

SCHOOL OF MEDICINE

# FUTURE

Winter 2010

**Medical Arts & Research Center**  
UT Medicine San Antonio's New Clinical Home

**Medical School Economics**  
The Cost of Educating Doctors

**San Antonio Breast Cancer Symposium**  
World's Largest Symposium on the Subject

**Clinical Rotations and Border Health**  
STEER Program Addresses Both

**Practice Based Research Networks**  
Partnering with Private Physicians



UT MEDICINE SAN ANTONIO

8300 Floyd Curl Drive

WE MAKE LIVES BETTER  
**UT MEDICINE SAN ANTONIO**  
UT HEALTH SCIENCE CENTER

**Medical Arts & Research Center**

## A MESSAGE FROM THE DEAN



## WELCOME TO 2010

Welcome to 2010 and the Winter issue of FUTURE magazine. The cold and wet weather has not dampened the activities at the School of Medicine here in San Antonio as we find ourselves at full speed in the new year. As you can see from the cover photo, our beautiful new clinical home, the Medical Arts & Research Center, is finally open. In this issue, we feature a photo-essay to show you the inside of the building everyone has been asking about. The top two floors have just been completed as the final step, and the faculty of the Neurology and Otolaryngology departments have moved in.

The first six floors are all clinical space with the clinic count now at 31, including a comprehensive diagnostic imaging center, physical therapy center, and the Day Surgery Center, as well as medical records and financial services offices, and the Fresh Start Café. We will soon be announcing the opening of a full-service pharmacy.

It truly is a beautiful structure, and we are excited to see all these years of planning come to fruition as we strive to fulfill our healthcare mission for Central and South Texas.

This issue features an article on the cost of educating physicians and our School's budget. Most people do not realize that only a small percentage of our budget (in 2009 it was 10%) is financed by the State of Texas. Tuition only covers another fraction of our budget. Like most medical schools in this country, we finance our mission to a great extent by treating patients. The article is an eye-opener for many.

Another story covers a fact most people also do not know: the world's largest breast cancer conference is hosted by our School right here in San Antonio every December. It was founded by the Cancer Therapy & Research Center (CTRC) and continues to grow under the auspices of the School. It is another jewel in our crown of which we are very proud.

The South Texas Environmental Education & Research (STEER) program takes our medical students and immerses them in the difficult realities of Texas healthcare on our border with Mexico. It is a great program and a great story I am sure you will also enjoy.

You can also read about a growing research program that partners community physicians with our researchers here at the School. There are many advantages to Practice-Based Research Networks, one of which is more direct study of patients and a more immediate benefit to those same patients. It is truly changing how medical research is done to the benefit of physicians and patients alike.

This issue of FUTURE also shines a spotlight on South Texas, where increased donor and alumni activities are enhancing the educational experience for our medical students as well as hundreds of high school and college students in our pipeline programs. Of particular note, in January, the Alumni Association launched the Rio Grande Valley Alumni Chapter – the first regional alumni chapter in the School of Medicine's history.

As you may know, I have been the Interim Dean of the School of Medicine since the former dean, William Henrich, MD, MACP, was appointed President of the Health Science Center last year. The search for the new Dean is in full swing, and we expect a successful recruitment this summer. It has been a great experience serving as the Interim Dean for the past year. I will leave with a great appreciation for the enormous task it is to run this School.

Have a great 2010, and I hope to see you in the halls of the School of Medicine soon!

### **Glenn A. Halff, MD**

Interim Dean, School of Medicine  
Dielmann Chair in Transplant Surgery  
Professor of Surgery





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A Texas Legacy

# SCHOOL OF MEDICINE



**Editor**  
Ray Hoesse

**Contributors**  
Jill Byrd  
Nancy Cook-Monore  
Elia Lopez  
Karen Kolivosky  
Sanford Nowlin  
David Perryman  
Tracy Ross  
Kim Warshauer

**Designer / Photographer**  
Rocelyn Aala

**Special Thanks**  
Bridget Hendrix  
Thomas White

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New Book on Health Science Center



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# MEDICAL ARTS & RESEARCH CENTER

## UT Medicine San Antonio's new clinical home is now open.

Photography By Rocelyn Aala

The School of Medicine's vision for a "clinical home" is now reality. Called the Medical Arts & Research Center, the new building currently houses 31 different clinics representing nearly every branch of medicine. It is a consolidation of many clinics that were previously spread throughout San Antonio. The eight-story building on Floyd Curl Drive in San Antonio's South Texas Medical Center also features full diagnostic imaging and lab services, a comprehensive outpatient surgery center, and a fully-furnished physical therapy center; all outfitted with the very latest technology.

The concept of a "Clinical Home" has become a mainstay in modern clinical practices, especially in academic medicine. The idea is fairly simple and elegant – the integration of primary and specialty care within a single system and more often now, a single building; tied together with an electronic medical records (EMR) system. This brings many efficiencies that run the gamut from the very simple to the very complex.



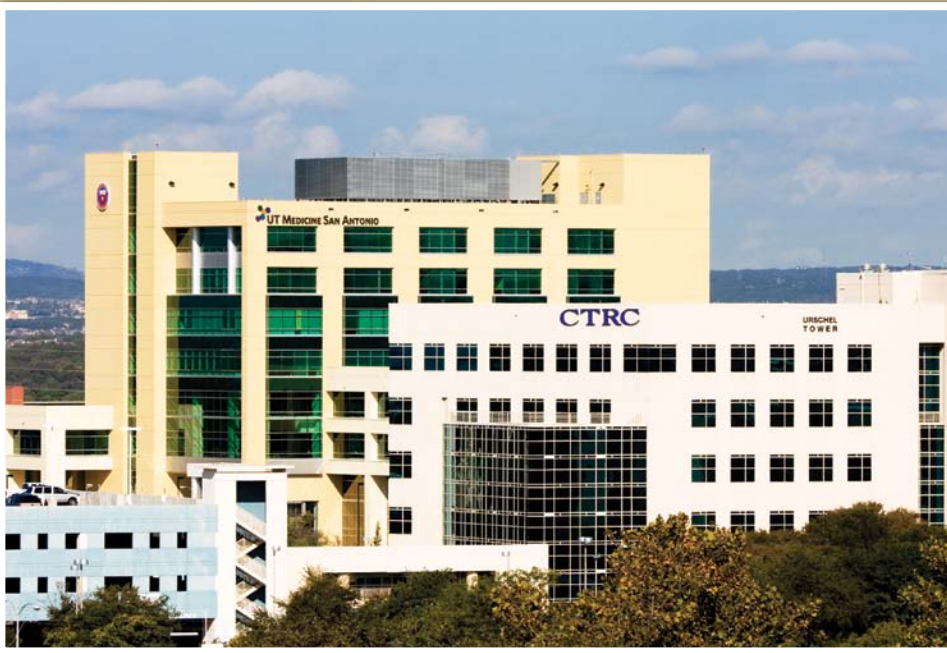


*"The approach for the MARC came from a comment made by Dr. Francisco Cigarroa during the concept design. One of his desires was for the building to reflect the cultural diversity of San Antonio. We accomplished his goal, with a contemporary spin, through a bold building massing, the use of indigenous materials and strong accent colors that also define the building's functions. For example, the red wall that flows through the building, and then out into the site, delineates the public and private zones of the clinics."*

- Wayne Marchand, AIA, ACHA FKP Architects







The MARC is located on Floyd Curl Drive, just across from the CTRC in the South Texas Medical Center.

Planning for the MARC began several years ago with the support of then Health Science Center President, Francisco Cigarroa, MD, and the Dean of the School of Medicine at the time, Steven Wartman, MD, PhD. With the stewardship of Kenneth Shine, MD, UT System Executive Chancellor for Health Affairs, funding for the building was approved in November of 2005. In October of 2006, the San Antonio Medical Foundation Board of Trustees, led by Board Chair Blair Labatt Jr. and President Jim Reed, transferred the 13.37 acres to the Health Science Center for

the building. Ground breaking ceremonies ensued later that month. Construction of the project took place under William Henrich, MD, MACP, who was the School of Medicine Dean. Dr. Cigarroa is now Chancellor of the UT System, and Dr. Henrich is now President of the Health Science Center.

The MARC was designed by Wayne Marchand of Houston's FKP Architects. Builder Bartlett Cocke General Contractors, turned over the building to the Health Science Center floor-by-floor beginning in August of 2009. The final floors were completed and occupied in January of this year.

"Embracing the concept of the clinical home enhances the service to our patients and the community and puts us in step with the most progressive medical schools in the country." Dr. Henrich said. "It has been a long time coming, and we are thrilled to finally see all the planning and hard work come to fruition."

Simple things like proximity can make a big difference; having your family doctor in the same building as your cardiologist, orthopaedic, vascular or general surgeon, your



For the first time, clinical services from nearly every one of the School of Medicine's 17 departments are available in one location.

The atrium offers a quiet place of beauty and contributes to the peaceful atmosphere of the building.





The first floor also includes Financial Services and Patient Records offices.

gastroenterologist and other doctors is part of our academic medicine experience. Combine that with the diagnostic clinics where you may need an X-ray, MRI or blood tests, and the time savings alone is tremendous. You do not have to drive all over town or even all over the Medical Center when your doctor visits become more complex. Although you might not visit all these clinics in a single day, you may easily visit several in a single week or month for a complex medical case or if you are doing a thorough yearly checkup.

Thomas Mayes, MD, MBA, Chair of Pediatrics and Executive Director of UT Medicine San Antonio, compares the new building to the time he was at the helm of the practice plan five years ago. "We are able to practice medicine in a way that just was not an option before. We can truly offer a mutli-disciplinary approach as well as a tremendous convenience to our patients. It makes everything more efficient and allows us to be more effective as care-givers. It's a win-win for everyone."

It is a great thing to have all your doctors working in the same building, but the proximal advantages are more than just physical – they reach into the electronic realm as



well. A new medical records system called "EpicCare" is being implemented in all clinics. It will link all patients and their UT Medicine providers in a multi-functional system that includes all aspects of scheduling and record keeping. Everything from digital images of x-ray and MRI scans to prescriptions and referral orders are tracked and available for quick and easy review by UT Medicine care providers involved with any patient.

The MARC was intentionally designed to make the



In an average week, nearly 250 physicians from the School of Medicine faculty will walk through these doors on their way to see patients.



Clinics are marked with large letters for easy wayfinding, and UT Medicine's friendly staff make each visit special.



The Imaging Center on the 3rd floor offers the entire array of diagnostic imaging services.

Orthopaedics is also on the 3rd floor along with Rehabilitation Medicine.



flow of patient care more efficient, from the front door to the clinics and through the diagnostic and treatment processes – while capturing the medical, technical and diagnostic information (electronically) each step of the way.

A comprehensive Day Surgery Center occupies the entire second floor. It includes four operating rooms and two procedure rooms as well as separate elevators for surgery patients. The operating rooms are resplendent with the latest in general and endoscopic surgical technology, resembling a “Mission Control” headquarters as much as an operating room.

The third floor includes a full diagnostic imaging center that has been outfitted with all new equipment, bringing the latest in imaging technologies to UT Medicine patients. This includes digital x-ray, MRI/MRA, CT Scans, and bone

density scanning.

For someone with a complex chronic condition such as diabetes which truly requires integrated multidisciplinary care, the facility does not just make doctor visits easier, it gives all these providers – whether the endocrinologist, cardiologist, nephrologist, podiatrist, vascular surgeon or primary care doctor – greater opportunity to work together for better patient outcomes. In the past, these doctors would have a difficult time of sharing all patient information. With a computer-based system, they can see a patient’s records, history, prescriptions and diagnostics tests done. And they can easily contact each other for consultation on the



Besides the latest in surgical technology, the new Day Surgery Center offers patients the privacy and convenience of a separate elevator and entrance.



State of the art digital x-ray offers instant results in the new diagnostic imaging clinic.





The building is designed to bring in sunlight and the beautiful natural views of San Antonio's landscape.

All photographic artwork at the MARC is courtesy of employees at the Health Science Center who answered the request with stunning submissions.



patient's treatment.

Patients are surveyed after their clinic visits and they are reporting a high satisfaction rating. Many acknowledge the convenience of seeing their different physicians in a "clinical home" setting.

"Our patients have been very happy with our new clinical home," said Dale Flowers, MHA, Chief Administrative Officer for UT Medicine. "The MARC facility provides an exceptional venue for the delivery of high quality, patient-centric clinical services. We look forward to continued growth in the breadth and depth of our services, particularly in our multi-disciplinary service lines such as the Heart-Lung-Vascular Center and the Musculoskeletal Institute."

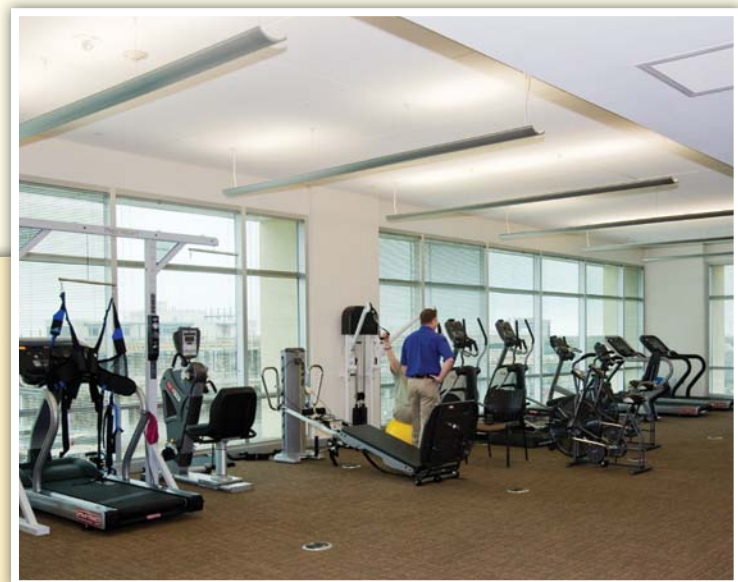
These multi-disciplinary clinics are quickly becoming a sought-after feature of the MARC. The Musculoskeletal Institute (MSK) brings together the expertise of the departments of Othropaedics, Rehabilitative Medicine, Neurology, Neurosurgery, Neurology and Physical

Therapy – all guided by a single patient navigator. Besides the MSK and the Heart-Lung-Vascular Center, there is the Digestive Disorders Center, the Center for Women's Health and the Wound Healing Center with a focus on podiatry and diabetes.

For an appointment with any UT Medicine San Antonio physician, call (210) 450-9000. Visit [www.UTMedicine.org](http://www.UTMedicine.org) for a complete list of clinics.

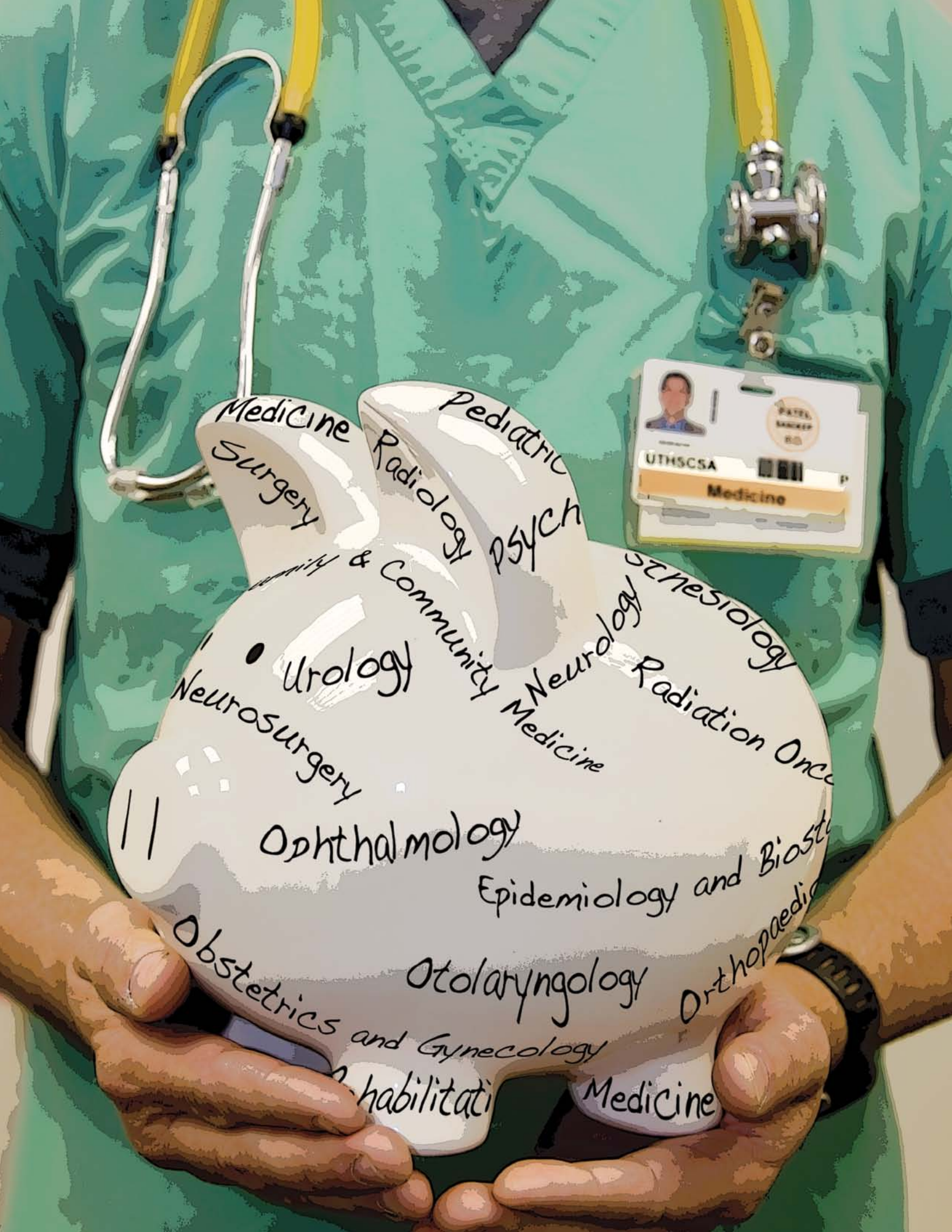


The Fresh Taste Cafe' on the first floor offers hot breakfast choices as well as a full line of sandwiches and salads.



The Physical Therapy room on the 3rd floor is part of the Musculoskeletal Institute (MSK).





