’m not finished as a novelist. I remarried in 1989 to Susan Pickett, a violinist and professor of music at Whitman College. We are most happy together, and the friendship and support of three daughters from my first marriage, and the three (soon to be four) grandchildren they have given us, are terrific blessings to us both.”

Tomas Lagrelius, M.D., writes, “Hi, old friends. I’m still working, with no plans to retire. Pretty healthy, too, all things considered. No. 1 kid, Piper, is grown and married to an incredible guy and living in San Francisco, and they gave us a beautiful granddaughter named Ellen 14 months ago. Two younger kids, Mike and Kim, are still in college, one a senior, one a freshman. Patti and I live in Redondo Beach, Calif., and I practice in Torrance at www.skyparkpfc.com. My cell phone is 310.717.7127, and I’d love to hear from any of you anytime. The Class of 1969 was one of the greatest groups of guys and gals I ever had the honor of associating with. I hope and trust you are all doing well.”

Elizabeth Phillips (Kaufmann), M.D., writes, “I am still in a single-specialty private group practice, doing hem-oncology with a subspecialty in breast cancer. In New York, at least, it is becoming almost impossible to support a private practice, no matter how hard one works. I’m wondering if others are finding it the same elsewhere? Love of my patients and of the rapidly evolving field keeps me going.”

Chuck Pilcher, M.D., was elected to the governing board of King County Public Hospital District No. 2 (Evergreen Hospital, Kirkland, Wash.) in November 2009. Pilcher began his emergency practice in 1973 and retired in April 2010. He is finding being on the board a new challenge and an exciting way to continue to serve the community.

1970

John Boyce, M.D., continues to serve as chief of the infectious diseases section and hospital epidemiologist at the Hospital of Saint Raphael in New Haven, Conn., and as clinical professor of medicine at Yale University School of Medicine. He has served as a temporary consultant to the World Health Organization Global Patient Safety Challenge since 2004. His professional interests include hand hygiene in health-care settings and hospital environmental cleaning and decontamination.
1971

The Class of 1971 celebrates its 40th reunion at the 11th Annual All-School Reunion Weekend, June 3–4, 2011. Please mark your calendar. If you’d like to join the reunion committee — listed below in italics — please contact UW Medicine Alumni Relations at meda-lum@uw.edu.

Stephen B. Anderson, M.D., James K. Avery, M.D., Michael D. Evans, M.D., Clyde H. Koontz, M.D., Bruce McDonald, M.D., Brian J. McMahon, M.D., Warren H. Toews, M.D.

1973

Christopher K. Varley, M.D., Res. ’78 (child psychiatry), presents on attention deficit hyperactivity disorder (ADHD) at the downtown Seattle Public Library on April 6, 2011. He is one of several faculty participating in the Medical Lecture Series, a joint project of UW Medicine and the library.

1974

James Felicetta, M.D., continues as chief of medicine at the Carl T. Hayden VA Medical Center in Phoenix, Ariz., a position he has held since 1987. He is now the second-longest-serving chief of medicine in the entire VA system. He is also professor of clinical medicine at the University of Arizona College of Medicine. He and his wife, Susan, and their five adopted children also enjoy their vacation home in Oxnard, Calif. — halfway between Malibu and Santa Barbara.

1975

David Bare, M.D., is currently serving as the medical director for a community health center in Spokane, Wash., with six clinics and 40 medical providers. He recently became regional dean for the College of Osteopathic Medicine in Yakima, Wash., (Pacific Northwest University), and, as part of a grant, is investigating how information technology can benefit chronic care with Inland Northwest Health Services.

Paul Williams, M.D., was awarded the Jerome Glaser Distinguished Service Award by the Section on Allergy and Immunology of the American Academy of Pediatrics in 2010.

1976

The Class of 1976 celebrates its 35th reunion at the 11th Annual All-School Reunion Weekend, June 3–4, 2011. Please mark your calendar. If you’d like to join the reunion committee — listed below in italics — please contact UW Medicine Alumni Relations at meda-lum@uw.edu.

Garrison H. Ayars, M.D., Robert A. Crittenden, M.D., MPH, James S. Edstam, M.D., MPH, Fredric N. Jackson, M.D.

Globe-trotter David Notter, M.D. ’71

Seattle, Rochester, N.Y., San Francisco, Wenatchee, and too many other places to count — they’re all on the list of places that David Notter, M.D. ’71, has visited. He recently added another locale: Nepal.

Inspired by Thomas F. Hornbein, M.D., Int. ’57, one of his instructors and a legendary Mt. Everest mountaineer, Notter took a three-week trekking trip to Nepal’s Himalayan ranges with his son, Michael, in 2010. They hiked about 100 miles, circling most of the Annapurna massif in the 11-day process and reaching an elevation of 18,000 ft. (This wasn’t Notter’s first summit, by the way; he’s also climbed Mt. Rainier two times, Glacier Peak, Mt. Baker and Mt. Stuart — not bad for a guy with two artificial hips from congenital hip dysplasia.)

More globe-trotting awaits. Now retired, Notter and his wife, Patty, plan to tour Asia and Alaska in 2011.

1980

Alan Smith, M.D., is a gastroenterologist in Wenatchee, Wash. He proudly models a t-shirt he bought from the Medical Student Association clothing sale. (Sales are announced at www.uwmeda-lumni.org.)
A Distinguished Academic Career: Karen A. Holbrook, Ph.D. ’72, Fel. ’78
Karen A. Holbrook, Ph.D. ’72 (biological structure), Fel. ’78 (dermatology), has had a long, illustrious career, one that included the presidency of Ohio State University (OSU), often ranked as the largest public university in the U.S.

