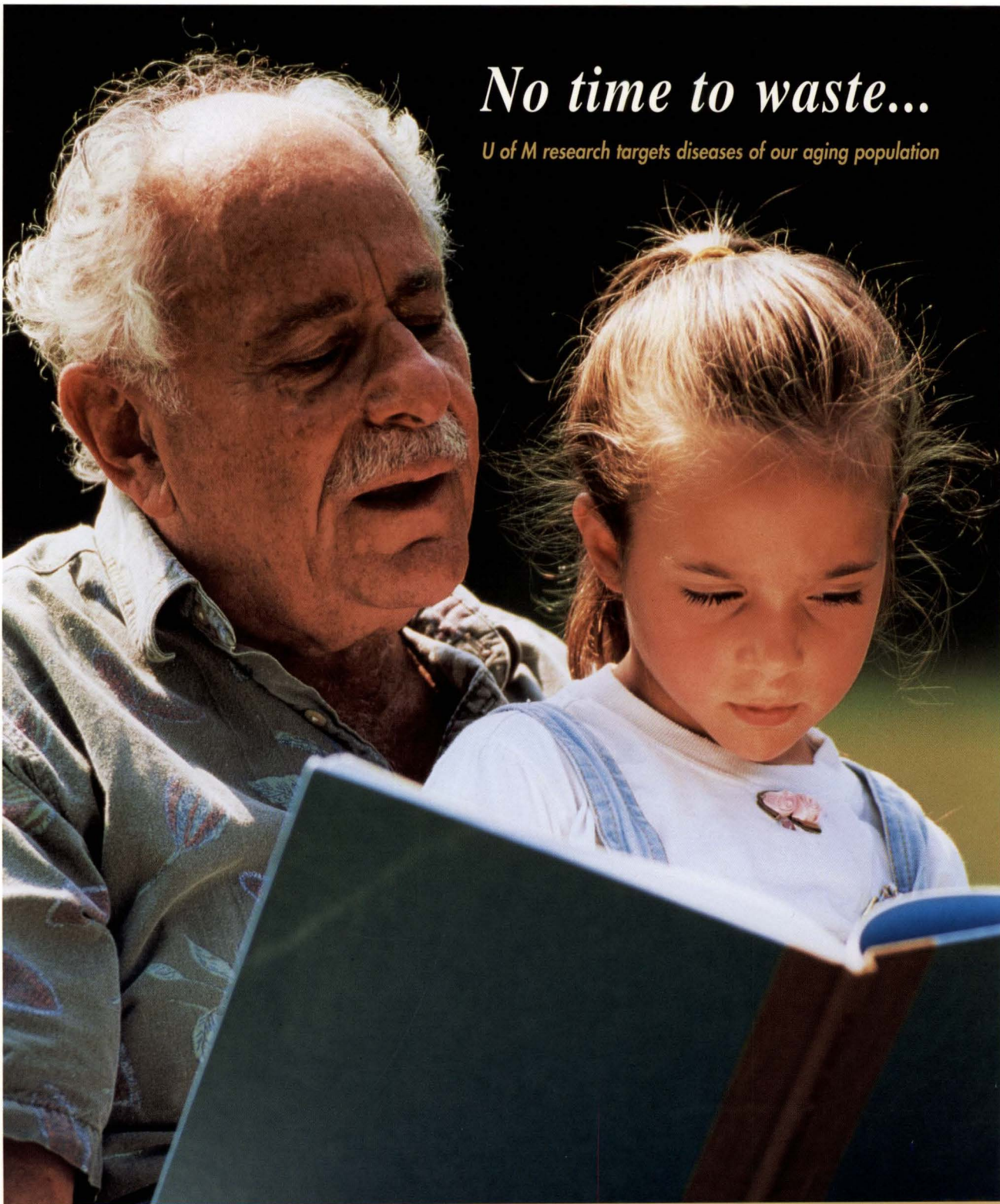


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Medical Bulletin

A PUBLICATION OF THE MINNESOTA MEDICAL FOUNDATION • SPRING 1999



No time to waste...

U of M research targets diseases of our aging population

Also in this issue: Victory in the AIDS battle remains elusive • Student news • Alumni news

MINNESOTA

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Medical Bulletin

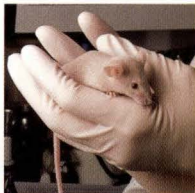
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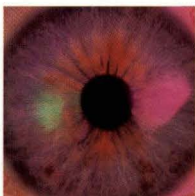
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TO WASTE:

University of
Minnesota
research targets
diseases
of our aging
population



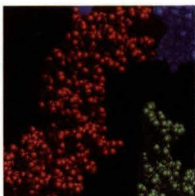
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Research at the University of Minnesota has triggered global advances in the fight against Alzheimer's disease.



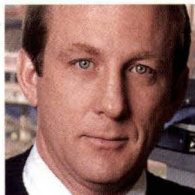
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THE STATISTICS CANNOT BE IGNORED.

THE POPULATION OF AMERICANS OVER 65 WILL DOUBLE – TO ABOUT 70 MILLION – BY THE YEAR 2030. THE NUMBERS OF INDIVIDUALS 85 AND OLDER WILL TRIPLE IN THAT SAME TIME PERIOD, TO ABOUT 9 MILLION. THERE IS AN URGENCY CREATED BY THIS AGING SOCIETY, AND THOSE AT THE UNIVERSITY OF MINNESOTA WHO ARE INVOLVED IN RESEARCH AND TREATMENT OF ALZHEIMER'S DISEASE, MACULAR DEGENERATION, AND OTHER CONDITIONS THAT TARGET OLDER ADULTS KNOW IT. THEY ARE BATTLING THE DISEASES OF AGING ON MANY FRONTS — THROUGH BASIC AND CLINICAL RESEARCH, COMMUNITY EDUCATION, AND COMPREHENSIVE PATIENT CARE.



Try to Remember...

Thanks to research conducted at the University of Minnesota, there is finally real hope for those touched by Alzheimer's disease.

Mary asks her husband the same question many times a day; she can no longer balance her checkbook or follow a recipe ❖ Stan calls his son to report a strange woman in the house; David assures his father that the woman is his wife ❖ Evelyn frequently becomes violent and is confined to a special, locked area of the nursing home ❖ Henry wanders out of his home, and has been rescued by neighbors and the police; he must now be watched constantly ❖ Rose rarely speaks anymore, although has rare moments of lucidity.

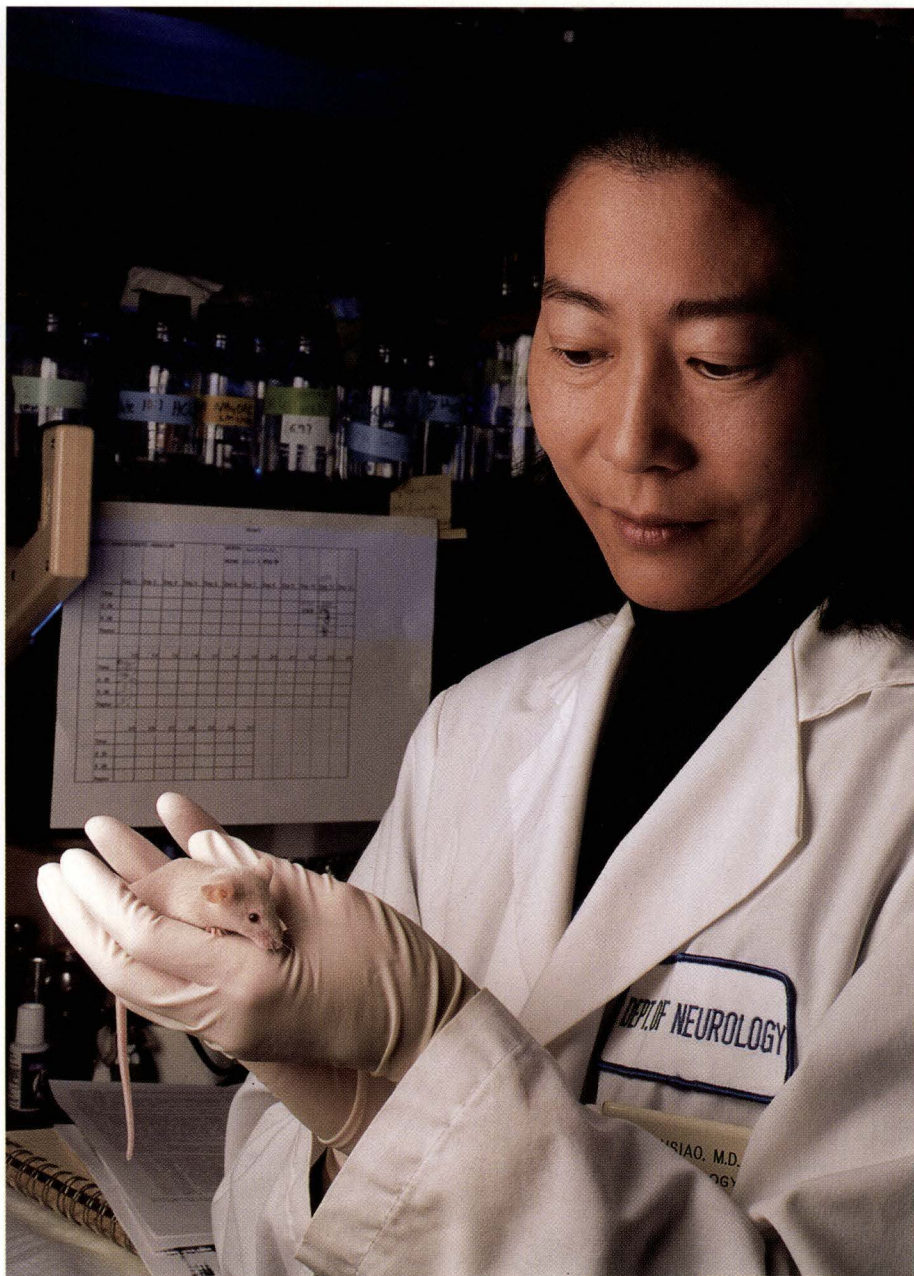
Neurologist David Knopman and his colleagues live with the challenge of Alzheimer's disease every day, and, probably more than most, are acutely aware of the need to find ways to prevent and treat this disorder that robs the mind of its faculties.

Fueled by the urgency of our aging population, exciting new discoveries have been made, and for the first time in many years there is real hope for those who suffer from this condition that affects millions of Americans and their families. "We've made great progress in the last 10 years in understanding this disease," says Knopman, director of the University's Alzheimer's Disease Center. "We are looking for ways of preventing it and treating it, and there is hope for the future."

A mighty mouse

Named in 1906 after neurologist Alois Alzheimer, the disease is due to a dying of the nerve cells which affect memory and thinking. Its exact cause remains obscure, and it is progressive and irreversible. However, significant advances have been made in understanding the disease, as well as in diagnosis and treatment, with the University of Minnesota pioneering research discoveries that are having a global impact.

Two years ago, a University team led by neurologist Karen Hsiao developed a mouse with an inherited form of Alzheimer's disease by inserting an Alzheimer's gene directly into the genetic material of the mouse. The animal then suffered the same decline from Alzheimer's disease experienced by humans – lost memory and wasted brain cells. The achievement was recognized by the National Institutes of Health (NIH) as significant for its capacity to test drugs that affect the disease process itself, not just those that treat the symptoms. Hsiao's



Dr. Karen Hsiao's development of a mouse with Alzheimer's disease has greatly accelerated research efforts.

mouse model was named by Harvard Medical School as one of the top 10 medical advances for 1996.

"This mouse is the forefather of tens of thousands of offspring that are now being used to study how the disease progresses and what compounds can be used to prevent or slow its progress," says Hsiao. "Over 150 research groups around the world as well as a half dozen major pharmaceutical companies are using the progeny

of this mouse to conduct their own experiments. Because the mouse develops the disease in a year, rather than the 70 years it takes in people, experiments can now be done much more quickly. And mice can be studied throughout the course of the illness so we have a much better understanding of how it begins. We all agree that therapies with the best chances for success should be directed at the early stages of the disease before neurons have died."



“This mouse is the forefather of tens of thousands of offspring that are now being used to study how the disease progresses and what compounds can be used to prevent or slow its progress.”

Dispelling the myths

Hsiao and Knopman emphasize the importance of translating discoveries in the laboratory into innovative ways of treating patients. And, Knopman points out emphatically, Alzheimer’s disease can be treated. “We have drugs that delay the symptoms of the disease,” he says. “We can also treat other problems that often accompany the disease, like depression, agitation, anxiety, and sleep disturbances.”

Knopman describes the numerous clinical trials that the Alzheimer’s Disease Center has conducted, beginning in 1985. “We have been continuously involved in testing new agents for Alzheimer’s disease,” he says. Current clinical trials involve vitamin E, estrogen, and estrogen-like drugs, which are thought to delay the appearance of Alzheimer’s.

“One of our goals, of course, is to find strategies to detect Alzheimer’s earlier,” he says. “Early detection will then go hand-in-hand with effective treatment.”

Mary is a patient at the University’s Alzheimer’s Disease Center. Her husband Donald speaks very highly of the care she receives there. She participated in the estrogen trial and visits the center regularly for analysis of her condition. She first experienced symptoms of Alzheimer’s seven years ago, but the progression of her disease has been slow.

“Were it not for the attention and drugs she’s receiving,” Donald says, “the deterioration could be much more rapid. The fact that she has only a gradual downward trend is attributable to Dr. Knopman and his team and to the medication she is taking.”