Medicine  
Surgery

Pediatrics  
Radiology  
Psychiatry



Family & Community Medicine  
Urology  
Neurosurgery  
Neurology  
Radiation Oncology  
Anesthesiology

Ophthalmology  
Epidemiology and Biostatistics

Otolaryngology  
Orthopaedics  
Obstetrics and Gynecology  
Rehabilitation Medicine



# Medical School Economics: The Dollars and Sense of Educating *Physicians*

Anyone settling into a comfy fifth row theater seat knows that ticket sales do not pay for the entire production, nor does the price of courtside seats finance the San Antonio Spurs. Obviously, the arts and sports have labyrinthine support systems of which ticket sales are but one component.

By Nancy Cook-Monroe

**M**any taxpayers assume that the bulk of a student's education at a state school such as the School of Medicine at the UT Health Science Center is supported almost entirely by the State.

"In general, there is a view that the tuition [and] the funding from the state covers the cost of medical education," explains William Allen, MHSA, Senior Associate Dean for Finance. "And that is certainly not true in our case. It is not true in the large majority of medical schools across the country. We do have a shortfall, a gap, and that applies not only to medical student education in the first four years but also to graduate education."

Of the School's budget for FY 2009, totaling \$415 million, the state's share for the School of Medicine is right at 10 percent. These dollars are used primarily to support the salaries of faculty and Staff engaged in the teaching of medical students.

It is not that the legislature does not value medical education. In fact, during the 2008-2010 legislative session, the physician shortage, especially the need to educate physicians who will remain in Texas to practice, was one of

its top priorities.

Compounding the physician shortage is the disproportionately high number of specialists to primary care physicians in Texas and elsewhere. Nationwide, approximately two-thirds of all physicians are specialists.

With the economic downturn, other pressing expenses, including Hurricane Ike's extensive damage to Galveston and its medical school, have caused other sources of revenues supporting the School of Medicine to become more critical than ever.

Tuition covers only about 20 percent of the actual educational cost, primarily covering faculty salaries. Currently, tuition and fees at the School of Medicine are \$15,835 for Texas residents and \$28,270 for out-of-state students, two-thirds of the national average.

The cost for each year of undergraduate medical education (the first four years) is about \$90,000 per student, and about \$200,000 per resident for each year of residency across the medical specialties. About 60% of the residency cost is for faculty salaries and the remainder is for the resident's stipend, benefits and professional liability insurance. More specialized areas of medicine and surgery

## PUBLIC MEDICAL SCHOOL TUITION AND FEES

	RESIDENTS	NON-RESIDENT
2009-2010 Median Tuition for US	\$25,209	\$45,858
UTHSCSA School of Medicine	\$15,170	\$28,270
UT Southwestern	\$15,835	\$28,935
UT Medical Branch, Galveston	\$15,016	\$28,116

have higher training costs because of their longer duration.

This shortfall between the cost and tuition presents a daunting problem given the enormity of actual costs involved in educating a single physician, a process closer to a one-on-one apprenticeship than any other type of graduate education. Much of the

first two years of a medical student's education take place in the classroom and laboratory, while the third and fourth years are primarily oriented toward learning in clinical settings. Besides faculty salaries, the infrastructure to support the faculty, research, and classes—many of which are both highly technical and highly-interactive—makes up the remainder of the costs.

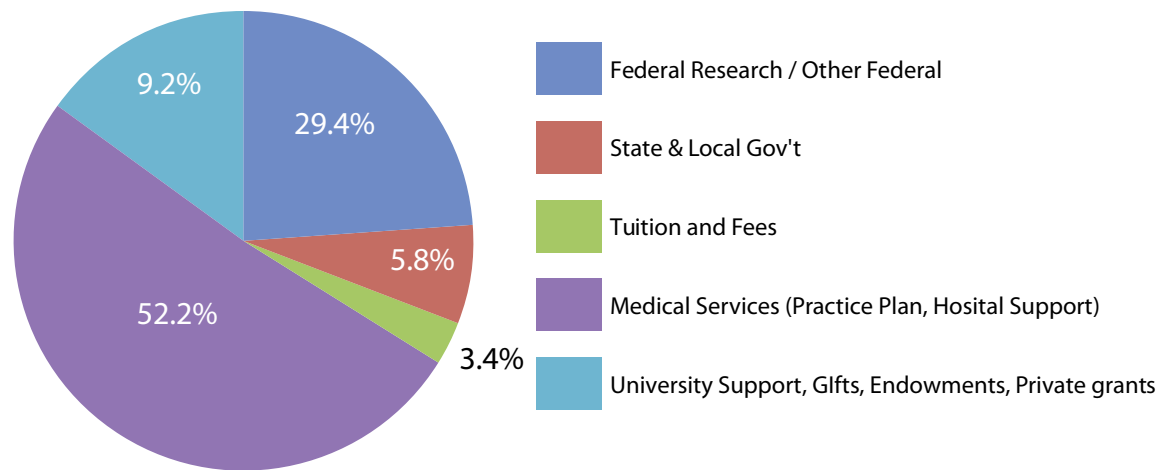
This all makes for a sizable budget considering the School of Medicine averages 220 students per class or 880 total students per year. This enrollment makes the School of Medicine one of the larger regional medical schools in the country as does the sheer size of its offerings: 17 departments; nearly as many divisions, and nine centers, including the Cancer Therapy & Research Center (CTRC), the University Transplant Center and the Research Imaging Institute. The seven departments in the Graduate School of Biomedical Sciences also are devoted to education and research.

"We have relatively large classes, and those classes are likely to grow as we develop more programs at the Regional Academic Health Center (RAHC) in the lower Rio Grande Valley," says Allen. Rotations at the RAHC, which opened in 2002, will grow in the next few years so third and fourth year clinical rotations there can increase from 24 to possibly as many as 50 per class.

The acute shortage of physicians along the border is driving this important initiative.

Source: School of Medicine

## ALL US MEDICAL SCHOOL REVENUE BY TYPE 2006-2007



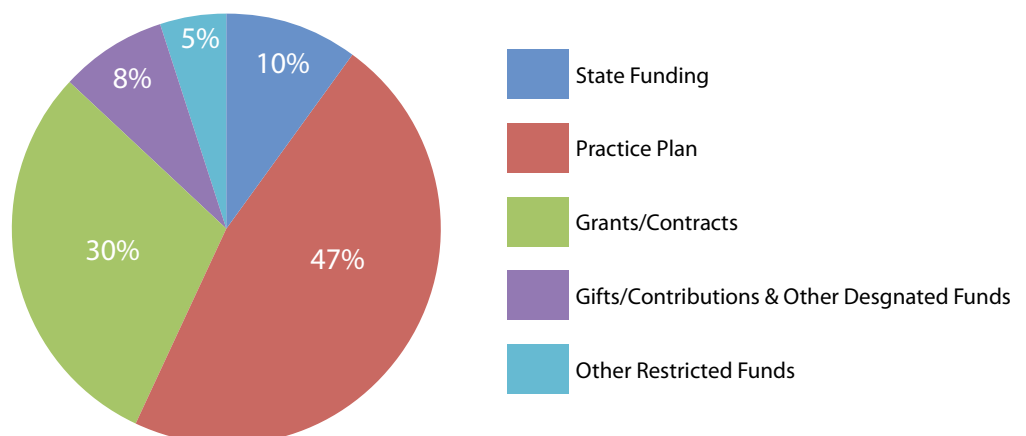
Includes public and private schools. Source: AAMC Data Book, April 2009

Two-thirds of the population within 62 miles of the Rio Grande lacks adequate access to healthcare according to reports by the federal Health Resources and Services Administration.

### Sources of Funding Relate to the School's Mission

To the benefit of students and the community alike, the largest source of funding for educating doctors resides in the pursuit of health and healing. The actual practice of medicine in clinical settings and through contracts with hospitals generates close to half of the School of Medicine's annual budget. By comparison, the average public medical school in the U.S. derives 52% of its operating budget from patient care. (According to the AAMC Databook, April 2009.) The largest contract is with the University Health System, the School's teaching partner, which offers 604 beds for acute care and is the only civilian Level 1 trauma care center in South Texas. Other significant contracts are with the Veteran Administration's Audie L. Murphy Division Hospital and CHRISTUS Santa Rosa Health Care

## FY 2009 UT SCHOOL OF MEDICINE REVENUE (APPROX. \$415 MILLION)





for pediatric and adult services. The School of Medicine's faculty practice plan, UT Medicine San Antonio, generates about 54 percent of the total clinical revenues.

This model's impact on San Antonio, where about 25 percent of the population is uninsured, is profound. The majority of patients seen by School of Medicine faculty physicians—whether at University Hospital or other clinics—are not covered by Medicare or commercial health insurance. This crucial service to Central and South Texas is another reason why other revenue sources are critical to the School's mission.

The School's Department of Pediatrics, for example, practices at the CHRISTUS Santa Rosa Children's Hospital, whose patients depend largely on Medicaid insurance. Given the School's research specialties, patients can draw on the latest medical breakthroughs to help treat even the most difficult cases. This healthcare is an important part of the School's mission, but it must also fund itself.

"Most citizens do not realize that the costs of educating a physician far exceeds tuition payments, so the educational cost must be supplemented by other sources," says William Henrich, MD, MACP, the former Dean of the School of Medicine, who is now President of the Health Science Center.

Henrich added, "Given the situation, it is important that we attract and retain as many of the best and brightest physicians we can in our area and in Texas and not see them leave to practice elsewhere."

Borrowing funds from the UT System, the School of Medicine has built its new eight-story clinical home across from the Cancer Therapy & Research Center to consolidate its physicians and programs in one out-patient clinic location. Called the Medical Arts & Research Center (MARC), it is a state-of-the-art outpatient care center for the UT Medicine practice plan. By consolidating many of its

specialties into one building, it offers a full range of medical services in one location for patients who see specialists and sub specialists. It also includes primary care physicians as well as complete imaging and diagnostic labs. Unlike other UT System buildings used for teaching or research, the \$106 million in construction funds for this building will have to be repaid from its clinic-generated revenues.

Even so, the medical school/medical system model is rich with benefits by virtue of what Allen calls the "tripartite" mission of the School of Medicine.

"With the tripartite mission, there is the value of the education component as it educates physicians for the state of Texas, and for South Texas," he says. "There is the benefit of the research mission which contributes to the economic growth and development of San Antonio and the South Texas region, and there is the clinical mission that provides service to patients in this area whether it be routine primary care service or highly specialized service that patients may not be able to find elsewhere."

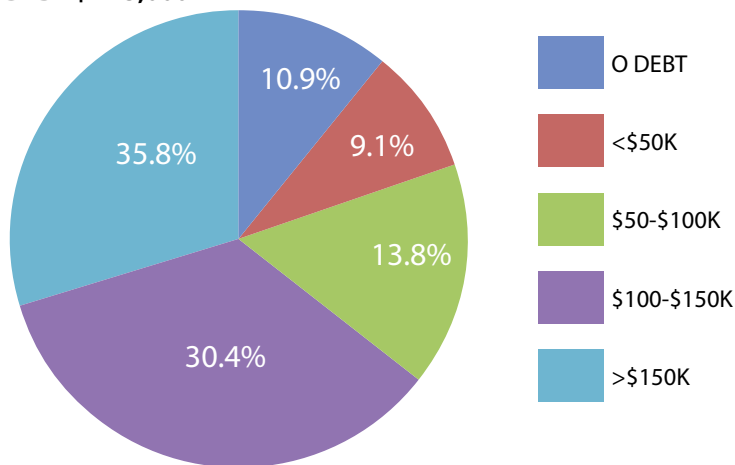
The School of Medicine also derives income by competitive grants from the National Institutes of Health and other peer-review granting agencies. The NIH publishes information about areas of research it is encouraging, and researchers develop and submit proposals for funding. The portion of the investigator/faculty member's time devoted to the research, as well as those of research technicians, is covered by the grant. Supplies and equipment also are covered if the investigator has included them in the proposal.

"It is in our interest to have as many funded investigators as we can," Allen says. "It allows us to grow and develop our science programs as there are more extramural dollars coming to our School. From a community perspective, it has spin-offs in terms of research collaborations; such as with the Foundation for Biomedical

CONTINUED ON PAGE 46

## 2008 EDUCATIONAL INDEBTEDNESS OF US PUBLIC MED SCHOOL GRADUATE

MEAN DEBT \$ 115,000



Mean Medical School debt for indebted graduates (public school) is \$124,183

Our students: \$118,321

Source: AAMC Data Book, April 2009



CTBC-AACR  
SAN ANTONIO  
BREAST CANCER  
SYMPOSIUM



CTBC-AACR  
SAN ANTONIO  
BREAST CANCER  
SYMPOSIUM



SABCS, the largest symposium of its kind in the world, brings together nearly 9,000 breast cancer specialists, patients and advocates from 97 countries.

# -AACR SAN ANTONIO BREAST CANCER SYMPOSIUM

By Jill Byrd

Photos by Todd Buchanan



It happens once a year, and it only happens in San Antonio. It is the CTCR-AACR San Antonio Breast Cancer Symposium (SABCS), and with it arrives more than 9,000 clinical oncologists, industry leaders, basic scientists, translational researchers, and advocates from more than 90 different countries, all focused on one disease, collaborating to improve patient care and ultimately to eradicate breast cancer.

SABCS, as it is more affectionately known, has come a long way since its inaugural meeting in 1978. The brain child of two Health Science Center professors, Charles Coltman, Jr, MD, and William McGuire, the symposium was part of an intensive three-year outreach program of public and professional education designed to significantly reduce the death rate caused by breast cancer in San Antonio and surrounding counties. Sponsorships came from the Cancer Therapy & Research Center (CTRC), the Health Science Center, the Texas division of the American Cancer Society and the Bexar County Medical Society.

In 2005, Baylor College of Medicine (BCM) became a joint sponsor of the symposium. In 2007, the American Association for Cancer Research (AACR) also became a joint sponsor. The driving force behind the collaboration is the shared mission of the partners to advance progress against breast cancer. By combining strengths, the partnership produces a scientific meeting that encompasses the full spectrum of breast cancer research, facilitating the rapid translation of new knowledge into better care for breast cancer patients.

The objective of the symposium, which has remained virtually unchanged since its inception 31 years ago, is to provide state-of-the-art information on the experimental biology, etiology, prevention, diagnosis and therapy of breast cancer and premalignant breast disease, to an international audience of academic and private physicians and researchers.

## **Behind the scenes at the scientist's science fair**

The planning for the next year's symposium begins literally as soon as the current year's symposium adjourns. The executive committee, which includes approximately 15 leaders from the nation's top cancer centers, as well as another 15 or more vital members of the planning committee, immediately gather at the conclusion of the final program for a post-mortem brainstorming session to improve the symposium for the following year, reviewing everything from hot button topics to the trivial issues that arise in a conference of this size. And from there, the year-long planning of SABCS begins.

The symposium staff is made up of only four people, led by symposium director, Rich Markow. While this small staff does do the vast majority of the planning and coordinating of the massive event, Markow acknowledges that come show time, it is actually a staff of hundreds – which includes but is not limited to vendors, consultants, partners, University staff, and volunteers. The conference offers Continuing Education credit through the School of Medicine's CME office which also helps with the conference.

In late January or early February, SABCS sends out a call for abstracts of scientific research. It is typical to receive more than 1500 scientific research abstract submissions each year. These are peer-reviewed and scored by more than 90 institutions from around the country. In August, the planning committee meets again and reviews the scores of all the abstracts. This committee decides which abstracts will be presented as 10 minute oral presentations or as 8-foot-by-14-foot poster presentations. The quality of the research determines the program







Hundreds of physicians, researchers and healthcare professionals listen to the latest research on breast cancer treatment and prevention.

of the symposium, resulting in up to 50 oral presentations and between 700-1,000 posters.

The committee asks the question, "Would this research benefit as a platform oral presentation and packaged with a question-and-answer session?" to determine which abstracts will be presented orally or as posters. According to Markow, the difference in the quality of the science being presented orally or as a poster is minimal, and often times, the biggest discussions result for the poster presentations. During these sessions, the research authors stand next to their posters and discuss the findings with other researchers and clinicians.

"It is a science fair with real scientists," Markow explains. "It is informal and lively and some of the best things we do at SABCS."

### **Sharing research to the benefit of all cancer patients**

For Tyler Curiel, MD, a world renowned ovarian cancer researcher at the CTRC and Professor in the School of Medicine, his preparation as a plenary speaker at SABCS began years ago. The work he and his colleagues are doing, "New Paradigms in Tumor Immunotherapy," looks to boost patient immunity and to subdue tumor-associated immunity to help treat cancers. He has high hopes that the research he is working on and presenting at SABCS will encourage other researchers to explore these approaches to help patients battling cancer.

"Since our approaches boost endogenous host anti-tumor defenses, the tumor type does not matter. We are building a platform that could be used in many different types of cancers, although we have to figure out which

cancers will respond best," explained Curiel. "Immune therapy for breast cancer has not been tested extensively, especially within the context of the new immunotherapy paradigms that I and some of my colleagues have been pursuing. I hope to use this opportunity to educate a group of very smart breast cancer researchers on the potential to combine immunotherapy with their approaches for maximal treatment efforts."

### **A great source of pride**

Andrew Brenner, MD, PhD, an Assistant Professor and clinical investigator at the Cancer Therapy & Research Center at the UT Health Science Center, looks forward to SABCS each year. Now with

five days of educational sessions, plenary lectures, general sessions, poster presentations and more, he admits the amount of information can be daunting and hard to sit through for an entire day, let alone absorb all of the information.

"I try to prioritize the talks of interest and review the previously presented data before the symposium so it is fresh in my mind. That help me focus on the new information," said Brenner, who specializes in research and treatment of breast cancer. "My favorite part is the updates from the larger cooperative group trials like NSABP and SWOG studies, as those have the most impact on my clinical practice. To hear the latest research being conducted gives you a clear idea of where you stand and how to proceed with ongoing projects."

Because the nature of the symposium provides an excellent opportunity for collaboration, Brenner says he would attend SABCS even if it were not in his home city but says that the fact that the world's largest breast cancer symposium is hosted right here in San Antonio is a source of great pride.

