A GRAND COMMITMENT
Saint Louis University Expands its Partnership with SSM Health
On September 1, 2015, the ownership of Saint Louis University Hospital (SLUH) was transferred to the Sisters of St. Mary St. Louis (SSMSL). This major transaction is the cover story of this edition of Grand Rounds. As you read the story, you’ll learn more about the history of our university hospital from its original construction as Firmin Desloge in the 1930’s, to its sale to Tenet Corporation in 1998 and the current re-acquisition and transfer to SSMSL.

Saint Louis University is no longer simply an affiliate of SSMSL but is a minority owner. This puts SLUH at the tertiary-quaternary apex of an 8-hospital regional network that also contains numerous SSMSL outpatient centers. These new linkages already have begun to facilitate high quality medical education and patient care and promise to yield many more exciting developments. Over the next five years, SSMSL will invest $500 million in new building and renovation projects at the Grand Boulevard campus. This includes the construction of a new mainframe adult hospital and a new outpatient ambulatory care center.

SLU’s new partnership with SSM has drawn attention well beyond our region. The national publication Becker’s Hospital recently rated “SSM Health buys SLU Hospital” as the most interesting healthcare transaction in the nation for the calendar year 2015. We appreciate this affirmation and are optimistic that our patients, students, faculty and community will be the ultimate beneficiaries.

I want to close on a personal note. Within weeks of the close of the SSMSL transaction, I notified Dr. Pestello of my desire to begin the process of stepping down from the deanship. While my nearly eight years to date as the dean have been most rewarding, I believe this is the right time to pass the torch of leadership to the next generation. I’ve been truly blessed to work with outstanding professionals, physicians, nurses, support staff, university colleagues, Jesuits and students here at SLU and particularly in our School of Medicine. I am honored by the trust that has been placed in me and am grateful for my time here. Dr. Pestello and I have agreed that I will stay in the deanship until a suitable successor can be brought on board, and then will continue part-time at SLU in fundraising and other duties.

For more information about the magazine or to submit story suggestions, please contact 314-977-9302 or grandrounds@slu.edu.

Grand Rounds is published biannually by Saint Louis University Medical Center Development.

Grand Rounds is mailed to alumni and friends of the School of Medicine.

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Emergency Department Wait Has No Impact on Trauma Patient Mortality

School of Medicine researchers have found that the amount of time a trauma patient stays in the emergency department (ED) makes no significant difference in the patient’s mortality.

The researchers examined Level I and Level II activated adult trauma patients at SSM Health Saint Louis University Hospital admitted from July 1, 2010, to June 30, 2011, to assess the relationship between a trauma patient’s emergency department length of stay (EDLOS) on hospital stay and mortality.

The data analysis showed that while high ED volume did increase a trauma patient’s EDLOS, there was no association between the amount of time a trauma patient stays in the ED and trauma patient mortality.

Author Preeti Dalawari, M.D., M.S.P.H., associate professor and SLUCare Physician Group emergency department doctor, said the study showed that the ED’s systems were able to accommodate a fluctuating volume of patients without posing a significant risk to trauma patients.

“I suspect this is due to the coordinated care between the ED and trauma teams; however the demands on resources and manpower may add to the length of stay or morbidity of other patients,” Dalawari said.

“We are at an all-time high for patients in the ED. We are extremely busy, and with the Affordable Care Act, we’ve only gotten busier.” She noted that ED overcrowding is a pressing issue, and critically ill patients boarding in the emergency department use substantial resources, especially the time of emergency physicians and nurses.

“Overcrowding may impact overall patient satisfaction and hospital staff stress, but the primary outcome for trauma care survival remained favorable,” said co-author Eric Armbrecht, Ph.D., D.O. of the Center for Outcomes Research at Saint Louis University.

The emergency department length of stay was categorized as short if the duration was less than four hours. The study found approximately two-thirds of patients stayed in the emergency department for four hours or less.

The researchers found that severely injured patients have a longer hospital length of stay regardless of how long they are in the emergency room. The Level I and II patients were evaluated as they came into the hospital.

The review, “Does emergency medicine length of stay predict trauma outcomes at a Level I Trauma Center?” was published online in the Journal of Hospital Administration in May.

Former Patient Becomes Champion for Center of Innovative Reconstruction and Rehabilitation

Andrew Oberle fulfilled a lifelong dream in August — he threw out the first pitch at a Cardinals baseball game. While an exciting moment for any baseball fan, the evening was truly a moment of triumph for Oberle. Oberle made global news in 2012, after he was attacked by two chimpanzees at an animal sanctuary in South Africa where he was working as part of his graduate studies in anthropology. The attack resulted in severe trauma all over his body, and he spent several weeks in a coma in a South African hospital.

Through “Operation Oberle,” a campaign led by his friends and family back home, he was flown back to the United States to be treated by the SLU/Care Physician Group, led by Bruce Kraemer, M.D., Pandrarangi Endowed Professor and chief of plastic reconstructive surgery at the School of Medicine. Under Kraemer’s care, Oberle received pioneering treatment utilizing a new product called Matristem. The product, created by a company named ACell, functions as stem cells in the human body, effectively healing and regrowing tissue. Kraemer, who has become a global leader pioneering Matristem to heal his patients, was able to heal Oberle’s tissue, connective tissues, fingers, nose and other areas of trauma, with limited scarring. And he gave Oberle back his ability to throw a baseball.