In addition to stressing the positive results of treating Alzheimer’s, Knopman also makes clear that Alzheimer’s disease can now be diagnosed with certainty, “with as good accuracy as any other disease.” He explains that the perception that Alzheimer’s can only be confirmed by autopsy is no longer true. “We diagnose through a common-sense lab approach, including blood tests, CT scans, and neurologic exams which give us an up-to-date diagnosis.”

And although the chances of getting Alzheimer’s increase substantially with age, Karen Hsiao says “its inevitability is a myth, because we have new tools to understand the origins of Alzheimer’s disease and to devise treatments for it.” Currently, about 10 percent of individuals over 65 experience some kind of dementia, with about 75 percent of those suffering from Alzheimer’s. By the time a person reaches 85, the chances of getting Alzheimer’s or other forms of dementia jump to 30 to 40 percent.

Knopman is disturbed by the age-old belief that forgetfulness is synonymous with aging. “It’s not true that in old age you automatically become forgetful,” he believes. “Sometimes actual

dementia can be overlooked, and not treated, because it’s considered just a sign of aging.”

He emphasizes that an important goal of the clinic is advancing this kind of knowledge, in addition to providing care and remaining strongly committed to research opportunities. The center is the largest clinical program in the area, and is unique in that no other institution is involved in basic and clinical research and in treatment.

Knopman mentions the importance of sharing knowledge with others in the field, and the good results coming from the University center’s affiliation with the Minneapolis Neuroscience Institute at Abbott-Northwestern Hospital. The University is also part of a large NIH-funded “multicenter” clinical trial group in North America, working together for the prevention of Alzheimer’s disease.

The physician assistant

Donald says his wife, Mary, can still talk with her friends, enjoy going out for dinner, and take care of most of her personal needs. For now, his main job is to see that she takes her medication and eats properly. He also does as much as possible to keep her active and involved in the world around her.

“As long as I’m around I will care for her,” he says. “With this disease a caregiver is very important. I don’t know what people do who have no

one to help them.”

Knopman says, “We view the caregiver as a volunteer physician assistant. We develop a partnership with those family members – teaching them about the disease, supporting them, offering regular follow-up, and empowering them to make decisions. Support for the caregiver is critical.”

He explains that the staff at the Alzheimer's Disease Center spends a lot of time assessing the cognitive aspects of the patient, talking to family members, finding out how the problems brought by the disease impact the caregivers, and using the information to formulate a diagnosis and treatment plan. “It's not a high-tech process,” he says. “When a patient and the family come here, the key is taking the necessary time with them, and then bringing our expertise to bear on the problem.”

The time is now

Knopman and Hsiao and their colleagues know that there is no time to lose in the fight against Alzheimer's disease. The federal government cannot provide all the funds needed to conduct research at the pace and intensity that are necessary, and those who are part of the day-to-day effort are concerned that the resources will not keep pace with the need.

“We want to build the world's leading center for studying Alzheimer's



Neurologist David Knopman and his colleagues are using research discoveries to enhance patient care.

disease in mice,” says Hsiao, “a center that will have ties with researchers within the University and around the world. The goals of the center will be to understand the origins of Alzheimer's disease and to find ways to intervene in mice. We will ask the questions: What is aging? When is the best time to treat? What compounds

are most effective?” The mouse center would interact closely with the patient center, rapidly translating discoveries made in mice to patient care. The patient center would then use the latest medical advances to diagnose, manage, and treat patients.

There is hope. University of Minnesota researchers and clinicians know that with accelerated support, Alzheimer's patients and their families have good reason to believe that a cure for the disease can be achieved in our lifetime.

“If you're near and dear to someone with Alzheimer's,” says Donald, “you're always hopeful there will be a cure.”

For more information, call Dr. David Knopman at the Alzheimer's Disease Center, 612-625-1139.

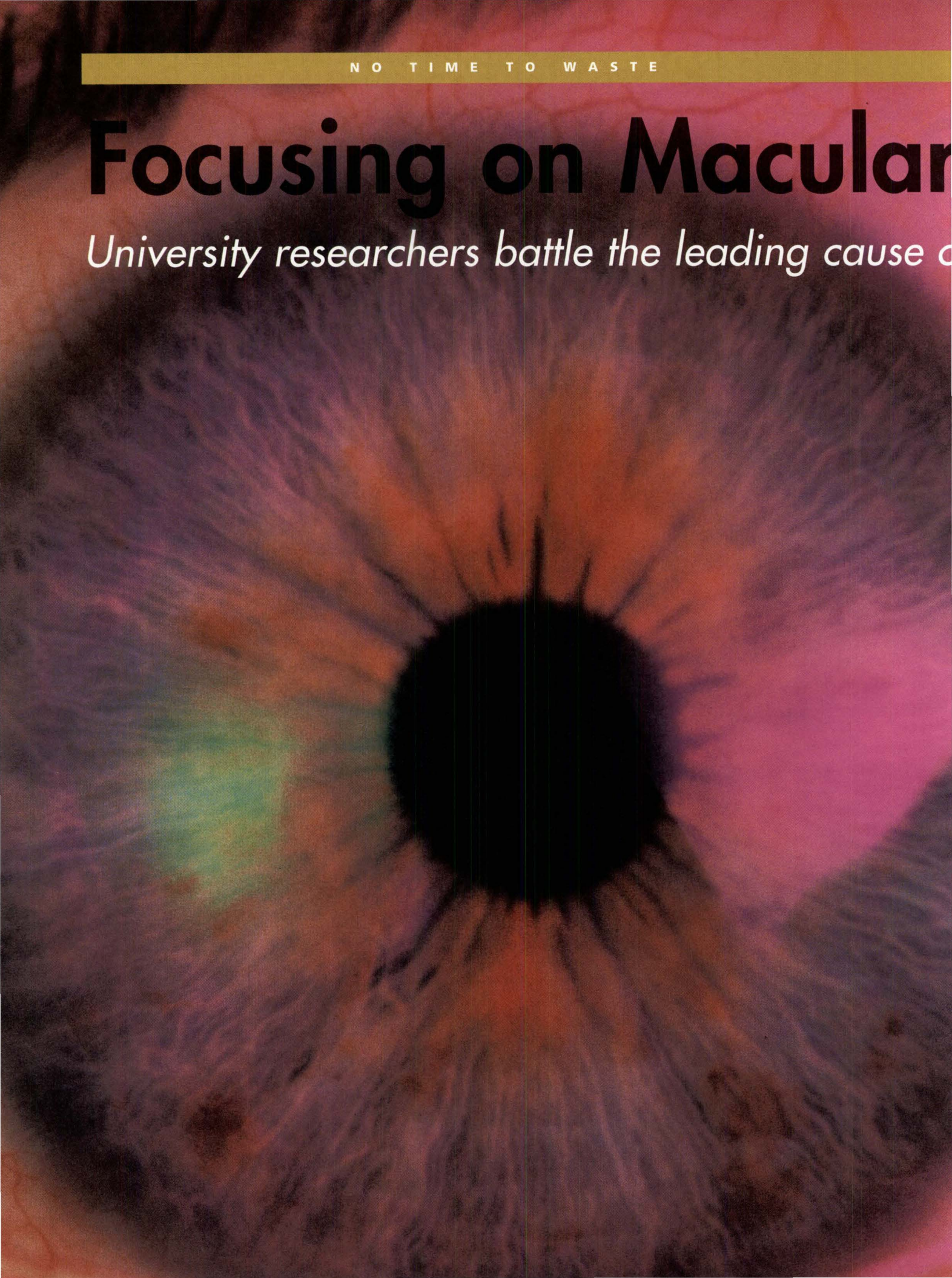
By Jean Murray

“We want to build the world's leading center for studying Alzheimer's disease in mice, a center that will have ties with researchers within the University and around the world.”

NO TIME TO WASTE

Focusing on Macular

University researchers battle the leading cause of



Degeneration:

Blindness in our aging population

Lillian Halvorson's struggle with macular degeneration began with a spot on the floor. "I thought, 'Well, now what is that on the floor? We just cleaned here.' And I went over to try and pick it up – I thought it was a scrap of paper."

The dark spots in Halvorson's central vision are one of the symptoms preventing her from driving a car, reading, and even recognizing some of her old friends. In people with macular degeneration, a small portion of the retina – the macula – has broken down to the point where an entire picture is unable to form.

The eye works like a camera. Just as light enters the lens and aperture of a camera, it enters through the cornea, pupil, and lens of the eye. The rays are focused on the retina (what would be the film in a camera) and a picture is formed. But in Halvorson's case, damage to the macula – which is 100 times more sensitive to detail than other areas of the retina – causes distorted central vision.

Macular degeneration, the most common cause of legal blindness in the developed world, affects 10 percent of those older than 65, and more than 30 percent of individuals 75 and over. "Macular degeneration is an aging problem, and since Minnesota has one

of the highest life expectancies in the country, it's a bigger problem here than in other states," says Dr. Jay Krachmer, chair of the Department of Ophthalmology and holder of the Mackall-Scheie Research Chair in Ophthalmology. Macular degeneration is expected to become a growing health concern as the baby boomer population ages.

This progressive disease is triggered by degeneration – a gradual breakdown of normal tissue – in the macula, a small area of the retina containing a very high percentage of the cells used for central vision.

"The macula can be thought of as the 'bull's eye' of your vision," says Dr. Timothy Olsen, director of the new Minnesota Lions Macular Degeneration Research and Rehabilitation Center and holder of the Knobloch Retina Chair. "Just like the bull's eye of a dartboard, the macula is small but worth a lot of points." The macula is used for activities such as driving, watching television, and identifying people.

The disease has two forms, dry and wet. Treatment for both is difficult, and no cure exists for either. The dry form, occurring in almost 90 percent of macular degeneration cases, is a slowly progressive loss of the pigment cells in the back of the eye caused by aging and thinning of the macular tissue.

The wet form of the disease occurs when a blood vessel grows under the macula. The blood vessel can cause leakage, bleeding, and scar tissue formation which quickly destroys the macula. Vision loss is rapid and severe. Laser treatment is available for certain stages and types of this form of macular degeneration. In both conditions, people with the disorder retain their peripheral vision, so they can still see

to walk through doorways and eat. But as the disease progresses, vision worsens and patients have a difficult time caring for themselves.

A commitment to patients

A partnership between the Minnesota Lions and the University of Minnesota offers hope to people with macular degeneration. In May of 1998, the Lions pledged \$2 million during the next three years to fund the new center, located in the Department of Ophthalmology at the University of Minnesota. More than \$1 million has already been raised for the center, which became fully operational in January.

The center serves as a resource for physicians throughout the state, but the primary mission focuses on patients.



Dr. Timothy Olsen, director of the new Minnesota Lions Macular Degeneration Research and Rehabilitation Center.

"We're going to make a commitment to help every patient that comes to the center," says Krachmer, "and that help will come in three different categories: medical and surgical procedures, a visual rehabilitation center, and providing information."

The center offers the latest in surgical and laser techniques, and medical therapy to improve vision and prevent

NO TIME TO WASTE



Jay H. Krachmer, M.D.
Ophthalmology

UAB PHYSICIANS
Jay H. Krachmer, M.D.
Ophthalmology

Dr. Jay Krachmer, chair of the Department of Ophthalmology

further deterioration of the macula. Current treatment methods include laser surgery, where a highly focused beam of light is used to help stabilize vision, and radiation therapy, where a highly accurate dose of radiation is applied to the affected part of the eye. In some patients this treatment has stopped further growth of abnormal blood vessels. However, current treatment options are insufficient in most cases. "In other words," Krachmer says, "nothing can be done medically to improve their vision, so we look for visual aids."

The new visual rehabilitation center helps patients maximize the vision they have retained by providing magnification devices and computer equipment. For instance, the patients can receive computers that will read books aloud or magnify pages on the screen, or clocks with very large numbers. The center also houses a model kitchen, with appliances such as a stove and refrigerator to simulate the home environment and help patients perform daily tasks.

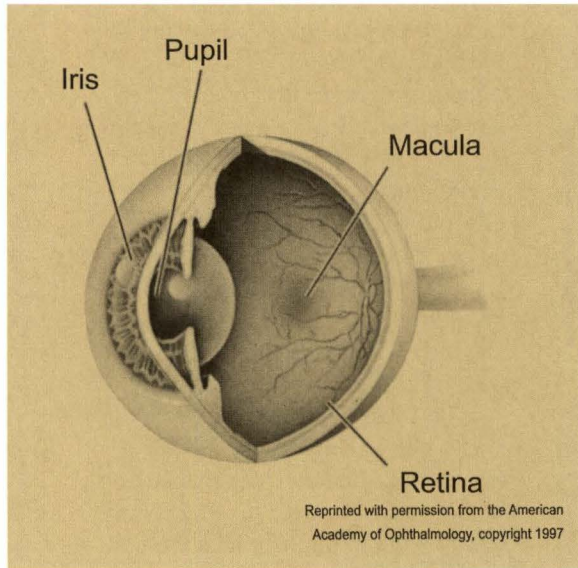
"The visual rehabilitation center takes care of much more than just macular degeneration patients," Krachmer says. "It helps people with glaucoma and many other conditions which lead to poor corrected vision."

Patients also look to the Macular Degeneration Center as a source of information. "We tell people about agencies, support groups, and various

opportunities that they are entitled to because of their visual situation," Krachmer says.

