Using a team approach, the latest technology and the newest treatments, the School of Medicine’s Liver Specialists are earning their reputation as the best in the country.

New OB-GYN Chair Appointed  Teaching Students to Recognize Bias in Order to Become Better Doctors
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**Grand Rounds**

REV-ERB α, it alters their circadian rhythms.

Burris and his colleagues examined effects of the compound on patterns of sleep and wakefulness and found that it increases wakefulness, reduces REM and slow-wave sleep, and, notably, decreases anxiety. This is especially interesting, Burris said, because drugs that increase arousal frequently increase anxiety.

Further, the compound appears to be associated with a suppression of re-awakening behavior.

Drug addiction has a circadian component, and mice with mutations in genes that affect their internal clocks have altered responsiveness to the reward associated with cocaine, morphine and alcohol. Burris speculates that the REV-ERB-targeted drug effect on the clock would regulate re-awakening behavior, and may be leveraged to help in the treatment of addiction.

**Promise for Type 1 and Type 2 Diabetes Treatment and Prevention**

Researchers in the department of pharmacological and physiological science have made significant discoveries that could lead to better treatments for type 1 and type 2 diabetes.

In a study published in *Molecular Metabolism*, Andrew Butler, Ph.D., professor of pharmacological and physiological science, and his team discovered the peptide hormone adropin.

Adropin is a hormone that regulates whether the body burns fat or sugar during feeding and fasting cycles. It can improve insulin action in obese, diabetic mice, suggesting that it may work as a therapy for type 2 diabetes.

According to the *American Diabetes Association*, 20.1 million Americans have diabetes, while 80 million Americans age 20 and older are thought to have a "pre-diabetic" condition that includes increased fasting glucose and/or "impaired glucose tolerance."

"Adropin is a poorly under- stands hormone," Butler said. "We knew it played a role in maintaining metabol- ic health, but we didn't know much beyond that."

In another recent paper published recently in *Diabetes*, Butler and team offered a first definition of adropin's functions that maintain metabolic health. When we measured adropin levels in mice, they were suppressed under fasting conditions and stimulated after feeding, sug- gesting functions related to the changes in metabolism that occur with feeding and fasting," Butler said. "Our work suggests that adropin plays a role in regulating metabolic hormones."

"Basically, when you are well fed, your body prefers to use glucose, and the release of adropin supports this change by enhancing the use of glucose as a metabol- ic fuel more than fat. However, when you are fasting, your body prefers to use fatty acids. Our observations suggest that a decrease in adropin with fasting may be a signal to 'take the brakes off' the use of fatty acids," Burris said.

Building on that work, the *Molecular Metabolism* paper reports that low levels of the hormone observed in obesi- ty may contribute to diabetes and the reduced ability of the body to use glucose.

"The goal is to find that treatment with adropin improved glucose tolerance, enhanced insulin action and improved metabolic flexibil- ity toward glucose utilization in situations of obesity and insulin resistance."

"The hope is that adropin could someday be used in the clinic to help patients with diabetes control blood sugar levels and delay or prevent the development of the disease in at-risk indi- viduals," Butler said.

Another team in pharma- cological and physiological science has found a way to prevent type 1 diabetes in an animal model. Chair- man Thomas Burris, Ph.D., and his team focused on blocking the autoimmune process that destroys beta cells and leads to diabetes, with the aim of being able to use therapies that can prevent the illness from developing rather than treating it in symptoms.

"None of the animals on the treatment developed dia- betes, even when they were fed adropin with fasting may be a signal to 'take the brakes off' the use of fatty acids," Burris said. Building on that work, the *Molecular Metabolism* paper reports that low levels of the hormone observed in obesi- ty may contribute to diabetes and the reduced ability of the body to use glucose.

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**Another Option for Treating Marfan Syndrome**

A new treatment for Marfan syndrome, a rare genetic disease that can lead to heart problems, works as well as the currently recommended medical therapy, beta blockers, according to an article in the *New England Journal of Medicine*.

Angela Sharkey, M.D., professor of pediatrics, and a study author, said researchers found losartan, which had been effective in animal studies, could improve blood vessel growth, including in Marfan syndrome patients. She noted that a small clinical trial showed losartan, the investigational medication, or a higher dose of atenolol than typically is prescribed.

"Patients in both treat- ment groups showed no dif- ference in the rate of growth of their aorta. Additionally, the incidence of aortic-root surgery, aortic dissection or death did not differ between treatment groups.

**Glaucoma Drug and Weight Loss Combo Tested to Restore Vision**

In an NIH-funded clinical trial led at Saint Louis University by professor of ophthalmology Sophia Chung, M.D., researchers aim to bring sight back to those who have lost vision due to idiopathic intracranial hypertension (IIH).

IIH is a condition of un- known origin causing raised intracranial pressure, primar- ily in obese women. Those with IIH suffer debilitating headaches, and because of pressure on the optic nerves, 86 percent develop some degree of vision loss.

Approximately 100,000 Americans have IIH, and the number is rising. Of those with the disease, only 3 per- cent are men, and most are women of childbearing age. "IIH can significantly diminish quality of life," said Chung, who also is a S.L. Care University and a director of the American Board of Ophthalmology.

Researchers at 38 sites tested whether a drug previ- ously used for glaucoma and for altitude sickness, ace- tazolamide, could improve mild vision loss when added to a weight loss program.

At the beginning of the study, the average BMI of participants was 40. All of those in the study were enrolled in weight loss plans aimed at losing six percent of their starting body weight. Participants cut salt intake and 300 to 1,000 calories a day, consulted with a weight loss coach, and were pro- vided with simple exercise equipment.

The vision of patients receiving the drug improved by twice as much as those who received the placebo. Participants who both lost weight and took the medica- tion had greater improvements in vision function and quality of life.

The NIH’s National Eye Institute shared results from the first arm of the study earlier this year. Now, in the second arm of the study, researchers will see whether this drug and weight loss ap- proach is a winning combi- nation to manage symptoms over the long term.