After three years of interdisciplinary treatment and rehabilitation, which Oberle describes as “treating the whole person,” he now works as the director of development for the Center for Innovative Reconstruction and Rehabilitation at Saint Louis University.

The team of medical providers that treated Oberle — including doctors, nurses, occupational therapists, physical therapists, athletic trainers and dietitians — is typical of the interdisciplinary, holistic approach envisioned for the center.

“My care providers at SLU wanted me to not just survive, but to thrive,” Oberle said. “Each of them cared for me physically, mentally and emotionally, and made me feel like more than just a patient. I felt like part of the family.”

Grant Reconnects Medical School Faculty to SLU’s Jesuit Mission

What does it mean to be a medical professional at a Jesuit institution? How does the Jesuit mission fit with the everyday rigor of practicing and teaching medicine?

Kelly Everard, Ph.D., director of medical student education and an assistant professor in family and community medicine, recently received a Lilly Fellows Program in Humanities and the Arts grant to explore such topics and to fund a speakers series. The program is aimed at reconnecting medical school faculty with SLU’s mission of educating and treating the whole person — mind, body, heart and spirit.

“We want to connect with why people became doctors in the first place,” Everard said. “It can be easy to forget that physicians started out wanting to help people. We want to connect to that part of being a physician that says this is what I’m meant to do.”

The aim of the program, “Stirring the Embers: Reconnecting Medical School Faculty to the Jesuit Mission of Saint Louis University,” is to build discussion among co-workers across different specialties and fields, allowing them to revive their faith in order to create a sense of vocation and commitment to the broader institutional life of the University.

This is a pilot program for the School of Medicine. If it is successful, the model could be rolled out to other schools such as the law school and business school, Everard said.

Hospital Physicians Miss Opportunities to Identify Weight Issues in Children

School of Medicine researchers found that physicians and physician assistants fail to identify or address overweight/obesity in more than 90 percent of hospitalized children.

Study author Marta King, M.D., M.Ed., assistant professor of pediatrics, said this represents a missed opportunity for both patient care and physician trainee education.

“Overweight/obesity is the most common chronic pediatric disease in the United States,” said King, a SLU/Care Physician Group pediatrics. “Physicians who recognize overweight/obesity can provide healthy weight counseling, inpatient consultations and outpatient referrals and thereby have
hospitalized on the general medical service at New York University Hospital for being “the most caring and compassionate physician.” “The most gratifying and amazing thing about my job is the domino effect that a new discovery gives us,” Pozzi said. “Now what we really need are lots of skills that we can piece together, like a movie. This will show us the exact way in which prothrombin changes into thrombin. The key, we believe, will be in the flexible linker. Using both X-ray crystallography and single molecule spectroscopy, we will begin to see how the molecule moves. “I believe that we are close to reaching another milestone in the field: the true dynamic look of prothrombin will soon be revealed. Stay tuned. We have such a great environment here at SU that I am positive we will succeed.”

New Drug May Turn Off Cancer

In research published in Cancer, Col. Thomas Burns, Ph.D, chair of pharmacology and physiology, and Colin Flaveny, Ph.D, assistant professor, have found a way to stop cancer cell growth by targeting the Warburg effect, a trait of cancer metabolism that scientists have been eager to exploit.

Unlike recent advances in personalized medicine that focus on specific genetic mutations associated with different types of cancer, this research targets a broad principle that applies to almost every kind of cancer: energy source.

The study, which was conducted in animal models and in human tumor cells in the lab, showed that a drug developed by Burns and colleagues at Scripps Research Institute can stop cancer cells without causing damage to healthy cells or leading to other severe side effects.

“Targeting cancer metabolism has become a hot area over the past few years, though the idea is not new,” Burns said. Since the early 1900s, scientists have known that cancer cells prefer to use glucose as fuel source, they have plenty of other resources available. This preference for using glucose as fuel is called the Warburg effect.

In his paper, Burns reports that the Warburg effect is the foundation of oncogenic growth, tumor progression and metastasis as well as tumor resistance to treatment.

Burns and his colleagues created a class of compounds that affect a receptor that regulates fat synthesis. The new compound, SR9243, which started as an anti-cholesterol drug candidate, turns down the expression so that cells can’t produce their own fat. This also impacts the Warburg pathway, turning off glucose in normal cells.

SR9243 suppresses abnormal glucose consumption and cuts off cancer cells’ energy supply: The drug also has a good safety profile; it is effective in reversing weight loss, liver toxicity or inflammation. So far, SR9243 has been tested in cultured cancer cells and in human tumor cells grown in animal models. Because the Warburg pathway is a feature of almost every kind of cancer, researchers are testing it on a number of different cancer models. And, in even more promising news, it appears that when SR9243 is used in combination with existing chemotherapy drugs, it increases their effectiveness, a mechanism that was found from SR9243’s own cancer fighting ability.
Aging Successfully

Nutritional supplements may add weight but not longevity for many seniors according to research at the School of Medicine. While taking nutritional supplements helps older adults in the general population who are malnourished or frail, “People lose strength and their ability to function better and help them live longer,” said Gammack, a SLU Care Physician Group.

The deterioration of the health of older Missourians by training primary care health professionals and students in geriatric medicine, geriatric psychiatry, nursing, social work, physical therapy, occupational therapy and interprofessional education.