"It is a tribute to the historic role our institution played in breast cancer research and treatment over the years," said Brenner. "When the symposium was started, it was due to the success of the breast cancer group right here in San Antonio, and their success was built on the willingness of the patients here to enroll in clinical trials and provide tissue for research. Without those patients, physicians and researchers, the symposium may never have been started. The citizens of San Antonio should be proud and help us

keep the flow of information going by considering future clinical trials to help other patients in need.”

### Getting the word out

Because the majority of research presented at SABCS is on the cutting edge and relatively little of it will be available in the doctor’s office next week, SABCS researchers, clinicians, and attendees rely on more than 150 members of the international press corps to get the information out to other physicians, and most importantly, the patients, all over the world.

It is the job of Jeremy Moore, SABCS press room manager and senior manager for science communications at the AACR, to cater to the members of the media and make the process of reporting the findings seamless and easy.

“Because we stream the general sessions into the press room, the members of the press are able to get high quality visual and audio right at their desks,” said Moore. “In addition, we provide the presentation slides and do our best to help facilitate interviews with the presenters.”

This year, the press room scheduled four press conferences to allow members of the press access to the information and presenters of the hottest topics of the symposium. In addition, they extended the press room hours to assist the reporters in meeting their deadlines.

“We are often on very tight deadlines, but the press room at SABCS goes above and beyond to help us do our job,” said Charlene Laino, a freelance medical reporter for *Oncology Times* and *WebMD*. “From streaming the presentations to having presentation slides available as well as the contact info for the presenters, SABCS truly facilitates the process to allow me to get my articles out not only quickly but most importantly, accurately.”

### An awe-inspiring opportunity

For Sandi Stanford, president of the Alamo Breast Cancer Foundation (ABCF) – a grassroots advocacy educational and support organization for women and men with breast cancer – the opportunity to be a part of SABCS is a dream come true.

“This is a fantastic opportunity for local breast cancer organizations to participate in the largest, international conference on breast cancer – in one location, we can listen to and ask questions of the brightest, most knowledgeable scientists about what is happening in breast cancer research and what is coming down the pipeline,” Stanford said.

Not only does this group volunteer hours of service to make SABCS a success by stuffing bags and helping to register attendees, this group hosts mentor sessions on three evenings of the symposium. These sessions are led by

## Connecting 9,000 participants from 92 countries – [www.sabcs.org](http://www.sabcs.org)

The CTCRC-AACR San Antonio Breast Cancer Symposium (SABCS) is defined as an “international scientific symposium for interaction and exchange among basic scientists and clinicians in breast cancer.” With participants stemming from more than 90 countries around the world, there is one central location they all visit when planning their journey to SABCS – [www.sabcs.org](http://www.sabcs.org).

“The SABCS website is vital to the entire symposium experience,” explained Rich Markow, symposium director. “It provides with the ability to use the most versatile avenue for promotion and to present all of our scientific resources from abstracts and posters, to webcasts, newsletters and slides. We strive to always improve the website with feedback during and after each symposium, to keep everyone coming back each year.”

The website, which does see the most visits during the month of the conference (December), contains everything a participant needs to know about the conference, from registration and housing to the program schedule and scientific research, past and present. In fact, in December 2009 alone, [www.sabcs.org](http://www.sabcs.org) had nearly 83,000 visits and 240,000 page views. The pages with the biggest hits (behind the homepage) include program schedule for poster sessions, registration, the program schedule (schedule at a glance), enduring materials, and housing.

According to Charlene Laino, international medical reporter from *Oncology Times* and *WebMD*, the website is critical to her preparation for SABCS.

“I visit [www.sabcs.org](http://www.sabcs.org) as early as June or July when early registration opens,” said Laino. “I want to find out when the meeting is going to be held, and even though it is the last meeting of the year, it is the first meeting I schedule to attend. The organizers always have the program schedule up early, so it is easy for me to schedule my arrival and departure times.

“The website is a wonderful resource – the materials are convenient. I am able to look up abstracts and presentation slides, which makes meeting my editorial deadlines that much easier. And because it is so organized and comprehensive, it provides for an easy look-up if I forgot something or a quick fact check opportunity.”

To learn more about SABCS or the latest in cutting edge breast cancer research, please visit [www.sabcs.org](http://www.sabcs.org).





# STEER Program Immerses Students in the Border Health Crisis

By Sanford Nowlin



Before last summer, second-year medical student Kirsten Newhams had never been to a colonia. In fact, the Plano, Texas, native did not even know what a colonia (unincorporated Border settlement) was. After spending an intensive four weeks on the Texas-Mexico border through the School of Medicine's South Texas Environmental Education & Research (STEER) program, Newhams credits the experience with a new and deeper understanding of what it means to practice both medicine and public health.

"I gained a greater insight into just how diverse public health is and the huge role it plays in our society," said Newhams, who is simultaneously completing her medical degree and a Masters of Public Health through the School of Medicine and the UT School of Public Health at UT Health Science Center in Houston. "On the border, it becomes very clear how much public health is involved in everything from rabies and mosquito control to dealing with environmental contamination and health education."

The 15-year-old STEER program gives MD/MPH students like Newhams a hands-on opportunity to examine public health issues along the impoverished and underserved Texas-Mexico border. It is a centerpiece of the MD/MPH Program, which allows students to complete both a MD and a Masters in Public Health degree simultaneously over a four-year period.

Rather than concentrate on classroom education, STEER immerses students in some of the most challenging public-health issues in the fast-growing border region. The program includes two weeks in Laredo, where students examine environmental health, and two weeks in Harlingen, where they concentrate more heavily on public health issues.

During their time in the program, students don hip waders and venture into the Rio Grande River to test for contaminants and accompany a native herbalist as he treks through the dusty desert landscape searching for medicinal plants. They even meet a federal trapper who

works to prevent the spread of rabies in coyotes and other wildlife.

Newhams said her most valuable experiences in the STEER program came from that direct interaction – seeing where the rubber meets the road in public health. One of her most memorable was following the promotoras (Spanish-fluent community health workers who visit underserved areas) as they worked in the colonias to provide health education for residents.

Some half a million people live in Texas' colonias, often without basic services taken for granted elsewhere in the United States. The rapidly expanding settlements often are without water and sewer systems, health facilities, electricity and paved roads, which presents unique environmental, sanitation and health challenges.

“One of the promotoras we accompanied visited the home of an overweight woman with diabetes to talk to her about making healthier food choices,” she said. “You could see how the visits were already having a big impact. Because of the visits, the woman was eating healthier, and she had been encouraging her neighbors to make different food choices and to exercise.”

Almost 70 percent of adults on the border are overweight or obese, and the rate of diabetes is also elevated, affecting up to 18 percent of adults in some counties. Making healthy choices is a key to both treatment and prevention. A separate preventive program, the Coordinated Approach to Child Health (CATCH) project, helps children learn healthy habits early in life, and STEER students participate in its physical activity routines while visiting a local school.

Second-year MD/MPH student Martin Hechanova said his time in STEER this summer better enabled him to understand why he wanted a degree in public health and what he could do with the degree once he graduates.

“The hours were long, starting at 6:30 am and often continuing until 8 pm or later. Some of the conditions were difficult,” Hechanova said. Summer heat on the border can be unforgiving, and with their lack of sewage, running water and unpaved streets, some of the colonias felt like stepping into a third-world country.

However, Hechanova said he was energized by seeing the positive impact made by people working to provide better health and living conditions for border residents. Those role models ranged from doctors and nurses at a crowded public clinic in Harlingen to Environmental Protection Agency engineers at a Superfund cleanup site – both stops on STEER field trips.

“The program takes you out of your environment and lets you see the public health challenges and environmental challenges people face on the border, but it also allows you to see that people can make a difference,” Hechanova said. “There are lessons we learned on the border that public health students not only in San Antonio, but anywhere, could learn from.”

For Hechanova, one of those learning experiences came during an “environmental house call” in a Laredo-area colonia. The group accompanied a local health worker to examine conditions in a woman’s home that might have been exacerbating her child’s asthma. During the investigation, they found that chemical cleaners and smoke damage from a recent cooking fire, combined with poor ventilation, were likely aggravating the child’s respiratory problems.

It illustrated an important point, according to Hechanova: Even environmental conditions on a household level can have profound effects on an individual’s health.

Arielle Perez, a third-year medical student who completed STEER in 2008, said the program’s real-world experience has heightened her interest in border issues and brought a level of understanding unavailable in a classroom; especially the impact of local cultures on the practice of medicine and public health.

Healthcare workers, she said, need to be aware of environmental conditions unique to the region they are serving. She learned through STEER, for example, that many residents of the region face dangers of lead contamination because of paint used on cooking pots, wrappers from candies, and from religious candles they burn in their homes.

What’s more, Perez added, the experience allowed

CONTINUED ON PAGE 48

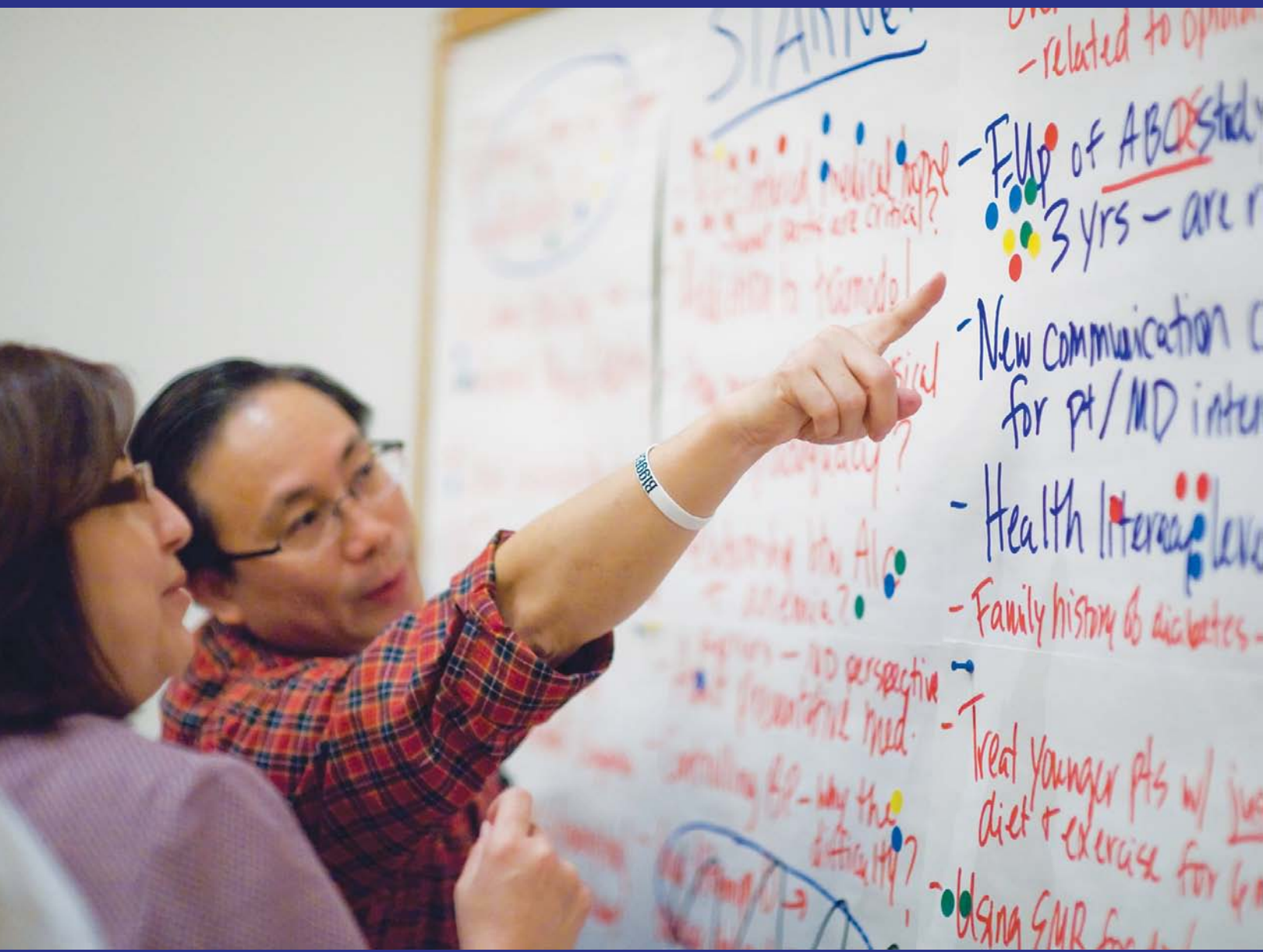
## More Info on the STEER and MD/MPH Programs

**STEER** is an elective and/or practicum for 4th year medical students and other graduate health professions students and is open to students across the Nation. MD/MPH students have the unique opportunity to take STEER between their 1st and 2nd years of medical school. See the website at: <http://steer.uthscsa.edu/>.

The MD/MPH Program is currently recruiting for its fourth class. Students must be accepted to the School of Medicine to apply to the program. See the website at: <http://som.uthscsa.edu/AcademicAffairs/mdmph.asp>.

All links are accessible from the School of Medicine website, <http://som.uthscsa.edu>.





# Practice-Based Research Networks Expediting Improvements to Patient Care

By Karen Kolivosky

Modern medical research has become a continuous stream of discoveries, much of it with the power to improve patient care. But it often takes years, sometimes decades, before most new findings ever reach the patients who can benefit from them. And that is assuming the new information does not simply languish in a medical journal, unread or never implemented.

**While the beneficial effect of  $\beta$ -blockers in acute myocardial infarction was established 25 years ago,  $\beta$ -blockers are widely underused, and there is still wide variation in their use.<sup>1</sup>**

This quote is from a 2007 JAMA article on practice-based research and its ability to shorten the bench-to-bedside lag time. It cites another article which reports that 14 percent of new scientific studies take an estimated average of 17 years to reach patient care.<sup>2</sup>

“Discovery is one thing, but implementing is a whole other animal,” says Michael Parchman, MD, Professor of Family and Community Medicine at the School of Medicine. “It is a complicated process that includes not only getting the information to physicians but designing a system of delivery so that the physician can change the way they care for patients.”

Parchman who is also the director of the Practice-Based Research Networks (PBRN), headquartered in the Department of Family and Community Medicine, says it is a fairly recent revelation that although the medical field is accumulating a lot of knowledge, the findings are not readily implemented in patient care settings.

Efforts to improve the translation process are focusing on a new group of allies on the front lines of medicine: community physicians. Through these practice-based research networks, community-based clinicians partner with academic researchers to make discoveries that translate more quickly into better patient care. The School of Medicine is expanding its partnerships with community clinicians to change the path of medical research from “bench to bedside to bookshelf” to “bench to bedside to practice.” A \$26 million Clinical and Translational Science Award (CTSA), which came to the UT Health Science Center in May 2008 from the National Institute of Health (NIH), is aiding this goal.

The grant includes funding to expand and support the University’s two well-established PBRNs, the South Texas Ambulatory Research Network (STARNet) and the Research Residency Network (RRNet), as well as to form new discipline-specific PBRNs in psychiatry and dentistry and a primary care network in the Harlingen area.

A new PBRN Resource Center, based in the School of Medicine’s Department of Family and Community Medicine, now supports the development of these networks, which offer many advantages to participating

physicians, researchers and ultimately, patients.

STARNet, the School’s longest-running PBRN, consists of more than 165 family practice physicians in San Antonio and surrounding areas. Parchman hopes to grow that number, along with the number of investigators who work with the network. Network physicians team up with University/School investigators to conduct research in their clinics, collaborating on studies with the goal of improving patient care.

“It is a partnership between clinicians and us in which we apply our research skills to their questions, and everyone benefits,” says Parchman. “It is a win-win.”

## PATHWAYS TO IMPLEMENTATION

PBRN-generated research lends itself to implementation. Once a topic is studied, the physicians and investigators can collaborate on how to interpret the findings and incorporate them into the day-to-day practice. New information that improves patient care can be implemented with minimal delay.

Because the clinicians themselves generate many of the research questions, the findings are always relevant to day-to-day, real-world practice.

“The original concept of a PBRN is that the physicians in practice tell the researchers what it is they need to know,” says Sandra Burge, PhD, Director of RRNet. “So, it is truly on-the-ground, practical application.”

Unlike many studies conducted in a laboratory or academic facility, where less than 1 percent of patients receive care, the results apply directly to the vast majority of patients who receive treatment in a clinic setting.

“Much of medical practice is based on older basic research, mostly done in charity hospital and clinic settings. Very little of it was done in real life practice settings,” says STARNet participant Lloyd Van Winkle, MD. “I am a real advocate for evidence-based practice standards, and (STARNet) is a way to move in this direction.”

One network study is investigating the care of patients with diabetes in the family practice clinics. More than 50 percent of these patients have poorly controlled or uncontrolled diabetes.

Part of the study’s initial findings revealed that when a patient comes in to see his/her primary care physician, the average visit is 10 to 15 minutes. That time is spent addressing literally 15-18 different subjects, leaving an average of roughly one minute per subject.

“How are you going to get the diabetic under control when they are also talking about their ingrown toenail, my parking space, can you fill this form out, etc.” says study

CONTINUED ON PAGE 50



# Tapestry of life and giving



Raymond McEntyre and his wife Monique.

On May 21, 2009, Command Sergeant Major (USA, Retired) Raymond McEntyre wrote a moving letter to the UT Health Science Center President William Henrich, MD, MACP. McEntyre's letter detailed his experience as a patient at the University Transplant Center. "My pre and post-transplant nephrologist was Dr. Daniel Riley. My stay at the University Transplant Center was the best hospitalization experience I have ever had. The personnel were great. I will not dwell on that stay, or I would be taking away from the main purpose of my communication to you ... my wife wants to show her appreciation to Dr. Riley, as do I."