A center without walls

The new Macular Degeneration Center also houses a variety of researchers and faculty. Dr. Olsen coordinates the clini-



cal and research program, which focuses on finding and improving treatment options for patients.

"The William H. Knobloch Retina Chair was a major factor in my decision to transfer to the University of Minnesota," says Olsen, previously a physician at the University of Wisconsin. "It provides financial support to enable me to contribute a greater portion of my time to research.

"Currently, we're looking at ways to

deliver laser energy more effectively and safely," Olsen says. "We're also trying to develop better methods of drug delivery." A number of chemicals show great promise in helping with conditions such as macular degeneration, but researchers have been unable to deliver the drug to the correct area of the retina.

Collaboration is a key component to the research program. "It's a center without walls," says Krachmer. "We have scientists in the Lions Research Building, and we've begun collaboration with the Biomedical Engineering Institute." Center staff also consult with researchers from other universities and local industries, and work on national clinical trials to test new treatment and medication options.

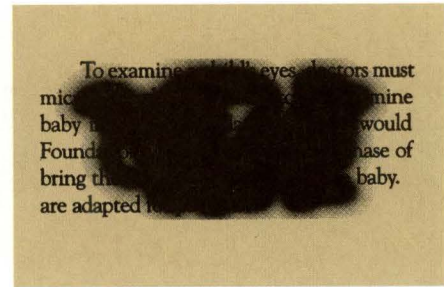
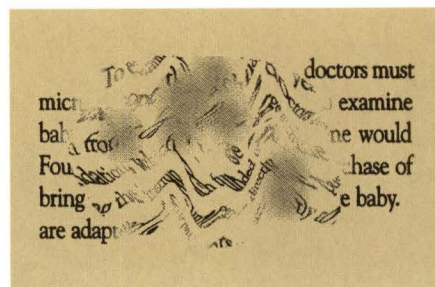
"We want to work with other general ophthalmologists and retinal specialists in our area to do research studies together,"

Krachmer says. "It will be a community attack on macular degeneration."

For more information about the new Lions Macular Degeneration Center, contact Dr. Olsen in the Department of Ophthalmology at 612-625-4400, or Jennifer Soderholm at the Vision Foundation (an affiliate of the Minnesota Medical Foundation), 612-625-9613.

By Andrea Bie

To examine a child's eyes, doctors must use a microscope that allows doctors to examine a baby in front of this large machine would the Vision Foundation, which funded the purchase of bring the instrument directly to the baby. The microscope are adapted for patients.



In patients with macular degeneration, damage to the eye's macula causes distorted central vision. Every day tasks, such as reading a book, become difficult. The first box illustrates how text appears to a normal eye. In patients with the dry form of macular degeneration, center, a progressive loss of pigment cells in the back of the eye caused by aging and thinning of the macular tissues makes text appear wavy and blurred. Patients with the wet form of the disease, at right, see dense black spots in their central vision. The dark blurs are caused by a blood vessel growing under the macula, which can result in leakage, bleeding, and scar tissue formation.

A Crusade Against De

“The Lions have often been referred to as the best kept secret in America. Lions have quietly built parks, purchased eyeglasses for underprivileged school children, supported youth exchanges with families in other countries, and worked behind the scenes on a variety of community service projects in nearly every town and city in Minnesota,” says Steve Hovanes, chair of the Minnesota Lions Eye Bank and 17-year Lions member.

Without the support of the Minnesota Lions, the new Macular Degeneration Center would not be a reality. “The Lions provide unprecedented support for research activities,” says Dr. Timothy Olsen, center director. “They have a proven track record in supporting essential research in corneal transplantation and now have made a major effort toward developing new treatments for macular degeneration. The Lions are an extremely well-educated group in the field of ocular disease, and they understand the importance of their efforts.”

The Lions have a 40-year relationship with the University. “Because we’re the largest service organization in the world, we were looking for one highly rated, prominent institution to get involved with,” says Hovanes. “Eyesight and hearing are the primary endeavors for the Lions, so we came to the University back in 1959 to see if they wanted our help.” Besides the Department of Ophthalmology, the Lions are also actively involved with

the Department of Otolaryngology.

To raise money for their \$2 million pledge for the Macular Degeneration Center, the more than 650 clubs in Minnesota are organizing a number of small-scale fundraisers. “That’s the amazing thing about it,” Krachmer says. “The Lions work incredibly hard to raise money.” Besides selling items like roses, coloring books, and calendars, members also organize pancake breakfasts, steak fries, and hot dog stands.

Once a year, Lions from clubs all over the state meet at the Thanksgiving for Vision program to experience firsthand what their donations make possible at the University. “It’s a program put on by the Minnesota Lions Eye Bank where members see the work the University doctors have been able to do with our help and the equipment they’ve been able to buy,” says Hovanes. “People who have received treatment from the University come forward to tell the story of their hardships and how they overcame

Minnesota Lions members are active throughout the state, shown here at fundraisers in Hopkins, Bloomington, and Eden Prairie.



kness

them with the help of the Lions and the doctors at the University. Last year, we had 400 people in the room and there wasn't a dry eye in the place – that's what makes you want to get more involved as a Lion and want to help more."

Many Lions have experienced the effects of macular degeneration, whether personally or within their families. "There are so many Lions that want to help with this endeavor," Hovanes says. "They know we're working on a project that could hit very close to home."

Community response to the new center has been equally positive. "It's great to know that the center is in our own backyard – at the University of Minnesota where there is so much going on with research and surgeries. It's all happening so fast and helping so many people, and it's all right here," Hovanes says.

By Andrea Bie

The Minnesota Lions: A Proud History

The Minnesota Lions, made up of more than 25,000 members, are part of a larger organization, Lions Clubs International. With 1.4 million members serving in more than 180 countries and areas, Lions International is the world's largest service organization. Members are dedicated to the idea that men and women who live in communities are in the best position to know who needs help.

Lions International was founded in 1917 by an insurance agent in Chicago who wanted to offer business and professional people a way to share their success by helping others. In 1925, Helen Keller spoke at the Lions International Convention in Cedar Point, Ohio, challenging members to become "knights of the blind in the crusade against darkness."

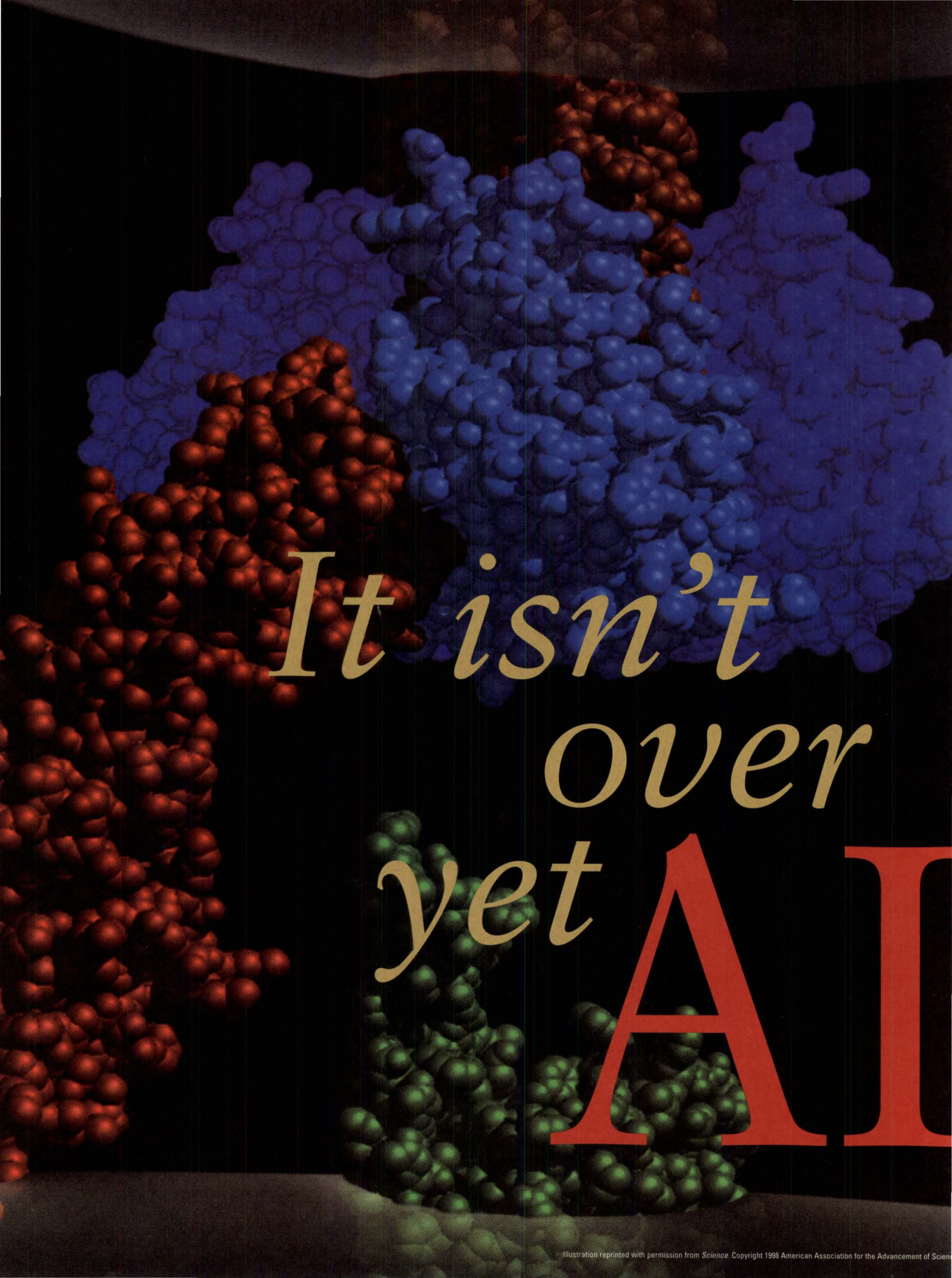
The Minnesota Lions began their partnership with the University's Department of Ophthalmology in 1959 with a resolution to fund the Minnesota Lions Eye Bank. The Eye Bank opened in 1960 and is now one of the most successful eye banks in the country. Later this year, the eye bank will provide corneal tissue for its 10,000th corneal transplant.

In the late '60s, money was raised for the Minnesota Lions Children's Eye Clinic, which opened in 1969. The clinic, which is the second largest and best-staffed in the country, helped more than 4,000 children last year.

A gift of \$3 million helped the next Minnesota Lions project become reality in 1993 with the grand opening of the Lions Research Building. This state-of-the-art laboratory building houses investigators in the Departments of Ophthalmology, Otolaryngology, and Neurosurgery.

The new Macular Degeneration Center, which opened earlier this year, represents the latest effort in the Lions' crusade against darkness.





*It isn't
over
yet*

AI

THE UNIVERSITY OF MINNESOTA IS NAMED A CENTER FOR AIDS RESEARCH BY THE NATIONAL INSTITUTES OF HEALTH.

The AIDS epidemic is under control. Or is it? It's hard to figure out these days.

- Didn't AIDS drop down on the list of top causes of death? Yes, AIDS ranked as the 14th leading cause of death in the United States in 1997 — down from eighth in 1996.

- Aren't there new drugs that handle HIV/AIDS? Yes, that's true too, in some cases.

Treatment results for those using new combinations of protease inhibitors have been extremely encouraging.

- And, isn't there research underway for an AIDS vaccine?

Yes, there are many research institutions making strides toward an HIV/AIDS vaccine.

- So why should we still be concerned? Because, while there is much encouraging news about AIDS, it is still an ominous and ever-growing threat to worldwide health.

LET'S LOOK FIRST AT THE DROP in AIDS deaths and what it really means. The AIDS mortality rate in the United States did decrease by 46.4 percent in 1997, according to new data from the National Center for Health Statistics. There were 16,865 deaths due to AIDS in 1997, compared to 31,130 deaths in 1996. This is the lowest death rate level since 1987—the first year AIDS deaths were tracked.

But, although there are fewer people dying from AIDS in the United States, there are still more infections occurring. In this country alone there will be an estimated 40,000 new HIV infections this year, according to the Centers for Disease Control and Prevention. Those figures are only for the United States. Worldwide the problem is even more dramatic — there are approximately 16,000 new infections every day, roughly five per minute. The estimated number of HIV-positive people worldwide is 30,000,000, including 1,500,000 under age 15.

EFFECTIVE MANAGEMENT — FOR SOME New drug combination therapies *have* been useful in controlling the effects of HIV in many patients. But, there are several reasons not to declare victory yet. Wonderful as they may be, the drug therapies are not an option for everyone. The drugs are expensive and many people do not even have access to them.

Because of high costs, these drug therapies are not widely available in developing countries, where nearly 90 percent of new HIV infections occur. The regimens can also be extremely complicated and hard to maintain. These drugs do not work for all people with HIV and some develop serious side effects that prevent them from continuing to take the drugs. Long-term effectiveness and side effects have not been studied thoroughly; most patients have only been studied for two to three years or less.

Vaccines could be the best hope for those who can't benefit from the drug therapy and for many others. However, a vaccine is some time away. "We're not even close to a vaccine — it's not even on the horizon. There is some fundamental work that has to be done before we'll ever have a vaccine that will be useful for the world," says Dr. Tim Schacker, assistant professor, Department of Medicine.