Slightly more than a quarter of the institutions that submitted applications for federal funding received it. The project is one of 44 Geriatric Workforce Enhancement Programs in the United States and one of two in Health Resources and Services Administration Region VII, which includes Missouri, Iowa, Kansas and Nebraska.

The initiative targets underserved areas: urban north St. Louis city and county, rural Perry County and an eight-county region in northeast Missouri, where the impact of the shortage of health care providers who understand the special needs of geriatric patients is amplified.

This is the first time routine brain health screenings have been recommended for patients, starting at age 70. Patients found to have cognitive problems also should be screened for physical frailty, and vice versa, suggested the panel.

Published in the September issue of JAMDA, the recommendation for brain health comes in light of numerous studies that suggest 30 percent of those older than 70 have memory problems. Approximately 16 percent of this group has mild cognitive impairment, while 14 percent has dementia, which includes Alzheimer’s disease.

“This is an important step toward enhancing brain health for aging populations throughout the world,” said John Morley, M.D., director of geriatric medicine and lead author of the consensus paper. “The ability to learn, solve problems and remember is a key to successful health and aging.”

Some causes of early cognitive disorder can be reversed and treated when caught early. These include depression, hypothyroidism, sleep apnea, problems with sight and hearing, and treatments of multiple health conditions with medications.

“You can actually fix some of these issues, which is one reason why it’s critical to identify a problem and try to find a root cause,” said Morley, a SLU Care Physician Group geriatrician.

The progression of cognitive impairment sometimes can be slowed through a series of lifestyle changes, the panel said.

They endorsed changes suggested in FINGER, a Finnish geriatric study published in The Lancet, which found those who are a healthy weight, exercised, trained their memories and managed cardio-vascular risks were less likely to develop cognitive decline and memory problems than older adults who did not.

“Our recommendations are going to shape clinical practice in a big way,” Morley said. “Physicians are hungry for this information to help their patients, and as the message gets out, patients will request screenings.”

St. Louis Women of Achievement honored SLUCare neurologist Ghazala Hayat, M.D., for her multicultural leadership and extensive work promoting religious tolerance and understanding.

After Sept. 11, 2001, Hayat has worked tirelessly to dispel misconceptions about Islam and the Muslim community. She has served the Interfaith Community for the last 13 years and has served on the board of Interfaith Partnership/ Faith Beyond Walls (JP/IFB) for seven years. She also writes the “Civil Religion” blog for the St. Louis Arts Journal, which addresses many of the issues facing Muslims and faith communities at large.

She also helped establish JAM, a Jewish and Muslim youth group that has been active in interfaith dialogue and service, as well as a Jewish and Muslim dialogue group for adults. Hayat has taken part in many interfaith service projects and serves on the planning committee of Arts & Faith, which commemorates 9/11 with music and arts from different faiths.

“I believe the vast majority of people want to live productive lives; they want peace. I believe, even with our differences, we can work together for peace and to make the world a better place,” said Hayat, a member of the neurology faculty since 1986 and director of the Neuromuscular Service and the Clinical Neuropsychology Laboratory. Hayat also is director of the clinical neuropsychology fellowship, and she is director of the ALS clinic.

Hayat was one of only 10 women to receive the annual award.

A project spearheaded by Dawn Hui, M.D., assistant professor of surgery and a SLUCare cardiac surgeon at the Center for Comprehensive Cardiovascular Care, aims to connect members of the Bosnian community with health care services in the St. Louis region.

Hui received a grant from the Greater Saint Louis Health Foundation to educate and screen the local Bosnian population for cardiovascular disease. St. Louis is home to the largest Bosnian population outside of Bosnia.

“There are a lot of risk factors tied to this population,” Hui explained. “Smoking is prevalent in their culture, and the Bosnian diet can be high in salt and fat.”

The screenings provide a heart health check-up for patients, including a body mass index (BMI) check, lipid and glucose screenings and an EKG.

Hui said she was inspired to find ways to connect this group with health care after learning about a friend’s father’s health issues and his difficulty accessing care.

“There are a lot of barriers there,” she said. “That can include the basic language barrier, as well as cultural norms which dictate a certain stoicism and reluctance to seek help.”

Hui’s program involves bringing health screenings to area Bosnian businesses. Translators are on hand to facilitate communication between the patient and the screener. The screenings are performed by nurses from SSM Health Saint Louis University Hospital.

In addition to the health screenings, SLU nutrition and dietetics students provide tips to make healthy modifications to the Bosnian diet.

Both SLU Care and community physicians counsel patients on their screening results.

The screenings also serve as a way to connect the community with health care providers, including primary care physicians and dentists, who speak Bosnian.
A GRAND COMMITMENT TO IMPROVE THE REGION’S HEALTH

Saint Louis University and SSM Health expand their partnership and plan for a new $500 million hospital and ambulatory care facility.
On September 1, 2015, members of the Saint Louis University family, employees of SSM Health Saint Louis University Hospital, civic and political officials and guests had no idea they’d be attending a surprise party. They crowded into the hospital lobby for a quick program that marked two milestones: the official start of an expanded partnership between SSM Health and Saint Louis University aimed at improving the health of the St. Louis region, and the first day the hospital operated under the new partnership. A row of television cameras and reporters with notebooks hinted that more was coming.

SSM Health CEO William P. Thompson was nearly at the end of his brief remarks when he broke the news. SSM Health would invest $500 million in a new hospital and outpatient care center on Grand Boulevard. He said SSM also would make immediate capital investments in the current hospital.