Touched by his story, Dr. Henrich soon invited the McEntyres to the Health Science Center for lunch. The couple wanted to discuss what they could do to acknowledge Dr. Riley's efforts. During that meeting McEntyre shared the following:

*I have been a Audie L. Murphy Veterans Administration Hospital renal patient, off and on, since my retirement from the US Army in June, 1990. I have been treated by various nephrologists at the VA over these years. I began being followed by Dr. Daniel Riley in 2006. When a kidney transplant or dialysis was imminent, I had my work-up for compatibility. I expressed my desire to Dr. Riley to have my transplant performed at the University Transplant Center if he would be the nephrologist who would handle my follow-up treatment. He said he would, and subsequently, he began the process to get me on the transplant waiting list.*

*Since being followed by Dr. Riley at Audie Murphy, I was immediately impressed. He was*

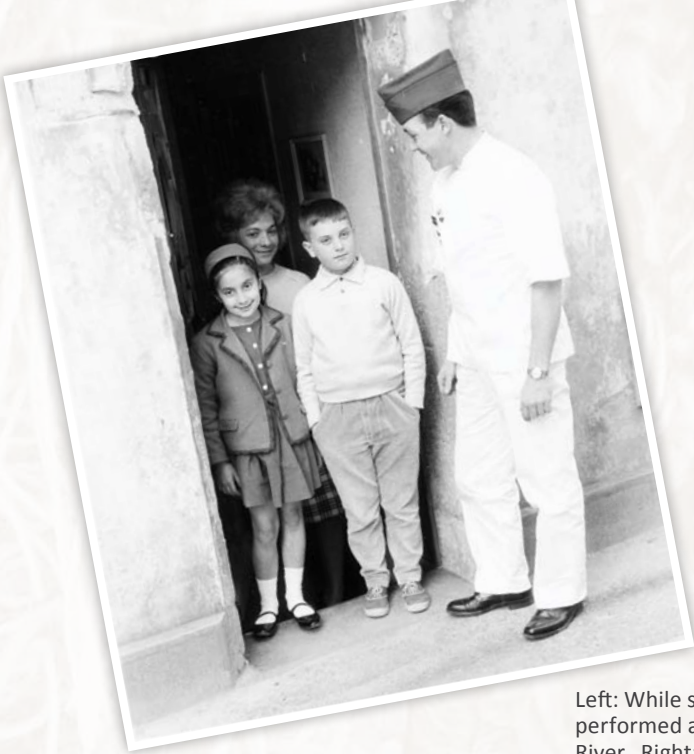
*always a very good listener, even during heavy patient overloads at the VA hospital. This went on until my Gift of Life transplant on January 7, 2009. After my transplant, I continued to be followed by Dr. Riley.*

*Of particular note is that prior to my discharge, Dr. Riley arranged for me to get my medicines from Audie Murphy. My wife, Monique, was to pick up the meds before my discharge. When she expressed to me her fear of elevators (in the presence of Dr. Riley), and that she was not sure where the VA pharmacy was, Dr. Riley escorted her to the pharmacy and back. Monique was very surprised and appreciative that he would take the time from his extremely busy schedule to assist her as he did.*

*Monique has accompanied me on every University Transplant Center visit. Dr. Riley continued to display that outstanding doctor-patient relationship, and he continued to impress both Monique and me. We discussed privately that we wanted to express our appreciation to Dr. Riley without crossing any boundaries.*

The McEntyres mulled over several options for recognizing Dr. Riley, and ultimately, selected sponsoring the University Transplant Center's Pair Tree in honor of Dr. Riley. The Pair Tree will be featured on a wall outside the transplant center. It will have photographs of organ donors with their organ recipients (hence "pair"). It will pay tribute





Left: While stationed in France, then Spc. IV Raymond D. McEntyre Jr., performed a heroic act to save two children from the frigid waters of the Vienne River. Right: McEntyre receives a commendation for saving two drowning children.

to those who have donated organs and those who have benefited from the organ donations.

*The Pair Tree project is very meaningful to us especially because Dr. Riley is the Director of the Living Donor Program, McEntyre said.*

In the broad loom of the tapestry of life, many lives are often interwoven.

McEntyre shared a story and photographs from an earlier time where his life became forever intertwined with two children with whom he later reconnected as adults.

In September 2004, then retired McEntyre was reunited with the two people he saved from drowning 40-plus years earlier. They presented him with a watercolor drawing of the Henry IV Bridge where they had been swept into the river.



McEntyre learned that the boy he had rescued many years earlier had kidney problems and had already undergone a transplant in France. Remarkably, McEntyre's life was once again intertwined with those of his past.

He has spent his life giving to those in need in his community, in service to his country, and with his wife's encouragement, to recognize a worthy physician.

*Receiving a transplant is a wonderful thing; truly a 'gift of life.' One cannot imagine the feeling and joy unless one experiences it. However, giving a kidney generally never crosses one's mind unless a loved one or perhaps a friend is in dire need. And even then, it is not an easy decision. I admire those living who have made the sacrifice to give the 'gift of life' and the relatives who made that difficult decision for a complete stranger on behalf of their deceased loved ones. Whoever you are, wherever you are, we, the recipients, thank you from the bottom of our hearts. God bless you.*



Joel Herculat-Renault and Marie-Line Petitgas, whom McEntyre saved as children, present him with a painting of the bridge on the Vienne River where their rescue took place 40-plus years ago.



## Saks Fifth Avenue Partners with CTRC

Saks Fifth Avenue San Antonio partnered with the CTRC for its Key to the Cure campaign with a fall style show featuring CTRC patients and doctors as fashion models.

About 100 people turned out October 8 at the North Star Mall store to see fashions from Italian designer La Via 18 and the Saks Men's Collection modeled not only by fashion models but also nearly a dozen men and women with little runway experience. Some of the models were cancer survivors who took time away from business and families to raise awareness about cancer. Others were patients and doctors whose days are normally spent in a clinic giving or receiving cancer treatment or in a laboratory developing anti-cancer therapies.

"This is the best cancer treatment I have ever received," said Elizabeth Boyer, CTRC model and ovarian cancer patient, as she and fellow model/cancer patients Heather Hermstad and Martha Arredondo had their hair and make-up done for the style show. "This is a far cry from the normal cancer treatment. Today, I feel like a million bucks. I feel so beautiful."

During the charity shopping weekend, Saks donated two percent of its sales to the CTRC's Gynecological Oncology Program. This program conducts research and provides comprehensive treatment to women with cancers of the reproductive tract, which includes the cervix, ovaries and uterus.



Posing after the show from left to right includes CTRC patient Heather Hermstad, CTRC ovarian cancer researcher and specialist Tyler Curiel, MD, Saks Fifth Avenue general manager Bobby Dees, Saks Fifth Avenue marketing director Alexandra Charpentier, and CTRC patient Martha Arredondo.



Heather Hermstad has traveled from California to the CTRC every two weeks for 5 years to treat a rare form of thyroid cancer.

The CTRC CABINET consists of a vital group of individuals and businesses who contribute \$1,000 or more annually to support the mission of the CTRC to conquer cancer through research, prevention and treatment.

### 2009 CTRC CABINET

(gifts received during fiscal year 9/1/08 through 8/31/09)

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Glenn Halff, MD, Interim Dean of the School of Medicine, spoke August 4 at a news conference announcing the retention of the CTRC's status as an NCI-designated Cancer Center.

## CTRC Retains NCI Designation

The National Cancer Institute (NCI), the nation's top cancer research organization, has renewed the Cancer Therapy & Research Center (CTRC) as one of its NCI-designated Cancer Centers. The distinction comes with \$5.4 million in new federal funding through 2012 to sustain and grow the Cancer Center's rapidly expanding research programs, now consisting of 140 scientists at work on a multitude of cancer projects.

The successful renewal follows a rigorous-ten month scientific and administrative evaluation of CTRC programs by a 16-member NCI-appointed review panel made up of directors and scientists from top cancer centers around the country.

"San Antonio and South Texas patients are the winners today, because an NCI-designated Cancer Center gives patients access to the latest, best and potentially most effective drugs and clinical trials to treat their disease," said William Henrich, MD, MACP, president of the Health Science Center. "The close association with the NCI allows NCI-designated Cancer Centers access to information and discoveries, including a pipeline of new treatment possibilities. That is why patients travel long distances to receive care here."

Texas has three NCI-designated Cancer Centers. The CTRC is the only one in South Texas and serves 4.4 million people in the high-growth corridor of Central and South Texas that includes Austin, San Antonio, Laredo and the Rio Grande Valley. The other two are in Houston: the UT M.D. Anderson Cancer Center and the Dan L. Duncan Cancer Center at Baylor.



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**2010 CTRC CABINET will be listed in the next issue of the Future Magazine. For more information call (210) 450-5583**





## TYPE 2 DIABETES

**Franco Folli, MD, PhD**, Associate Professor of Medicine, has published a study that may explain why glucagon levels increase in type 2 diabetics as insulin levels are decreasing. The study found a relationship between the alpha and beta cell health and Islet Amyloid

Polypeptide (IAPP) deposits in the islets of Langerhas. Folli is senior author and principal investigator of the study article published in the July 20-24 online early edition of *Proceedings of the National Academy of Sciences*.



## THOMPSON ONCOLOGY RESEARCH CITED

Research led by **Ian Thompson, MD**, Interim Executive Director of the CTSC and Chair of Urology, is included in the American Society of Clinical Oncology's year-end summary of the most significant cancer research advances.

Among the report's 15 major advances cited is an article by Thompson demonstrating that men who had their prostate glands removed surgically had dramatically better outcomes when followed up with a course of radiation treatments. The article was published in the *Journal of Urology* in March 2009, "Adjuvant radiotherapy for pathological T3N1M0 prostate cancer significantly reduces risk of metastases and improves survival: long-term follow up of randomized clinical trial."

## ORGAN TRANSPLANT TECHNOLOGY DEVELOPED



**Jerry Gelineau, MD** and **Leon Bunegin, MD**, research scientists and Associate Professors of Anesthesiology,

have developed a novel organ preservation technology that will be commercialized by MCD Life Sciences LLC. The technology, developed through more than a decade of scientific investigations in the School of Medicine, is expected to significantly increase the time that can elapse between removal of donor organs and their transplant into waiting recipients. The current four- to six-hour window could be expanded to as long as a day, the inventors said.

## NEW DEVICE ADVANCES CARDIOLOGY STUDIES



**Marc Feldman, MD**, Professor in the Janey and Dolph Briscoe Division of Cardiology is co-inventor of the ADVantage™ admittance system, a device that will allow deeper understanding of mouse heart physiology as it relates to genetic changes induced to study human heart failure. The

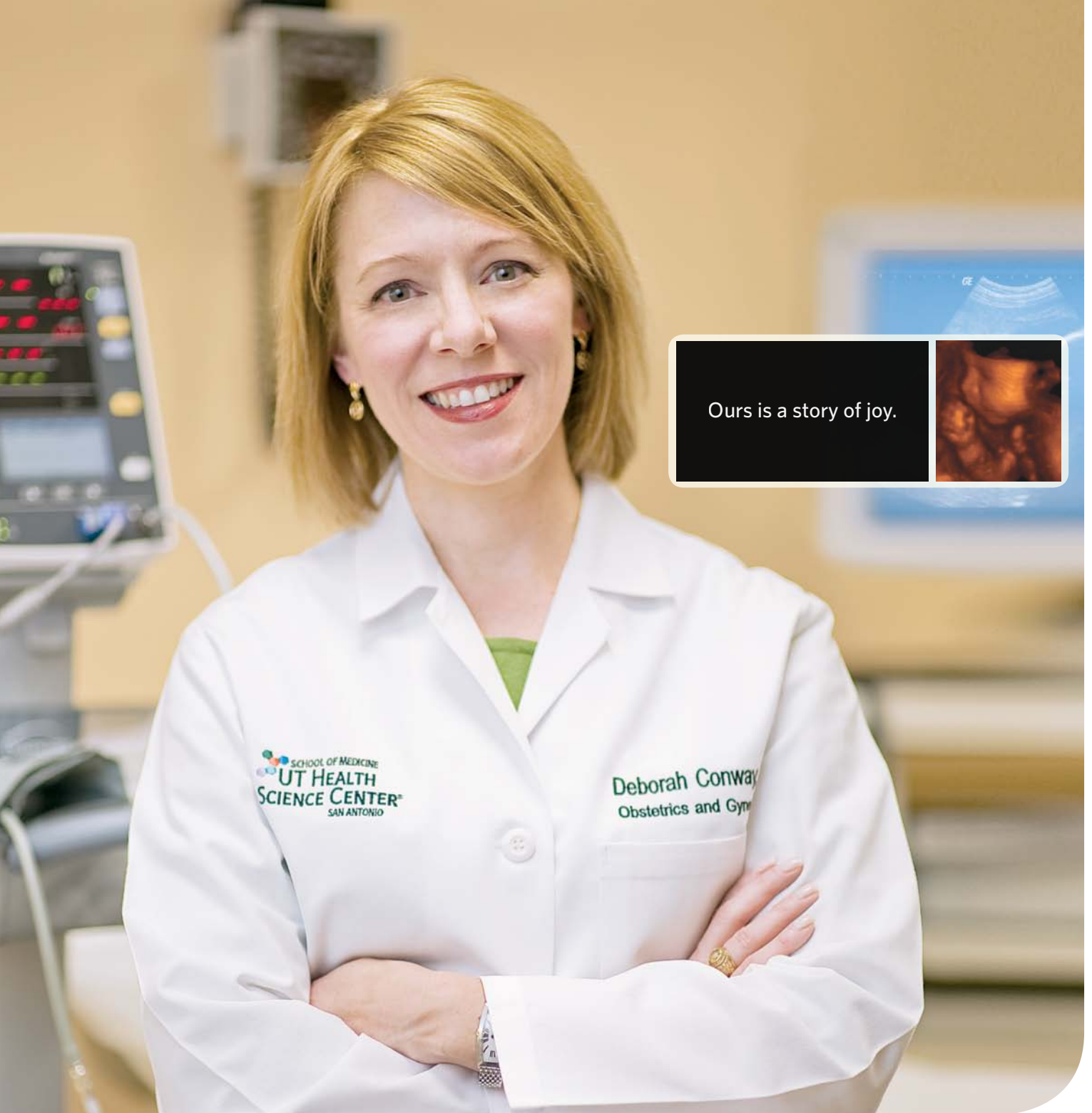
device is a miniature catheter system that establishes an electrical field in blood and muscle. It then measures the voltage output and separates the blood and muscle components to evaluate pressure and volume from the left ventricle. The device also was the subject of an editorial published in October by the *Journal of Applied Physiology*.

## H1N1 & RESPIRATORY DISTRESS



**Antonio Anzueto, MD**, a pulmonologist and Professor of Medicine, is the lead investigator of the study testing whether statin drugs, currently prescribed to lower cholesterol, might also decrease the severe breathing disorders of patients with acute respiratory distress syndrome. The

UT Health Science Center in San Antonio is the only center in Texas conducting the statin study, which is supported by a Clinical and Translational Science Award (CTSA) from the National Center for Research Resources, part of the National Institutes of Health (NIH). The study, which is in 30 centers with CTSA's nationwide, is coordinated by the Vanderbilt University Medical Center.



Ours is a story of joy.



Ours is a story of hope. Compassion and joy. Commitment, vision and inspiration. We engage our minds and talents, and give from our hearts, to help and heal. We touch the lives of thousands, to serve those in need, here and around the world. And, through it all, we work to make lives better.

Thank you for all you do to make our story so remarkable. You're the reason we're able to write the next chapter.



# FACULTY HIGHLIGHTS



Faculty cardiologists, **David Hillis, MD**, and **Richard Lange, MD, MBA**, authored two invited editorials on coronary research studies 2008-2009 for March and May issues of the *New England Journal of Medicine*. The editorials discuss making the choice between two treatments — coronary-bypass surgery or the placement of stents. Hillis is also Chair of the Department of Medicine and a member of the Journal's editorial board.



**Craig Klugman, PhD**, an Assistant Professor of Medicine and an Assistant Director with the School's Center for Medical Humanities & Ethics, has created a new web site — [www.TexasLivingWill.org](http://www.TexasLivingWill.org) — that walks users through the process, step by step, and includes necessary forms and other information for creating a living will.



**Michael Lichtenstein, MD, MSc**, Professor of Medicine and a geriatrician, received the 2009 Leonard Tow Humanism in Medicine Award for Faculty during the School of Medicine's annual White Coat Ceremony on Sunday, July 26, 2009. The award, which honors one faculty member and one graduating student, is sponsored by the Arnold P. Gold Foundation at nearly 80 of the nation's medical schools. Lichtenstein was also the keynote speaker at the ceremony.



**Steven Bailey, MD**, Professor of Medicine and Chief of the Janey and Dolph Briscoe Division of Cardiology, is serving a one-year term as president of the Society for Cardiovascular Angiography and Interventions (SCAI). A fellow of the SCAI, Bailey was installed as president at the society's 32nd Annual Scientific Sessions earlier last year. The SCAI is the primary professional organization for more than 4,000 invasive and interventional cardiologists.



**Nancy Kellogg, MD**, Professor of Pediatrics and Chief of the Division of Child Abuse, published "*The Evaluation of Sexual Behaviors in Children*," online in August, by the Journal *Pediatrics*. It is a summary paper guiding pediatricians on how to address the problem in practice. It helps pediatricians and parents to separate normal sexual behaviors in children from behaviors that are abnormal and need intervention.



**Ian Thompson, MD**, Professor and Chair of the Department of Urology coauthored an opinion piece in the October 21st, *Journal of the American Medical Association* discussing that twenty years of screening for breast and prostate cancer - the most diagnosed cancers for women and men respectively - have not brought the anticipated decline in deaths from these diseases. "People will think that we are saying screening is bad, and nothing could be further from the truth," Thompson said. "What we are saying is that if you want to stop suffering and death from these diseases, you cannot rely on screening alone." Thompson also serves as the Executive Director of the Cancer Therapy & Research Center.



**John Calhoon, MD**, who has saved thousands of lives—including those of week-old infants—is the new Vice Chair and Chair-elect of the American Board of Thoracic Surgery. From 2011 to 2013, he will lead the Board, which certifies cardiothoracic surgeons nationwide and protects the public by

establishing and maintaining high standards in the field. Dr. Calhoon is a Professor of Surgery and Chief of the Division of Cardiothoracic Surgery as well as the President’s Council Chair for Excellence in Surgery.

### **Nuclear Medicine Residency Receives 5 Year Accreditation**

The Nuclear Medicine Residency Review Committee (RRC) of the Accreditation Council for Graduate Medical Education (ACGME) has reviewed and granted the Nuclear Medicine residency program in the Department of Radiology with the longest possible accreditation cycle – five years – and with the proud distinction of having no citations. The RRC also gave a Notable Practice recognition to the program’s “radiation safety passport” that is used to document a log of radiation safety procedures, recommending that

the document be shared with other residency programs via the Notable Practices section of the ACGME website. The residency program is lead by Director, **Darlene Metter, MD**, Professor and Vice Chair of Clinical Education in the Department of Radiology. The program’s participating sites include Brooke Army Medical



Center (BAMC), Wilford Hall Medical Center (AETC), the Texas Cancer Clinic, as well as within the University Health System.