From 1985–1993, Holbrook was a professor at UW Medicine, investigating human skin development and genetic skin disease. Later, she was the associate dean for scientific affairs. She left the UW to become the vice president for research and dean of the graduate school at the University of Florida. Five years later, she became the senior vice president for academic affairs and provost at the University of Georgia. From 2002–2007, Holbrook served as president of OSU. While there, she made research and undergraduate education her priorities; during her tenure, OSU advanced in national rankings, qualifications and graduation rates of students, and the size of the university’s endowment.

When her husband retired to Florida, Holbrook left OSU to join the University of South Florida as the vice president for research and innovation; later, she added to her responsibilities by becoming the senior vice president for research, innovation and global affairs. She is also a consultant for The Advisory Group at Huron, focusing her efforts on higher education, economic development and international programs. We’re pleased to welcome Holbrook as the keynote speaker for the UW Medicine Division of Dermatology’s 50th anniversary on May 20, 2011.

1981
The Class of 1981 celebrates its 30th reunion at the 11th Annual All-School Reunion Weekend, June 3–4, 2011. Please mark your calendar. If you’d like to join the reunion committee — listed below in italics — please contact UW Medicine Alumni Relations at medlum@uw.edu.

James M. Bingham, M.D., Janet S. Chinn Chu, M.D., Kathryn M. Larsen, M.D., Lauri M. Tadlock, M.D., Diana T. Yu, M.D.

1982
Barbara J. Doty, M.D., FAAFP, has been elected to a three-year term on the board of directors of the American Academy of Family Physicians. The AAFP represents 94,700 physicians and medical students nationwide.

Doris Mugriditian, M.D., is living and working in Abu Dhabi. She also has a home in Seattle, where she hopes to settle in the coming years. She looks forward to reconnecting with her UW friends and colleagues and wishes them all the best for 2011.

Glen R. Stream, M.D., FAAFP, MBI, Res. ’85 (family medicine), is president-elect of the American Academy of Family Physicians. As president-elect, Stream will advocate on behalf of family physicians and patients nationwide to inspire positive change in the U.S. health-care system.

1985
Robert C. Wright, M.D., is celebrating his 21st year in practice — 10 of those years as the owner of ASC-Meridian Surgery Center — in Puyallup, Wash. A new center is scheduled to open in March. Wright has published several papers and is currently working on a hernia abstract. For more information or to contact him, visit www.robertwrightmd.com.

1986
The Class of 1986 celebrates its 25th reunion at the 11th Annual All-School Reunion Weekend, June 3–4, 2011. Please mark your calendar. If you’d like to join the reunion committee — listed below in italics — please contact UW Medicine Alumni Relations at medlum@uw.edu.

Peter C. Esselman, M.D., Kim Gittere-Abson, M.D., Richard R. Gould, M.D., Gretchen M. Lentz, M.D., Dorcas Ann (Dori) McLennan, M.D., Marion L. Snowden, M.D.

Michael Schultz, M.D., spent six years at Geisinger Medical Center in Danville, Pa., serving as medical director of kidney, liver and pancreas transplantation and director of the nephrology fellowship. He was elected in 2010 to the Training Program Directors’ Executive Committee of the American Society of Nephrology. Schultz writes, “Ginger and I traveled to Dubai and Abu Dhabi during the winter holidays — a fantastic time!”

1987
C. James Scheurich, M.D., moved to Tacoma, Wash., in November to join Madigan Army Medical Center in the department of gastroenterology.

1988
Scott Tyler, M.D., Res. ’91 (family medicine), has been named to the advisory board of the University of Washington’s NACOE (Native American Center of Excellence). The center helps prepare medical students to provide culturally appropriate care.

1989
Mark A. Malakooti, M.D., is still serving in the Navy, now as a preventive medicine and public health physician for activities in Africa. He is enjoying living with his family in Naples, Italy, and wondering what to do next.
1990

Ali Afrassiabi, M.D., writes, “I wish all my classmates a happy 2011. I know that we all have been hit hard by the economy, so I am going to re-start a T-shirt sale for the E-86 class. Call me (just kidding)! Hope to see more than two of us at the next reunion.”

1991

The Class of 1991 celebrates its 20th reunion at the 11th Annual All-School Reunion Weekend, June 3–4, 2011. Please mark your calendar. If you’d like to join the reunion committee — listed below in italics — please contact UW Medicine Alumni Relations at meda-lum@uw.edu.

Rachel Bramson, M.D., M.S., Christopher J. Covert-Bowlds, M.D., Daniel O. Laird, M.D., J.D.

1994

Francis Geissler, M.D., Ph.D., has been practicing ophthalmology in the Tacoma-Olympia area for the last 10 years.

1995

Mary Barinaga, M.D., Res. ‘98 (family medicine), was appointed the assistant clinical dean for the Idaho WWAMI program in October 2010. For the past 12 years, Barinaga has been practicing rural family medicine on the Coeur d'Alene Indian Reservation in Plummer, Idaho, teaching medical students and family medicine residents, and serving as a mentor for students involved in the Underserved Pathways program at the UW School of Medicine.

1996

The Class of 1996 celebrates its 15th reunion at the 11th Annual All-School Reunion Weekend, June 3–4, 2011. Please mark your calendar. If you’d like to join the reunion committee, please contact UW Medicine Alumni Relations at meda-lum@uw.edu.

1998

Steven Sohn, M.D., and his wife, Jennifer, welcomed their second child on Jan. 4, 2011. Silvia Sohn weighed in at 7 lbs., 4 oz.

2000

Lee Ann Muzquiz, M.D., has been named to the advisory board of the University of Washington’s NACOE (Native American Center of Excellence). The center helps prepare medical students to provide culturally appropriate care.