“While the current hospital has served the community well, we have the opportunity to construct state-of-the-art academic facilities that incorporate the best practices in patient-centered design,” said Thompson, who was flanked by St. Louis Mayor Francis Slay (Law ’80) and Saint Louis University President Fred P. Pestello, Ph.D. “This significant investment will enable us to deliver an improved patient experience and even better care for our community.”

The crowd erupted into cheers.

WORK IN PROGRESS

Details about the new hospital and outpatient care facility have yet to be decided. The original hospital, formerly named Firmin Desloge Hospital, opened in 1933 and is used mostly for medical offices. The hospital’s 365 patient rooms and other operations were moved into a connecting facility in 1988. The nearby Doctors Office Building was constructed as a temporary facility in 1977. While it has been renovated periodically throughout the years, it is not considered ideal for handling its more than 100,000 outpatient visits each year.

In October, SSM Health Saint Louis hired a programming architect to meet with hospital faculty and staff to gather information about what they, their patients, services and students need. This information will include an eye to the future of the dynamic and changing health care environment. Once this future program is completed, SSM will hire an architectural firm to design the new facilities based on these identified needs. Approximately two years later, builders will break ground.

The first patients are expected to be admitted to the new SSM Health Saint Louis University Hospital in September 2020.

FOLLOW THROUGH

Although plans for new facilities are down the road, SSM Health is demonstrating its commitment to making capital investments in current facilities. Less than three weeks after the September event, SSM Health issued a purchase order for a new linear accelerator, a device commonly used for external beam radiation treatments for cancer patients; and a 3T MRI, the gold standard in neuro-imaging. Hospital administrators also met with architects who will design a radiation-oncology suite to house the new equipment. The total cost of the project is more than $9 million.

“The shared mission of providing exceptional patient care inspired the expanded partnership between two of the region’s outstanding faith-based health care organizations. While the two Catholic non-profits have committed to work together to define the best practices to care for patients, they will retain their individual identities, which complement each other.”

As part of the expanded partnership, the University bought back Saint Louis University Hospital from Dallas-based Tenet Healthcare Corp. over the summer and contributed it to SSM Health in exchange for a minority financial interest and two seats on the board of SSM Health St. Louis. The deal became official in September when the hospital was renamed SSM Health Saint Louis University Hospital.

In addition to the hospital, SSM Health now owns what had been the Anheuser-Busch Eye Institute, the Anheuser-Busch Eye Institute Annex, the West Pavilion, the Saint Louis University Hospital garage and the Auxiliary Hospitality House. The Doctors Office Building on Vista remains part of Saint Louis University, as does the University’s physician practice, SLUCare Physician Group, which will collaborate closely with SSM’s physician group.
Robert Heaney, M.D., professor in the department of internal medicine, assistant vice president of medical affairs and chief executive officer for SLU Care, said the University began exploring the idea of partnership about three years ago.

“The University realized that in order for the School of Medicine and SLU Care to thrive in an increasingly complicated health care delivery system, it needed a strong network partner,” he said. With new payment models aimed at rewarding quality and affordability, partnering with a larger system would be critical. Health care organizations with limited patient populations and inefficiencies in care delivery would be left out of the game. In addition, a larger system could help with capital needs, as well as with technology and infrastructure upgrades that are needed in the hospital.

In light of these changes in the health care landscape, Heaney said the University’s first step was to buy back the hospital from Tenet Healthcare, which was changing it health care delivery model. While SLU previously operated its own teaching hospital, he said the University did not want to return to that model.

“You don’t want to have a stand-alone tertiary, quaternary teaching hospital especially when contracts are being set with systems, not individual groups or hospitals,” said Heaney, who helped facilitate the buyback and structure the SSM Health partnership. “We also had about 400 clinicians in 40 different locations spread across the St. Louis metro area, and we needed a coherent, cohesive way forward with a network that had the same vision and mission we had.”

SSM Health quickly emerged as the frontrunner. The two organizations have a history that stretches back to 1903 (see map on page 9). He said they will be involved in the care of a much larger population of patients with a broader range of specialties and subspecialties. For instance, Heaney said the school will be able to consider offering programs in new specialties, such as child psychiatry or rehabilitative medicine.

“We have a way forward to build out those experiences, and SSM has expressed a willingness to build them with us,” he said.

Alderson noted that students in SLU’s other health professions programs, including nursing and physical therapy, also will benefit from the expanded opportunities. In addition, Alderson said the partnership can lead to extended clinical research trials of new medications and new technologies area-wide in the SSM Health network.

SIMILAR CULTURES

Becker and Heaney said the feedback from staff and faculty within both organizations has been overwhelmingly positive. And they hope to keep it that way by giving priority to one key aspect of the partnership – cultural integration.

“Inability to find compatibility in culture means you will fail, no matter what else you do,” Becker said.

She is confident that not only understands our values but understands the importance of care providers as people in their own right.

“The Jesuit tradition of care for the person will remain at our center,” Heaney said. “We’re collaborating with a partner that not only understands our values but understands the importance of care providers as people in their own right. That gives me the greatest hope for the future.”
The Battle Against Infectious Diseases Through Safer Vaccines

As winter approaches, think about this — is the flu vaccine physicians are giving to patients effective against this season’s predicted influenza strains?