**Dipen Parekh, MD**, Associate Professor of Urology and a urologic oncologist, uses robotic technology in San Antonio and in Edinburg, Texas, to remove kidney, prostate and bladder cancers. Tumors are extracted through tiny incisions, reducing pain, blood loss, scarring and risk of infection. Doctors



Hospital at the Renaissance in Edinburg has donated \$2 million for the creation of an endowed chair that will support Dr. Parekh’s work. The gift will be used to create a Distinguished University Chair – the highest endowed faculty position available at the UT Health Science Center.



An all time high of nearly 13,500 residents in nine South Texas communities received free medical and dental care this summer through Operation Lone Star, a joint military and civilian training exercise and community service project that is the largest humanitarian effort of its kind in the United States. **Charles Bauer, MD**, Professor of Surgery and Colonel in Texas State Guard, led the effort.

### **Presidential Awards for Excellence**

Several School of Medicine faculty were honored as part of the Presidential Awards on January 21st of this year in a ceremony hosted by Health Science Center President, William Henrich, MD, MACP. Congratulations to our winners!

### **Presidential Clinical Excellence Awardees**

**Daniel A. Johnson, MD**, Associate Professor, Ophthalmology; **C. Blake Simpson, MD**, Professor, Otolaryngology/Head and Neck Surgery; **Donna Beth Willey-Courand, MD**, Professor, Pediatrics, and Chief of the Division of Pulmonary Medicine (Critical Care Medicine).

### **Presidential Teaching Excellence Awardees**

**Kaparaboyana Ashok Kumar, MD, FRCS, FFAFP**, Professor and Vice Chair for Medical Student Education, Family and Community Medicine; **Darlene Metter, MD, FACR**, Professor and Vice Chair of Clinical Education and Director of the Nuclear Medicine Residency Program, Radiology.

### **President’s Choice Award**

**James F. Hanley III, MD**, Clinical Professor of Medicine and Director of the Regional Academic Health Center’s (RAHC) Internal Medicine Residency Program, Department of Medicine.

### **Employee Excellence in Service Awards**

**Donna M. Doulton, RN, BScN**, Project Coordinator, Hematology/Oncology, Pediatrics; **Monica McCall**, Administrative Assistant, Pediatrics; **Debbie Schifanella**, Academic Coordinator, Ophthalmology; **Carol A. Swartz, MSN, RN**, Executive Director of Corporate and Foundation Relations, Development; **Robin Tragus, MSN, RN**, Research Nurse Supervisor, Pediatrics.



# PHILANTROPY: DR. MARIO E. RAMIREZ

*A South Texas Legacy*

On October 28, 2009, the inaugural Dr. Mario E. Ramirez Lecture was held at the Regional Academic Health Center in Harlingen, Texas.

Over his lifetime, Dr. Ramirez has touched thousands of lives in South Texas through his humanity and skill.

He opened a family medicine practice in Roma, Texas, in 1950, and for many years, was the only physician serving the people of Starr County. He spent the next 50 years providing health care to the South Texas community.

He has served on numerous state and national associations and committees, earning honors while serving in prominent leadership positions. He received Distinguished Service Awards from both the Texas Academy of



Attendees at the inaugural Dr. Mario E. Ramirez Lecture are welcomed at the Regional Academic Health Center by Regional Dean, Dr. Leonel Vela.

General Practice and the Texas Medical Association, served as president of the Texas Academy of Family Physicians, and was the first Hispanic president of the Texas Medical Association

Dr. Ramirez has also been instrumental in the education of more than 1,500 students in South Texas, devoting more than 20,000 hours to their learning and development.

As a result, the Dr. Mario E. Ramirez Distinguished Professorship in Family and Community Medicine was established in 2008 through the generosity of many individuals familiar with his outstanding efforts.

In keeping with the focus of Dr. Ramirez's life's work, the inaugural lecture was held on a topic of particular interest for South Texas residents: "Preparing for the Flu: H1N1 and Seasonal." The lecture, presented by Dr. Carlos Jaén, Professor and Chair of the Department of Family and Community Medicine, was followed by a question-and-answer session with distinguished panelists.

For more information about the Dr. Mario E. Ramirez Distinguished Professorship and how you can become a donor, contact Kim Warshauer at [warshauer@uthscsa.edu](mailto:warshauer@uthscsa.edu) or at (210) 567-0242.

More photographs from the lecture can be found at: <http://marioramirezlecture102809.shutterfly.com/>



Dr. Mario E. Ramirez and wife, Sarah.

## Thank You RAHC Faculty!

The Regional Academic Health Center (RAHC) has developed a particular strength in its community-based teaching model which allows for significant interaction between faculty and students. The faculty is comprised almost entirely of physicians who are already practicing in Valley communities. As part-time or volunteer faculty, they teach residents and students at the same time that they see patients. We owe them a debt of gratitude for their service to both the current and future healthcare of this medically under-served region.

Pedro Abanto, MD  
 Samina Akhtar, MD  
 S.M. Golam K. Alam, MD  
 Linda Alexander, MD  
 Fadi Alfayoumi, MD  
 Assad Ismael Alhroob, MD  
 Mir Ali, MD  
 Hector Amaya, MD  
 Rangasamy Anand, MD  
 Loga Anandasivam, MD  
 Subra Anandasivam, MD  
 Marco A. Araneda, MD  
 Rolando Ascarrunz, MD  
 S. Murthy Badiga, MD  
 Amar Bagepalli, MD  
 Dolores Bailey, DO  
 Rick Bassett, MD  
 Anil Batta, MD  
 Bev Bauman, MD  
 Henry Benavides, MD  
 Bruce Berberian, MD  
 Juan Carlos Bernini, MD  
 Alejandro Betancourt, MD  
 Anshu Bhatla, MD  
 Brajesh Bhatla, MD  
 Hugo G. Blake, MD  
 Clark Boyer, MD  
 Karen J. Brooks, MD  
 Juan P. Calero, MD  
 James Charles Campbell, MD  
 Uvaldo Cantu, MD  
 James W. Castillo, MD  
 Miguel Cintron, MD  
 Jose Cobos, MD  
 Viraf R. Cooper, MD  
 Cesar Costa-Luna, MD  
 Robert O. Crous, MD  
 Jose Maria C. Cruz, MD  
 Mark Benedict Cua, MD  
 Maia Danielson, MD  
 Philip A. De La Garza, MD  
 Luis de la Torre, MD  
 Jose De Luna, MD  
 Eugene C. Deal, MD  
 Gerard J.A. DeSouza, MD  
 Candace Downing, DO  
 Maria Dill, MD  
 Rolando Dominguez, MD  
 Samuel Dudley, MD  
 Luis Eguia, MD  
 Rodrigo Erana, MD  
 Manuel G. Espinoza, MD  
 Michael D. Evans, MD  
 Daniel Farray, MD  
 Nivia Fisch, CNM  
 Stanley Fisch, MD  
 Eduardo Flores, MD  
 Jorge H. Flores, MD  
 David Michael Forman, MD  
 Daniel Fuentes-Bernardo, MD  
 Luis Gaitan, MD  
 Alfredo Garcia, MD  
 Cynthia A. Garcia, MD  
 Fernando Garcia, MD  
 Gustavo Garcia, MD  
 Juan M. Garcia, MD  
 Leonardo Garcia-Mendez, MD  
 Juan Joel Garza, MD  
 Jesus Miguel Garza-Tamez, MD  
 Habib Ghaddar, MD  
 Bonnie T. Gleason, MD  
 Shashi Goel, MD  
 Manoj K. Gogia, MD  
 Poonam Gogia, MD  
 Jaime S. Gomez, MD  
 Carol Grannum, MD  
 Wayne D. Green, MD  
 Marsha Griffin, MD  
 James Grossman, MD  
 Daniel Gutierrez, MD  
 Kalim Habet, MD  
 Ammar Halloum, MD

David Haman, DO  
 James F. Hanley, MD  
 Max Harris, MD  
 Mark Hayden, MD  
 Cristela Hernandez, MD  
 Roberto J. Hernandez, MD  
 Ashraf Hilmy, MD  
 M. Shereef Hilmy, MD  
 Susan Hunter, MD  
 Syed Hussain, MD  
 Henry Imperial, MD  
 Noemi Infante, MD  
 Dinesh Kumar Jain, MD  
 Oral C. James, MD  
 Micheal Jelinek, MD  
 Sunand M. Kallumadanda, MD  
 Ahmad Karkoutly, MD  
 Muhammad Khan, MD  
 Garner F. Klein, MD  
 Mary Elizabeth Klenz, MD  
 Shridhar Kotta, MD  
 Amirthananthar Krishnarajah, MD  
 Alex D. Kudisch, MD  
 Sajal Kumar, MD  
 Mogbolahan Kuye, MD  
 Joseph Labeau, LPC  
 Marion R. Lawler, MD  
 Daniel Lee, MD  
 Bruce Leibert, MD  
 Louis F. Lester, MD  
 Andrew Levine, MD  
 Teresa Lightner, MD  
 Linette Linsangan, MD  
 Segundo Lizardo-Guzman, MD  
 Wilmer Loja, MD  
 Flora Loji-Hui, MD  
 Cynthia Lopez, MD  
 Leticia Lopez, MD  
 Ruben M. Lopez, MD  
 Diana H. Lozano, MD  
 Ivelisse Lugo, MD  
 Sunil Mahbubani, MD  
 Carlos Maldonado, DO  
 Juan Maldonado, MD  
 Roberto Mangoo-Karim, MD  
 Elena Marin, MD  
 Manuel J. Martin, MD  
 Ruben D. Martinez, MD  
 Melissa Martinez-Diaz, MD  
 Miguel Martinez-Vela, MD  
 Edward Louis Mason, MD  
 Cesar Matos, MD  
 David A. Mayorga, MD  
 Ann McCracken, MD  
 Pedro E. McDougal, MD  
 William Mckenna, MD  
 Ronnie McMurry, MD  
 Jarod Mendez, MD  
 Manuel Mendoza, MD  
 Fausto S. Meza, MD  
 Charles Mild, MD  
 Irina Minina, MD  
 Robert C. Minor, MD  
 Larry Miranda, MD  
 Frances Mitchell, MD  
 Michael T. Mohun, MD  
 David Moran, MD  
 David Moyer-Diener, MD  
 Maria Munoz, MD  
 Mikael S. Muratoglu, MD  
 Jesus J. Naranjo, MD  
 Julia I. Nathan, MD  
 Muhammed Nathani, MD  
 Farley Neasman, MD  
 Tan Nguyen, MD  
 Eugene Nunnery, MD  
 Ricardo Ochoa, MD  
 Brian O'Donnell, MD  
 Constantine Ohabor, MD  
 Andrew O. Okafor, MD  
 Edward Oorjitham, MD  
 Joel Pallapati, MD

Victor Pallares, MD  
 Francisco R. Papilla, MD  
 Victoria A. Parada, MD  
 Gary Paradiso, MD  
 Umesh K. Pathak, MD  
 Seth Patterson, MD  
 J. Leslie Pean, MD  
 Lorenzo Pelly, MD  
 Omar Pena, MD  
 Nolan E. Perez, MD  
 Cynthia Perry, MD  
 Jason E. Peters, MD  
 Roselle Pettorino, MD  
 Jason Phillips, MD  
 Madhavan Pisharodi, MD  
 Ruth Plotkin, MD  
 Juan Posada, MD  
 Rolando Posada, MD  
 Roberto Prieto, MD  
 Eleazar Quintanilla, MD  
 Manjula Raguthu, MD  
 Adolfo Rama, MD  
 Chandrasekhar T. Reddy, MD  
 Madhavi Reddy, MD  
 Reganti Reddy, MD  
 Surapureddy Reddy, MD  
 Luis Reynoso, MD  
 Mihaela Ringheanu, MD  
 Donald C. Roa, MD  
 Roberto Robles, MD  
 Carmen Rocco, MD  
 Jairo Rodriguez, MD  
 Reynaldo Rodriguez, MD  
 Dinah Saavedra, MD  
 Amer Salhadar, MD  
 Erwin Sanchez, MD  
 Gerardo Sanchez, MD  
 Oladayo Sanusi, MD  
 Nabeel I. Sarhill, MD  
 Julio A. Savinon, MD  
 Martin Ricardo Schwarcz, MD  
 Indal M. Seudeal, MD  
 Muhammad Shamin, MD  
 Todd Shenkenberg, MD  
 Usman M. Sheriff, MD  
 Jaime L. Silva, MD  
 Julie D. Sorenson, MD  
 Garry C. Souffrant, MD  
 Stephen P. Stewart, MD  
 Stanley P. Sy, MD  
 Roseller Tapangan, MD  
 Mario Tapia, MD  
 Eric Taylor, MD  
 Carmelita Teeter, MD  
 Miguel Tello, MD  
 George Toland, MD  
 Ruben Torres, MD  
 Yogesh Trakur, MD  
 Linda Trevino-Burke, D.D.S.  
 Joey A. Ugalino, MD  
 Gustavo Valero, MD  
 Dominique Vande Maele, MD  
 Alfredo Vargas, MD  
 Alberto Vasquez, MD  
 Pedro Vasquez, MD  
 Otto Velasquez, MD  
 Robert J. Vieto, MD  
 Rafael Villalobos-Nieto, MD  
 Daniel Villarreal, MD  
 Jaime Villarreal, MD  
 Jay R. Walther, MD  
 Andrea Watson, MD  
 Earl Wellington, MD  
 Darryl White, MD  
 Jeanne Wiegand, MD  
 Robert T. Wright, MD  
 Paul H. Yang, MD  
 David Yardley, MD  
 Asif Zamir, MD  
 Asim Zamir, MD

## Students Demonstrate Attitude of Gratitude

The School of Medicine annual Thankathon took place in early November. Students who are scholarship recipients, and therefore the beneficiaries of gifts, took some time to call and thank the past year's donors to the School of Medicine.

These are the faces of the students who reached out to express their gratitude. If you received a call, you can now put a face with a name.

"It is really reassuring to hear how happy and fulfilled the benefactors I spoke with are in their medical careers."  
 Laci Waner, MSIV.



"I wanted to express my family's appreciation to all of the School of Medicine donors."  
 Matthew Fink, MSII

"It is the least I can do to show appreciation for the great state of Texas and to all of the people here who make it possible for me to attend medical school."  
 Mark Johnson, MSII



"I talked with many friendly people who seemed appreciative and enjoyed talking with me about the Health Science Center."  
 Ian Jackson, MSIV.

"I know that those who received a 'thank you' phone call were touched. It gave me the opportunity to see that showing appreciation to others really makes a memorable impression."  
 Imma Achilike, MSI





- Connect with Classmates
- Find Your Class Agents
- Read Class Notes
- Update Your Profile



Dear Alumni:

Mental images are the substance of our memories, and the most powerful images are the first formed from new experiences. For many of us, the image of our School of Medicine is of an isolated building standing next to a hospital surrounded by pastures and open spaces. The reality of the School of Medicine is drastically different.

In this, the last year of my service as president of the Alumni Association, my mental picture of our School now includes clusters of buildings densely placed next to other clusters of buildings, and thousands of people who participate in this incredible enterprise. The School of Medicine is now the hub of a massive health education, health science, health research and health care system. Yet, while nothing is physically the same, the essence and the heart of the School is as it was 40 years ago, when as an applicant, I first saw the campus.

The same is true of the Alumni Association. Those of us who have joined the Board and who have participated formally in the activities and growth of the Alumni Association have built upon the foundation laid by others. Many of their hopes and dreams have come to fruition under our watch. As the Alumni Association has matured, generations of alumni have also reached a point in their lives and careers where they can now focus on giving back to their alma mater for all that they were given. The maturity of the School and its excellence are being matched by the recently announced Alumni Association fundraising initiative. No great organization remains so without new ideas and a new vision, but that greatness also requires the endorsement of those who know and love the organization the most: the alumni.

It is to the fulfillment of the School's mission that I invite you. My wife and I have never appreciated the School of Medicine as much as we have since we began giving gifts to an endowed chair in honor of our first dean, Carter Pannill, Jr, MD, into the celebration of our School's 40th anniversary, to the memory of lost classmates, to the investiture of our new President, William Henrich, MD, MACP and now to the alumni campaign. The fulfillment of your relationship with your alma mater will be made complete by your joining us in giving to the School. Without hesitation and without regard to the size of your giving potential, I invite you to complete the circle that you began on the day of your interview for acceptance to the School. I invite you to contribute to a campaign that will literally transform the educational experience for the next generation of medical students. Your School needs your endorsement with your gift, and in reality, you need to fulfill your dream by the giving of those gifts.

As your mental image of your School of Medicine grows and matures, paint those images in the most brilliant colors by giving your most generous gifts. I am proud of our School, and I am proud of you. Thank you for your life and for your gifts.

James L. Holly, MD '73  
President, School of Medicine Alumni Association

#### In Memoriam

Richard Lackritz, MD '72  
Danny Kelley, MD '73  
David Hall, MD '86



Dr. Renu Weiss presented “Working for the Weakened” on the UT Health Science Center campus in April 2009.

### **Renu Weiss, MD, Wins Prestigious Rosenthal Award**

Dr. Renu Weiss '00 received the 2009 Richard and Hinda Rosenthal Award #1 from The Rosenthal Family Foundation. Given by the American College of Physicians Board of Regents for Innovation in the Delivery of Health Care, the award recognized Weiss' innovative work at The Banyan, a clinic in Chennai, India, that provides shelter, medical care, and rehabilitation services to mentally ill women rescued from the streets. She currently serves as an internist and medical director of the clinic. To read a profile on Dr. Weiss' work at The Banyan, go to [www.SAmEdAlum.com](http://www.SAmEdAlum.com).

### **Roland A. Goertz, MD, Chosen President-Elect of the American Academy of Family Physicians**

Dr. Roland A. Goertz '81, a family physician in Waco, Texas, was chosen president-elect of the American Academy of Family Physicians (AAFP), an organization that represents more than 94,600 physicians and medical students nationwide. Previously, Goertz served three years as a member of the AAFP Board of Directors. He was elected to the position by the Congress of Delegates, the AAFP's governing body, during the organization's annual meeting in October. As president-elect of the AAFP, Goertz will advocate on behalf of family physicians and patients nationwide to inspire positive change in the U.S. healthcare system.