**Scientist Aims to Improve Antibiotics to Treat Staph infections**

In research published in *Proceedings of the National Academy of Sciences*, assis- tant professor of biochemistry and mo- lecular biology, Mee-Ngan F. Yip, Ph.D., discovered new information about how antibiotics such as allethro- mycin stop staph infections, and why staphylococcus becomes resistant to drugs.

Her evidence suggests a universal, evolutionary strategy bacteria use to evade antibiotics. In these cases, bacteria change this drug and weight loss ap- proach is a winning combi- nation to manage symptoms over the long term.

**Resolving Internal Clocks**

**Vital Signs**

A St. Louis University researcher has found a small molecule that regulates the activity of key "clock proteins" that may offer the potential to manage circadian rhythm and treat problems associated with its dysfunction, such as sleep and anxiety disorders.

In research funded by the NIH and published in *Nature Communications*, Thomas Burris, Ph.D., chair of pharmacological and physiological science, reported on his research that targets a protein called REV- ERB, which appears to play a pivotal role in regulating mammals’ internal clocks.

In mammals, the internal clock that maintains circadian rhythm is essential for normal physiological functions. The rhythms, however, can be disrupted. Dysregu- lation of circadian rhythm is associated with many dis- orders, including metabolic disease and neuropsychiatric disorders including bipolar disorder, anxiety, depression, schizophrenia and sleep disorders.

"It’s been suggested that REV-ERB is a core compo- nent of our clock," Burris said. "Nice without it are arrhythmic. This study demonstrated that when we give mice a synthetic compound that turns REV-ERB on, it altered their circadian rhythms."
Many resistant pathogens ribosome copies the strings translation of resistance proteins. If an antibiotic, they thwart bacteria translate the genetic to up-regulate antibiotic Yap and her research team studied the way that is mediated by special messenger RNA that activates downstream trans-yap found that the azithromycin-bound ribosomes seem to be the preferred sites of ribosome distribution delay allows the bacterium to help patients with severe infections. 

Enrico Di Cera, M.D., the Alice A. Doisy professor and chair of the department of biochemistry and molecular biology, has been named a fellow of the Academy of Science of St. Louis. The academy honored Di Cera for his work with the blood-clotting protein prothrombin, which shows promise for future treatments for thrombosis and stroke.

A $6.5 million gift from the Everest Foundation to Saint Louis University will enhance training and educational opportunities for primary care physicians, ultimately bringing care to patients in underserved areas.

“We are grateful to the Everest Foundation for providing SLU with additional resources to improve health care for patients from communities we serve,” said P. Phelan, Ph.D., president of Saint Louis University.

“We appreciate that such a prestigious organization recognizes the excellence of what we do, and we know that their generous gift will allow our SLU School of Medicine to expand our efforts to prepare future physicians to care for each patient with compassion and skill as they address the most pressing health care challenges of today.”

The Everest Foundation sought a partnership with SLU, said Greg Heffernan, Ph.D., director of foundation relations for Everest Foundation, and the product of Jesus secondary and higher education.

“I contacted Saint Louis University School of Medicine, a very respected Jesuit university in the midst of America’s heartland, as a way of bridging my own educational experience under the Jesuits and translating that into our foundation mission in health care. I discovered SLU an institution that is engaged in impressive research and deeply committed to caring for and teaching the next generation of physicians to assist underserved patients,” Heffernan said.

“The Everest Foundation is working on various initiatives to encourage doctors to practice in urban and rural underserved areas, and we particularly are aware of the challenge of not having enough primary care physicians in underserved regions,” he continued. “Primary care physicians are the front line, first contact that most people have with patient care, and their outreach is key to how well a community fares.”

Generous Gift Helps the School of Medicine Address the Primary Care Shortage

Endowed Professorship in Plastic Surgery Will Boost Research

A generous gift from Dr. Vasu and Lisa Pandrangi will allow Saint Louis University to invest in plastic surgery research. The $500,000 gift will fund an endowed professorship to promote the translation of clinical and basic research to patient care through research in the division of plastic and reconstructive surgery.

In March, director of plastic and reconstructive surgery Bruce Kraemer, M.D., was inaugurated as the inaugural holder of the Lucard Vasu Pandrangi endowed professorship in Plastic Surgery at Saint Louis University.

Pandrangi is chairman of the board of Southwest General Health System in Middletown Heights, Ohio, a member of the board of trustees of University Hospitals in Cleveland, and chief of plastic surgery at Southwest General Health Center and St. John Medical Center in Cleveland. After completing his medical education in India, and training in general and plastic surgery in the United States, Pandrangi completed specialized training in plastic surgery at Saint Louis University under the mentorship of then-director of plastic surgery F.W. Palena, M.D.

“I am grateful for receiving my training in plastic surgery at Saint Louis University,” Pandrangi said. “The training was broad and had enormous depth pertaining to clinical learning. Dr. E.F. Palena was a very colorful individual and a great mentor.”

While in training, Pandrangi recalls working at hospitals across the city, including St. Louis City Hospital, VA Medical Center, Cardinal Glennon Children’s Medical Center, Firmin Dдеся hospital and St. Mary’s Health Center. During his time in the city, Pandrangi met Lisa, his wife of 30 years. She is a registered nurse and office manager for their practice in Westlake, Ohio.

The Pandrangis have four children.

Kraemer, a SLU Care Physician Group plastic surgeon, specializes in all aspects of reconstructive surgery, wound care and hand surgical care. With an interest in regenerative medicine research, he applies the latest techniques in his practice, including the use of extracellular products to constructively remodel wounds and promote the healing of non-healing wounds.

The Pandrangis feel strongly about the value of giving back to the medical community. “I hope that the discoveries made through the research funded with this endowment will help the human condition in a broad and scalable way. I am profoundly honored to have this opportunity,” he said.

FIRMIN DESDELE HOSPITAL AND ST. MARY’S HEALTH CENTER

Lisa and Vasu Pandrangi, M.D. with Bruce Kraemer, M.D. Inaugural holder of a professorship established by the Pandrangi family.