It’s a question that causes angst each year as scientists and pharmaceutical companies try to predict which morphed version of the influenza virus has the potential to trigger flu epidemics worldwide. In recent years, a majority of the educated guesses have been fairly accurate. But, in some years, such as 2014, it’s a miss.

The Division of Infectious Diseases, Allergy and Immunology at Saint Louis University School of Medicine is working to minimize the risk of future misses. By early 2016, the Division’s Center for Vaccine Development will have on its shelves the first in a series of a universal vaccine that will target influenza A viruses, the type most responsible for global flu epidemics.

“The human clinical trial will last a year, and then it will take a year or two to analyze the results,” said Daniel Hoft, M.D., clinical director of the Center for Vaccine Development, who was instrumental in helping to develop the intranasal FlMIST vaccine. His colleague, Geoffrey Gorse, M.D., also was a principal investigator of another study that found that higher doses of a particular type of influenza vaccine were safe and resulted in significantly better protection rates in the elderly population.

**VAXING UP PREPAREDNESS**

The VTEU accounts for almost half of the $6 to $7 million in funding awarded to the Center for Vaccine Development each year through NIH, nonprofit foundations and industry research grants. VTEU researchers have spent more than two decades tackling some of the most virulent infectious diseases, from tuberculosis, herpes, yellow fever, dengue fever and smallpox.

Influenza viruses

**“Our focus is on testing vaccines to prevent disease,” Frey said. “In some cases, however, we also are focused on national preparedness and the prevention of bioterrorism. An example of this is the smallpox vaccine.”**

Shortly after smallpox was eradicated in 1980, a concern grew that countries that previously were known to have stockpiles of smallpox virus could potentially use the virus as an agent of bioterrorism. Frey, who has researched the smallpox vaccine for more than 15 years, found that the nation’s limited supply of the vaccine could be used at 1/10th of its standard dose and remains effective. Her discovery meant that the vaccine could safely be diluted and given to far more people than previously thought. Because of SLU’s track record in biodefense research, the NIH approved the VTEU to conduct emergency vaccine clinical trials related to national preparedness.

Sharon Frey’s work after 9/11 on the smallpox vaccine was instrumental in showing our ability to ramp up for emergency preparedness,” Hoft said. “We also completed emergent work on the new pandemic H1N1 influenza virus in 2009 and the H7 bird flu studies in 2011, which was important for national preparedness. Because of our experience in these areas, we are extremely well-positioned to participate in future national preparedness types of trials.”

**VACCINES FOR TROPICAL DISEASES**

As the human clinical trial will last a year, and then it will take a year or two to analyze the results,” said Daniel Hoft, M.D., clinical director of the Center for Vaccine Development, who was instrumental in helping to develop the intranasal FlMIST vaccine. His colleague, Geoffrey Gorse, M.D., also was a principal investigator of another study that found that higher doses of a particular type of influenza vaccine were safe and resulted in significantly better protection rates in the elderly population.

**A BETTER TUBERCULOSIS VACCINE**

Hoft also has a particular interest in the development of a safer tuberculosis (TB) vaccine. He has conducted 15 TB vaccine trials and has found that an oral version of the current vaccine can induce better lung mucosal immune responses than an intradermal version. In addition to large NIH grants over the past 20 years, Hoft’s laboratory was awarded almost $3 million this year from the Bill and Melinda Gates Foundation to accelerate TB research in a multi-center project that includes Saint Louis University, Stanford University, University of Washington, Colorado State University and the University of Illinois-Chicago.

**THE “OMIC” REVOLUTION**

What enables the string of successes for the infectious diseases/immunology at SLU School of Medicine were merged to create the combined Division of Infectious Diseases, Allergy and Immunology. Since that time, the division has grown to include 20 faculty members.

“I believe the combined division offers an abundance of cross-fertilization of ideas,” Hoft said. “This has excelled our research into translational research and enabled us to recruit some of the brightest researchers in the country.”

Among heavy competition with the other eight VTEUs, SLU was one of only two centers named by the NIH to be a VTEU. “One of the major reasons for bringing another $6 million into the Center for Vaccine Development during the next few years. “We will be the core investigators studying whole genome responses to vaccines and infections using transcriptomics, proteomics, lipiddomics and metabolomics,” Hoft explained. “This puts us on the cutting edge of the ‘omic’ revolution to study every possible response in the human body to infectious diseases or vaccines and to look for host responses that cause protection or are associated with adverse events.”

Belshe added, “I’m most proud of bringing online a whole series of effective vaccines that are safer and more reliable than anything we had previously. We’ve driven public policy related to vaccine recommendations, and we have taken an active role in informing policy-makers about the use of vaccines to eliminate disease. I’m also very proud of the fact that we’ve created a wonderful collaborative atmosphere where innovative research can grow and continue to produce outstanding results that enhance health worldwide.”

**First State Health Portal**

**For more information on influenza and other infectious diseases visit the First State Health Portal**

**Anthrax • Cholera • Dengue • Herpes • Influenza (seasonal, bird flu and swine flu) • Plague • Pneumococcus • Rotavirus • Smallpox • Tuberculosis • Varicella

**Vaccines Against the Following Diseases Have Been Evaluated at SLU in the Past Five Years:**

**VTEU researchers have spent almost 25 years working to develop safer vaccines.**

**VAXING UP PREPAREDNESS**

The VTEU accounts for almost half of the $6 to $7 million in funding awarded to the Center for Vaccine Development each year through NIH, nonprofit foundations and industry research grants. VTEU researchers have spent more than two decades tackling some of the most virulent infectious diseases, from tuberculosis, herpes, yellow fever, dengue fever and smallpox.