During his 25-year medical career, Goertz has served as a physician in rural private practice, a family medicine residency program director at two highly regarded Texas residencies, and Chair of the Department of Family and Community Medicine at the University of Texas Medical

School at Houston. For the past 12 years, Goertz has served as chief executive officer of the three foundations that oversee all operations of the Waco Family Practice Center, which operates one of the oldest family medicine residency programs west of the Mississippi River. It provides care to more than 47,000 patients in McLennan County, Texas. Goertz also holds an appointment as Associate Clinical Professor at the University of Texas Southwestern Medical School in Dallas.

### **George M. Rapier III, MD, Wins Modern Physician's 2009 Physician Entrepreneur of the Year Award**

In September, Dr. George M. Rapier III '80, WellMed Medical Management chairman and CEO, was named the 2009 Physician Entrepreneur of the Year by *Modern Physician*, a leading online news and information source for healthcare executives and professionals. The award is designed to recognize physicians who have made their mark on the business side of healthcare by introducing successful new products or services to the industry or by successfully leading or managing businesses serving the industry. After completing an internship and residency at the UT Health Science Center's School of Medicine in 1980, Rapier started a small medical group practice specializing in senior care in 1990 and turned it into an award-winning, diversified healthcare company with more than 1,300 employees in four states and \$560 million in revenues reported at the end of 2008. *The San Antonio Business Journal* and *Inc.* magazine recently ranked WellMed among the fastest-growing private companies in the region and nation, respectively. Since 1985, Rapier has also served as an Assistant Professor of Medicine in the School of Medicine.



George Rapier III, MD, CEO of WellMed, listens to patients Anita Perez and her husband, Antonio, in the lobby of WellMed at San Antonio, TX.



## Martha Medrano, MD, Associate Dean for CME, Retires after Quarter Century of Service



Dr. Martha Medrano '81

Dr. Martha Medrano '81, the 2004 Distinguished Alumni Award Winner and Associate Dean for Continuing Medical Education (CME), retired from the Health Science Center in November after 25 years of service. During her tenure in the Dean's Office, Medrano oversaw a staff of 12 with

the responsibility for 26 directly sponsored courses and 32 directly sponsored conferences, as well as 44 jointly sponsored CME activities. She also served as the Director of the Medical Hispanic Center of Excellence and created education and training models for minority medical students and faculty.

Among her many accomplishments, Medrano is a founding member and has served on the Minority Women Panel of Experts for the Department of Health and Human Services, the National Institutes of Health and Office on Research in Women's Health National Advisory Council, and the Health Resources and Services Administrations Expert Panel for Minority Faculty Development. More recently, she was selected as one of the Most Influential Women Physicians by *San Antonio Magazine* and one of the 100 Most Influential Hispanics in the United States by *Hispanic Business Magazine*. She was also instrumental in bringing the National Center of Excellence in Women's Health to the Health Science Center, the first such center in Texas and second in the region (Tulane University being the first).

Medrano now serves as the Director of Behavior Health at CommuniCare, a federally qualified Community Health Care System in San Antonio, where she integrates mental health programs into CommuniCare's primary care clinics. "I feel I have come full circle," Medrano said. "I started my UT Health Science Center career as the Clinical Director of the Child Guidance Center, overseeing 30 mental health providers' care of children and families with behavioral health problems. I have returned to my work in child and adult psychiatry armed with years of experience and wisdom that I have gained in the many wonderful opportunities within our School of Medicine. I will work to make the lives of children and families better by addressing the gap in behavioral health programs and services in our community."

## Dr. Donald Dudley '84 Heads Up Research Efforts for National Children's Study, Wins Award



Dr. Donald Dudley '84

In 2009, the Health Science Center became the first center in Texas to be selected for the National Children's Study (NCS), receiving more than \$33 million in federal funding for the first phase of this 25-year study that seeks to assess the effects of environmental and genetic factors on child and human health nationwide.



Dr. Daniel E. Hale

Co-principal investigators Dr. Donald J. Dudley '84, Professor of Obstetrics and Gynecology, and Dr. Daniel E. Hale, Professor of Pediatrics, are leading the research efforts for the NCS sites in Bexar, Hidalgo, and Travis counties. "This study will provide insights about many areas of normal and abnormal pregnancy, and hopefully, will

give us much more information about diseases on which we have little information today, such as preterm birth, pre-eclampsia, and miscarriage," said Dudley. "It is difficult to conceive of all the questions that will be answered using the data generated from this study."

Dr. Dudley also received the 2009 Texas Perinatal Physician Excellence Award for Public Health Region 8, given by the March of Dimes to recognize and encourage excellence in the areas of perinatal clinical practice, education, research, community and program development.

## School of Medicine Faculty Member and Alumni Association President-Elect Go to the Hill



Last May, Dr. Andrew Diehl and Dr. Valerie Pronio-Stelluto '90 participated in the American College of Physicians' Leadership Day on Capitol Hill in Washington, D.C.

In May, Dr. Valerie Pronio-Stelluto '90 and Dr. Andrew Diehl joined hundreds of physicians from across the United States for the American College of Physicians (ACP) Leadership Day

on Capitol Hill in Washington, D.C. The Hollan Professor and Division Chief of General Medicine at the UT Health Science Center's School of Medicine, Diehl serves as the Governor of the Texas Southern Region of the ACP. Pronio-Stelluto, who is a member of the Governor's Council of the Massachusetts Chapter of the ACP, serves as President-Elect of the School of Medicine Alumni Association and Director of Medical Student Education at Mount Auburn Hospital (a Harvard Medical School community teaching hospital). The two faculty-physicians met with Representatives and Senators from their respective states to discuss important advocacy issues on behalf of their patients, medical students, medical residents, and fellow physicians. Specifically, they encouraged their Representatives to co-sponsor a bill introduced by Rep. Allyson Schwartz of Pennsylvania (HR 2350) that supports improved payment rates for primary care doctors, scholarships and loan forgiveness for students entering primary care, as well as primary care education and training. Congresswoman Schwartz's bill was largely incorporated into the main House health care reform bill, HR 3200.

### Dr. Robert Hilliard, Jr. Named CMO of Molina Healthcare of Texas



Dr. Robert Hilliard '94

Dr. Robert Hilliard, Jr. '94 was recently named the Chief Medical Officer of Molina Healthcare, Inc.'s wholly-owned subsidiary, Molina Healthcare of Texas, Inc. In this position, he is responsible for overseeing the medical management functions of Molina

Healthcare of Texas, including utilization management, quality improvement, credentialing, pharmacy and risk management activities.

"Dr. Hilliard's leadership and experience in health care will be invaluable to our team," said Don Hairston, president of Molina Healthcare of Texas. "We look forward to his contributions and commitment to delivering quality health care services to the communities that we serve here."

Hilliard, an OB/GYN, has been in the health care industry for 15 years and has held several medical leadership positions for healthcare organizations. He was previously the Regional Medical Director of Western Commercial markets for Humana, Texas. Currently, he is on the Board of Directors for the Legacy Community Health Services, Inc. Hilliard did his undergraduate work at the University of

Texas at Austin. He obtained his medical degree from the UT Health Science Center at San Antonio and his master's degree from Northwestern University is Kellogg School of Management.

Molina Healthcare of Texas has approximately 31,000 members enrolled in its health plan and currently serves San Antonio, Houston, Laredo and surrounding areas.

### Faculty and Alumnus Help Victims of Earthquake in Haiti



Dr. Christopher Madden '95, and School of Medicine faculty, Dr. Ruth Berggren, Associate Professor of Infectious Disease, and Dr. Tyler Curiel, Professor of Hematology & Medical Oncology, traveled to the Dominican Republic following the recent earthquake in Haiti to provide volunteer medical services through International Medical Alliance. They teamed with other physicians from the United States, Japan, Spain, Canada, Puerto Rico, and the Dominican Republic to treat hundreds of Haitian patients who made their way from Port au Prince to Hospital Buen Samaritano in Jimani, a Dominican border town. Madden is an Associate Professor of Neurosurgery at UT Southwestern.

### Isn't it time you got branded?

The Alumni Association can help! Send us your current contact information, and we will send you a School of Medicine Alumni Association shopper totebag and static-cling decal.

- 1) Go to [www.SAmedAlum.com](http://www.SAmedAlum.com).
- 2) Click on the Update Your Profile link.
- 3) Fill out the form.
- 4) Click Submit.
- 5) Sit back and wait for your new totebag and decal to arrive by mail.





# Transforming the next generation

In August 2009, the School of Medicine Alumni Association embarked on a five-year \$1.2 million initiative to transform the educational experience for the next generation of medical students. The plan involves three steps:

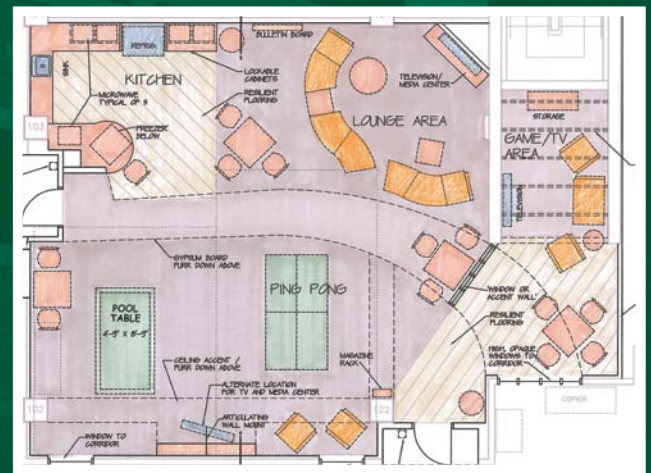
## 1) Build a place for students to meet, study, relax, and recreate

Conveniently located on the second floor of the School of Medicine, the new 1,500-square-foot Alumni Association Student Lounge will support club meetings, group study sessions, informal relaxation and recreation, and student-alumni receptions.



## 3) Provide resources and tools that enrich students' educational experience

By funding academic programs and capital projects such as expanded tutoring services and enhancements to the H-E-B Clinical Skills Center, the campaign will deepen students' knowledge of medicine while honing their ability to practice it.



## 2) Increase opportunities for students to apply lessons learned in class to the lab, the community, and the world

More students will be able to participate in summer research projects, structured community service programs and medical outreach trips throughout Texas and across the globe.



## Two Ways to Pledge Your Support

If you would like to be a part of this exciting transformation:

- Complete the enclosed commitment form, and mail it to the Alumni Association using the self-addressed reply envelope **OR**
- Make your pledge online:
  - Go to [www.uthscsa.edu/som/giving](http://www.uthscsa.edu/som/giving).
  - Select "Other" in the designation field.
  - Enter "Medical Student Education Enhancement Fund" in the Comments box.



## Alumni Association Heats Up in South Texas

In an effort to increase alumni engagement in the Rio Grande Valley (RGV), the Alumni Relations Office hosted a number of events last year in the area, which is home to more than 200 graduates of the School of Medicine. These activities culminated in the formation of the Rio Grande Valley Alumni Chapter in January 2010. The first regional alumni chapter in the School's history, it will provide RGV alumni with:

- An on-the-ground network for professional referrals and personal friendships.
- Local programs and events that foster professional development, social connections, and community service outreach.
- Local resources to facilitate two-way communications among RGV alumni, the School of Medicine, and the Alumni Association.

The Rio Grande Valley Alumni Chapter will be guided by the following steering committee members, representing Starr, Hidalgo, Willacy, and Cameron counties:

- Dr. Eduardo Carrillo '00 (Chair)
- Dr. Alberto Pena '02 (Vice Chair)
- Dr. Maria Dill '86 (Secretary)
- Dr Jennifer M. Almonte-Gonzalez '04
- Dr. Henry Benavides '84
- Dr. Alejandro Fuentes '85
- Dr. Rolando Guerrero '97
- Dr. Juan Mancillas '84
- Dr. Dora A. Martinez '07



School of Medicine staff and alumni attended a Harlingen Hispanic Chamber of Commerce event on September 3. The event honored UT System Chancellor Francisco Cigarroa, MD as the Harlingen Person of the Year. Seated from left to right: Mrs. Michelle and Dr. Brian O'Donnell '99, Development Assistant Alma Arce, and Dr. Maria Dill '86 and her husband, Dan. Standing from left to right: Alumni Relations Director David Perryman, Regional Dean Leonel Vela, MD, and Mrs. Liz and Dr. Eduardo Carrillo '00.

- Dr. Bertha Medina '83
- Dr. David Moron '84
- Dr. Maria de Jesus Munoz '05
- Dr. Brian O'Donnell '99
- Dr. John Partin '99
- Dr. Nolan Perez '98
- Dr. Rolando Posada '96
- Dr. Sam Ramirez '97

"The UT Health Science Center at San Antonio is committed to providing the citizens of South Texas with the very best in medical education, ground-breaking research, compassionate care, and community outreach," said Health Science Center President William L. Henrich, M.D., MACP. "The latest example of this commitment is the formation of the School of Medicine's Rio Grande Valley Alumni Chapter, which will deliver a range of services and resources to our graduates while enhancing the activities of the School of Medicine."

If you are interested in getting involved in RGV Alumni Chapter activities, contact the Alumni Association at **210-567-0614** or **medalumni@uthscsa.edu**.



Steering Committee members met with Alumni Relations Staff at Milano's in Wesleco in November to put the finishing touches on the Rio Grande Valley Alumni Chapter plans. Pictured from left to right: Dr. Brian O'Donnell '99, Dr. Maria Dill '86, Dr. Eduardo Carrillo '00 and Dr. Nolan Perez '98.



# ALUMNI PROFILE: DR. EDUARDO CARRILLO '00

*A Commitment to Serving the Underserved Takes Root in South Texas*

As a freshman at The Johns Hopkins University with his sights set on a Ph.D. in molecular biology, Dr. Eduardo Carrillo '00 had a life-changing experience. Back in San Antonio, his mother, Juana Carrillo, was in excruciating pain and could find no relief. "She had been working as a housekeeper at a hotel and had suffered a severe herniated lumbar disk while lifting a rollaway bed," Carrillo said. "Because she did not speak English, she was having a very difficult time communicating and understanding the physicians she was seeing. I was disappointed by the medical system and felt that my family was being discriminated against because of our minority status and lack of insurance. I made up my mind that the only way to improve the system was to become a physician and make changes myself."

Carrillo had inherited his strong sense of family from his father, Heberto Carrillo. When Eduardo was a little boy, his father, the eldest of nine children, had moved his family from San Antonio back to Durango, Mexico, to help his parents and siblings care for their corn fields and tend to their goats.

By the time the family returned to San Antonio, Carrillo was ready to start second grade. Fluent in Spanish but unable to speak English, his initial years in the U.S. educational system proved to be difficult, but by the time he entered Fox Tech High School, he had found his stride. There, a teacher noticed his passion and talent for science, and encouraged him to enter the Alamo Regional Science and Engineering Fair. Carrillo advanced to the International Science and Engineering Fair competition in Pittsburgh, Pennsylvania, where he competed against students from other countries. "I was 15 years old," he noted, "and it was the first time in my life I had ever been on an airplane. To say I was excited would be an understatement."

As a result of his success, Carrillo was invited to a summer research camp in Bar Harbor, Maine, where one of his counselors was from Johns Hopkins. "When I returned to San Antonio after that experience and talked to my high school's college counselor about Johns Hopkins, she discouraged me from applying, saying I would not get in. That helped me make up my mind, and Hopkins turned out to be the only school I applied to." Carrillo received a full scholarship.

After being away from home at college for four years—



Dr. Eduardo Carrillo '00, and wife, Liz.

and with his heart set on a career in medicine following his mother's experience—Carrillo applied to the School of Medicine at the UT Health Science Center in San Antonio. His four years of medical school proved to be challenging but equally rewarding, particularly his third and fourth years. While several professors had a significant impact on Carrillo's medical education, Dr. Miguel Bedolla, a primary care physician and ethicist, changed his approach to practicing medicine. "Dr. Bedolla's persistent desire to help medical students, especially minorities, inspired me to serve underserved communities as a physician," he said.

In medical school, Carrillo also learned about the importance of listening to patients and having an excellent bedside manner. "More than 90 percent of the time," he remarked, "your patient will tell you the diagnosis if you, as a physician, are willing to listen."

After completing his Family Practice Residency Program in McAllen, Texas—during which he performed some 300 deliveries and 100 C-sections—Carrillo began moonlighting at St. Marie Clinic P.A. in Mission, Texas, where the group of providers saw between 60 and 70 patients a night. By the time Carrillo became an attending physician at the clinic, he had developed solid relationships with whole families who were seeing him as patients. "It was extremely satisfying to me that these families were so grateful for my services," he remarked. When presented with the opportunity to purchase the clinic from its 78-year-old founder in August 2004, Carrillo and his wife, Liz, who serves as the clinic's executive administrator, decided to take control of their future. Since that time, St. Marie Clinic has opened three new clinics, grown from 10 employees to 130 employees, and sustained 20 percent annual growth in patient volumes and profitability, including a dramatic



Dr. Eduardo Carrillo's St. Marie Clinic in Mission, Texas, offers a full range of medical services under one roof, including physical therapy for adults and children featuring Wii, the interactive social gaming experience.



1,000 percent increase in revenues over a two-year period. This remarkable success earned Carrillo and his business national recognition in 2007, when President George W. Bush presented him with the 2006 Businessman of the Year award at the 2007 Republican Business Summit in Washington, D.C.

Carrillo and his team have achieved this remarkable success by making a number of innovations. First, they created a unique business model and legal structure that allow their clinics to provide a full range of medical services under one roof, including adult and pediatric practices, radiology services, laboratory services, home health services, a pharmacy, and physical, speech, and occupational therapy. "It is a one-stop shopping environment that provides greater convenience and more integrated care for our patients," he said. "At St. Marie Clinic, we believe that strong interactions are important and are at the heart of quality health care. This is why we work hard to build relationships and trust with patients. Our internal network of providers, pharmacies, rehabilitation centers, laboratory, radiology services, and home health services offers the full continuum of care patients need throughout their lifetime."

Carrillo has also introduced Lean techniques into the company's operations and culture. "The goal of Lean, first and foremost, is to provide value to the patient—our customer," Carrillo said. "We are looking at every step in the process of serving patients and exposing our 'flaws' with the goal of eliminating all non-value-added activities." (Manufacturing organizations, such as Toyota, have successfully implemented Lean principles and the six-sigma approach to process improvements for decades.)