DIVISION OF PLASTIC SURGERY

The Everest Foundation is a non-profit research organization of professionals from all areas of medicine that supports graduate medical education programs at medical schools and hospitals. It implements graduate medical education programs and long-term research endowments that create innovative infrastructures and initiatives to transform health care in medically underserved areas, including the developing world. It is particularly committed to increasing the number of family and internal medicine physicians in the United States.

“Our cities and rural areas cry out for more physicians to give patients the attention they need — not only technically sound-care that a subspecialist provider can deliver, but personal, compassionate and insightful care that a family medicine physician or general internist brings to the practice of medicine,” said Philip Alderson, M.D., dean of SLU School of Medicine and vice president for medical affairs.

“This generous gift from the Everest Foundation presents us with an opportunity to train even more physicians in the disciplines that most closely resonate with this idea.”

The Everest Foundation is funding in partnership with Saint Louis University primary care initiative for the next 10 years. The gift will allow Saint Louis University to:

Add five new primary care residency positions — two three-year residents in family medicine and three one-year preliminary internal medicine residents.

Establish a research fellowship in family medicine that guarantees a Master of Public Health or Master of Science in public health degree after completing a family medicine residency.

Create a visiting fellowship program that may include clinical and/or research training mentored by faculty. In February, during a ceremony to recognize the gift, SLU named the Health Science Education Union, located in the heart of the Medical Center, the Edwin Everett Education Union.
WELL EARNED REPUTATION

SCHOOL OF MEDICINE SPECIALISTS ARE AT THE FOREFRONT OF RESEARCH AND CLINICAL MANAGEMENT OF DEVASTATING LIVER DISEASES

Some of the highest-profile physicians and researchers in the nation staff the Saint Louis University Liver Center. Specialists from the division of gastroenterology and hepatology see more than 700 patients a month with various liver diseases.

Supported by a cross section of faculty from multiple clinical and academic divisions, the center also is a leader in NIH-funded clinical and laboratory based liver disease research. The center has more than 40 clinical trials underway at any given time.

In this issue of Grand Rounds we focus on just a few of the center’s strengths in patient care and research: abdominal transplantation, fatty liver disease and hepatitis C.
She was tripping buses in front of her Wildwood home in St. Louis County, cleaning up before the family left the next morning for vacation at the lake. Within a few hours, the cut she sustained in her yard turned red and her finger was swelling — then another finger and another.

Hensley wasn’t sure she could drive. Luckily, a friend across the street was able to take her to a nearby emergency room, where doctors informed Hensley that necrotizing fasciitis was eating its way through her fingers and up her arm. The bacteria quickly crept past each line the doctors drew to monitor the progression. Doctors opened Hensley’s fingers and arms and cleaned out as much of the bacteria as they could. Hensley was intubated and placed in a drug-induced coma for several days as strong antibiotics coursed through her body to fight the infection. Hensley, who prior to this incident was a healthy mother of two who rarely went to the doctor, was in the hospital nearly a month before doctors sent her home to finish recovering — but she never quite did. Unbeknownst to Hensley, a disease unrelated to her infection had begun destroying her liver.

GETTING WEAKER

Although she was mapping constantly after her hospital discharge, Hensley remained fatigued. She felt sick to her stomach, and couldn’t tolerate much beyond chicken noodle soup and broth. She was retaining fluids. She was too weak to return to her job as a pediatric nurse at Shriners Hospital, and her parents, who lived nearly two hours away, beat Hensley to the hospital.

STREAMLINED CARE

Hensley said she went into her 2009 surgery nervous but with strong faith in her transplant team and for good reason.

The Abdominal Transplantation Center at Saint Louis University Hospital meets or exceeds outcome standards set by the Scientific Registry of Transplant Recipients — the organization that sets the bar by which all transplant programs are measured. The center currently is reporting its best outcome data in 20 years.

The center’s strength is being deep enough to director Janet E. “Betsy” Tuttle-Newhall, M.D., professor of surgery and co-director of the Center for Abdominal Transplantation.

During the past five years, she and her team have reworked the transplant program’s policies and procedures to allow more patients access to life-saving organ transplants.

The revamp started with establishment of a multi-disciplinary, state-of-the-art clinic on the third floor of the Doctors Office Building, which includes liver, kidney and pancreas transplant patients can see their hepatologists, gastroenterologists, nephrologists, transplant surgeons and nurses in the same location and often on the same day, rather than making separate appointments.

Since the new clinic opened, patient visits have grown nearly 30 percent, with nurses and physicians seeing approximately 16,000 patients a year. The coordination of care also has shifted 7 percent from the time patients wait between their initial visits to placement on the transplant list. Once on the list, the average wait for a kidney transplant is about three years. The wait is about a year for a liver. Most kidney transplant patients travel from a 100-mile radius of St. Louis. Liver transplant patients travel from longer distances, often up to 500 miles.

COMING TOGETHER

Landon V. Ware, M.B.A., transplant administrator, said they have further strengthened patient care by tearing down the silos between faculty and staff in the hospital and School of Medicine. Transplant team members, once spread across campus and on various floors of Saint Louis University Hospital, now are on one floor. The center’s process improvement goals are written in marker on the wall for all to see. If a goal is identified, it’s written on the wall. If a goal is achieved, it’s celebrated on the wall. If staff or faculty have an issue they need to be addressed at the clinical team’s quarterly retreat, it goes on the wall.

The wall is about transparency and team building, which ultimately benefits our patients,” Ware said.

The center’s team has grown by 12 percent in the last few years with the addition of support staff, post-transplant nurses and, most recently, nationally known transplant surgeon, Henry B. Randall, M.D., an associate professor of surgery who specializes in highly complex transplant surgeons and is former director of abdominal transplantation, hepatobiliary and pancreatic surgery at St. Luke’s Hospital in Kansas City.

The center also hired two outreach coordinators dedicated to engaging with referring physicians and patients in a continuously expanding catchment area. The coordinators travel beyond Missouri’s borders to north central Illinois and parts of Indiana and Kentucky to inform physicians and patients about the transplant process, the benefits of organ listing (registering at two or more transplant centers), the advantages of live donation and the rights of donors and potential donors. In addition, the center is reaching out to physicians through continuing medical education opportunities and webinar series.