2001

The Class of 2001 celebrates its 10th reunion at the 11th Annual All-School Reunion Weekend, June 3–4, 2011. Please mark your calendar. If you’d like to join the reunion committee — listed below in italics — please contact UW Medicine Alumni Relations at meda-lum@uw.edu.


2002

Elliott Sohn, M.D., Res. ’07 (ophthalmology), just moved to Iowa City to join the medical faculty at the University of Iowa. Sohn writes, “Great to be busy seeing patients, teaching and doing research with some excellent colleagues. If you’re ever in Iowa or Chicago, drop me a line!”

Reaching for the Stars:
Astronaut Yvonne D. Cagle, M.D. ‘85

Yvonne D. Cagle, M.D. ‘85, grew up in an Air Force family — her dad was an X-ray technician; her mother dealt with flight records. And when Cagle put herself through medical school, she turned to the Air Force for scholarship help. It was a momentous decision, one that led to a second career as an astronaut.

For a return on their investment, the Air Force required that Cagle serve in the military. In 1989, she volunteered to serve as a medical liaison officer for the shuttle Atlantis — preparing an alternate landing site in West Africa should the crew need rescue. This piqued her interest in becoming an astronaut, and, in 1996, she began a two-year training program at Johnson Space Center in Houston, Texas.

Cagle hasn’t been to space — not yet. But she’s busy, acting as a science liaison between NASA, Google and other tech companies to foster NASA’s work in global mapping, sustainable energy and other initiatives.
Kim Cunningham-Hartwig, M.D., has been named to the advisory board of the University of Washington’s NACOE (Native American Center of Excellence). The center helps prepare medical students to provide culturally appropriate care.

Dionne Gallagher, M.D., completed an OB-GYN residency at the University of Colorado in Denver, Colo., in 2008, received OB-GYN board certification in December 2010, and is currently working for the Women’s Health Group doing primary OB-GYN. She has been married to Sean Gallagher since 2001 and has two children: Estella (4) and Brogan (20 months).

The Class of 2006 celebrates its 5th reunion at the 11th Annual All-School Reunion Weekend, June 3–4, 2011. Please mark your calendar. If you’d like to join the reunion committee — listed below in italics — please contact UW Medicine Alumni Relations at medalum@uw.edu.

Jervis J. Belarmino, M.D., Frank A. Cipriano, M.D., Ardeshir A. “Adi” Dadbestani, M.D., Alison D. Draganch, M.D., Katherine R. Gentry, M.D., Alison Granier, M.D., Jessica Kennedy-Schlicher, M.D., Erin S. O’Connor, M.D., Helena B. Pasieka, M.D., Nathaniel Schlicher, M.D., Jasmine K. Zia, M.D.

Jennifer S. (Schultz) Anderson, M.D., Ph.D., writes, “I am currently in North Carolina, completing a cardiology fellowship. I would love to hear updates about my classmates. As for me, I am married and now have two small boys (7+ weeks old and 21 months old, respectively).”

Frank Cipriano, M.D., finished his pediatric residency and is practicing as a pediatric hospitalist in San Francisco, Calif. He married Sarah Dixon, M.D., in October 2008. (They met at UCSF when he was a resident and she was a medical student.) He looks forward to seeing his classmates at the reunion in June.

Alison Granier, M.D., writes, “We are thrilled to be back in the Northwest after some fun Northern California adventures! It was an eventful year; we welcomed our son, Samuel Chisholm Granier, last spring and joined the North Idaho Eye Institute in Coeur d’Alene, Idaho, this fall. It has been great being back in close proximity to many of our friends and family! Hope everyone is doing well. Keep in touch!”

Nathaniel Schlicher, M.D., and his wife, Jessica Kennedy-Schlicher, M.D., welcomed Juliette Elizabeth Schlicher, pictured below, on Dec. 27, 2010, at 8 lbs., 12 oz., and 20 inches.

Jody Hunt Tate, M.D., writes, “My husband is Jonathan Tate, an internal medicine M.D. We are expecting a baby girl in April, and I will finish my pulmonary-critical care fellowship in June 2012.”

Robert Amrine, M.D., is currently halfway through a primary-care sports medicine fellowship in Boise, Idaho. He accepted a job in Missoula, Mont., at the Western Montana Clinic, where he will start a primary-care sports medicine practice. Amrine was born in Missoula, and returning home was very important to him. He hopes to teach UW Medicine’s students, some of whom rotate through Missoula as part of their clinical education.

Christopher Geidt, M.D., and Gemma O’Keeffe, M.D., had one child during their fourth year of medical school and another child in their third year of residency. O’Keeffe writes, “We have lots of suggestions on how to make double residency/parenting work (or, rather, not work)!”

Sunil Aggarwal, M.D., writes, “Since graduating in June 2010, I have completed over half of my internship in medicine at Virginia Mason Medical Center, which I have found to be a unique and service-savvy work environment. I am looking to move for PGY-2 to New York University to start my residency in physical medicine and rehabilitation. This year, I have had an oral abstract based on a law review piece I wrote accepted for a symposium on cannabinoid medicine at the American Psychiatric Association Annual Meeting, and I have been invited to write a textbook chapter on cannabinoids for a pain medicine book being published by the American Society of Interventional Pain Physicians.”

Elise Pletnikoff, M.D., has been named to the advisory board of the University of Washington’s NACOE (Native American Center of Excellence). The center helps prepare medical students to provide culturally appropriate care.
The ClassNotes below were received through January 2011; any received afterward will appear in the next issue.