**“Our focus is on testing vaccines to prevent disease,” Frey said. “In some cases, however, we also are focused on national preparedness and the prevention of bioterrorism. An example of this is the smallpox vaccine.”**

Shortly after smallpox was eradicated in 1980, a concern grew that countries that previously were known to have stockpiles of smallpox virus could potentially use the virus as an agent of bioterrorism. Frey, who has researched the smallpox vaccine for more than 15 years, found that the nation’s limited supply of the vaccine could be used at 1/10th of its standard dose and remains effective. Her discovery meant that the vaccine could safely be diluted and given to far more people than previously thought. Because of SLU’s track record in biodefense research, the NIH approved the VTEU to conduct emergency vaccine clinical trials related to national preparedness.

**A BETTER TUBERCULOSIS VACCINE**

Hoft also has a particular interest in the development of a safer tuberculosis (TB) vaccine. He has conducted 15 TB vaccine trials and has found that an oral version of the current vaccine can induce better lung mucosal immune responses than an intradermal version. In addition to large NIH grants over the past 20 years, Hoft’s laboratory was awarded almost $3 million this year from the Bill and Melinda Gates Foundation to accelerate TB research in a multi-center project that includes Saint Louis University, Stanford University, University of Washington, Colorado State University and the University of Illinois-Chicago.

**THE “OMIC” REVOLUTION**

What enables the string of successes for the infectious diseases/immunology at SLU School of Medicine were merged to create the combined Division of Infectious Diseases, Allergy and Immunology. Since that time, the division has grown to include 20 faculty members.

“I believe the combined division offers an abundance of cross-fertilization of ideas,” Hoft said. “This has excelled our research into translational research and enabled us to recruit some of the brightest researchers in the country.”

Among heavy competition with the other eight VTEUs, SLU was one of only two centers named by the NIH to be a VTEU. “One of the major reasons for bringing another $6 million into the Center for Vaccine Development during the next few years. “We will be the core investigators studying whole genome responses to vaccines and infections using transcriptomics, proteomics, lipiddomics and metabolomics,” Hoft explained. “This puts us on the cutting edge of the ‘omic’ revolution to study every possible response in the human body to infectious diseases or vaccines and to look for host responses that cause protection or are associated with adverse events.”

Belshe added, “I’m most proud of bringing online a whole series of effective vaccines that are safer and more reliable than anything we had previously. We’ve driven public policy related to vaccine recommendations, and we have taken an active role in informing policy-makers about the use of vaccines to eliminate disease. I’m also very proud of the fact that we’ve created a wonderful collaborative atmosphere where innovative research can grow and continue to produce outstanding results that enhance health worldwide.”
The Class of 2017 is the first to begin rotations under significant curriculum changes designed to allow students more time to explore specialties.

- The students had a one-week orientation in April, rather than the previous half-day orientation.
- The students began rotations in May when residents and interns are at their most seasoned, rather than in July when residents and interns also are acclimating to new responsibilities.
- The students won’t go more than 16 weeks without a break, rather than their predecessors who had to wait six months for a break.
- The students have almost five months — twice the time given to previous classes — to select specialties and submit residency applications.

To talk about their expectations this year and reflections on last year, Grand Rounds checked in with the five students just as they were getting their feet wet.

Emily Au
Age: 29
Hometown: Palos Verdes, California

I really enjoyed my psychiatry rotation, and I love the neuro ICU. I’m not sure I’m in love with neurology per se, but I like the critical care setting. When I was a PAI I said I wanted to be a psychiatrist because I like picking people’s brains. It’s fascinating the way the mind works. I like talking to people and understanding where they’re coming from, what their reality is. Psychiatry reminds me of what I love about medicine. It’s not just about medication. You can apply behavior therapy and psychotherapy. You get to spend time with your patients and get to know them.

I still struggle with getting enough sleep, but I’m learning to be really efficient and minimal with things in my daily life. I can get ready in the morning faster than I ever realized I could. I mass cook one day a week to save time and money, and to get ready in the morning faster than I ever realized I could. I bring workout clothes wherever I go in case I can squeeze in trip to the gym, but I don’t beat myself up if I don’t make it at least five days a week like I used to. If I choose studying over working out, I’m OK with that.

Ambrose Campbell
Age: 25
Hometown: Shreveport, Louisiana

I’m looking forward to experiencing the primary care rotations. I know I’ll learn a great deal, and I feel medicine finally is starting to make sense. So far, I really like pediatrics. It’s a well-organized rotation — and who doesn’t love kids?

The civil unrest in Ferguson took place during my second year. This affected me greatly. As a member of the Student National Medical Association I helped organize a panel discussion for community leaders to keep students informed. I also helped organize students to participate in some of the protests. Seeing militarized police and tear gas in the St. Louis area had me living in a state of anxiety because I’ve experienced cases of mistaken identity with law enforcement in the past.

Volunteering and managing the Health Resource Center (HRC) prepared me for the array of patients I’ll see in my clinical years. I feel perfectly comfortable getting personal information from my patients. I think that will take me a long way this year.

To take care of myself as a complete person I stretch, read spiritual lessons and meditate every morning before I go to the hospital. Also, I exercise frequently and cook my own meals to monitor what foods I take in. In addition, I don’t watch television, as I feel it’s a tool for complacency and gives false expectations of reality. All of this helps me focus on my path no matter what comes my way.