TRANSPLANT TRACKING

During the past four years, the transplant center has seen a 78 percent increase in kidney referrals, a 117 percent increase in living donor kidney referrals, and the kidney transplant wait list has grown by 35 percent. Liver transplant referrals have increased by 103 percent, and the wait list for liver transplantation has grown by 15 percent.

To accommodate the increasing numbers of patients and ensure their quality of care, the center installed a nearly $1 million information technology program that tracks patients as they move through the transplantation process — from initial referral, to financial clearance, to wait listing, to transplantation, to follow-up visits.

“The program allowed us to take systems that were once predominantly paper-based and make them parallel,” said Tom Allen, the transplant center’s business manager. “Rather than waiting for one team member to complete his or her piece of the treatment plan, team members, such as social workers, dieticians and nurses, work on the same patient simultaneously because they can see where the patient is in the system at any given time. If there’s a slowdown, we can identify it and fix it. This saves patients hours, even days off waiting times.”

RESEARCH WITHIN REACH

The transplant center also redesigned its website to support patients through the transplantation process. The site contains team profiles, news about abdominal transplantation and an active blog (slutransplant.com/news/blog/) with the latest in transplant research, including groundbreaking translational research by School of Medicine scientists and clinicians.

The blog is kept current by Krista L. Lentine, M.D., Ph.D., M.S.C., professor of internal medicine in nephrology and medical director of living donor kidney transplantation for the center.

Lentine said the center’s commitment to excellence integrates its patient-centered care with a robust clinic research program, as well as participation in the professional societies that actively shape transplant policy. For example, the center’s current NIH-funded research agenda includes projects examining long-term health outcomes of living kidney donors and the balance in efficacy and morbidity associated with transplant immunosuppression regimens. Transplant faculty members serve as representatives on committees of the United Network for Organ Sharing, the American Society of Transplantation and Kidney Disease Improving Global Outcomes.

“The blog gives me the opportunity to share updates on emerging research findings, disease evolving policies and clinical practice guidelines and highlight key controversies in our field,” she said. “It’s a way to provide regular snapshots of timely, important events at our center and in our field, and we actively welcome feedback.” Within the next year, the transplant team hopes to add live chats to the website.

THE ROAD AHEAD

Manha Hensley’s liver transplant surgery was successful. She spent a couple of years catching up on the time she lost with her children and volunteering at Mid-America Transplant Services, which coordinates procurement of vital organs, tissues and corneas in hospitals throughout eastern and southern Missouri, southern Illinois and northeastern Arkansas. She went from volunteer to staff two years ago when Mid-America Transplant Services, in its quality review division that ensures tissues and corneas are suitable for transplant.

“My journey has been incredible,” said Hensley, who continues to submit to monthly lab tests. “The transplant team at SLU has been there every step of the way.”
Bruce R. Bacon, M.D., has been searching for improved treatments since 1989 when scientists discovered the hepatitis C virus. Bacon and fellow researchers in the Saint Louis University Liver Center have led the nation in enrollment in several pivotal multi-center clinical trials, and recent trials have resulted in three breakthrough treatment regimens. Between 2013 and 2014, the Food and Drug Administration (FDA) approved three treatments with 95 percent cure rate; and VieKira Pak, a combination of three — that offer a cure rate of 90 percent cure rates better than 90 percent.

The FDA has approved a combination of two oral antivirals — Olysio and Sovaldi — that offer a cure rate of 90 plus percent; Harvoni, an once-daily single tablet with a 95-plus percent cure rate; and VicKira Pak, a combination of three oral antivirals with a 95-plus percent cure rate.

Bacon’s colleague, Adrian M. Di Bisceglie, M.D., chairman of the department of internal medicine, co-director of the liver center and an internationally recognized expert in viral hepatitis and liver disease, also noted that SLU researchers wrote or co-wrote major published papers describing results from the clinical trials. In addition, he said School of Medicine physicians have served as consultants to pharmaceutical companies developing the new drugs.

“It’s been extremely gratifying to watch the rapid progress of medical discovery and to feel that we’ve played a role in transformational events that will save many lives,” Di Bisceglie said.

Bacon said the drugs demonstrate substantial improvement over the previous regimens that included the protease inhibitors, telaprevir and boceprevir, along with ribavirin and peginterferon. The regimens had side effects so intolerable that many patients discontinued treatment. The newer medications have virtually no side effects. They also demonstrated efficacy in patients who could not tolerate the interferon-based treatment regimens, patients awaiting liver transplantation and HIV co-infected patients.

The Saint Louis University Liver Center has one of the most robust hepatitis C treatment programs in the world, and physicians anticipate treating hundreds of patients this year with the new medications.

“Some of the attention on the new hepatitis C medications has focused on pricing. Sovaldi, for example, initially costs approximately $1,400 a pill, and the treatment regimen requires 84 pills over a 12-week period. Bacon said this seems like a hefty price tag until you compare it to the interferon-based treatment. Patients had to be on the telaprevir or boceprevir for 12 weeks, followed by an interferon-based regimen for an additional 12 to 36 weeks — the average cost of which was similar to the current costs. Bacon also noted that pharmaceutical companies are offering discounts on the breakthrough medications, and treatment is becoming available to more patients.

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“In the past, a virus that was a threat to people became a disease that was treatable. Now we’re on the verge of making it a disease that will be cured,” Bacon said.

Within the next few years, Bacon said, he expects that patients will be treated with two or three medications for 12, 24 or 36 weeks, and that the cure rate will be between 90 and 95 percent.

Di Bisceglie said some patients have less than optimal responses to the new regimens, including patients with advanced liver disease and those infected with the genotype 3 strain of hepatitis C. He said SLU researchers continue to work to optimize treatment for these individuals.

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The Saint Louis University Liver Center has one of the most robust hepatitis C treatment programs in the world, and physicians anticipate treating hundreds of patients this year with the new medications.

“The hope is that we can develop an effective treatment for fatty liver disease that will prevent ongoing damage to the liver and allow scar tissue to gradually recede, even if someone has already developed cirrhosis,” Tetri said.