New job, award, move or family addition? Send us a quick note; simply go to www.uwmedmagazine.org, click on the “ClassNotes” button, and let us know how and what you’re doing. And take a minute to improve our residency records — use the “ClassNotes” function to confirm your specialty, location and year.

Prefer mail to the web? We’d love to hear from you: UW Medicine Alumni Relations, Box 358045, Seattle, WA 98195-8045.

Department of Family Medicine

Thomas E. Norris, M.D., Fel. ’89, UW professor and acting chair of the Department of Family Medicine and former vice dean for academic affairs at the UW School of Medicine, received the 2010 John G. Walsh Award from the American Academy of Family Physicians in December 2010.

Division of General Internal Medicine

Erika Goldstein, M.D., Res. ’84, UW professor of medicine in the Division of General Internal Medicine, has been appointed acting vice dean for academic affairs at UW Medicine.

Peter A. McCullough, M.D., MPH, Res. ’91, chief academic and scientific officer at St. John Providence Health System, was named chairman of the National Kidney Foundation’s Kidney Early Evaluation Program (KEEP). KEEP offers free screenings, and the program has touched the lives of nearly a quarter of a million Americans since its inception in 2000.

Department of Pediatrics

F. Bruder Stapleton, M.D., Res. ’74, the Ford/Morgan Endowed Chair in Pediatrics and chair of UW Medicine’s Department of Pediatrics, will become president of the American Pediatric Society in May. Stapleton is the chief academic officer and senior vice president of Seattle Children’s.

Department of Psychiatry and Behavioral Sciences

Faraz Qureshi, M.D., Fel. ’99, graduated from the UW Addiction Psychiatry Training Program in June 2000. Afterward, he passed certification examinations in addiction psychiatry, addiction medicine, geriatric psychiatry, and child and adolescent psychiatry. The American Psychiatric Association recently selected him as a fellow, and he has joined SUNY-Buffalo as director of its addiction service.

Department of Surgery

Gordon Cohen, M.D., Res. ’98, Ph.D., MBA, completed his master’s degree at the University of Tennessee in the physicians’ executive program. Cohen, a UW professor in the Department of Surgery, is also chief of pediatric cardiac surgery at Seattle Children’s.

Joseph A. Moylan, M.D., Res. ’69, a 1975 graduate of the Duke University School of Medicine, received the 2010 Duke University Medical Alumni Association Humanitarian Award. In 2001, after having seen many promising young lives go to waste, Moylan founded the Durham Nativity School. The school is one of 64 nationwide based on the Nativity model, an independent educational program geared toward academic excellence and community change. Moylan also served as director of the Duke Surgical Intensive Care Unit, chief of the trauma service and as founding director of Duke Life Flight. In 1994, he became the Lucille and DeVitt Daughtry Professor and chair of the Department of Surgery at the University of Miami School of Medicine, a position he held until 1997. He and his wife, Ann Carole McGurkin, have six children.

Department of Biological Structure

Friedemann Schaub, M.D., Ph.D. ’02, Fel. ’05, is the founder of Cellular Wisdom Inc., a therapeutic program that emphasizes the mind-body-spirit connection. For more information, visit www.cellularwisdom.com.

Howard A. Young, Ph.D. ’74, received one of the first International Society for Interferon and Cytokine Research Distinguished Service Awards. Young served the organization for many years in various roles: committee member, newsletter editor, vice president and president.
impossible to be successful without his wife at his side, Winklmann says.  
Steve Fischer, PA-C (Seattle Class 16), writes, “I’ve worked for Moscow Family Medicine for the last 20 years, the first 18 at their main office and satellite clinic in Troy, Idaho. For the last two years, I have worked for them (on contract) at University of Idaho Student Health. I continue to live in the country near Deary, Idaho.”  
Greg Davenport, PA-C (Seattle Class 25), writes, “Since graduating, I have spent the majority of my clinical time working in either rural primary care or emergency medicine. In addition, I continued to work in the wilderness survival and medicine field — writing six books on the topic and hosting several television shows. Recently, I have gone back to school. In 2008, I received my master of physician assistant studies degree with an emphasis in wilderness and emergency medicine. I am presently two-thirds of the way through a doctor of health sciences program, which I will complete in March 2012. Today, I am working at a small private university in Arkansas where I teach PA and pharmacy students. It has been a rewarding move, and I intend to stay in this arena. Finally, I began a second family several years ago and have been blessed with two sets of twins, ages 3½ and 1½ (girls and boys, respectively). What an interesting time.”

Eric Maus, PA-C (Seattle Class 25), writes, “I have worked in the emergency department at Saint Alphonsus Medical Center in Nampa, Idaho, for the past five years, and we employ two other PAs. (I have been working in emergency medicine for the past 12 years.) I have been married for 33 years, and my wife and I have three children, Angie, Joshua and Jake, as well as two grandchildren. We live in Boise, Idaho. My hobbies are fishing, woodworking and motorcycle touring. We are planning a motorcycle trip to Seattle and Canada this summer.”

Dawn (Bocksler) Sexton, PA-C (Seattle Class 25), writes, “I just finished a five-year job on the island of Shemya, at the end of the Aleutian chain in Alaska. It was a one-month-on/one-month-off rotation. This worked out well, as my PA partner on the island was my husband, Rick Sexton, also a graduate of Seattle Class 25. We were the only people working in the clinic, so we did everything: answering the phones, driving the ambulance, x-ray, lab, pharmacy — everything. Our time on Shemya will be, without a doubt, the highlight of my career! We had alternates who flew in on the plane we flew out on; one of them was Bob Trotter, PA-C (Seattle Class 26). We decided to leave only because the 3,000-mile commute was just getting too hard for us old folks. Rick is currently working in our local ER in Goldendale, Wash. I am doing fill-in on Shemya.”