As part of this continuous improvement process, Carrillo and his team have restructured their workday to better accommodate their patients' busy schedules. Physicians work staggered schedules to cover the two-hour period over lunch when many other doctors' offices are closed. As a result, St. Marie Clinic has dramatically reduced patient "bottlenecking" and waiting times. "We still have our work cut out for us," Carrillo noted, "but we are taking significant strides toward creating a better clinical environment where what is supposed to happen does happen, on time, every time."

In addition, St. Marie Clinic has created a unique program to provide care for individuals and families without health insurance. By offering uninsured patients access to all the clinic's services at deep-discounted prices, the Patient Discount Program provides a safer and more convenient alternative than seeking treatment in Mexico.

Almost 10 years out of medical school and intensely focused on serving the underserved in South Texas, Carrillo is not too busy to recognize the daily benefits he derives from the continued success of his alma mater. "The providers who have worked for me the longest, who have the best bedside manner, and who gladly stay late until the last patient is seen, are graduates of The UT Health Science Center in San Antonio," he remarked. "So compared to the competition, the School of Medicine must be doing something right!"

Editor's Note: In December 2009, Dr. Carrillo was elected to the Alumni Association Board of Directors for a three-year term. He will also serve as Chair of the new Rio Grande Valley Alumni Chapter.



# REUNION WEEKEND 2009:

*We ate, we laughed, we danced, we learned... but nobody karaoked!*

From October 15 to October 17, 2009, alumni representing 19 different class-years descended upon the School of Medicine campus to renew old friendships reconnect with their alma mater. Highlights from the weekend included the Thursday night "Happy Rounds" Reception, the Friday night Alumni Gala, Saturday morning CME presentations, and campus tours. The Alumni Association also announced the 2009 Distinguished Alumni Award winner: Dr. Jacqueline A. Pugh '81.



Alumni, guests, and Alumni Association staffers took time out from mixing and mingling at the "Happy Rounds" reception on Thursday night to pose for a photo.



Ruth Kovner and Richie Edeen, medical students in the Class of 2012, took a break from studying to present "A Day in the Life of a Medical Student" to alumni on Friday morning.



Dr. Ruth Berggren, director of the Center for Medical Humanities and Ethics, presented the Ethics CME on Saturday morning.



Members of the Class of 1984 celebrated the 25th anniversary of their graduation at the Friday night gala.



Dr. and Mrs. John Fletcher '74 enjoyed a slow dance at the Friday night gala.



Dr. Ken Cohen '84, Donna Snyder, and Dr. Richard Donahue '84 took a walk down memory lane by thumbing through the 1984 *Aesculapius*.



Alumni gathered in Parman Foyer for a luncheon on Saturday following the CME presentations. Pictured from left to right: Dr. Thomas Dougherty '81, Dr. Desiree D'Orsonia '81, Dr. Joyce Schwartz '80, Dr. Gisela Triana '80, Dr. Valerie Pronio-Stelluto '90, Dr. Martha Medrano '81, and Dr. Leah Jacobson '94.



Dr. Ken "Magic" Cohen '84, class agent for 1984, proudly displays the Best "Attending Physicians" Award, given to the reunion-year class with the best attendance at Reunion Weekend.



At the Friday luncheon, the Alumni Association presented several awards to outstanding students. Pictured from left to right: Forland Humanism in Medicine Essay Award winner Arielle J. Perez (Class of 2012), founding faculty member and Professor Emeritus Dr. Marvin Forland, Kyle Kalkwarf, president of the Class of 2011, and Dr. Valerie Pronio-Stelluto '90, president-elect of the Alumni Association.

## SAVE THE DATE for Reunion Weekend 2010

Reunion Weekend 2010 will take place from Thursday, October 21 through Saturday, October 23. All alumni and their families are welcome.

The following classes will celebrate special reunions in 2010: 1970, 1975, 1980, 1985, 1990, 1995, 2000 and 2005.

For the list of class agents who are helping to organize reunion-year activities, go to [www.Samedalum.com](http://www.Samedalum.com) and follow the Our Alumni link to the Class Agents page.



# 2009 DISTINGUISHED ALUMNI AWARD WINNER

DR. JACQUELINE A. PUGH '81



Left to right: Alumni Relations Director David Perryman, 2009 Distinguished Alumni Award winner Dr. Jacqueline A. Pugh '81, Alumni Board President-Elect Dr. Valerie Pronio-Stelluto '90, and Interim Dean Dr. Glenn A. Half

From an early age, Dr. Jacqueline A. Pugh '81 understood the positive impact that someone committed to social change could make on the lives of others. As a young girl, Pugh frequently traveled with her mother, a trained social worker, to make home visits for St. Vincent De Paul and Caritas of Waco, Texas, a relief organization her parents helped start that provides emergency aid in the form of food, clothing, household items, medication, utility, rent, and mortgage assistance. "I can still recall images of the elderly people we visited," Pugh said. "They were living in homes whose walls were lined with cardboard boxes, making tortillas on wood-burning stoves, using wood pieces to stir their soup." Her father, who was the chief social worker at a VA psychiatric hospital in Waco, helped design the system of personal care residences that brought about the "deinstitutionalization" of chronically mentally ill patients for the VA and is still used today. "As I grew older, I developed a love of science," Pugh noted, "and that love, combined with a commitment to caring for others, pointed the way to medical school."

In high school, Pugh had been interested in reproductive health issues, and in college, she had

studied the medical profession's treatment of women. So, she arrived at The UT Health Science Center San Antonio's School of Medicine with an eye on obstetrics and gynecology. But during her third-year rotations, she became intrigued by the diagnostic challenges of internal medicine, and she was drawn to the rewards of long-term patient relationships that primary care offered. Then, in her fourth year, she took an elective research rotation with Dr. Michael Stern, who taught the second-year epidemiology course and had begun the San Antonio Heart Study a few years earlier. Pugh had the opportunity to analyze data from the study's first survey, and eventually, produced her first publication from that data.

Among her medical school mentors, Dr. Carlos Pestana stands out in Pugh's mind—both for his role as a teacher and as dean of students. "His three-dimensional drawings on the chalkboard were legendary," Pugh noted. "And his ability to explain acid-base status in an understandable way was extremely helpful. We had a few healthy arguments about what *was* and *was not* in students' best interest, but in the end, we had a lot of mutual respect for each other." As for the most important skills or lessons, she

learned as a medical student, Pugh remarked: “the ability to think critically and to truly listen.”

After earning her medical degree in 1981, Pugh completed a residency in internal medicine at Duke University Medical Center followed by a post-doctoral fellowship in general medicine at Duke. She then returned to the Health Science Center to pursue a year-and-a-half fellowship in epidemiology with Dr. Stern, whose work was focused on the increased rate of diabetes among Mexican Americans. During this fellowship, Pugh began looking at whether Mexican Americans also have disproportionately high rates of diabetic complications, in particular, diabetic end-stage renal disease.

After accepting a position on the School of Medicine faculty in 1987, and subsequently, joining the staff at Audie L. Murphy Veterans Hospital, she began looking at better ways to deliver care for diabetes to prevent complications. “My first study in this regard was to assess the feasibility of non-mydratic retinal photos, which are now used widely as a method of screening for diabetic retinopathy,” she said. “I then looked at patient and physician attitudes towards treatment of diabetes—trying to understand why it is so hard for patients to live with and so hard for physicians to treat effectively. From there, I moved on to educational interventions, then organizational interventions—with each step trying to further understand why chronic illnesses are so hard to treat effectively.”

In 1988, Pugh published a paper in the *American Journal of Epidemiology* called “Excess Incidence of Treatment of End-Stage Renal Disease in Mexican Americans,” which documented the high incidence of dialysis treatment among Texas Hispanics. The paper has been cited 140 times by other researchers and is considered by many physicians to be the classic paper on the subject. This work led to NIH funding of a five-year project to examine ethnic differences in diabetes-related end-stage renal disease in Texas. She served as principal investigator of this project, overseeing a total budget of \$1.15 million as well as two related grants totaling nearly \$200,000.

After being granted tenure in 1993 and later being promoted to Professor of Medicine in 1999, Pugh was named the first F. Carter Pannill Jr. Professor of Medicine in 2007. During her 21 years on the School of Medicine faculty, she led the health services research center at Audie L. Murphy Veterans Hospital, served as a preceptor and later director of the medical students’ Advanced Physical Diagnosis course, and sat on numerous committees at the Veterans Hospital, including the Safety Committee, Research and Development Committee, and Quality Improvement Committee. Her election to Fellowship in the American College of Physicians in 2006 reflects the substantial contributions she has made to

internal medicine.

Among her many community service efforts, Pugh volunteers at the Corazon Ministries free clinic for homeless people and is a board member of a women’s giving circle, Impact San Antonio, which gives a \$100,000 project grant each year to a local nonprofit organization. In addition, she gave more than 70 lectures on diabetes mellitus and its management to physicians throughout South Texas as part of the Texas Diabetes Institute research project. She also served as president of the School of Medicine Alumni Association during the 2005-2006 academic year and has served additional terms as president-elect and past-president.

In recognition of her outstanding service to the community and the medical profession, as well as her involvement in the School of Medicine, Pugh received the 2009 Distinguished Alumni Award at Reunion Weekend in October. Of her recognition, she remarked: “I am honored and humbled. There are so many of our alumni who work hard each day to deliver outstanding care to their patients. I hope that I honor them by researching and writing about the hard work that they do. I want to thank the Alumni Association Board for selecting me, as well as thank Dr. Andy Diehl, my boss for many years, who nominated me for this award. Most importantly, I want to thank my parents for giving me my sense of caring and my ambition, along with my husband, Jay, and my children, Dana and Evan, for supporting me so wonderfully throughout my career.”

## Calling for Nominees for the 2010 Distinguished Alumni Award

The Alumni Relations Office is calling for nominations for the 2010 Distinguished Alumni Award. To nominate someone, please go to [www.SMedAlum.com](http://www.SMedAlum.com) and follow the Involvement link to the Distinguished Alumni Award page. You can also contact the Alumni Relations Office at [medalumni@uthscsa.com](mailto:medalumni@uthscsa.com) or 210-567-0614. The deadline for nominations is **May 31, 2010**.



# A Helping Hand From Technology & The School of Medicine

By Tracy Ross

Brian Floyd likes to work with his hands – and so do his doctors at the School of Medicine. Floyd, a 46-year-old school educator for children with special needs, lost his lower left arm to cancer nearly five years ago. He has recently been fitted with the latest in robotic prosthetics in the School's Orthotics/Prosthetics (OP) Lab in the Department of Rehabilitation Medicine.

In 2004, Floyd had an appointment with Ron Williams, MD, a faculty specialist at the CTRC Floyd was referred to after several general physicians could not figure out why he was still having unmanageable pain from a fractured wrist. Williams, a Professor and Orthopaedic Oncologist, ordered a biopsy, and the test results came back positive. Floyd was diagnosed with osteosarcoma and immediately began his treatment. After receiving just three rounds of chemo, doctors realized that his body was rejecting the treatments. They were able to shrink the tumor significantly, but the surrounding bone and tissue were still cancerous. Floyd had to have his lower left arm amputated below the elbow. Dr. Williams performed the surgery at University Hospital in the fall of that year.

As Floyd began his rehabilitation process, he was introduced to instructor, researcher and clinician, Thomas Darm from the OP Lab who worked with Floyd in 2004 and continues to work with him and his new robotic hand.

After about three years, Floyd wore out his first



Jesse Rettele, OP lab supervisor, Brian Floyd and Thomas Darm, Director of OP Lab.

myoelectric prosthesis which used a harness to secure it to his body. He called Darm and asked if there was anything that was more versatile and offered more capabilities. The entire team at the Lab understands that there are no two patients alike just like there are no two prostheses alike. The practitioners and technicians are attentive in meeting each patient's unique needs.

The I-LIMB was commercially available in 2007 and is currently the most advanced prosthetic hand on the market. Floyd was the first to be fitted for the I-LIMB at the clinic. The team was excited to use this new technology with their patient.

"The technology to me is amazing, and it is only going to get better. It makes me feel complete, like it is a real part of me," Floyd says.

The I-LIMB is the first advanced prosthetic hand to have each individual finger powered by its own motor, facilitating multiple advanced grip patterns akin to that of a human hand. Not only does it mimic the appearance of a human hand, but it also offers various capabilities in holding objects including a "power grip", "pencil grip" and a "lateral grip". These unique grips and built-in sensors allow the user to coordinate strength with accuracy, enabling the hand to hold an egg or Styrofoam cup without accidentally crushing it. The motor movements of a robotic arm are achieved entirely through the brain's electric signals to arm muscles – much like natural hand movement.

The complex control system of this device works by utilizing electrodes placed on the skin of the remaining portion of the patient's limb. The electrodes pick up the signals of the residual nerves and muscles which still function in the patient's forearm. When the patient moves the muscles that would translate to an extension of the hand, the electrodes will pick up on those electrical signals





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Research.” In 2009, NIH and other grants comprised approximately 30 percent of the School’s budget in the area of research, essential to medical education.

Another key to the School of Medicine’s competitive edge is philanthropy from individuals, corporations and foundations. Deborah Morrill, Vice President of Development, explains that gifts are directed primarily in three streams: scholarships, allowing students to focus on their studies rather than on how they will pay for it; faculty support, such as endowed professorships; and research that will affect quality of life in the future. Endowment programs have ranged from \$100,000 to a \$5 million gift combining teaching and research endowments.

“The way I see it, our University is educating the next generation of individuals who will take care of us, our children and our grandchildren,” says Morrill. “So, philanthropy is very much about community members seeing themselves as being part of addressing future health needs.”

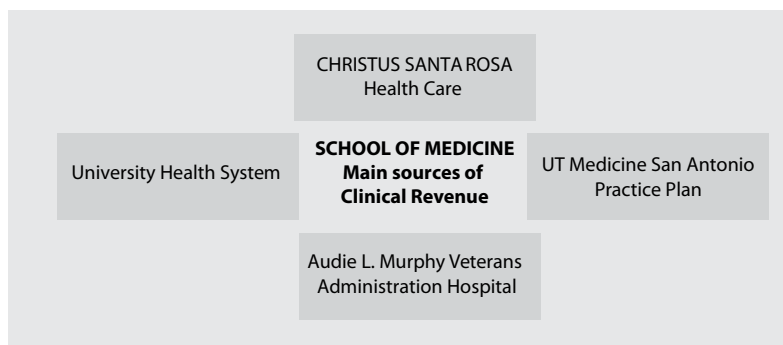
**How do students manage tuition and debt?**

For decades, even students with modest financial backgrounds could manage medical school expenses without taking out a loan, but a 2008 survey of medical school graduates by the Association of American Medical Colleges (AAMC), shows that most students now rely on loans and that the debt load has increased for the fifth consecutive year.

“All told, 17.7 percent of graduates had educational loans of \$200,000 or more—more than triple the 4.9 percent who had that amount in 2004,” according to the AAMC Reporter. The average debt in 2008 for all Medical Schools public and private was \$141,751, more than \$10,000 higher than in 2007. The economy’s stronger health four years ago made it possible for more students to finance their education with low interest loans. Since then, interest rates on these loans and tuition have risen.

Loans are available through the U.S. Department of Education and through private bank programs. The largest federal programs are Stafford loans, which provide up to \$224,000 at a fixed 6.8 percent rate, and GradPLUS loans, at 7.9 or 8.5 percent under different programs. Students with exceptional needs can find five percent loans under the Federal Perkins Loan Program. Many private medical schools offer loans to students, but endowments for that purpose are shrinking.

At the School, Allen says the large majority of its students also rely on student loans to finance their



educations.

“That is an issue of greater concern each year as tuition has risen pretty steadily in recent years, and students are coming out with a greater debt burden,” he says. “A few years ago the average debt for a student coming out was \$100,000, and it has ticked up since then. That is not an insignificant debt responsibility to have coming out of medical education, and it really drives the decision of some students in terms of what specialty they are going into.”

While the School of Medicine’s tuition may sound daunting, the cost at public schools in other states can run more than twice as much. At the University of Illinois at Chicago College of Medicine, annual in-state tuition is \$29,394 and out-of-state is \$62,770. In comparison to other public schools, Texas schools cost less: UT Southwestern Medical School in Dallas costs \$13,210 for in-state and \$26,310 for out-of-state; UT Medical Branch at Galveston costs \$12,400/\$25,500. The Texas A&M Medical School charges \$9,550/\$22,650.

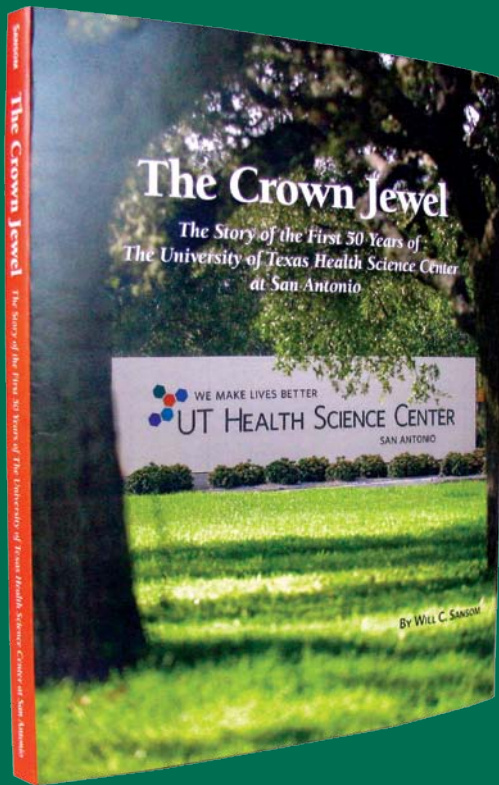
Private medical schools run higher still, such as Tufts University School of Medicine where tuition is \$50,320, and Case Western Reserve, at \$45,930.

Despite the costs and increasing debt burden, the number of applications to San Antonio’s School of Medicine have grown—as students still feel compelled to serve humanity—and because enrollment goes up during economic downturns when business careers seem less viable.

“In the case of some students, I think there is a financial interest,” says Allen, “but in general, our students do have that desire to serve and to care for others and that is really primarily what drives their interest in medicine. Some students are driven by a strong sense of curiosity. They are interested in research, and they may go on to careers in academic medicine. But for the most part, students have an interest in providing patient care, in the healing arts, and it is really not for financial interests.”