Beyond his focus on research, Tetri is also on an educational mission to convince the medical community to take NASH more seriously. His efforts include educating primary care providers, endocrinologists and even school nurses about risk factors, including obesity, diabetes, hypertension and elevated blood lipids. He also advocates for the importance of urging NASH patients to modify their lifestyles through healthier eating habits, increased levels of exercise and weight loss so they can effectively manage the disease.

“It’s common for us to see folks who have already progressed to cirrhosis that have been told by their primary care doctor not to worry about it,” Tetri said. “But they should be worried about it, because NASH is now the third most common reason for liver transplantation and a substantial risk factor for death from end-stage liver disease.”

As with any form of liver disease, the goal is to more fully understand the causes of NASH so researchers can rationally design effective therapies beyond the existing lifestyle treatments.

“We don’t just want to throw drugs at a disease that can be effectively treated with lifestyle modification,” Tetri said. “But because it is very challenging for most people to achieve weight loss, it would be very helpful to have a medication that prevented or reversed fatty liver disease in adults and children to prevent ongoing damage to the liver. One of the things that will ultimately change the perception of NASH is when we develop effective therapies for the disease. Then people will really open their eyes to it.”

Liver cancer in mice fed a high transfat diet for 1.5 years.

Neuschwander-Tetri, manuscript in preparation.
NEW CHAIR OF THE DEPARTMENT OF OBSTETRICS, GYNECOLOGY AND WOMEN’S HEALTH

When Mary T. McLennan, M.B.B.S., F.A.C.O.G., was an obstetrics and gynecology resident at Saint Louis University School of Medicine in the early 1990s, the department had four faculty members and two additional affiliated physicians at Des Peres Hospital. The department now chairs have grown to over a dozen.

“When we have 30 physicians, two nurse practitioners and two midwives, and offer care in not only general obstetrics and gynecology but also every sub-specialty in the field,” she said. “The department is an incredibly vibrant and large organization that I am honored to lead.”

McLennan, a nationally known urogynecologist, was appointed chair in March after serving as vice chair of the department for two years and then interim chair since July 2014 when Raul Artal, M.D., retired. In this article, McLennan shares her leadership vision.

**LEADERSHIP STYLE**

I lead by example. I would never ask my faculty to do anything I’m not willing to do or haven’t done. It’s not my style to tell people what needs to be done, though there are times when that may be necessary. It is my preference to sit down and figure out what’s the best for them and best for the department. It’s a shared model of leadership. I think that’s the only way to engage people.

**WHAT MATTERS MOST**

We’re not focused on a disease. We’re focused on the patient. It’s about Mrs. X who may have two kids, one she’s struggling with, or has an elderly parent who just moved in. We know our patients because we get involved. I couldn’t work here if I did. I did a quick visit and a medication refill. I’m engaged in my patients’ lives. It’s one of my rights and makes work fulfilling and enjoyable.

**BRAGGING RIGHTS**

We’re not just focused on our high-risk obstetrics, but we also offer comprehensive gynecological services in every sub-specialty. That is less well known. I hope to change that. I want patients and physicians to know we have the largest urogynecological practice in the area. We have the only center for endometriosis and the only division of minimally invasive gynecologic surgery. We also have the only vulvar and vaginal disorders center; offer a Catholic approach to infertility; and have patient-focused gynecological cancer care. With the addition of SLU breast cancer specialists establishing services at St. Mary’s, we will be able to coordinate female cancer care for our patients. Also, in collaboration with our Cardiology, Gynecologic Oncology, and Anesthesiology divisions, the department has the Fetal Care Institute. It’s the only center in the country that can do an open-heart and minimal invasive fetal surgery to babies in utero. It’s the second largest center in the country. We know what resources and expertise we need to provide, but we need to do a much better job of letting others know as well.

**FUTURE VISION**

Sometimes in 2016 we hope to establish a multispecialty, multidisciplinary pelvic pain and continence center in partnership with SSM. Rather than sending patients to multiple facilities, we want to establish a Women’s Center that will provide patients everything at one site — pelvic pain services, urogynecology, gastroenterology, physiatric therapy, psychological services, sexual counseling. Some of the conditions we treat can be hard on personal relationships and are difficult to talk about, but if care is coordinated, the patient only has to tell her story once. It’s all about making things easier for the patient. No other institution offers this level of care. We also plan to increase our maternal fetal medicine services in the region.

**CAREER PATH**

My career took a circuitous pathway. I was a family practice physician in rural Australia, where I treated mostly women and children, and I really enjoyed it. We performed obstetrics but not gynecology services. So when I moved to the United States, I decided I wanted to do obstetrics and gynecology, so I came to SLU for a residency in the early ’90s. During my third year, I started to operate and realized that we were performing the same surgery for different conditions. Women who had incontinence were having the same surgery as women with prolapse. It didn’t make sense to me, so I started doing a lot of reading and had a wonderful mentor who encouraged me to pursue urogynecology. It was then I changed from general obstetrics/gynecology to urogynecology.

**COMMITTED TO SLU**

After my residency experience, I completed a fellowship in Baltimore and was on the faculty at the Greater Baltimore Medical Center. But I knew I wanted to return to SLU. It was the mission and the wonderful people. I feel we live the mission every day — “Higher purposes. Greater good.” It’s not just lip service. It’s how we treat our patients and how we support each other. It’s the same mission. We never turn anybody away. Whether they have Medicaid or private insurance or no insurance at all, we give all of our patients the same care.

**RESIDENCY TRAINING**

My residency at SLU was the best time of my professional life. I absolutely loved it, and being able to direct the residency training program for the last eight years, to offer residents the same rich experience that I had, was another reason I returned to SLU in 1999. Residents keep you on your toes. They challenge you. They stimulate you. The old saying is true: “If you treat a patient you help one person. If you teach a resident you’re helping thousands.”

I love being in an operating room with a resident who doesn’t know how to do something. Then you teach them and see them progress to the point where you can say, “It’s all yours. You can do this on your own.” At an educational conference recently I saw a resident who graduated from our department seven years ago and is currently on the faculty at Washington University, where she’s developing a vaginal surgery training model for residents. She said whenever she gets into a difficult spot in the operating room she thinks about vaginal surgery cases. The stops and asks herself, “What would McLennan do?” That’s rewarding.