So far I’ve had my OB-GYN rotation and part of my pediatric rotation. I’ve liked both, but at this point my mind is still wide open when it comes to choosing a specialty.

Dr. Thomure (Michael F. Thomure, M.D., professor and director of the division of genecologic sub-specialties) was my mentor during my OB-GYN rotation. In one of our meetings he said something similar to, “You’re going to feel like you don’t know anything. And it’s true, you don’t know anything. But that’s why you’re here. You’re here to learn.” That sentiment will stick with me going forward. It was nice to have someone acknowledge the very uncomfortable feeling of not knowing anything.

I’m enjoying the clinical application of knowledge from “the books” to real life treatment of patients. So much of what I’ve learned has come without context, descriptions of diseases, lists of symptoms, lists of drugs, etc. At this point, I’ll be finally be able to make connections to patients. Having a patient with a face and a story I can associate with a disorder will help me tremendously. I’ve always found rote memorizing difficult.

The moment I finished the Step 1 exam was quite significant. I remember pushing my chair away from the table and just sitting there with only one thought in my head: “I’m done.” I don’t know how long I sat there without moving. And I don’t know how long it took for that massive smile to fade from my face either.

Dr. Porter (Thomas 1. Porter, O.D., assistant professor of ophthalmology) is a man of integrity and an inspiration to me. All physicians are busy, but Dr. Porter goes above and beyond. He volunteers at the HRC and at homeless shelters downtown. I hope to emulate his compassion when I have patients of my own. It comes as no surprise that he won this year’s SLU Caring Physician Award.

The most challenging thing about second year was finding a balance between preparing for class, preparing for the Step 1 exam and managing extracurricular activities. Though time consuming, each experience was well worth it and will define the physician I will become. Holding leadership positions with the Mobile Health Initiative for the homeless and SLU Sight at the HRC helped prepare me to serve a diverse patient population in my clinical years.

Dr. Porter has a philosophy of practice which I think is relevant to all of us. He thinks of medicine as an art. He enjoys the uncertainty of any day and the feeling of being a learner. He looks for the beauty of every moment. He’s a true example of what it means to be a physician.

I was a member of the clinical rotation for the second year. I loved it from start to finish. I didn’t want it to end. I think that’s a testament to how much you can teach a medical student in just one year. I was challenged every day and every day was better than the last. And I feel I learned a lot.

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The students have always been following since their first year of medical school, started clinical rotations.
Less Stress, More Learning

When Stuart Slavin, M.D. ('83), M.Ed., spoke at the White Coat dinner this fall, he told students and their parents something he never imagined he’d be able to say: The first year of medical school actually improved the mental health profile of SLU students.

Slavin, associate dean for curriculum, supported his statement with data he’s been collecting on first- and second-year students since the School of Medicine began implementing curriculum changes six years ago. The changes, which are evolving continually, are designed to combat the well-documented depression and anxiety students experience during their medical education. The changes include pass/fail grades for pre-clinical courses; more opportunities for students to explore their interests through expanded electives and learning communities; and greater focus on student wellness, mindfulness and stress reduction.

Slavin’s most recent statistics (see chart) measured depression and anxiety levels of first- and second-year students at the end of the academic year — before and after implementation of the curriculum changes. More than 90 percent of students participated in the confidential mental health surveys.

Slavin noted that while anxiety and depression ratings clearly have declined, the decreases are less dramatic for second-year students. Slavin attributes this to the intense pressure of the U.S. Medical Licensing Examination (Step 1 exam). He pointed out, however, that School of Medicine Step 1 exam scores have gone up since the curriculum changes.

PERCENTAGE OF STUDENTS REPORTING MODERATE TO SEVERE DEPRESSION AT THE END OF THE ACADEMIC YEAR

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<tr>
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<td>2008</td>
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<td>Post-change</td>
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PERCENTAGE OF STUDENTS REPORTING MODERATE TO SEVERE ANXIETY LEVELS AT THE END OF THE ACADEMIC YEAR

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<td>Post-change</td>
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The medical school curriculum changes and their impact are featured in Beyond Measure, a new book by Vicki Abeles about stress in high school students.

From Your Alumni Association President

EDWARD O’BRIEN JR., M.D. (’67)

The past few months have been exciting! The Class of 2019 arrived with great credentials and expectations. With 181 slots filled from an applicant pool of 8,500, it is clear that interest in medical careers continues to increase.

Our entering class willmatriculate in a fairly new program. In addition to the didactic curriculum, the curriculum will have a clinical emphasis and offer students clinical exposure within their first two years. Follow Grand Rounds for feedback from students and faculty on this new structure.

Also exciting is Saint Louis University’s expanded partnership with SSM Health. We’ve been affiliated with SSM for many years, and we continue with a stronger bond.

My class had fantastic exposure to great clinical teaching and patient interactions at SSM Health St. Mary’s Health Center. Who can forget the busy internal medicine, surgery and obstetric departments? The early mornings and late nights were worth every hour. Plus, many of us were able to live in long-since demolished St. Francis Hall. If we performed H&Ps on uncomplicated patterns, we could live in St. Francis Hall for the year. It was a great deal. The bite, however, was the awesome cafeteria that was open from early morning until nearly midnight. We had four square meals a day and burned off the extra calories on the busy services.