Vern McCreedy, PA-C (Seattle Class 26), writes, “I’m still in Boise. I work full time for a community health center. Living the dream.”

Bob Trotter, PA-C (Seattle Class 26), writes, “After living in Alaska for 35 years, my wife and I moved to Hayden, Idaho, last summer. We love it. I still work in Alaska in the Western Aleutians on a month-on/month-off schedule. I enjoy having the month off and have been going to Metlakatla, Alaska, about once a month to do a little extra work. Metlakatla was my first job in 1994, and it is fun to see teenage patients who were just a heartbeat 16 years ago. I have started going on medical mission trips at least once a year with my flexible work schedule, and I have been able to serve in China, Afghanistan and Cambodia. I am scheduled for southwest Nepal next. My family is doing well. Life is good.”

Bill Weiss, PA-C (Seattle Class 26), writes, “I’ll be glad to send you some delicious tropical sun (from Guam). I’m enjoying the fruits of my MEDEX education. Although I could retire, I love my work too much, and retirement is not yet a part of my active vocabulary. I’m writing this between patients, so I need to be a bit brief. We’re exploring from one to (eventually) three clinics. I am actively recruiting PAs and nurse practitioners.”

Mike Eastman, PA-C (Seattle Class 28), writes, “After 17 years in Las Vegas, I have finally left ‘Sin City.’ I have
taken a position at Saint Alphonsus Regional Medical Center in Boise, Idaho. Definitely a safer and quieter environment to work and live in. Eleven years ago, I was fortunate to have been chosen as one of 12 PAs to go to China on a U.S. medical delegation. I had an absolutely phenomenal trip. In the past five years, I completed two practitioner-initiated studies on the intrathecal drug Ziconotide. The retrospective study was published in the November-December 2007 edition of Practical Pain Management. A lot of extra work, but I learned tons. I hope that all of my MEDEX peers continue to flourish. I wish everyone a great 2011!”

Pamela (Baxter) Korzeniowski, PA-C (Seattle Class 36), writes, “I’ve been out here in Tokeland, Wash. (Shoalwater Bay Tribe Wellness Center), since the beginning of 2006; I’ve been the only full-time provider for the last few years. I’ve continued to dedicate myself to this rural underserved clinic — despite all the chaos and high turnover. We’ve had a very difficult time keeping any providers out here, and my most recent physician partner gave his notice last week. He’s agreed to be my sponsor on a remote site practice plan until we can find a new part-time or full-time doctor.”

A note to PAs who might want to work in or near Tokeland: “I was wondering if you have any new grads who might want to work in a rural setting like this — it’s a lot like Alaska or Montana, just not quite as isolated. We see complex patients, the sickest of the sick and the poorest of the poor (there are no social services or transportation services out here to speak of), and, believe me, it’s been a great place to really put everything MEDEX taught me to use.”

Lt. Col. Terry L. Gram, BSC, MPAS, PA-C (Seattle Part-time Class 2), writes, “Still serving in active-duty military status as medical officer for the Washington National Guard’s 10th Civil Support Team. After 34 years of military service, I will retire in September and return to civilian life. I have no idea what I will do at that time. I’m still considering the possibilities.”

**Spokane**

Theresa (Vance) Schimmels, PA-C (Spokane Class 1), writes: “Happy 2011! I changed my name back to my maiden name of Schimmels this past fall. I was recently elected as the two-year American Academy of Physician Assistants delegate for the Washington Academy of Physician Assistants (WAPA) and look forward to serving once again on the WAPA board. My daughter, Katie, who is now 19, has moved out into the world on her own, trying to find her way. She is still living in Spokane and we remain very close. I’m still practicing dermatology in Spokane (with office hours in Spokane Valley) two days a week for Rockwood Dermatology. It’s a fantastic job working with a wonderful crew. I still love being a PA and will be recertifying for the second time (!) this next certification cycle. It’s hard to believe that I’ve been a PA for 11 years this year! I love it! Congratulations and fond farewells to all the MEDEX staff and faculty that are retiring this year, especially Jennifer Johnston. Happy sailing/retirement/future endeavors to you all!”

Anthony Walker, PA-C (Spokane Class 1), writes, “I retired as a lieutenant commander from the U.S. Public Health Service, and I’m now practicing in a rural family medicine clinic 30 miles outside of Tucson, Ariz.”

Jennifer Burger, PA-C, (Spokane Class 3), writes: “I have been working at Family Health Center in Spokane, Wash., for the last two years and love working in family practice. I have three girls: Alex (8), Ashleigh (6) and Abby (2). I try to help out with the Spokane PA students whenever possible since I enjoy interacting with them. My husband, Everett, works for Rockwood Clinic in the IT department.”

**Spokane**

Maria (Dullea) Cassel, PA-C (Spokane Class 6), writes, “I recently moved back to Spokane and am working at Northwest Heart and Lung Surgical Associates as a cardiothoracic surgical physician assistant. Prior to that, I worked in the same position at Altru Health System in Grand Forks, N.D., for a year and a half. Before I moved to North Dakota, I lived in Brawley, Calif., where I worked in the emergency department at Pioneers Memorial Hospital. I was also employed in a nephrology-internal medicine clinic for two years (2004-2006) by the California Emergency Physicians Group in El Centro, Calif. I am fortunate to have three sons: Zachary (16), Bryce (4), and Caden (2), and a wonderful husband, Paul. We are thrilled to be back in Spokane and look forward to seeing old friends!”