**COMMUNITY SERVICE**

We’re in the community like no other department at SLU. We operate 96 gyn clinics at three public health clinics in St. Louis (John C. Murphy Health Center, South County Health Center and North County Health Center). Our faculty and residents provide care there three full days a week. The patient volume has increased about 36 percent at the clinics in the last year because patients know they’re getting quality care and continuity of care.

**AT HOME**

I have a wonderful, supportive husband (an ER physician in rural Missouri) and a non-traditional family. We have no kids but we have six rescue dogs. My husband has five pugs. We treat our dogs as people. We also have a non-pug we found on the side of the road about six months ago. We love our dogs. Antiquing and traveling are our other passions.

MARY T. MCLLENAN

PHOTO: Mark A. Stahlman

**SNAPSHOT**

Mary T. McLennan, M.D., M.B.B.S., F.A.C.O.G.

**BIRTHPLACE:** Mackay, Queensland, Australia

**MEDICAL DEGREE**

University of Queensland - Queensland, Australia

**RESIDENCIES**

Private Practice

Family Medical Center

Queenland, Australia

Resident

Ob/Gyn

Saint Louis University at St. Mary’s

**Fellow and Urogynecologist**

Greater Baltimore Medical Center

**Faculty**

Ob/Gyn

Saint Louis University

1998 - Present

Residency Program Director

2007 - Present

Professor

2009 - Present

Vice Chair 2013 - 2015

**CLINICAL INTERESTS**

Urinary and fecal incontinence

Pelvic floor disorders

Pelvic reconstructive surgery

**RESEARCH INTERESTS**

Incontinence

Tension free slings

Role of hydrodilation and interstitial cystitis

Role of estrogen in interstitial cystitis

**HONORS**

CREOG Service Recognition Award

APGO Excellence in Teaching Award

Best Doctors in America

Press Ganey Provider Star

**MOTIVATION**

Honestly, I never imagined I’d be chair. Chasing the department was not a career path that I had planned. I wanted to be a clinician and educator. Dr. Artal suggested I consider the position, and after thinking on it and talking to faculty, six weeks later I decided to apply. I knew being chair would require a lot of hours, and the job would mean cutting back on my time with patients and residents — two of the things I love most about my work — so it was a conflict.

**RESEARCH INTERESTS**

Pelvic reconstructive surgery

Women who had incontinence were doing the same surgery for different conditions. Women who had incontinence were doing the same surgery for different conditions. Women who had incontinence were doing the same surgery for different conditions. Women who had incontinence were doing the same surgery for different conditions. Women who had incontinence were doing the same surgery for different conditions. Women who had incontinence were doing the same surgery for different conditions. Women who had incontinence were doing the same surgery for different conditions. Women who had incontinence were doing the same surgery for different conditions. Women who had incontinence were doing the same surgery for different conditions. Women who had incontinence were doing the same surgery for different conditions. Women who had incontinence were doing the same surgery for different conditions. Women who had incontinence were doing the same surgery for different conditions. Women who had incontinence were doing the same surgery for different conditions. Women who had incontinence were doing the same surgery for different conditions. Women who had incontinence were doing the same surgery for different conditions. Women who had incontinence were doing the same surgery for different conditions. Women who had incontinence were doing the same surgery for different conditions. Women who had incontinence were doing the same surgery for different conditions. Women who had incontinence were doing the same surgery for different conditions. Women who had incontinence were doing the same surgery for different conditions. Women who had incontinence were doing the same surgery for different conditions. Women who had incontinence were doing the same surgery for different conditions. Women who had incontinence were doing the same surgery for different conditions. Women who had incontinence were doing the same surgery for different conditions. Women who had incontinence were doing the same surgery for different conditions. Women who had incontinence were doing the same surgery for different conditions. Women who had incontinence were doing the same surgery for different conditions. Women who had incontinence were doing the same surgery for different conditions. Women who had incontinence were doing the same surgery for different conditions. Women who had incontinence were doing the same surgery for different conditions.
CULTURAL COMPETENCY TRAINING IN CLASS AND IN THE COMMUNITY

The medical students watch a brief video exploring the epidemic, and the screen fills with statistics demonstrating that zero-tolerance policies in schools appear to disproportionately target students of color. The medical students break into small groups.

One student questions how students can feel welcome when the first thing they see when they walk through the door is a metal detector. Another student says the security presence and zero-tolerance policies are necessary to keep schools safe for other students. A second-year student who was suspended more than a few times in high school says the more time he spent out of class the farther behind he fell and the harder it became to catch up or catch up.

After about an hour the discussion winds down, and students head to class.

"The intent is not to solve the problem of health or socioeconomic disparity in the United States," said Marian Hamani, a second-year medical student from Los Angeles. She and other first- and second-year students have been organizing these weekly discussions on race, bias and socioeconomic disparities since fall 2014. "The problems are outgrowths of historical discriminatory practices. We’re trying to break down walls and have conversations about things that may make us uncomfortable."

"To most people, these topics might not seem directly related to medicine, but they are intimately intertwined," she said. "You can’t be a compassionate doctor without first being a compassionate person. That requires having an open mind and trying to understand someone’s story because their story has an impact on their health."

ALL IN THE TIMING

The students established the discussion groups last fall, not long after two grand jury decisions in Ferguson, Missouri, and Eric Garner in New York. To protest the verdicts, students at more than 50 medical schools, including Saint Louis University, held "die-ins" on campus.

Students organized candlelight vigils and hosted panels on social justice and community healing. Emotions ran high, and students felt the time was right to have a regular forum in which they could process their feelings in a non-judgmental environment.

The students went to the medical school administration, including Michael T. Railey, M.D., associate dean of multicultural affairs, and Stuart Slavin, M.D. (’83), M.Ed., associate dean for curricular and professor of pediatrics, where they found support.

"The indictments revealed deep disparities across all lines, whether it’s policing, safety in neighborhoods, crime, housing," Slavin said. "For medical students I think the decisions raised awareness of how these disparities could play out in the health care setting."