REINFORCING THE RESEARCH TROOPS In recognition of the compounding crisis of AIDS, the National Institutes of Health (NIH) recently designated 12 Centers for AIDS Research (CFAR). The University of Minnesota, along with three other Midwestern universities, will be the Great Lakes CFAR. The investigators will receive between \$6 million and \$7 million over the next five years to fund projects within the University and to provide seed money for innovative research ideas in the community.

The University of Minnesota earned this prestigious designation through its internationally recognized contributions in

AIDS



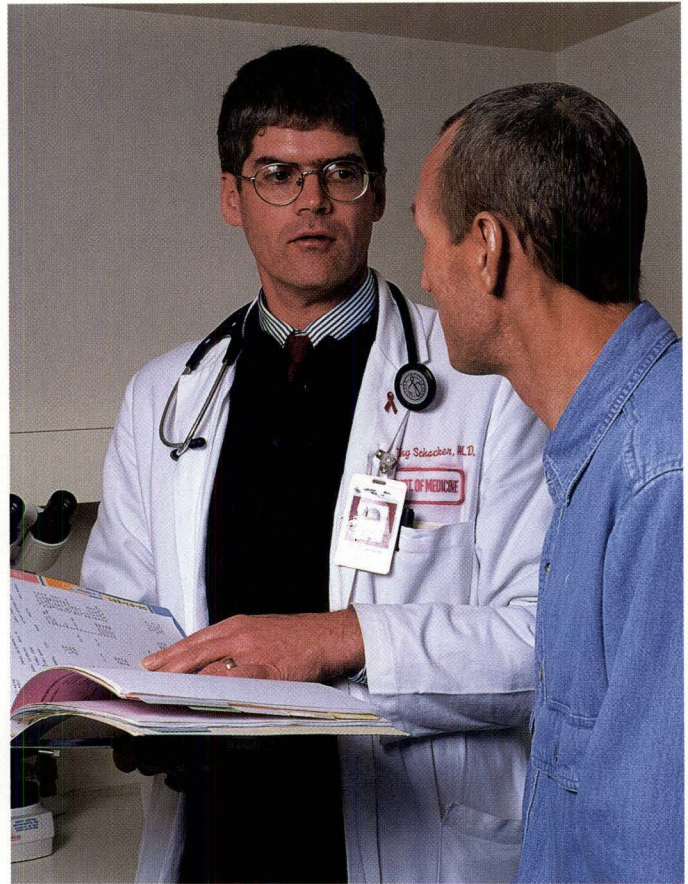
Dr. Ashley Haase has received global recognition for his research.

AIDS research. Dr. Ashley Haase, head of microbiology, has received worldwide acclaim for his research. His drive to learn more about AIDS continues to propel his work forward.

“It’s been my concern over the last couple of years that people have become blasé and complacent, thinking ‘AIDS is solved, it’s done, the treatments are working.’ But it’s far from over. We’ve had, in my view, a sort of temporary stay of execution,” says Haase. “Now we have a window of opportunity to fine-tune treatments and look at new treatments – to really commit to the development of the AIDS vaccine.”

INDIVIDUAL STRENGTHS, GROUP POWER Each of the universities in the Great Lakes CFAR (Northwestern University-Chicago, University of Wisconsin-Madison, University of Michigan-Ann Arbor, and the University of Minnesota) brings specialized strengths. Rather than develop every needed research aspect individually, each institution can contribute to and draw from the others.

What is most unique about the CFARs is their freedom to identify promising research ideas and to enable researchers to pursue them quickly. “If somebody has a totally novel idea, they may have difficulty getting grant support on their own,” says Haase. “Not only that, it takes time to get grant proposals reviewed. We can now say ‘That’s a great idea.



Dr. Tim Schacker co-directs the clinical facility for AIDS patients.

Here’s some seed money. Go out and try that.’ If it’s promising, they can pursue it with a stronger proposal. This is really the thing that is going to make the center a very important part of this institution.”

UNIQUE CONTRIBUTIONS Haase and the University of Minnesota team bring many skills and much knowledge to the effort. Most recently, they discovered a way HIV is produced and stored in lymph tissues. More importantly, Haase has developed a procedure to measure precisely what is happening in the lymphatic tissue of HIV-infected patients.

“This is extraordinarily important because the lymph tissue is the primary site where HIV replicates and is stored,” explains Schacker. “We didn’t appreciate that until Dr. Haase was able to develop this technology and tell us exactly what was going on. Only he and a few others have done this and he was the first ever to be able to quantitate it. That is remarkable. It has really changed, fundamentally, the way we think about this disease.”

Haase’s technology can be used to determine how a drug affects the virus, down to the exact number of viruses being produced by a cell. It can also lead to new understanding of how the virus works.

“We now know that there is a residue of stored virus in

the lymph tissue,” says Haase. “Throughout 30 months or more of treatment in which the virus is undetectable in the blood stream, we can’t detect it in the lymphatic tissue either. There is no evidence of virus replication. But, under the right conditions, we can find fully infectious HIV virus. This means that there are dormant viruses in cells that come back after treatment has seemingly wiped out infection.”

Will it be possible to eliminate all virus cells, even the dormant cells? To truly cure people? This is one issue Haase plans to pursue. Another is restoring the immune system. “I’m hopeful that if we stay the course with controlled infection, then the immune system in many individuals will be restored to very good function,” says Haase. “We’ve already seen this in the past year – the mortality rates have fallen by nearly 50 percent from AIDS and opportunistic infections. Although the immune system doesn’t immediately heal itself, it at least regains sufficient function to make a very major dent in deaths due to complication of HIV infections.”

CONTINUING PROGRESS “There is still a lot to be done on simplifying treatments and improving the drug regimens,” says Haase. “Not only for this country but also finding simple regimens that can be used in other countries. This consortium, the CFAR, is going to be using the special powers of the individual units on treatment-based issues. The other major thrust is to work hard on areas that may lead to the development of an HIV vaccine. We’re discussing how we can explore our understanding of pathogenesis to develop a vaccine.”

It will take a tremendous push to fully understand HIV/AIDS and to convert the knowledge to treatment, vaccines, or cures. It will take collaboration between researchers and institutions. “In HIV care and research — the University is the center of excellence. We have the methodology and we have the clinical core, the patients. Dr. Rob Murphy at Northwestern and I co-direct the clinical core. We facilitate bringing the technology to the bedside and, in this case, patients to the research. It’s a true collaboration between bench scientists and clinical scientists – and it spans four states,” says Schacker.

“Realistically, we’ve made some extraordinary strides. Imagine an epidemic in which the cause was discovered, the virus was completely characterized, and effective treatments were developed all in the course of about 15 years. It is just amazing,” says Haase. “It’s a phenomenal pace of discovery and we have a renewed commitment to develop a vaccine, to find a cure.”

For more information, call the Delaware Street Clinic, 612-625-4680 or visit www.dept.med.umn.edu/medicine/Clinical_services/Delaware_St._clinic/

By Jodi Ohlsen Read

ANOTHER MEDICAL MILESTONE

ONE, TWO, THREE ... 5,000!

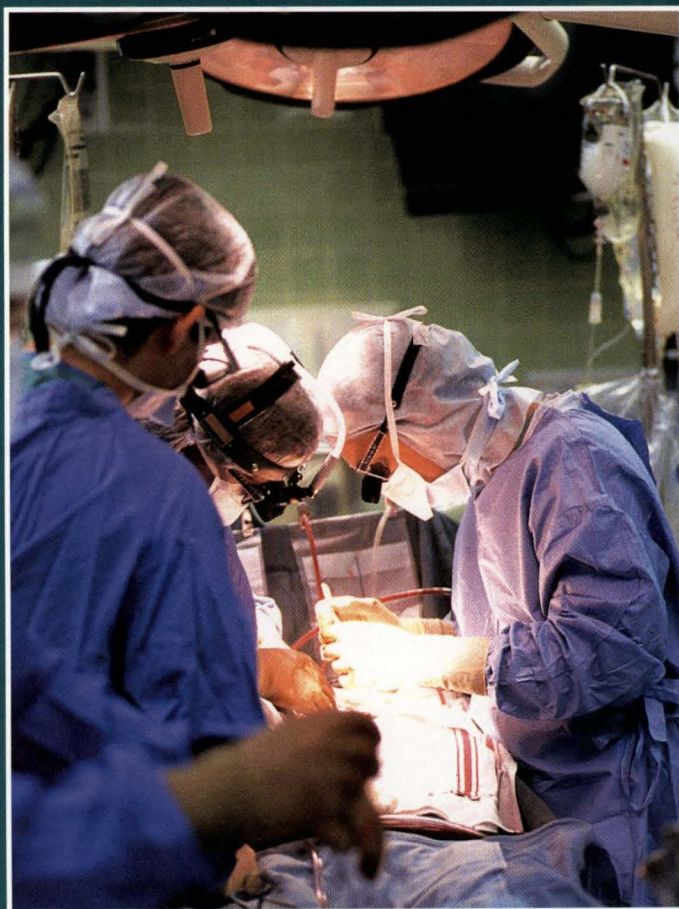
Recently, physicians at the University of Minnesota performed their 5,000th kidney transplant — a medical milestone. That is 5,000 kidneys transplanted and, more importantly, thousands of people who had lost kidney function but were given another chance through kidney transplantation at the University.

The University’s first kidney transplant was performed June 7, 1963, by Dr. Richard Varco. Jeanet Leader donated one of her own kidneys to her twin sister Joyce Wallin. Because the donor and recipient were twins, the risk of rejection was virtually eliminated.

Thirty-five years later, Sharon Carlson is the 5,000th patient to undergo a kidney transplant at the University. Carlson received a new kidney and pancreas from a non-related donor. She had lost kidney function to diabetes and had been undergoing dialysis for two and a half years. Now, both new organs are functioning and Carlson is doing fine.

The University is only the second to achieve this record. And, University surgeons are the only group in the world to transplant all of the following: kidneys, livers, lungs, islets, pancreases, and intestines from living donors.

For more information about the University’s transplant programs, visit www.med.umn.edu/surg/



Refining the magic bullet

How worried would you be if you were diagnosed with leukemia? For most, the odds of remission are pretty good. In fact, the standard therapy for leukemia – chemotherapy – is quite effective. But what if it fails? High-dose chemotherapy with a bone marrow transplantation could be your next option. But what if that fails?

For those individuals, such as the 30 to 50 percent of patients with T-cell acute lymphoblastic leukemia, there aren't many options left. University of Minnesota researcher Dr. Christopher Pennell is working for those patients, developing a refined therapy. "We are trying to create a specific therapy that is deadly for leukemic cells, but minimally toxic to normal cells," says Pennell. "It's the 'magic bullet' approach many have already heard of.

"The magic bullet idea is old but the technology to actually create them has only been around for the last 10 to 15 years. Now we can use genetic engineering techniques to build a better magic bullet," explains Pennell.

What is a magic bullet? It is a two-part molecule: one is the targeting part that searches out the leukemia cells and the other is the toxin part that destroys those leukemia cells. The object is to kill the harmful leukemia cells while leaving the healthy cells, hopefully, untouched.

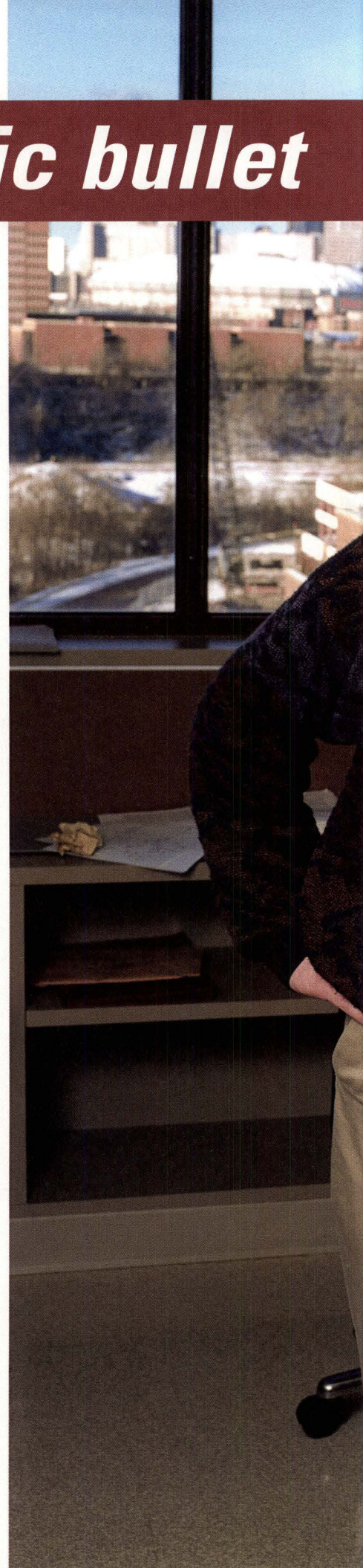
Originally, magic bullets were created by chemically changing the molecules. This approach was effective but also had some deficiencies. One problem was instability that led to the mol-