Jennifer Strine, PA-C (Spokane Class 6), writes, “I continue to work in a very rural family practice in Thompson Falls, Mont., and I’m involved in our state organization. My husband, Don, our son, Garrett, and I live out in the sticks, where the elk, turkey and deer cruise through on a regular basis. Life is good. We’re blessed. Hope all is well out there in the rest of the world.”

Laura Triphahn, PA-C (Spokane Class 6), writes, “I started working at North Idaho Nephrology in September 2008 and enjoy doing a variety of patient care, including monitoring patients on hemodialysis and peritoneal dialysis, as well as following patients with earlier stages of chronic kidney disease, electrolyte disorders, anemia and hypertension. I continue to enjoy working in Coeur d’Alene, Idaho. Unfortunately, 2010 was a difficult year for me. I lost my husband to an unexpected illness. He passed away on Feb. 1, 2010. Thankfully, my family, friends and employers have been very supportive. I wish my classmates well and hope they are enjoying their work. Don’t forget to take the time to appreciate your loved ones.”

James Glenn, PA-C (Spokane Class 7), writes, “I’m changing jobs after five years at the Alaska Spine Institute. I’ll be working at Orthopedic Physicians of Anchorage with two orthopedic spine surgeons in performing clinical and urgent care and first-assisting in the OR. I’m celebrating my nine-year
wedding anniversary this year. I have two beautiful girls, Gretchen (5) and Heidi (3). We moved into our first home last February and out of the old, drafty Army barracks building. It would be great to see other classmates sometime; maybe I will make it to one of those national AAPA meetings in the future.”

Chris Rotin, PA-C (Spokane Class 7), writes, “Over the past year and a half since my youngest finished high school, I have been working as a traveling PA and working with the underserved. However, while working in Oklahoma, I met someone special and haven’t been able to leave. I now work with the Indian Health Service in a small rural community in Oklahoma. With this population, diabetes is a huge problem, so I am on my soapbox just about every day. I’m also the wound care specialist at this clinic — very exciting with the cutting-edge technology we are able to use, specifically, Dermagraft® skin grafting. In November, my fiancée and I took a cruise to the Caribbean. While on the cruise, I thought about getting together with classmates sometime for a CME cruise. Here’s another thought involving travel and getting together with classmates: we could plan time off from our jobs and do a medical mission abroad, like Operation Smile. So if anyone would be interested or has information on either idea, please contact me at crotinpa@yahoo.com. Let’s make it happen.”

Tim Thornton, PA-C (Spokane Class 8), writes, “Thanks for allowing us the opportunity to keep in touch. I still live in Kalispell, Mont., and work full time as an emergency department provider in a critical access facility in Plains. I have the privilege of being the emergency medical services director, and I help develop policy for acute care and the emergency room. I am getting more involved in the management of patients, and, like so many other providers in rural medicine, my days are filled with “other duties as assigned.” I love the variety and extra challenges that providing quality, up-to-date, compassionate care in a rural setting brings to my day. I live in Kalispell with my wife, Adrianna, and her 13-year-old son, Tyler. My boys are adults; two of them live in the Flathead Valley in Montana, and my middle son, Lee, is attending air traffic control school in Seattle. I enjoy all that northwest Montana has to offer, and I am looking forward to spring this year — to dig out from the record snowfall and get outdoors more. My newest adventure is to get my pilot’s license and — once and for all — to be able to count myself among the fraternity of pilots. It’s an accomplishment I’ve been trying to achieve for years, and this is the year I will get it done! Thanks again for the chance to keep everybody updated; I am looking forward to getting a copy of the alumni magazine to catch up.”

W. Aaron Agan PA-C (Spokane Class 9), and his fiancée, Donna, plan to be married in June. Michael is working as the quality management clinician at Planned Parenthood’s Eastland Plaza site in Stockton, Calif.

Renae Tabin, PA-C (Spokane Class 9), writes, “After graduating, we moved back to Denver, where I’ve been working with the military as a civilian contractor PA. It is a family practice so my patients — active duty personnel and family members — range in age from newborn babies to adults. All is well in this arena! As far as personal accomplishments, my son, Nicholas, was born in December 2008, and he just turned 2, and my daughter, Claire, was born in August 2010. Busy house, lots of fun!”

Machelle Dotson, PA-C (Spokane Class 10), works in Stevenson, Wash., at the only healthcare facility in Skamania County. Dotson is enjoying her job and her co-workers. In her free time, she designs knitwear and kiteboards in La Ventana, Mexico.

Patty O’Keefe, PA-C (Spokane Class 10), writes, “I am now working at Tri-State Memorial Hospital in Clarkston, Wash., in the wound healing center. Our facility provides state-of-the-art wound care, including hyperbaric medicine. My supervising physician is Jane Fore, M.D. I also fill in at the emergency rooms at Tri-State Memorial Hospital in Clarkston and at St. Joseph Regional Medical Center in Lewiston, Idaho. From time to time, I will cover shifts in the primary care clinic at Tri-State as well. I have applied to go on a medical mission to Bolivia in August, and I am looking forward to that trip and more in the future.”

Chris Rieman, PA-C (Spokane, Class 11) and his wife, Kathy, welcomed their first child on June 21, 2010. Mia was 8 lbs., 14 oz. and 21.5 inches long. They are loving every minute with their “milk weasel.” Rieman works in pulmonary-critical care with Sacred Heart Medical Center in Spokane, Wash.