Steven Monda, a first-year medical student from Ferguson, Washington, and a discussion group coordinator, said he thinks the events in Ferguson were jarring to some medical students. He said talking things through helps clear confusion and relieves some of the frustration that surrounds issues of disparity.

"Furthermore, as future medical leaders it’s important for us to become conscious physicians—conscious of the opportunities we’ve been given; conscious of the disparities faced by others; conscious of our own role in alleviating or perpetuating these disparities," he said. "These discussions help me better understand the complex social situations I’ll face as a physician."

Anywhere from a dozen to 30 students participate in the weekly discussions, which have drawn students from across campus, as well as from Washington University in St. Louis.

PENCHANT FOR SOCIAL JUSTICE

The verdicts also moved into action School of Medicine faculty, some of whom participated in the die-ins and sponsor the weekly student discussion groups. In an editorial printed in the St. Louis American, Railey wrote that events in Ferguson and New York should serve as reminders to members of the medical community that they must remain culturally humble, culturally competent and ever mindful of the societal context in which they provide care.

“Our students, residents and faculty must be aware of how health is both directed and indirectly affected by crime, violence, proper housing, safety issues, education and political events,” wrote Railey, associate professor of family and community medicine. “Any attitude that would isolate or separate the intricate and often disjointed effects of socioeconomic and sometimes political events would be erroneous.”

Railey said the verdicts and protests further reinforce the School of Medicine’s longstanding commitment to training future physicians who are culturally competent and responsive to the needs of their communities. He said this commitment begins in the admissions office.

Railey said that members of the admissions committee make an effort to select students who are smart, purpose-driven women and men with a penchant for service and social justice, such as those who volunteer at the student-run Health Resource Center, offer free care to homeless shelter dwellers, present information on diabetes care at local churches and who choose community service electives.

"These students already are beginning to understand that you have to put your hands to the ground to get a feel for a community’s vibrations,” he said.

Railey further said that the school attracts and attempts to select students predisposed to providing culturally competent care through its M.D./MPH program. The program, funded by a grant from the Health Resources and Services Administration, trains future physicians to work with underserved populations. In addition, the grant supports the school’s efforts to develop a curriculum that addresses cultural competency and management of significant community health problems in underserved populations.

EARLY EXPOSURE

Although literature suggests that providing culturally sensitive care promotes a health outcome for patients, not all medical schools have formal cultural competency training in curricula.

Railey said this is particularly troubling because minorities, now roughly a third of the U.S. population, are expected to become the majority by 2042.

The American Association of Medical Colleges urges all medical school to implement a curriculum that provides for longitudinal exposures to culturally humble patient care management. It recommends:

• The curricula have the institutional support of the leadership, faculty and students.
• Institutional and community resources be committed to the curriculum.
• The institution and its faculty commit to providing integrated educational interventions appropriate to the level of the learner.
• A cultural competence curriculum have a clearly defined educational process that includes accountability and evaluation.

Railey said the medical school curriculum, under the guidance of Slavin, has been following and, in some areas, surpassing these guidelines. Rather than treating cultural competency training as add-on material that could be deemphasized or marginalized, the school has been weaving the training into its curriculum as a formal, longitudinal thread for nearly a decade.

First- and second-year students are exposed to cultural competency training through their Applied Clinical Skills courses. Slavin, Railey, and other faculty and selected guests present case studies, host panel discussions and facilitate mock interviews that encourage students to talk about how race and ethnicity affect the presentation of symptoms; health, healing and wellness belief systems; beliefs about how diseases are caused; compliance with care; and attitudes toward health care providers.

LOOKING WITHIN

Another critical component of competency training is helping students recognize their implicit bias. To do this, Slavin invited反思 Balch, outcomes for patients, not all medical schools have formal cultural competency training in curricula. Banks said her mission is to teach students that they need not only to be sensitive to a patient’s cultural expressiveness, they need to be sensitive to their own.

“We all have biases and prejudices,” she said. “The key is to be aware of them and keep them in check. If physicians want to get information from their patients, if they want their patients to trust them and comply with their treatment recommendations, they must consider how their cultural experiences and the cultural expressiveness of their patients come together. This is an important component of clinical care.”

Lessons on implicit bias also are embedded into lectures for third- and fourth-year students. Railey’s office reaches out to graduate students, residents and faculty through regularly scheduled events and programs that are important societal impacts on health. Although Railey said he is proud of the school’s commitment to cultural competency training, he said the school’s programs must evolve and expand. Railey said the curriculum management committees and administration must bridge the gap between the training students receive during their first two years and their clinical years.

"We want students to take what they’ve learned in class across the street with them to the hospital,” Railey said.

Railey also said he is working on means to measure outcomes of cultural competency training.

“I hope to find is that we’re graduating students who are culturally literate, who are becoming part of the privileged class, and they must never turn their back on those less fortunate,” he said.
Scenes from Match Day 2015 at the Redbird Club in Busch Stadium.

To become a SLU Medical Alumni Mentor, you can help our recent graduates transition into the community. For more information, please visit our website at sluh.edu/matchday. For additional support, email the Alumni Office at AlumniOffice@sluh.edu.

171 students successfully matched with a broad spectrum of high quality programs throughout the country during Match Day 2015.
Townes, Robert Buchanan, Central United States, shows Kistner and his wife, Adelaide, the Moses Linton Album, which chronicles the work and travels of Pierre-Jean De Smet. S.J. The album given to Linton’s great-grandfather is a gift from De Smet’s work and travels. The Moses Linton (E&PS ‘13) graduated with dual majors in Psychology and History and Education, and Catherine Sueme is a graduate of Arts and Sciences.