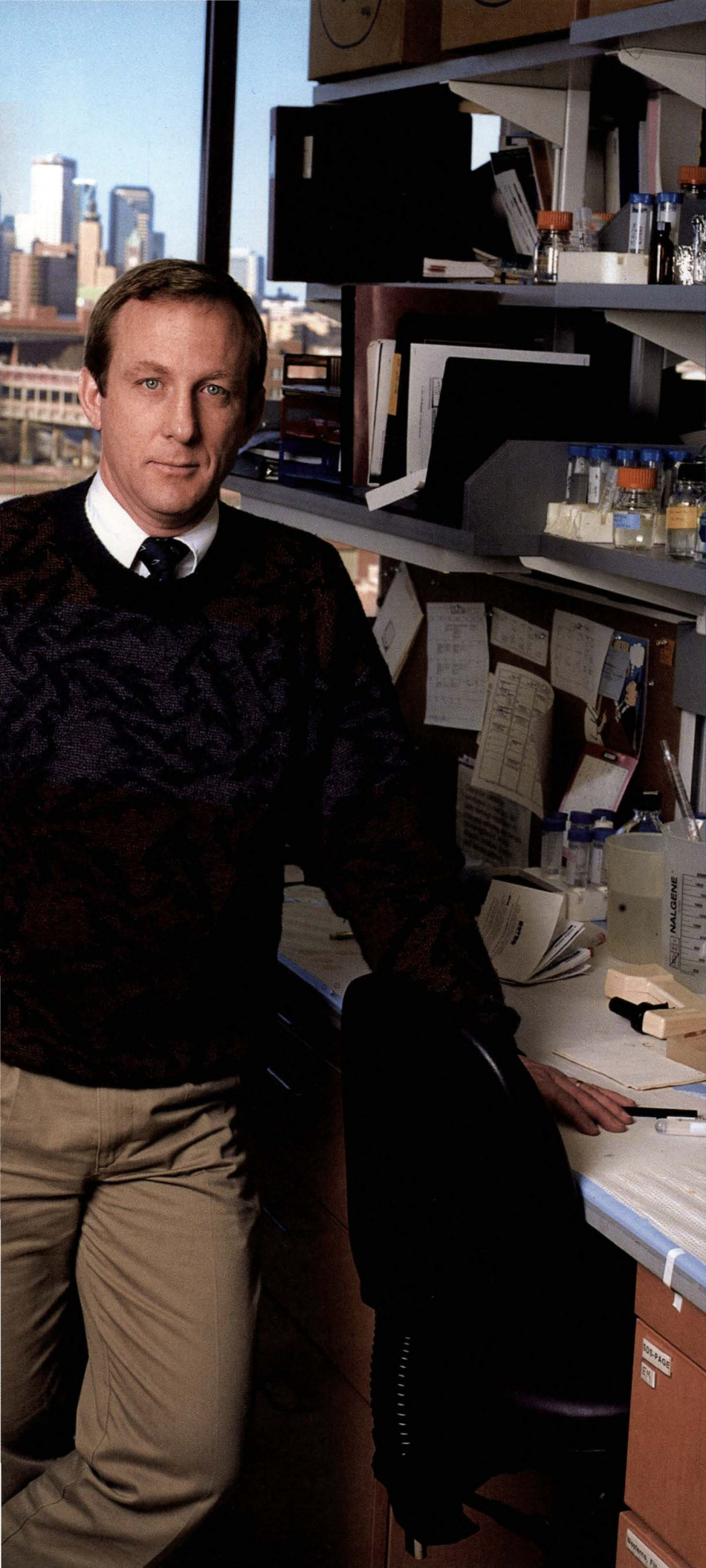
ecule breaking down in the patient and becoming ineffective.

Now, with support from a Minnesota Medical Foundation grant, Pennell is helping improve the therapy. "Rather than link the molecule biochemically, we're linking the two molecules genetically. Essentially, we're making one protein using genetic engineering to fuse the two parts together," he says. "We also hope to widen the therapeutic window for these drugs. One way is to make the drug more sensitive, perhaps by helping it bond to the leukemia cells very tightly. Another would be to decrease its toxicity to normal cells, thereby minimizing its nonspecific toxicity. We can do this by genetically modifying the molecule to alter its distribution in the body and by using toxins that are less prone to damage normal cells, such as those that make up the blood vessels.

"Eventually, this therapy would be for patients with high-risk leukemia — those patients who usually have a poor prognosis," says Pennell. "The Foundation grant will help us move in the right direction. It will allow us to decide which approaches will be most practical with the highest probability for success. We would like to use this information to get an NIH grant to expand on the research."

Pennell received two previous Foundation grants. One, in 1995, was used to purchase equipment that has proven to be extremely useful to his lab. The other, in 1992, helped Pennell start up his lab. It also helped him get his first NIH grant by allowing him to gather preliminary, supporting data to successfully compete for a grant. "That grant acted as a springboard, which was great. The funding for the equipment also helped me collaborate with others in the University. We have small areas of overlap, then realize we each have information that would help each other. It allowed me to interact more with people who have similar interests."





Faculty grants approved by Foundation

The Minnesota Medical Foundation Research and Special Grants Committees recently approved awards totaling \$407,756 — \$233,514 for research projects and \$174,242 for equipment purchases.

FACULTY RESEARCH GRANTS include: *Mustafa al'Absi, Ph.D.*, Behavioral Sciences, *Paul A. Arbisi, Ph.D.*, Psychiatry, *R. Morton Bolman III, M.D.*, Surgery, *Annette L. Bowman, Ph.D.*, Biochemistry and Molecular Biology, *Amos Deinard, M.D.*, Pediatrics, *Stephen C. Ekker, Ph.D.*, Biochemistry, *Kent Froberg, M.D.*, Laboratory Medicine and Pathology, *Pankaj Gupta, M.D.*, Medicine, *Robert P. Hebbel, M.D.*, Medicine, *Craig A. Henke, M.D.*, Medicine, *Maria Hordinsky, M.D.*, Dermatology, *Hollis E. Krug, M.D.*, Medicine, *Richard W. Linck, Ph.D.*, Cell Biology and Neuroanatomy, *Walter C. Low, M.D.*, Neurosurgery, Physiology, *J. Ernesto Molina, M.D.*, Surgery, *Christopher A. Pennell, Ph.D.*, Laboratory Medicine and Pathology, *Frank Rimell, M.D.*, Otolaryngology, *M. Elizabeth Ross, M.D., Ph.D.*, Neurology, *Whitney D. Tope, M.D.*, Dermatology, *George Trachte, Ph.D.*, Pharmacology, *Nikolaos V. Tsekos, Ph.D.*, Radiology, *Paul J. Tuite, M.D.*, Neurology, and *Brian Van Ness, Ph.D.*, Biochemistry.

FACULTY EQUIPMENT GRANTS include: *M. Paul Anderson, Ph.D.*, Biochemistry and Molecular Biology, *David L. Dunn, M.D.*, Surgery, *Janet L. Fitzakerley, Ph.D.*, Pharmacology, *M. Kent Froberg, M.D.*, Pathology and Laboratory Medicine, *David Largaespada, Ph.D.*, Cancer Center / Laboratory Medicine and Pathology, *Paula Ludewig, Ph.D.*, Physical Medicine and Rehabilitation, *Antoinette Moran, M.D.*, Pediatrics, *S. Ramakrishnan, Ph.D.*, Pharmacology, *Geza Simon, M.D., Ph.D.*, Medicine, and *David D. Thomas, Ph.D.*, Biochemistry.

Dean Ziegler – Enhancing the UMD School

His official appointment may be new but Dean Rick Ziegler is already a familiar face at the University of Minnesota, Duluth, School of Medicine. He has served as interim dean since September 1997 and as a UMD faculty member since 1971. On October 9, Ziegler was officially appointed the new dean of the UMD School of Medicine.

Dedicated to the School of Medicine and the University, Ziegler is enthusiastic about the challenges ahead. "My main goal is to enhance the UMD School of Medicine's local, state, and national reputation as scholars and innovators within specific areas of medical and interdisciplinary health care professional education, as well as in biomedical and rural population-based research," says Ziegler.

As interim dean, he has already accomplished much. His achievements include bringing the southern St. Louis County Medical Examiner Facility into the School of Medicine building; establishing a closer working relationship between the School of Medicine and the Twin Cities Medical School; helping introduce a new integrated system-based curriculum; and revising the compensation system for faculty.

"I now hope to establish a Center for Cell and Molecular Biology in partnership with the UMD undergraduate campus, develop an electronic educational development unit within the medical school, and establish a computerized testing facility for national medical license exams within the medical school," he says. "I also plan to increase the roles the medical school and the Rural Health School play as research and educational resources to the local community and the state, particularly in rural health."

Ziegler plans to enhance a number of areas, including the financial base for the school during the upcoming University capital campaign, the outcomes and evaluations of the educational programs, diversity activities, and biomedical and rural population-based research.

He will achieve these goals through several steps. "We will form academic and community partnerships to share resources targeted toward our common goals," says Ziegler. "We will also determine long-range objectives and related yearly goals during strategic planning with faculty. And, we will devise a resource system to help the faculty and the school reach their objectives. I also plan to implement an incentive system that encourages faculty to participate in institutional priorities.

"Many exciting programs are already under way," says Ziegler. "I look forward to being a part of the School of Medicine's continuing growth and change."

For more information, check out the UMD School of Medicine web site at www.d.umn.edu/medweb/



UNIVERSITY OF MINNESOTA

70 Percent of Minnesota's physicians trained at the Medical Schools in the Twin Cities and Duluth.

44 Percent of UMD graduates who practice in rural communities of under 20,000 people.

106 Total number of students at UMD School of Medicine.

855 Total number of Medical School students, Twin Cities.

20 Percent of UMD medical students who are American Indian or Alaskan natives.

1972 Year UMD School of Medicine founded.

Medicine

UMD School of Medicine Dean Rick Ziegler works with medical students Andrea Carlson and Peter Aas.



Medical students receive white coats

MORE THAN 160 FIRST-YEAR University of Minnesota medical students were presented with their white coats in January, at the second annual White Coat Ceremony in Northrop Auditorium. Receiving this traditional uniform of the physician is an important day for both the students and their families. Approximately 500 medical students, faculty members, and families attended the program.

The ceremony marks the transition from primarily academic study of basic science to the time when students begin seeing patients, and celebrates the symbolic role the white coat plays in the doctor-patient relationship.

Dr. Greg Vercellotti, the Medical School's senior associate dean for education, told the audience that originally the white coat was associated with aseptic surgery in the late 1800s, and was used to protect both the patient and the doctor from cross-contamination. Now the white coat acts as a symbol of the ideal values doctors should hold, he said.



Medical School students receive their white coats at a ceremony at Northrop Auditorium.

MEDICAL SCHOOLS FACTS AND FIGURES

65 Percent of Medical School graduates choosing careers in primary care.

1,200 Number of primary care and specialty residents trained each year at the Medical School.

1888 Year Twin Cities Medical School founded.

1 Medical School's national ranking in the number of graduates selecting primary care.

10,000 Number of practicing physicians attending continuing medical education courses each year.

\$17,193 Medical School tuition for Minnesota residents.

1,945 Number of applicants for the 1998-99 Medical School class.

165 Number of students in the 1998-99 Twin Cities Medical School class (73 female, 92 male).

\$31,000 Average annual costs for medical students.

*Foundation chair
Sally Anderson*

MAKING CHANGES THROUGH PHILANTHROPY



"I AM A STRONG BELIEVER that wherever you live, you need to be a part of your community and give back to others," says Sally Anderson. As the newly elected chair of the Minnesota Medical Foundation board of trustees, Anderson is committing her energies to affecting the Foundation, the University community, and people of Minnesota through philanthropy.

Anderson has been involved with the Minnesota Medical Foundation for four years. She also brings outstanding financial expertise to her new position. Since 1991 she has served as senior vice president and senior portfolio manager for Kopp Investment Advisors and was previously with Dain Bosworth, Inc., for 26 years. She also holds a B.S. degree in business administration/finance. Anderson is a chartered financial analyst and a member of the Twin Cities Society of Security Analysts.

"The concerns about the move toward managed care and the shifting economics of medicine are well known. These changes have created a real need and opportunity for philanthropy," says Anderson. "There is no question that we are seeing cutbacks in funding and the difference has to come from someplace. Philanthropy is a good step in closing that gap."

As board chair, Anderson hopes to feed the Foundation's momentum, continuing its growing participation in the University community. "So many exciting things are happening. Not only the astounding developments in medicine, but also the upcoming University capital campaign and the new Gateway Center. My hope is that we are able to capitalize on all of the energy currently surrounding the Foundation and the University. We can take this opportunity to make some significant steps forward," says Anderson. "The Foundation can play an integral part. This is an exciting and challenging time."

Most of all, Anderson plans to continue cultivating the upswing in philanthropy. "There is such a strong culture of giving here. The easy way is to do nothing. But, when you give, you truly receive. Giving simply brings out the good in people."

GENEROUS BENEFACTORS SHOW COMMITMENT TO THE FUTURE

Many thanks to the following people who have made significant commitments of \$50,000 or more to the future progress of health-related education, research, and service at the University of Minnesota (gifts received July 1, 1998, through December 31, 1998).

A gift from **Dr. Frederick J. Bollum**, Potomac, Maryland, will increase the Frederick J. Bollum, Ph.D., Endowed Research Fund, which supports

research activity in the Department of Biochemistry.

Ruth Hanold, Edina, Minnesota, made a gift to the Gateway Endowment Fund in memory of Terrance Hanold, former Minnesota Medical Foundation board president. The Foundation finance office in the new Gateway building will be named in his honor.

Alfred and Ingrid Lenz Harrison, Wayzata, Minnesota, contributed a gift to the University Children's Fund to support

pediatric research through the University Children's Foundation.

Kenneth B. Heggenhaugen, Edina, Minnesota, has designated a life income gift through the Kenneth and Helen Heggenhaugen Endowed Fund, which will provide ongoing support for medical research, education, and scholarship at the Medical Schools.