Yakima

Phil J. Norris, PA-C (Yakima Class 6), writes, “Hello to all my classmates from Seattle/Yakima/Spokane! Yakima Class 6 (Yakima 6-pak,’99–’01) seems like a long time ago, because it IS! But I recall it being a great time of learning, of growing, of making friends and the absolute realization of a dream. The dream began with my reading an article in a magazine (can’t recall which one) about “physician extenders,” and what the future held for them. That was 1977, when I was 14. And to think it only took me 23 short years to arrive. Of course, that was after 20 years as a paramedic. I started with my current job in June 2001 and don’t have plans to leave. I work for a VERY BUSY (more than 600 cases a year) total-joint orthopedic surgeon. I do not work in the operating room at all, for two reasons. First, I think the OR is boring, no autonomy there for me. Second, shortly after leaving MEDEX, I was diagnosed with MS. Standing that long would be too painful. So, I take care of post-op hospitalized patients. I enjoy it overall, but am not interested in working as hard as I do for an indefinite period. Plans are underway to reduce a bit. I’m
a grandpa to a cute little 4-year-old boy who rocks. My kids (25-male, 22-female, 19-male) are all doing well. How did they get to be this old? How did I get to be this old?? Best wishes to my MEDEX family.”

Penny Puhak, PA-C (Yakima Class 11), writes, “I’m still working in family practice in Kodiak, Alaska, and starting my fifth year of practice. Still loving life. My sweetie is retired now, so he is home full time. Summer is for fishing, bear viewing, hiking and exploring this beautiful island!”

Kristina Uehlin, PA-C (Yakima Class 11), writes, “I’m here in a rural clinic in Halfway, Ore., in family practice. It is a beautiful area here in eastern Oregon, with lots of hunting and fishing. Halfway is on the Scenic Snake River Corridor route near the Hells Canyon Scenic Byway that borders Oregon and Idaho. I am in clinic by myself, and I have a supervising physician in Baker City who comes over to see patients twice a month. We are in contact by phone or through messaging several times a day. He is very supportive and a super-nice doc! We are much closer to our family, and Payette is only two hours away. I’m here with my daughter, Halli, who is now 2, and my husband, Kelly, who has taken up steelhead fishing and loves it! We live in a picturesque valley at the base of the Eagle Cap Wilderness and 20 minutes from Hells Canyon.”

Severine Basham, PA-C (Yakima Class 12), was featured in the cover story of the November 2010 issue of PA Professional, the publication of the American Academy of Physician Assistants. Basham and two other PAs work in Unalaska, Alaska (also known as Dutch Harbor), at the Iliuliuk Family and Health Services Clinic. The clinic offers a full range of outpatient, behavioral health, rehabilitation and dental services, and it is 800 miles by plane to the next level of care. The clinic has traditionally responded mostly to work-related emergencies in the risky business of fishing and catch processing, and it is now seeing an increased need for medical care for chronic, long-term illnesses.

Coleen Foreman, PA-C (Yakima Class 13), is no longer working in oncology; she began practicing with an OB-GYN office in Yakima, Wash., in November 2010.

M.S. and B.S. Alumni

New job, award, move or family addition? Your classmates want to hear from you! Send us a quick note; simply go to www.uwmedmagazine.org, click on the “ClassNotes” button, and let us know how you’re doing. The ClassNotes below were received through January 2011; any received afterward will appear in the next issue.

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Department of Rehabilitation Medicine

Kiran Bhatt, M.S., ’79, executive director of the nonprofit organization Pratham (Southern California chapter) from 2007–08, has been honored with a number of awards, including a certificate of appreciation from the Paralyzed Veterans of America (Bay Area and western chapter) in 1995 and the International Distinguished Service Award (1996–1997) in Cambridge, England.

Neil Chasan, B.S. ’82, writes, “2010 was a great year — I released my iPhone app, Pain-free Back!” Chasan is a UW clinical instructor in the Department of Rehabilitation Medicine at the University of Washington.

Department of Laboratory Medicine

Mikal Stoner, M.S., ’05, writes, “I’m currently serving as the director of laboratory operations at the Armed Forces Research Institute of Medical Sciences, an emerging infectious disease research lab located in Bangkok, Thailand. My work involves working with the World Health Organization, the Centers for Disease Control and the Biosafety and Biosecurity Network Thailand, Thailand’s biosafety association. It is an amazing place with a rich history of vaccine trials, and, most recently, the HIV vaccine trial breakthrough. Attached is a photo of the safety, biosafety and biosecurity team.”

Seen left to right: Mr. Chen, Dr. Tassanee, Khun Yinglak, Khun Tippawan, LTC Mikal Stoner, M.S. ’05, Khun Duangsuda, Khun Geerati, Khun Amorn, Khun Khanitha, and Dr. Krisada.
MIND, BODY AND PEN

Emily R. Transue, M.D., Res. ’00, teaches a class called Mind, Body and Pen: Writing and the Art of Becoming a Physician. Students respond — through their writing — to what they’re learning in class and in clinic. We’re pleased to offer some recent selections from our students.

I recently had a conversation with a friend on the steps of my apartment building. It was late and we had just finished studying, and in our exhaustion were susceptible to philosophical musings. We talked about keeping an open mind, whether I should put “pathologist” back on my list of potential careers, and why these decisions are hard to make. The future was tangible, full of choices and opportunities. But as our energy waned, we ended with: “We are like ants. We run around trying to save each other because we think it’s noble. And then we will all die.” Not an original metaphor, but still apt: the microscopic scurrying, the cosmic insignificance.

That feeling of being so small that it does not matter — it can be disabling, if you let it catch you. As a child, I used to lie in bed wondering whether I existed, and was sure I did not. My stomach was heavy with the conviction that even if (a big if), I was lying in my bed at that moment, it would not be for long. Death would take me. When my sister was 9, she asked me, “Tasha, am I alive? I think I’m in a dream.” I’m not sure whether to blame genes or a morbid environment, but I knew just what she was talking about.