This exercise inspired the development of the Robert Kistner’s Medical Student Endowed Scholarship. The Kistners—Robert Kistner’s father Paul Frederick Kistner, M.D. (1914) and all three of his brothers: Paul Linton Kistner Sr., M.D. (’42), William Francis Kistner, M.D. (’34) and John B. Kistner—have a personal scrapbook that chronicles the University of Chicago, Buchanan, who strongly considered becoming a Jesuit priest, chose Saint Louis University School of Medicine because he wanted to immerse himself in his faith. “I was impressed the university had a chapel inside its medical school,” he said. “I went there daily. It was a nice place to ground myself and pray in the presence of the Blessed Sacrament. Then as now, faith permeates every aspect of my life.” Buchanan abandoned his plan to become a priest during his psychotherapy residency at the University of California San Diego when he met the woman who would become his wife. He found other ways to serve God, including staying active in his diocese and serving on the board of the National Catholic Bioethics Center. Buchanan also was involved with the Sovereign Military Order of Malta, a 1,000-year-old religious order of chivalry in the Roman Catholic Church. He presently serves as the order’s area chairman of Texas.

In 2013, Buchanan, was named a National Panel of Experts for the Lancet Commission on Global Surgery, an international panel of experts working to make surgery a priority in low- and middle-income countries a priority on the global health agenda. Buchanan was selected as scientific advisor for the Global Surgical, an interfaith think tank comprised of leading medical and religious leaders. The think tank is comprised of cardinals and bishops from around the world, including the Pope and the Ecumenical Patriarch. The think tank’s goal is to bring religious leaders together to discuss the interplay between faith, science and medicine. Buchanan is a member of the think tank’s council of experts, and meet annually at the Vatican to discuss such matters as World Day of the Sick, which commemorates the Blessed Sacrament. Then as now, faith permeates every aspect of my life.” Buchanan abandoned his plan to become a priest during his psychotherapy residency at the University of California San Diego when he met the woman who would become his wife. He found other ways to serve God, including staying active in his diocese and serving on the board of the National Catholic Bioethics Center. Buchanan also was involved with the Sovereign Military Order of Malta, a 1,000-year-old religious order of chivalry in the Roman Catholic Church. He presently serves as the order’s area chairman of Texas.

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From Your Alumni Association President

EDWARD J. O’BRIEN JR., M.D. (’67)

With the recent dedication of the Edwin Everest Education Union I am reminded of the building’s mission. It was designed to bring together students and educators from all health-care-related disciplines – medicine, nursing, allied health, graduate dental education, public health and ethics – to help us realize how much common ground we share. “Union” implies team and the team approach is embraced by today’s health care system.

The School of Medicine is doing an exceptional job of instilling team concepts in its graduates. Through the Center for Interprofessional Education and Research based in the education union, students are learning to coordinate care and collaborate with colleagues in order to improve patient care delivery and outcomes. Most importantly, they are learning that patients are a critical part of that team. As you will read in this issue of Grand Rounds, teamwork and patient-centered care are the guiding forces behind our abdominal transplant team. The article on our cultural competency curriculum details how students are learning to relate to and understand patients from various socio-economic and cultural backgrounds.

As graduates of the medical school, we should be proud that our school is at the forefront of addressing health care changes in many areas. The recent rebranding of the professional practice as the SLU/Cov Physician Group refreshes our continuing health care commitment and mission.

As always, stay current with the Medical Alumni Association. Update your location and contact information if your situation changes. We would enjoy hearing from you.

In Memoriam

DECEASED ALUMNI

Arthur Star, M.D. (’44)
Leo Fijek, M.D. (’48)
Warren Johnson, M.D. (’47)
James Phipps, M.D. (’43)
Hubert Ritter, M.D. (’48)
Gerald Stark, M.D. (’48)
Joseph Hinkamp, M.D. (’50)
Harry Ratano, M.D. (’50)
William Sullivan, M.D. (’53)
Robert Hill, M.D. (’54)
Irland Kimball, M.D. (’54)
Paul Ritter, M.D. (’54)
J. Thompson, M.D. (’54)
Donald Coleman, M.D. (’55)
Dean May, M.D. (’57)
Bernard Delao, M.D. (’58)
Richard Roland, M.D. (’58)
Anthony Czerniak, M.D. (’58)
Domingo Balton, M.D., (’60)
Cornelius Hogan, M.D. (’60)
William Kuhn, M.D. (’60)
Robert Jones, M.D. (’62)
John Nelson, M.D. (’62)
David Petreccia, M.D. (’61)
Cheryl (Herzwurm) Sisler, M.D. (’84)
David Petreccia, M.D. (’81)
William Sullivan, M.D. (’80)
Fred Wurzbach, M.D. (’72)
Robert Jones, M.D. (’72)
Kathryn Williams, M.D. (’72)
Robert Jones, M.D. (’72)
Donald Sommers, M.D. (’72)
Garrett Hagen, M.D. (’92)
From left, Philip O. Aiken, M.D., dean of the School of Medicine; Thomas Weisking, M.D. (’79), 2014 AlumniMerit Award recipient; and Edward J. O’Brien Jr., M.D. (’67), president of the School of Medicine Alumni Association. Aiken is an internationally recognized expert in urologic oncology, urologic surgery and men’s health. He is chair of the department of urology at the University of California-Irvine School of Medicine and a professor in the division of oncological health. He is vice chairman of the department of urology at the University of California-Irvine School of Medicine and a professor in the division of oncological health.

Ahlering holds two patents in his field, is the author of more than 275 scientific publications and has lectured worldwide. He is a member of several editorial boards including the Journal of Urology and the Journal of Endourology. Ahlering has been listed among “America’s Best Doctors” for the past 30 years.
“As graduates of Saint Louis University’s School of Medicine, we all share many of the same experiences and memories – late nights of studying, early morning anatomy labs as well as celebrations following those tough exam weeks. I support the School of Medicine to honor where the foundations of my medical practice were built and to provide the same experience for future generations of students.”

ANNE CHRISTOPHER, M.D. (’94) PAIN MANAGEMENT

WE INVITE YOU TO JOIN THE WHITE COAT SOCIETY

With benefits designed exclusively for supporters of the School of Medicine, the White Coat Society celebrates partnerships between the medical school and alumni. Annual contributions of $2,500 or more to any School of Medicine fund grant membership in this prestigious circle, with tiered membership levels for graduates of the past 15 years; giving at the $2,500 level also grants membership to the President’s Circle Giving Society, which honors leadership donors across the entire University.

For more information, visit giving.slu.edu/WhiteCoat or call 314-977-9302.