Claire J. Hemingway, Kernville, California, added to the Claire J. Hemingway Scholarship fund, which will

Alfred Harrison: Giving in many ways

IT ISN'T REALLY TRUE that everything Al Harrison touches turns to gold. It just seems that way.

An investment manager at Alliance Capital Management, Harrison invests monies as a part of the Minnesota Medical Foundation's overall endowment investment portfolio. His decisions have resulted in tremendous dividends for the Foundation — bringing the best possible results from valuable assets provided by generous benefactors.

This past fiscal year, the Foundation had a one-year net investment return of 31.6 percent, a performance that placed it third among 376 college and university endowment pools reporting annual investment returns for the year. The average return was 18.2 percent.

Harrison has managed institutional money for Alliance Capital for 20 years. He was recently profiled in *Mutual Funds* magazine as a result of his exceptional success in large-cap money management.

Harrison gives his expertise, his time, and his support to the Foundation and to the University of Minnesota Medical Schools in many other ways. His interest and involvement helped make the University Children's Foundation (UCF) a reality. The objective of UCF, a Minnesota Medical



Al Harrison, center, with University President Mark Yudof and his wife Judy.

Foundation affiliate associated with the Department of Pediatrics, is to improve the lives of children by developing solutions for the prevention and treatment of disease. Harrison served as the first chair of the UCF board, a position he held for six years. He continues to serve on the board and generously supports the Department of Pediatrics.

Several years ago, Al and his wife Ingrid established the Martin Lenz Harrison Land Grant Chair in Pediatrics. The chair memorializes their son Martin, who died at age 20 in an accident. Holder of the chair is Christopher Wylie, Ph.D., a developmental biologist whose work emphasizes the collaboration between the

University's Institute of Human Genetics, the Department of Cell Biology, and the Department of Pediatrics. Harrison is extremely interested in the research Wylie is doing, and excited about the tremendous possibilities for the future.

"Both Ingrid and I believe deeply in the impact of philanthropy," says Harrison. "There is such exciting, breakthrough work going on at the University, especially in areas such as genetics. Making the world a healthier place for all children is critically important as well. We know how essential private support is to making all this happen, and we are very grateful to be able to be a part of this extraordinary era in the history of medicine."

provide one or more scholarships annually to outstanding students with demonstrated financial need. The fund will honor Claire J. Hemingway and serve as a permanent tribute to the value she places on education.

Carl Henrici, Cedar Rapids, Iowa, has made a life income gift to establish the Arthur T. Henrici Memorial Library Endowment Fund in honor of his father, Dr. Arthur T. Henrici, to maintain and enrich the Arthur T. Henrici Memorial Library as a resource for students of microbiology. Dr. Henrici was a professor in the University

Department of Microbiology from 1913 to 1943 and made many important contributions to the field of bacteriology and earned a reputation as a dedicated and gifted teacher.

Dr. Robert E. and Karen A. Maxwell, Minnetonka, Minnesota, pledged a contribution to the Shelley Chou Chair in Neurosurgery. Dr. Maxwell is the head of the Department of Neurosurgery.

Murlan J. Murphy, Sr., Shaker Heights, Ohio, made a gift to the Surgery General

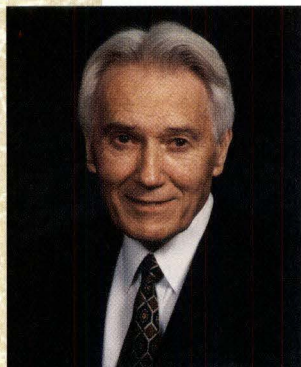
Projects Fund to provide research support for Dr. Henry Buchwald.

Bernice S. Olson, Western Springs, Illinois, made a gift to the Lions Macular Degeneration Center Fund in memory of her sister, Mildred H. Olson, a patient of Dr. William H. Knobloch.

Diana Peterson and Joseph Limacher, Seattle, Washington, made a gift to the Carr and Peterson Fellowship in Biochemistry.

Endowed Chair in Women's Cancer Research established at University of Minnesota

Cancer is the most frequent cause of death among women age 35 to 54 in the United States. Roughly one in 70 women will develop a reproductive cancer in her lifetime. Tragically, Shirley Sparboe was one of those women. She died from ovarian cancer in 1989.



Robert Sparboe

Yet the fight against cancer goes on — in her name. In memory of his late wife, Robert D. Sparboe made a generous gift commitment of \$500,000 to the University of Minnesota Women's Health Fund. His gift, along with the Gynecological Oncology faculty practice group gifts of \$180,000, and others totaling more than \$1.6 million from advocates of women's health issues, has helped establish the Shirley A.

Sparboe Endowed Chair in Women's Cancer Research.

Bob Sparboe has served on the Minnesota Medical Foundation board of trustees since 1992, and is currently treasurer of the board. He is president and CEO of Sparboe Companies of Litchfield, Minnesota.

The chair, one of only a few endowed positions in the country dedicated to gynecologic cancer research, is made possible through the extraordinary fund-raising efforts of volunteers serving the University of Minnesota Women's Health Fund — an affiliate organization of the Minnesota Medical Foundation.

"Progress is being made to change the statistics for women's cancers but there are still many challenges to con-

quer," says Josie R. Johnson, Women's Health Fund board president. "We are very grateful to the many generous people who have demonstrated their personal interest in increasing the survival rates for women with reproductive cancers."

Annual income from the endowment is expected to help attract a renowned cancer scientist to the University and provide an uninterrupted source of funding for research in the diagnosis and treatment of ovarian, cervical, endometrial, vulvar, and uterine cancers.

"The establishment of this chair represents the University's dedication to women's health and the department's dedication to finding new treatments for gynecological cancers," says Dr. Leo B. Twiggs, head of the Department of Obstetrics and Gynecology and Women's Health.

University researchers are looking for an effective way to diagnose ovarian cancer early enough to improve survival rates, for methods to deal with residual disease, and for new treatment approaches.

"We are proud of our continued commitment to the delivery of excellent clinical care, clinical research, and basic science research for women touched by cancer," says Dr. Linda F. Carson, director of the Division of Gynecologic Oncology. "This chair will allow us to add another nationally or internationally recognized cancer research scientist to our team of gynecologic cancer specialists. Translating basic science research technologies into the clinical setting brings the promise of increased survival and quality of life to women with gynecologic cancers."

The holder of the endowed chair will collaborate with other cancer specialists who make up the University of Minnesota Cancer Center. The University's Cancer Center was recently designated by the National Cancer Institute as a "comprehensive cancer center" — one of only 35 in the country.

While annual income from the endowed chair will soon help fund new women's cancer research initiatives, there is no limit to how large the endowment can grow. For more information, call 612-626-2612.

GENEROUS BENEFACTORS SHOW COMMITMENT TO THE FUTURE

A gift was made from the **Roland B. Queneau Estate** in memory of Marguerite Queneau for the Marguerite Queneau Memorial Scholarship Endowment Fund.

Robert D. Sparboe, Litchfield, Minnesota, made a gift in honor of his wife, Shirley Ann Sparboe, to the Endowed Chair in Women's Cancer Research to fund a faculty position in Obstetrics and Gynecology to research women's cancer issues.

Eleanor Spicola, Edina, Minnesota, made gifts in memory of James Spicola to the Allan Hemingway Scholarship Fund and to the Cancer Center.

A gift was made from the **Elizabeth A. Stone Trust** to the Medical Technology Division, Student Teaching Program.

A gift from the **Edmund W. Tulloch Estate** was given to establish the Edmund W. and Ann M. Tulloch Endowed Fund which will help support medical research.

Winston R. and Maxine H. Wallin, Edina, Minnesota, have contributed to the Winston R. and Maxine H. Wallin Land Grant Chair in Cancer Prevention and Genetics.

A gift was made from the **Muriel Whiteside Charitable Trust** to the Muriel Whiteside Fund which supports the Muriel Whiteside Institute for Cardiovascular Medicine in Duluth, Minnesota.

Welcome new Presidents Club members

Because of their generous support, the following people have recently become members of the University of Minnesota Presidents Club. These are cumulative gifts, made between July 1, 1998, and December 31, 1998, which have been designated (all or partially) to the Medical Schools, School of Public Health, Cancer Center, or other areas served by the Minnesota Medical Foundation.

Presidents Club Charter Members

Dr. David K. and Mary Claire Ashpole
Dr. Richard E. and Patricia A. Barnes
Dr. Jennifer A. Bierman and James E. Griffin
Alexandra O. Bjorklund
Dr. Ephraim B. and Lillian Kay Cohen
Mary L. Connolly
Theodore and Beverly Deikel

Dr. Amos S. and Sue Deinard
Dr. David G. and Sharon L. Detert
Donald G. and Diane C. Dunshee
Dean R. and Karen C. Edstrom
Lisa Fagan
Dr. Vera B. Fryling
Beverly J. Gazda
John B. Goodman
Dr. John G. and Mary Ann Hartmann
Marcus E. and Charlene M. Jundt
Dr. James F. and Betty V. Koerner
Dr. Aaron B. Lerner and Mildred Hollis Lerner
Gregory S. and Deborah J. Macres
Neil E. McGraw
Thomas F. Mulrooney, Sr.
Corinne and Robert Neuman
Russell G. and Joyce E. Peterson
Dr. Julee K. Richards
Dr. David A. Rothenberger
Dr. Kathleen M. Seibel
Dr. Judith F. and Stephen G. Shank
Dr. Graham G. Smith
Dr. Marc F. and Beth E. Swiontkowski

Dr. Gregory M. and Jane E. Vercellotti

Heritage Society

Genevieve G. Bolger
Jeffrey A. and Jenifer L. Culbertson
David A. Karsnia
David and Sheila Lein
Charles F. and Mabel Livermore
Gregory S. and Deborah J. Macres
Dr. Sheldon L. and Patricia Evans Mandel
Michael C. and Elizabeth A. Mathews
Kevin D. and Patricia Moles
William W. and Delaine Keeney Moles
Mark S. and Sandra Niblick
Dr. Elmer C. and Ethel Paulson
Dr. Herman Seltz
Dr. Dennis W. and Alicemay W. Watson

Chancellors Society

Ruth E. Hanold

Regents Society

Genevieve A. Perry
Robert D. Sparboe

Queneau Scholarship Fund established

IN MEMORY OF THEIR SISTER, Marguerite J. Queneau, and in honor of her outstanding accomplishments in the field of public health nutrition, her siblings Bernard, Paul, Françoise, and the late Roland Queneau established a scholarship fund. The Marguerite J. Queneau Memorial Scholarship Fund provides support to the Public Health Nutrition Program for student scholarships, faculty development, and programmatic enhancements.

Marguerite Queneau was internationally recognized as an authority on nutrition. Known as Margot, she was the first public health nutritionist for the New York State Department of Health

where she served for 25 years. Later she served as a clinic dietician for the Peter Bent Brigham Hospital and then as a public health nutrition instructor at the Harvard University School of Public Health and at Tufts University. She was also a Fulbright Teaching Fellow at the Institut National d'Hygiene in Paris and a nutrition officer with the United Nations Food and Agriculture Organization in Rome.

Dr. Bernard Queneau with recipients Murugi Mutiga, Greg Fedio, Nancy Dickey, Lori Malvey, and Felisha Rhodes.

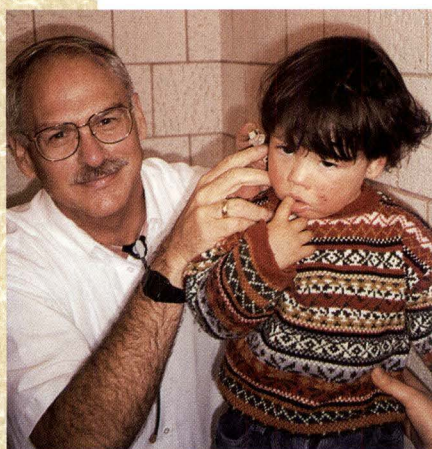


AFFILIATES OF THE MINNESOTA MEDICAL FOUNDATION

are volunteer-based organizations that support health-related research, education, and community outreach. Through the contributions of many volunteers and benefactors, significant advances have been made in many areas such as diabetes, cancer, Parkinson's disease, childhood diseases, and women's health issues.

Helping children hear

International Hearing Foundation



SANTIAGO, CHILE • When Dr. Robert Margolis originally visited the Jorge Otte Gabler School for Hearing-Impaired Children in 1994, it was clear to him that the teachers needed updated resources to make the most of their extraordinary dedication and competence. The children needed better classroom amplification systems – a teacher-worn microphone-transmitter that broadcasts the teacher's voice to receivers worn by the children – and

individual hearing aids. These devices are common in many United States schools.

Last September, Margolis (professor, Department of Otolaryngology and director of the audiology clinic), returned to Santiago to deliver the equipment and hearing aids to the school children.

Sixteen Rotary clubs in Minnesota and a Rotary club in Santiago contributed to the effort and the Rotary Foundation provided a matching grant. The International Hearing Foundation (IHF), a Minnesota Medical Foundation affiliate that promotes hearing health throughout the world, raised \$30,000 for the project. The Rotary and IHF funds, nearly \$70,000, were used to purchase state-of-the-art classroom amplification systems for each of the eight classrooms.