## The Crown Jewel: The Story of the First 50 Years of The University of Texas Health Science Center at San Antonio



This hardback, 126 pages in length with dozens of photos, traces Health Science Center highlights from the signing of the enabling legislation in 1959 through the early medical school years, the establishment of other schools to form the Health Science Center, and the Frank Harrison, John Howe and Francisco Cigarroa presidencies.

The author is Will Sansom and the designer is Jennifer Bernu-Bittle, both of the Office of External Affairs at the Health Science Center.

“On a personal level, I have a great love of this institution and appreciate what its people do for humanity,” Sansom said. “It was a pleasure and a privilege to write this book.”

The book is on sale at the UT Health Science Center Bookstore on the Joe R. and Teresa Lozano Long Campus, 7703 Floyd Curl Drive.

Copies are \$28, plus tax and shipping.

To order yours, call (210) 567-2841.

### SAN ANTONIO BREAST CANCER SYMPOSIUM - FROM PAGE 17

well known mentors who explain the complex science of breast cancer in lay terms to patient advocates attending the symposium. ABCF believes so strongly in the importance of this meeting that they bring scholarship advocates to San Antonio to participate in the symposium that would otherwise be unable to attend. In 2009, ABCF funded 37 patient advocates, with five coming from overseas.

As advocates, the members of ABCF are up to date with the latest research and drug developments for the disease but being able to participate in this conference enables an up-close-and-personal inside track to those latest findings that do not make the evening news.

“We find out what we, as advocates, can do to help find patients for trials, get the information about new trials, research or treatments to the community,” said Stanford, which is a core value of the organization’s mission. “In other words, this is a wonderful, awe-inspiring symposium that allows advocates to attend, listen and learn alongside the oncologists and researchers that attend.”



### Hispanic Business Magazine Ranking

The School of Medicine has been ranked fifth in *Hispanic Business Magazine's* 2009 Top 10 Medical Schools for Hispanic Students. The School is continually ranked in the top five by the magazine. The School was ranked:

- #1 of all Texas medical schools.
- #1 for the percent of medical school Hispanic faculty (23%).
- #2 for the percent of MD degrees earned by Hispanics (20%).
- #2 for the percent of Hispanic enrollment (17%).





Students Christine Lee, Leah Yieh, and Tariq Dayah taking environmental history from a renal patient.



Donning hip waders, students collect water samples from the Rio Grande to test for biological contaminants.

her to see that some issues glossed over in most medical school classrooms may deserve more serious consideration in individual communities like Laredo and Brownsville. U.S. medical school instructors, for example, typically spend little time discussing the insect-borne illness Chagas Disease since it is more prevalent in South America. However, because of climate and sanitary conditions on the U.S.-Mexico border, physicians in that region must be able to spot, treat and contain the ailment.

“The experiences you gain in the STEER program are lessons you can apply anywhere,” Perez said. “They open your eyes to the fact that there are environmental elements that contribute to people’s state of health. What public health is all about is going straight to the heart of the problem as opposed to slapping a Band-Aid on it.”

Claudia Miller, MD, MS, a Professor of Family and Community Medicine and Assistant Dean of the School of Medicine’s MD/MPH program, founded and continues to direct STEER. She said experiences like Perez’s are the essence of the program. STEER allows students to step outside the classroom walls and use all five senses to understand the environmental factors that weigh so heavily on the communities they are examining.

“Prevention is really the essence of public health,” Miller said. “It is about addressing health issues at a population level rather than treating patients one at a

*“I had done several trips to Latin America because I was interested in epidemiology and global health. But after my whole STEER experience, I realized that many of the same problems we see abroad are also present in our own backyard. STEER had a powerful impact on how I see things now.”*

time. There is a special importance for it on the U.S.-Mexico border, which is one of the most impoverished yet fastest-growing regions of the country.”

The MD/MPH program is one of a handful of programs that allows students to earn both a medical degree and a Masters in Public Health in four years. Others take an additional year. Not surprisingly, the four-year program attracts students to San Antonio from elite universities all over the United States. Miller also considers STEER a key factor in attracting top students, primarily because it takes students out of the classroom and places them in an active learning environment.

“There is a saying by Confucius,” she said. “Tell me, and I will forget. Show me, and I will remember. Involve me, and I will understand.”

The end result of STEER’s rising national profile is not just good news for the School, Miller said. It is also good news for the Texas-Mexico border, an area traditionally underserved by medical professionals.

STEER and the MD/MPH program have opened up a pipeline that brings talented and enthusiastic future health professionals to the Border, according to Leonel Vela, MD, MPH, Regional Dean of the School’s Regional Academic Health Center in Harlingen.

“STEER trains the next generation of physicians to look beyond the clinical setting and consider the role of the environment when treating patients,” said Vela, who was

raised in the Rio Grande Valley.

Vela adds that he is glad that he helped pave the way for these programs and hopes students will consider careers at the border that integrate medicine and public health.

While some students move to other parts of the country after their STEER experience, many others have returned, devoting all or part of their careers to service in South Texas. Sandra Guerra, MD, MPH, a 1998 graduate, credits the program with changing her career path. She was a fourth year student when she chose STEER as a rotation. Even though she grew up in the Rio Grande Valley, she saw it in a new light.

“Suddenly, my eyes were opened to a whole different way of being able to do health, health management, preventive health — protecting a community-at-large versus a one-on-one patient interaction.” Guerra went on to get a Masters of Public Health degree during her residency in Family Medicine at the School. She is now board certified in Family Medicine as well as Preventive Medicine and General Public Health. Guerra currently serves as the Regional Director of the Texas Department of State Health Services, overseeing Region 8, which includes San Antonio and counties from the Mexico border to the Gulf coast. She was instrumental in the planning and oversight of evacuees from hurricane Katrina.

“The STEER program has been a wonderful series of surprises,” Miller adds. “We have had a number of students come down to take STEER who ultimately settled on the border. It is brought some great people into South Texas.”

It looks like 2009’s STEER session will bring one more. Hechanova plans to complete his third year of medical school in Harlingen. After finishing his degree, Hechanova said he plans to return to the region to work as a physician, preferably in a public health capacity.

“I had done several trips to Latin America because I was interested in epidemiology and global health. But after my whole STEER experience, I realized that many of the same problems we see abroad are also present in our own backyard. STEER had a powerful impact on how I see things now.”



## Border Communities: A Health Crisis

*According to the report, “The Border: Snapshot,” which is a 2001 update to the 1998 report “Bordering the Future: Challenge and Opportunity in the Texas Border.”*

If the Texas-Mexico Border counties were the 51st state, it would rank:

- 1st in poverty
- 1st in child poverty
- 51st in wages

### Read the report at

<http://www.window.state.tx.us/border/www/>

*More recent statistics on the Border from the Behavioral Risk Factor Surveillance System are found in the report: “2007 Health Risk Factors in the Texas-Mexico Border” <http://www.dshs.state.tx.us/borderhealth/pdf/PasoDelNorteBookletfinalstck5613186.pdf> which points out:*

- 40% of adults on the Border vs. 26% in the State lack health insurance (14% in the Nation).
- 20% of Border residents sought medical care in Mexico (in the past year).
- In the Rio Grande Valley, the rate of adult diabetes is 13%, and around Laredo (Webb and Zapata counties), it is 16%, compared to 10% for all of Texas and 9% for the Nation.
- For obesity/overweight, the rates are 69% for the Border, 66% for the State, and 63% for the Nation.



Sarah Stayer and Colin Court run with kids in the “CATCH” program which promotes healthy lifestyle choices and exercise.



participant Liem Du, MD. “We are beating ourselves up because we can not control it. That is the reason it is not well controlled. So, now we can look for ways to move to the next step, change the practice, change the flow, so we can make these things better.”

Once the group decides on a research topic, the investigator will help formulate the right questions and the best methods to gather data, designing studies to minimize interference with busy day-to-day practice operations.

At one STARNet meeting, a physician mentioned seeing some cases that appeared to be Methicillin-Resistant Staphylococcal aureus (MRSA), a kind of skin and soft tissue infection. The group agreed to collect data on suspected MRSA cases in their patients to identify risk factors, exam findings and optimum treatment protocols.

Using a simple survey card, physicians noted suspected MRSA cases on a card, noting the location of the wound, culture results and treatment outcomes. Results were published. Based on that initial data, another phase of funded research is now underway, in which participating clinicians will photograph the infected areas to further study appropriate identification and treatment of suspected MRSA cases.

“The powerful thing is that skin and soft tissue with MRSA is not a big part of primary care practice, but we found 180 cases in six months. One advantage of a PBRN is that you can take topics that are not necessarily common and collect a lot of data quickly,” Parchman says.

Another STARNet study sought to better understand the needs of post-deployment patients who had served in Iraq or Afghanistan. The study counted the number of patients visiting private family practice clinics who had either served themselves or knew someone who had served.

The study yielded 342 survey responses, which showed that only one percent of patients had actually served in Iraq or Afghanistan; 29 percent had family members who had served; and 51 percent knew someone who had served. Close to 80 percent of patients surveyed were affected in some way.

While few patients had served themselves, a significant part of the population could also have needs based on having family or friends who have served.

The numbers raise many other questions, Parchman says. What are the healthcare needs of the veteran? Are there health issues that remain untreated, such as post-traumatic stress disorder? How are the veteran’s health issues impacting other family members, such as children, spouses or parents? Do family members need help

identifying resources for the veteran?

With this initial survey complete, the School’s new psychiatry network is now interested in conducting similar research among their patients. The Audie L. Murphy Veterans Administration Hospital is also taking steps to study the issue in the populations they serve. With these networks working side-by-side in the same region, it creates the ability to examine an issue – and share findings — from the perspective multiple disciplines.

“When you have multiple disciplines in the same region talking to each other, you have synergy that probably does not exist elsewhere in the U.S.,” Parchman says.

Some studies venture into relatively uncharted territory. In the newly formed Psychiatry PBRN, an offhand comment on negative counter-transference – the negative feelings that certain patients elicit in physicians – led to an interesting and unique first study.

The group spent one day each week recording their feelings about each patient they saw. Without identifying patients, they marked on a simple, one-sided survey card if they felt positive, neutral or negative toward that patient, while checking off a broad diagnosis. After one month, the group determined that 10 percent of all patients seen produced a negative reaction in their psychiatrist.<sup>3</sup>

A library literature search to compare the group’s findings to existing studies produced only 27 references to the topic; most searches produce hundreds of thousands of references.

This little-studied subject raises other questions: how do negative feelings affect patient care? Are there certain diagnoses that tend to elicit negative reactions? It all may lead to other studies on the topic in the future, says Cervando Martinez, MD, a Professor in the Department of Psychiatry at the School of Medicine and the Director of the Psychiatry PBRN.

In fact, clinicians from other networks have also taken an interest in the study.

“The other doctors were very interested in it because it is a universal process. This is something that might help other doctors understand their own practice behavior.” Martinez says.

## MULTIPLE BENEFITS

While the studies provide helpful insight into patient care, they also provide other benefits. Many participating physicians enjoy the intellectual stimulation and collaboration that comes from the research process. In a field where family practice physicians often find themselves dealing with the same sore throats and ear infections day in and day out, participating in research adds a new

dimension to their profession.

“Research is very beneficial to the provider,” says Du. “The studies keep us sharp on what we do and keep it enjoyable. This keeps your interest going.”

While more than 80 percent of participating clinicians are located in the San Antonio area, the PBRN Resource Center is making a special effort to recruit rural providers. One reason is that participation in PBRNs actually reduces the turnover and aids in retention and recruitment of physicians and staff in rural family practice clinics.

Staff members and even most patients at Van Winkle’s Castroville-based practice enjoy the research process too.

“It gives them the feeling that they are involved at the cutting edge of technology and medicine,” Van Winkle says. “There is a little bit of extra time involved, but a well-designed study does not interfere significantly with the normal day-to-day function of a medical practice.

“For the doctors who do this, it is a labor of love,” he says. “I like the company you keep when you are involved with a PBRN, and I like the impact it has on my practice.”

## A BOON TO INVESTIGATORS

The PBRNs offer considerable advantages to the investigators who are most often professors undertaking research projects. The networks are an attractive component of proposals for grant funding, Parchman says. They provide access to large numbers of patients and large amounts of “real world” data, collected in the most common treatment settings. They also allow for ease of gathering pilot data.

“PBRNs are really a laboratory and a core within the Health Science Center,” Parchman says. “They are a platform environment to do certain types of research you would never be able to do otherwise.”

STARNet practices log approximately 800,000 patient visits annually. Most of RRNet’s research is done in large clinics and hospitals across the state, mostly in medically underserved areas, representing approximately 250,000 patient visits each year. The network was established in 1997 as a way to help family medicine residents in non-university settings to get research experience. Today, it encompasses 90 family physician faculty members and 260 medical residents in 10 residency programs.

Both networks are unique in offering researchers access to large Hispanic patient populations. Two studies now moving forward, one involving colorectal cancer screening and another examining aspirin use in the elderly, are national studies that partnered with the School’s program because of its access to Hispanic patients through its PBRNs.

The networks have, over the years, brought many research projects to the School. As PBRNs become more recognized as a vital link in translating research into practice, the networks are poised for ongoing expansion.

“A lot of our success stems from fact that we have two strongly established networks,” says Holly Hayes, MSPH, coordinator at the PBRN Resource Center. “It gives us a good case for the potential of these networks to produce meaningful research projects. We already have track record of engaging community clinicians.”

For the physicians participating in the networks, the benefits are many, but the real payoff comes from generating information that helps them take better care of patients.

“It is much more powerful to me and much more real when you do this kind of research,” Du says. “With these studies, it translates directly. It is literally what we do every day. You get results that are much more meaningful.”

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## A HELPING HAND - FROM PAGE 44

and translate them into individual finger movement in the I-LIMB. For new patients like Floyd, mastering the robotic hand takes practice and repetition.

Music has always been a part of Floyd’s life. He turns to music to alleviate stress or change his mood. And with all of the challenges he has faced, music has been there to get him through some very hard times.

“Rather than sitting back and watching my teenage sons, Steven and Kevin, rock out on the guitar, I turn to my drumsticks and join in,” Floyd says. “My passion for music won’t allow me to quit, but I will do anything to play my guitar again.”

He is currently seeking the help of a physical therapist who specializes in I-Limb therapy to become more familiar with his new hand. One of his dreams is to play the guitar again. And he does not doubt that with his motivation, he will learn how to operate his new hand, and one day grasp his pick to play guitar again.





**FUTURE**

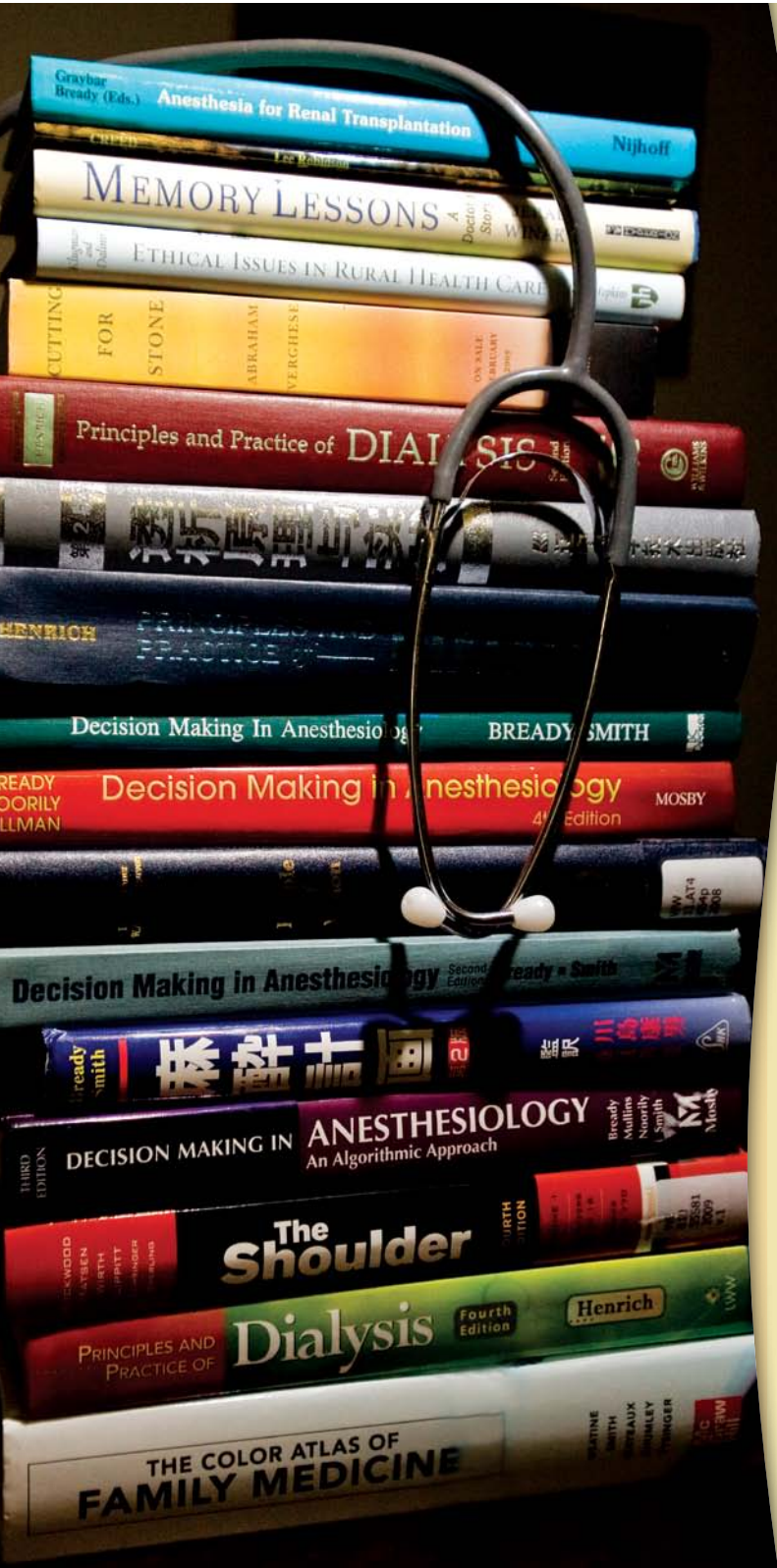
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