This is no way to live life, whatever that is. I reassured my sister, and I try to do the same for myself. I’ve prayed, but religion has failed me, or I’ve failed it. Perhaps if I were less rational, I could believe in God; if I were more, I wouldn’t care so much — as it is, I’m stuck envying those comforted by prayer. The easiest way to forget about my mortality is to keep some part of me running — my body, as I’m late to class; my brain, as it battles to put facts in boxes. It’s harder to have an existential crisis when you’re worried about failing your next test.

Strange thing, then, that I decided to become a doctor. As a doctor, it’s hard to escape death. It’s there in lecture, a cut away on the operating table, stained on the hospital walls. How will I face it, day after day? I can’t know for sure. Here’s what I’m hoping: that it will give me purpose, and that my scurrying will be useful. That helping others fight death, or gracefully accede to it, will teach me to seek, rather than fear, the quiet, unembattled moments. That I will learn to be present, and at peace. That I will be a noble ant.

— Natasha Kim

Leon Richard Spadoni, M.D. ’57, Res. ’63
Sept. 10, 2010

Adapted from an obituary in The Seattle Times, Sept. 19, 2010

Leon Richard Spadoni, M.D. ’57, Res. ’63, passed away at home on Sept. 10, 2010, after a long struggle with cancer. He was born on Aug. 11, 1930, in Kent, Wash., and graduated from Bremerton High School. His interest in medicine was piqued by a debilitating personal injury, and this injury informed his lifelong interest in helping others.

Spadoni attended Olympia Community College and graduated at the top of his class at the University of Washington, the beginning of a decades-long affiliation with the university. He graduated from the UW School of Medicine in 1957 and completed an internship at Minneapolis General Hospital. After two years as an enlisted officer in the U.S. Air Force, where he practiced OB-GYN, Spadoni returned to the UW to complete a residency in OB-GYN and a fellowship in reproductive endocrinology and fertility. He joined the faculty, was promoted to full professor in 1974, and was named a professor emeritus in 1995.

Spadoni served as acting chair of the Department of Obstetrics and Gynecology (1975–77) and as vice chair (1977–94). He was the director of the department’s residency program (1967–95) and served as chief of staff at UW Medical Center (1989–91). Other notable achievements included serving as an external examiner for medical students in Saudi Arabia and as an examiner for the American Board of Obstetrics and Gynecology. Spadoni also served as the president of the Pacific Coast Fertility Society, and he published numerous scientific articles.

Spadoni is survived by Yvonne, his loving wife of nearly 53 years, a daughter, Janine, two sons, Mark and James, and seven grandchildren.
Roger E. Moe, M.D. ’59, Res. ’68, UW professor emeritus of surgery and recipient of the 2010 UW Distinguished Alumni Award, quietly passed away on Nov. 26, 2010, in the company of his family. He was 80.

Raised in Brainerd, Minn., Dr. Moe came West in 1948 to attend the University of Washington. He received degrees in psychology and chemistry in 1952, while also participating in the Naval Reserve Officer Training Corps. He served on active duty in the United States Navy from 1952–1955 aboard the aircraft carrier Rendova, and he received the Korean Service Ribbon. Dr. Moe then reunited with his wife, Emily, and they traveled around the world. When they returned to Seattle, Dr. Moe completed his medical training, and he graduated from the UW School of Medicine in 1959. He then completed a residency in surgery in 1968.

Dr. Moe embodied excellence throughout his long and distinguished career at UW Medicine. Using unparalleled teaching skills, he taught and mentored generations of UW Medicine fellows, residents and students in the laboratory, in the operating room and at the bedside. His refined understanding of the anatomy, physiology and biology of breast cancer made him an astute and prolific researcher and clinician. Dr. Moe inspired respect and admiration in patients and colleagues through his compassion and his unwavering commitment to first-rate care.

This remarkable collection of skills allowed Dr. Moe to develop a unique vision for breast cancer care, and he and partner Dr. Robert Parker founded the Multidisciplinary Breast Clinic at UW Medical Center. The clinic, which opened in 1994, comprises surgeons, medical oncologists, radiation oncologists, radiologists and pathologists. In bringing together physicians from a variety of specialties to consult on each case, this multidisciplinary model provides patients with optimal care. It also provides physicians with invaluable insight into the thinking and strategies of colleagues from other branches of medicine.

Dr. Moe’s vision changed the way breast cancer patients receive their care, not only at UW Medicine and the Seattle Cancer Care Alliance, but also at other hospitals in our region and across the country. To honor his legacy, the Roger E. Moe Fellowship in Interdisciplinary Breast Cancer Care was established at the UW School of Medicine in 2004. In addition to being recognized with the 2010 UW Distinguished Alumni Award and community service awards, Dr. Moe also received the Golden Tennis Shoe Award from Sen. Patty Murray in 1995.

Dr. Moe was truly a citizen of the world. His love of travel and photography and his deep appreciation of the musical arts were widely recognized by all who knew him. Dr. Moe also loved Seattle, and he embraced the rugged beauty of the Pacific Northwest; he was an avid boater and fisherman, and he had a secret recipe for salmon marinade that won him devotees at gatherings at the family’s home on Lake Washington.

Dr. Moe is survived by Emily, his wife of 57 years, his son, Dr. Kris Moe (Stephanie Rowe), grandchildren Madeleine and Roger Rainier Moe, and a large extended family that will miss his quiet wisdom and deep appreciation for life. He was preceded in death by his son, John Roger Moe, and his sister, Joanne Pray.

Note: Like his father before him, Kris Moe, M.D. ’89, Res. ’91, ’94, is also making important changes in the world of medicine. See our feature story on page 7.
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