The second phase of the project was to obtain individual hearing aids for the children, to be used outside the classroom. Minnesota-based Starkey Laboratories, Inc. donated new hearing aids to all the children. University

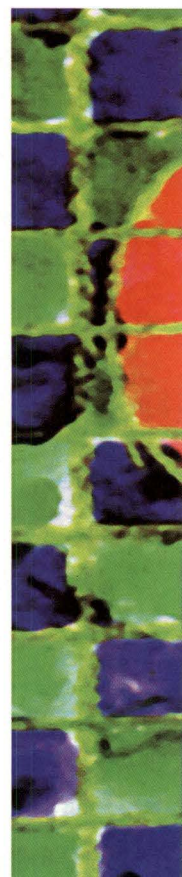
Quilts for health

University Children's Foundation

Quilters can stitch their way toward a world free of children's diseases in the University Children's Foundation's "A Quilter's Gift to Children" competition. Finished quilts, which will reflect visions of a world with healthy children, will be showcased at the Mall of America in June. UCF expects between 5,000 and 7,000 quilts from crafters all over the world, and hopes to raise over \$500,000 in support of medical research at the University of Minnesota's Department of Pediatrics. Entrants will compete for two grand prizes: a nine-day transatlantic cruise and a VIP tour of the Smithsonian's private quilt collection.

Completed quilts will be auctioned at the Mall of America. An "Adopt a Quilt" program will be incorporated into the auction, where donors can purchase a quilt for \$200. Not only will the proceeds benefit the Department of Pediatrics, but the quilt itself will be donated to comfort sick children in the Fairview-University Children's Hospital. UCF hopes to put a quilt on each one of the Hospital's 100+ pediatric beds.

The competition, sponsored by UCF (a Minnesota Medical Foundation affiliate), American Quilter's Society, and Minnesota Quilters, will conclude at a brunch in June at the Minnesota Quilt Convention in St. Paul. Astronaut Jan Davis, a veteran quilter, will give the keynote address and present quilts which she sewed before going into space. For more information on the Quilter's Gift to Children competition, or for contest rules, contact UCF at 612-625-1471 or visit their website at www.peds.umn.edu/ucf/



of Minnesota graduate Hortensia Guzman Goycoolea, now an audiologist in private practice in Santiago, made ear impressions and Starkey fabricated four earmolds for each child. The value of the hearing aids and earmolds donated by Starkey Laboratories is more than \$100,000.

In addition to the classroom amplification equipment and hearing aids, four Minnesota Rotary clubs donated \$1,610 for instructional teaching materials, games, school supplies, and classroom equipment.

The real benefits of this project will be realized several years from now, when children who have never heard the sound of their own voices will be talking and understanding speech. Efforts are under way to obtain playground equipment and to establish a fund to provide hearing aid batteries and new earmolds, which need to be replaced as the children grow. For more information, contact the International Hearing Foundation at 612-339-2120 or Robert Margolis at 612-626-3872; or margo001@tc.umn.edu

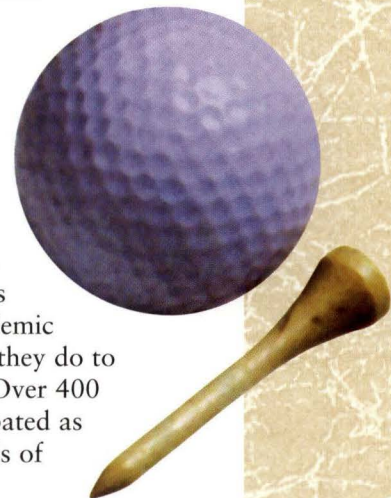
Individuals supporting research

Diabetes Institute for Immunology and Transplantation

The Salmen family knows about diabetes firsthand. In 1997, one family member underwent a successful kidney/pancreas transplant by the University of Minnesota's Dr. David Sutherland after having lived with the disease for many years.

The Salmens learned more about the Diabetes Institute for Immunology and Transplantation, which is dedicated to diabetes education, research, and service. They decided to help support diabetes research by dedicating golf tournament proceeds to the effort.

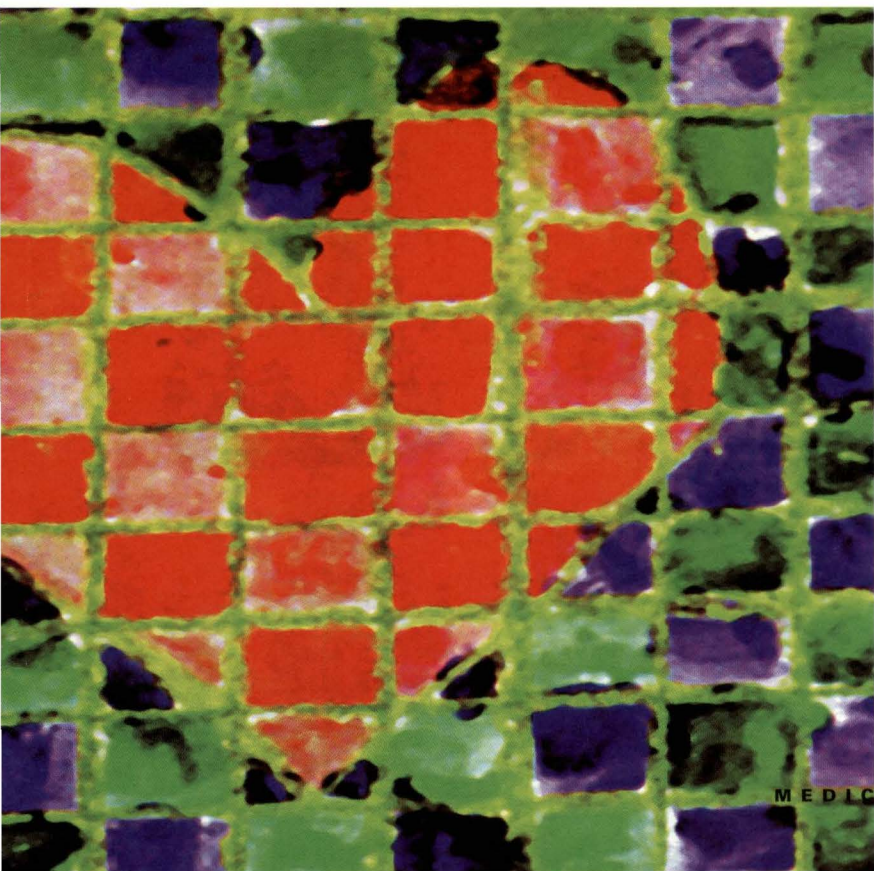
Last June, the second annual Golf Classic "Fore" Diabetes Research took place at the Midland Hills Country Club. Family and friends saw the tournament as a way to thank the Academic Health Center and Dr. Sutherland for the work they do to improve the lives of those living with diabetes. Over 400 people from the Twin Cities community participated as sponsors, golfers, donors, organizers, and friends of the Golf Classic.



In 1997, the Golf Classic "Fore" Diabetes Research raised \$170,000 and netted \$140,000. In 1998, close to \$230,000 was raised with \$180,000 going directly to the Institute's islet transplantation work.

These funds have helped support research, including the efforts of Dr. Bernhard J. Hering. Over the past two years Hering, associate director of the Institute, has modernized his islet labs, secured approval for new anti-rejection protocols, and established hospital procedures for clinical islet transplantation trials. Costs for laboratory solutions, equipment, and personnel have been paid in part by funds raised through the Salmen's tournament. Their efforts are making a significant difference in the lives of those with diabetes.

For more information, contact Dawn Halverson at 612-624-0450.



UNIVERSITY OF MINNESOTA

MEDICAL ALUMNI SOCIETY

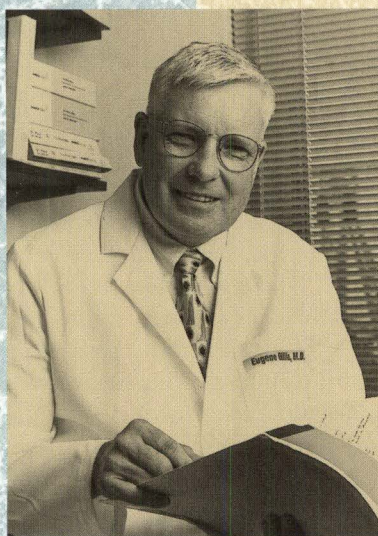
*Alumni Helping Students**President's Report*

*A*s we begin the final year of this 20th century, it is with great pleasure that I write to you about our Medical Alumni Society, its accomplishments, its ongoing projects, and its bright future. The Medical Alumni Society board met on October 15 for the first time in the current academic year. The topics we discussed were many, but perhaps the most significant thing I can report is the wonderful sense of enthusiasm that pervaded the room that evening. Everyone had something important to add, making for an interesting discussion.

The members of our board are listed on page 31. I can assure you that you are well represented by this dedicated, diverse group of physicians and medical students. We look forward to our continued work together on your behalf and in support of today's medical students.

I thought it would be appropriate to share with you the board goals for the current year — some already realized, some in progress. At our October meeting, we discussed several potential initiatives as we identified our key objectives. The highlights included plans to:

- reposition the Medical Alumni Society by promoting its role in assisting medical students;
- launch a special fall alumni newsletter for all M.D., Ph.D., and resident alumni;
- add 500 new UMAA members by year's end and offer complimentary memberships to



donors of \$250+ to facilitate this effort;

- complete a roster of class agents and begin to utilize this valuable group of volunteers;
- hold winter alumni events in several cities around the country;
- increase the number of alumni donors by 10 percent and reunion giving totals by 25 percent;
- play a more visible role in student events like orientation, the White Coat Ceremony, and commencement.

This is quite a challenging task. We are obviously trying to change the way we alumni com-

municate with each other. There will be an emphasis on the educational experience of today's medical student, thereby ensuring the continuing success of the University of Minnesota Medical Schools.

I hope you will support the Medical Alumni Society in these important endeavors. That support includes your participation in events, volunteer opportunities, charitable giving, and alumni membership. We really want your thoughts and ideas for initiatives, and want to know how better we can serve as your alumni association.

Thank you for your steadfast support of your Medical Schools and the Medical Alumni Society. I look forward to achieving great things together in the coming year.

Eugene Ollila, M.D., '70
Medical Alumni Society President

Making room for progress

Chances are, if you attended the University of Minnesota Medical School during the past 60 years, you had at least one class in the Jackson, Owre, Millard, or Lyon buildings. The four traditional brick buildings form a familiar square on the Minneapolis campus and currently house many labs and offices, including neuroscience, biochemistry, molecular biology, and others. Soon, three of the four buildings will be demolished to make way for the new state-of-the-art Institute for Molecular and Cellular Biology.

Owre Hall, Millard Hall, and Lyon Labs will be torn down and approximately 300 people will be relocated during construction of the new facility. The old buildings were updated in 1977 but are no longer suitable for research labs and it would be too costly to renovate the buildings again. However, Jackson Hall, built in 1912, will be preserved and refurbished. The original home of the Medical School and the sturdiest of the four buildings, Jackson will house the new physiology lab.

The new Institute for Molecular and Cellular Biology, slated for completion in January 2002, will unite researchers whose labs are scattered around the Twin Cities campuses. Labs and facilities will be grouped by discipline to encourage collaboration.

The Institute for Molecular and Cellular Biology is also crucial to the academic mission of improving research and instruction in molecular and cellular biology. With the new institute, the University should rise from 34th in national rankings in biological sciences among public universities to the top five within the next 10 years. The University also expects to strengthen its faculty by recruiting 11 new faculty members, plus an additional 15 junior faculty members.

So while more than a few former students may suffer a twinge of nostalgia as the wrecking ball makes way for progress, the new Institute for Molecular and Cellular biology will be a much-welcomed addition.



Refurbished Jackson Hall will house the new physiology lab.



UNIVERSITY OF MINNESOTA
ALUMNI ASSOCIATION

Make a difference! Join the University of Minnesota Alumni Association

As an alumnus of the University of Minnesota Medical School and member of the Medical Alumni Society, you are also eligible to join the University of Minnesota Alumni Association (UMAA).

UMAA membership brings you many new benefits and opportunities, including a free subscription to *Minnesota* magazine, special Internet/e-mail access rates, hotel and car rental discounts, CEE discounts on independent study materials, special prices on many University athletic events, a three-month membership to the Campus Club, and more.

Your support helps the UMAA sponsor the Medical Alumni Society and activities such as homecoming and reunions. For the students, your help can provide UMAA mentor and community programs, student awards, and scholarships.

Your membership makes a difference. For more information, call 612-624-2323 or 1-800-UM-ALUMS (862-5867) or visit the web site at www.uma.umn.edu

1949

Dr. John E. Verby, Jr., Bloomington, Minnesota, received the 50 Year Club Certificate of Merit from the American Medical Association honoring his 50 years of dedicated service to the medical profession.

1950

Dr. Neal L. Gault, St. Paul, received the second annual Japan America Society of Minnesota's Mondale Award in November. The award honors distinguished service in fostering closer ties between Japan and Minnesota.

1951

Dr. Robert J. White, Shaker Heights, Ohio, received the Mayo Clinic Foundation's Distinguished Alumnus Award in May. He also gave the commencement address and received an honorary doctorate of science degree at the University of St. Thomas 1998 graduation ceremony.

1953

Dr. Ramon M. Fusaro, Omaha, has been appointed an associate editor of the new journal *Familial Cancer*.

1954

Dr. Oleg Jardetzky, Stanford, California, returned to teaching and research after 25 years as director of the Stanford Magnetic Resonance Laboratory. In October he received a *doctorate honoris causa* from the Universite D'Aix-Marseille in France. In September he received a Prix Marianne Dessewfy for scientific genealogy at the International Congress of

Genealogy in Torino, Italy. He also holds an honorary medical degree from the University of Graz in Austria, and received a gold medal for outstanding contributions to biological magnetic resonance from the International Council of Magnetic Resonance in Biological Systems.

Dr. Donald Mattson, Willmar, Minnesota, received the Kiwanis Touch a Life Award in 1997 in recognition of volunteer service. He has been the Minnesota State Chair for the Kiwanis Iodine Deficiency Disorders project for the last three and a half years, and coordinator of the Walk for the Hungry in Willmar for the last four years.

1956

Dr. Stanley M. Goldberg, St. Paul, was recently made an Honorary Fellow of the Royal Society of Medicine in London, England – the third American to be so honored. He was also a guest professor in China at the University of Hong Kong in August.

1963

Dr. Charles Crutchfield, St. Paul, and his family were recently chosen for the "1998 Family of the Year" award by the St. Paul Urban League. Crutchfield specialized in obstetrics and gynecology in Medical School, and has been in practice since 1963. He has delivered more than 5,000 infants and performed more than 1,000 operations. He has served as president of the Minnesota Association of Black Physicians and was recently honored by the National Medical Association for his contributions to the organization.

1970

Dr. William H. Reid, Horseshoe Bay, Texas, just published his thirteenth textbook, *Legal Issues for Psychotherapists*. He teaches clinical and forensic psychiatry at three Texas medical schools and residency programs. He has an interest in the treatment of schizophrenia and other severe mental illnesses, and was recently published in *Journal of Clinical Psychiatry* and *Psychiatric Services*.

1971

Dr. Jeffrey P. Schwab, Wauwatosa, Wisconsin, was named professor and chair of the Department of Orthopaedic Surgery at the Medical College of Wisconsin.

1976

Dr. Bruce M. Boman, Gladwyne, Pennsylvania, has been appointed director of the newly created Division of Medical Oncology and Medical Genetics in the Department of Medicine at Jefferson Medical College at Thomas Jefferson University in Philadelphia. He has also been named the Robert L. Capizzi Professor of Medicine at Jefferson Medical College.

1977

Dr. Steven R. Kirkhorn, Mankato, Minnesota, recently completed a one-year Bush Medical Fellowship, focusing on the occupational health aspects of agriculture. Kirkhorn is the medical director of Occupational Health Resources at Immanuel St. Joseph's-Mayo Health System in Mankato. He will also be developing curricula in occupational/environmental/agricultural medicine for the University of Minnesota Rural Family Practice

Residency in Waseca, Minnesota. He was previously staff physician at HealthPartners Occupational and Environmental Medicine and on the faculty at the Regions Hospital Occupational Medicine Residency.

1980

Dr. David G. Stilley, Waukee, Iowa, has been appointed to section chair, Emergency Medicine, at Mercy Hospital in Des Moines. He also became medical director of Mercy Emergency Services, where he oversees the busiest emergency room in Iowa (52,000 visits annually) and the Airlife Helicopter program. Stilley also directs the Emergency Medical Services training programs.

1981

Dr. Deborah Pollak Boughton, Minneapolis, graduated from the Chicago Institute for Psychoanalysis last April.

Dr. Karl T. Kelsey, Brookside, Massachusetts, was named professor of Environmental Health and Cancer Biology in the Department of Cancer Cell Biology at the Harvard School of Public Health in Boston.

1986

Dr. John A. Ness, St. Cloud, Minnesota, helped start Northway Plastic and Cosmetic Surgeons of St. Cloud after 12 years of academic medicine at the University of California.

1998

Dr. Joseph M. Anderson recently moved to Chicago to join the staff at Rush Presbyterian Hospital.

IN MEMORIAM

EUGENE E. AHERN, M.D., Class of 1939, Richfield, Minnesota, died November 11 at age 86. A professor of radiology at the University of Minnesota Medical School, Ahern is survived by two daughters and one son.

JOHN (JACK) D. ALLISON, Sr., Class of 1950, Shoreview, Minnesota, died November 29 at age 68. He was a professor emeritus and director of the University of Minnesota's Program in Physical Therapy from 1978 to 1993. Allison received the Horace T. Morse University of Minnesota Alumni Association Award for outstanding contributions to undergraduate education in 1992. After receiving both his bachelor's and his master's degrees in physical therapy, he served as a physical therapist in the Army for two years, and practiced at the University of Minnesota Hospital. In 1957 he began teaching at the University and retired as an associate professor in the Department of Physical Medicine and Rehabilitation in 1978. A researcher and inventor, Allison patented two devices used for head support and mobility. He is survived by his wife, Eadie, two daughters, and one son. Memorials are suggested to the University of Minnesota's Program in Physical Therapy.

EUGENE D. GRIM, M.D., Minneapolis, died July 23 at age 76. He was the chairman of the University of Minnesota's Physiology Department from 1968 to 1986. During that time, he was known for his research in gastrointestinal physiology and for his contribution to the training received by

graduate and medical students. In 1954, he received the Lederle Medical Faculty Award for teaching excellence, and in 1968 he was recognized with the National Institute of Health Career Development Award. Grim is survived by his wife, Thelma, and one son.

PAUL O. GUSTAFSON, M.D., Class of 1952, Monarch Beach, California, died on December 19 at age 79. A scoliosis specialist, Gustafson was an instructor in children's orthopaedics at Gillette State Crippled Children's Hospital and an assistant clinical professor of orthopaedics at the University of Minnesota for 15 years. He founded the Southdale Orthopaedic Clinic in 1966 and practiced there until his retirement in 1983. He is survived by his wife, Mary, and three daughters.

GEORGE X. LEVITT, M.D., Class of 1927, St. Paul, died August 26 at age 95. He specialized in internal medicine. He is survived by three sons and two daughters.

JAMES GIFFORD MYHRE, M.D., Scottsdale, Arizona, died October 19 at age 81. Myhre was a clinical professor of medicine at the University of Minnesota from 1976 until his retirement. Myhre practiced at Northwestern Hospital, serving as chief of staff in 1966. He treated patients for 31 years, and was the second practicing physician to become a member of the International Gastroenterological Association. Myhre served as a Army Major in the European Theatre from 1943-46 and was one of the first

physicians to enter the Matthesen concentration camp after its liberation. He is survived by his wife, Betty, one son, and one daughter.

BURTRUM SCHIELE, M.D., Minneapolis, died on February 1 at age 94. A member of the Medical School faculty from 1937 to 1973, he was an expert in the field of psychopharmacology. He devoted nearly two decades to clinical research with psychotropic drugs and was the first person in the Upper Midwest to use drugs in the treatment of psychiatric problems. Schiele is survived by his wife, Evelyn, two daughters, and one son. Memorials are suggested to the Schiele Endowed Scholarship Fund at the Minnesota Medical Foundation.

DANIEL A. SCHULTE, M.D., Class of 1972, North Oaks, Minnesota, died July 9 at age 50. He was a member of the Phi Beta Pi Fraternity while at the Medical School, and completed his residency at the Mayo Clinic. He practiced pathology for 21 years. Schulte was a member of various organizations, including the Minnesota Medical Association and the American Society of Clinical Pathology. He is survived by his wife, Jacqueline, one son, and two daughters.

MARVIN D. SIPERSTEIN, M.D., Ph.D., Class of 1947, Kentfield, California, died November 3, 1997, at age 72. He was a professor of medicine at the University of California in San Francisco and an endocrinologist at the San Francisco VAMC. He was a renowned researcher in diabetes and cholesterol metabolism, and trained several gen-

erations of prominent medical researchers. His research into cholesterol and the development of atherosclerosis served as the foundation for two Nobel Prize laureates, Michael Brown and Joseph Goldstein. He received the Lilly Award from the American Diabetes Association for his research on metabolism of glucose in the liver. He received numerous awards during his life, including the Outstanding Achievement Award of a Graduate of the University of Minnesota and the UCSF University Service Award. He is survived by his wife, Eleanor, one son, and two daughters.

MORRIS SMITHBERG, Ph.D., of Minnetonka, Minnesota, died October 18 at age 74. Smithberg taught anatomy at the University of Minnesota Medical School for 27 years. He earned his Ph.D. in embryology from the University of Rochester in New York, and taught at the University of Florida before coming to Minnesota. He served as director of graduate studies at the Medical School and interim head of the department from 1975 to 1977. He is survived by his wife, Betty, five daughters, and four sons. Memorials are suggested to the Morris Smithberg Scholarship Fund at the Minnesota Medical Foundation.

LOREN A. WILL, M.D., Class of 1975, Ames, Iowa, died June 12 at age 55. He was an associate professor in preventative medicine at Iowa State University. He is survived by his parents, Vernon and Lillian, his wife, Heather, four daughters, and two sons.

Reunion v

THE 1999 MEDICAL SCHOOLS REUNION WEEKEND

is only a few months away, and many exciting things are in the works for this year's celebration. The festivities will again take place the weekend of Medical School Commencement – June 3-5. The classes of 1939, 1944, 1949, 1959, 1964, 1969, 1974, and 1989 will be gathering at the University for this special occasion.

Reunion weekend activities will include a tribute to the Class of 1949 at the Half Century Luncheon, informative CME programming from some of the most prominent faculty of the Medical Schools, a special Deans' dinner at the Weisman Art Museum, and the weekend's highlight – private class dinners at the Radisson and Marriott hotels in downtown Minneapolis. Several other events will fill out the busy reunion schedule, including new items that should prove to be great additions to the weekend's agenda of fun and reminiscing.

Members of the celebrating classes should expect more information about Reunion Weekend to arrive in their mailboxes during the coming weeks and invitations will be sent mid-April. If you have questions, please call Julie Crews Barger (612-624-9161) or Sue Clark (612-626-0619) or outside the Twin Cities, please call 800-922-1663. E-mail inquiries can be sent to MAS@main.mmf.umn.edu

Reunion
Weekend
June 3-5,
1999!

Weekend coming soon!

Nominate an outstanding doctor

The Medical Alumni Society board invites nominations for the 1999 Harold S. Diehl and Alumni Recognition Awards. Both awards will be given at the Reunion Weekend Deans' dinner on Friday, June 4, at the Weisman Art Museum.

Given in honor of the University of Minnesota Medical School's fifth dean, Harold Sheely Diehl, M.D., the *Diehl Award* is presented to an individual who has made outstanding professional contributions throughout his or her career. The Diehl Award has been presented to 76 people since its inception in 1962. Last year's recipients were Dr. Jesse Edwards and Dr. John Sanford, Class of 1948.

Qualifications for nomination and criteria used in the selection process are:

- 1) Preferably a graduate of the University of Minnesota Medical Schools; 2) Not currently engaged in an academic capacity; 3) Outstanding contributions to the Medical Schools, the University, the alumni, and the community; and
- 4) Relatively long experience in the field of medical service or a related field.

In contrast to the Diehl Award's recognition of lifetime achievement, the *Alumni Recognition Award* is presented to a graduate of the Medical Schools for outstanding accomplishments over the past five years. This year's winner will be the second

recipient of the award. Last year's inaugural recipient was Dr. June LaValleur, Class of 1987. Selection for the award is based on exemplary achievements in the community or field of medicine, or for outstanding service to the University of Minnesota Medical Schools.

Letters of nomination and supporting materials for both awards should be sent to: Medical Alumni Society Awards Committee, Box 193 Mayo, 420 Delaware Street SE, Minneapolis, MN 55455-0392.



Reunion attendees enjoy the 1998 Deans' dinner at the Weisman Art Museum.

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Given the recent drop in interest rates, this may be a good time to consider making a special gift that will also provide you with a **guaranteed income for life**: a Minnesota Medical Foundation charitable gift annuity. Here’s how it works.

In return for a gift of cash or appreciated stock, the Minnesota Medical Foundation will pay an income for life to one or two persons. The annuity paid is a specific percentage of the amount contributed, and annuity rates range from 6.5 percent (for a beneficiary age 55) to 12 percent (for a beneficiary age 90 and above). **The older you are, the higher your annuity rate!** The Foundation also offers deferred payment gift annuities if you don’t need the income right away. Deferred gift annuities generally pay even higher rates of return.

Upon your death your special gift is available for the purpose you have designated at the University of Minnesota Medical Schools or the School of Public Health. For example, you may want to provide scholarships, support research, and/or establish a permanent named endowment in honor of a loved one.

In addition to guaranteed income for life and the satisfaction of making a gift that will benefit health-related education and research at the University of Minnesota, you receive a **substantial tax deduction** and your **annuity income may be partially tax-free**. You may also be eligible for **capital gains savings**, if your gift is made with appreciated stock.

For a personalized gift annuity proposal, please call the Minnesota Medical Foundation Office of Gift Planning at 612-625-1440 or 1-800-922-1663, or return the adjacent reply card.



Gary Hargroves, Stephanie Oskie, and Susan Dunlop of the Minnesota Medical Foundation Office of Gift Planning.

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Society announces the**

**UNIVERSITY OF
MINNESOTA
MEDICAL SCHOOLS
ALUMNI REUNION
WEEKEND 1999**

**June 3-5, 1999
All alumni welcome**

*Honoring the classes of 1939,
1944, 1949, 1959, 1964, 1969,
1974, and 1989*

**Look for your invitations
in mid-April!**

*Contact the Medical Alumni
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information at 612-624-9161
or 1-800-922-1663.*