And finally, please welcome Jessica Card Presler to the newly created position of Director of Alumni and Donor Engagement. Her department will be your contact for alumni events, programs and reunion information. You will continue to receive this magazine and emails, including updates and “Dialogue with the Dean” messages. Keep us updated on your contact information. Volunteer as a class agent, caller or scribe. Visit the ever-expanding medical campus. Be involved.

Orthopaedic surgeon Richard J. Kemme, M.D. (’56), usually spends his September in Malawi, where he’s been volunteering with an orthopaedic surgery training program for the past 25 years. This September, however, Kemme and his wife Mary, a 1955 graduate of the SLU School of Nursing, spent their time closer to home working on a project that will benefit Malawi for many more years to come.

The Kemmes were attending a ceremony at Saint Louis University celebrating establishment of the Dr. Richard J. Kemme Endowed Professorship in Orthopaedic Surgery. The endowed professorship was created through a gift from the Kemme family and friends of the department of orthopaedic surgery.

Along with the prestige and financial support an endowed professorship confers, this honor also carries with it the opportunity for its holder to travel to Malawi annually and to serve one month with the same Rotary Club-funded Orthopaedic Overseas Training Program Kemme has volunteered with since 1988. Malawians who have trained under the program provide 90 percent of the orthopaedic care available in the country of 14 million people.

“I wish I could keep traveling to Africa, but at my age it’s time to give it up,” said Kemme, who spent anywhere from a month to five months in Africa during his visits. “I am forever grateful that members of the department of orthopaedic surgery at SLU will carry on the mission in Malawi.”

Kemme said he was pleased to learn the inaugural holder of the endowed professorship is Howard M. Place, M.D. (’83), professor and vice chair of the department of orthopaedic surgery. He also is a physician who lives a life of service. For more than a decade, Place has traveled to Haiti, the Dominican Republic, Kenya and Honduras to bring equipment and to perform orthopaedic surgeries. Last year he accompanied Kemme and an orthopaedic surgery resident on a trip to Malawi.

“The professorship recognizes the department’s commitment to service to others both locally and internationally,” Place said. “It was a particular honor for me to travel with Dr. Kemme to a place to which I have always been interested.”

This is the second gift the Kemme family has given to the department that encourages volunteerism in Malawi. Three years ago the Kemme Family Foundation established an elective for a senior orthopaedic surgery resident that allows the resident to spend a month with the Orthopaedic Overseas Program. Place oversees the elective. The department of orthopaedic surgery is one of the few departments in the country that allows residents to serve overseas for more than a week.

“I didn’t start volunteering in Africa until after I retired,” said Kemme, who also volunteered with Habitat for Humanity and as an instructor with a ski program for the handicapped in Greeley, Colorado. “My hope is that young physicians won’t wait until they’re retired to give back. I also hope they learn how much you can do with so little. It’s a heck of an opportunity.”

Berton R. Moed, M.D., professor and chair of the department of orthopaedic surgery, helped establish both the orthopaedic elective and endowed professorship.

“I am proud to have played a small role in supporting Saint Louis University’s involvement in a volunteer experience in a region where care is sorely needed,” Moed said. “It enriches the lives of many — both the patients in Malawi and our resident trainees. We are grateful for this gift.”
“My interest in history can be traced back to my childhood and a fascination with understanding the past,” Rutkow said. “As I would later learn, there is no way to separate present-day surgery from the experiences of all the surgeons and all the years that have gone before.”

Rutkow’s book, Blending Blue and Gray, Civil War Surgery and the Evolution of American Medicine, first published in 2005, is being reissued this December. His last book, Looking the Case, A History of Medicine in America, was published in 2010. Rutkow, who is recognized as developing the PerFix mesh-pogulation option for groin hernia repair, also regularly writes articles on surgery in 19th century America in the Annals of Surgery.

The surgeon-turned-historical-author has a profound interest in public health. Following graduation from the School of Medicine, Rutkow simultaneously completed surgical residency training while pursuing a master’s degree and doctorate in public health as a Robert Wood Johnson Clinical Scholar at Johns Hopkins University.

“My interest in combining surgery and public health started with a concern for the poor and vulnerable,” Rutkow said. “Ira M. Rutkow, M.D. (’75), recipient of the School of Medicine Alumni Merit Award. Rutkow and Peppers.

“Rutkow and his wife, Beth, divide their time between a home in New York City and a farm in Hudson Valley, New York. Humbled by his selection as an Alumni Merit Award recipient, he noted, “SLU was instrumental in my development as a doctor. It is a privilege to have a lifelong association with such an outstanding university and to be an example for all that a SLU education has to offer.”

Herman J. Echiner, M.D. (’52), recipient of the School of Medicine Community Service Award. Echiner practiced medicine in Columbus, Indiana, for more than 50 years, working in family medicine, emergency medicine and anesthesiology. Throughout his career, he delivered more than a thousand babies. He also made house calls and early in his career accepted food and gifts as compensation for his services. Echiner worked to construct the first full-service nursing home in Columbus and remained its medical director for more than 40 years. He was director of the Bartholomew County Hospital Emergency Department for more than 20 years and educated EMTs. He was a generous supporter of his church and Saint Louis University. Fourteen of Echiner’s family members have attended SLU.

Edward Chen, M.D. (’95), recipient of the School of Medicine Early Achievement Award. After completing his family medicine residency, Chen and a colleague built a busy private practice in Kirkwood, Mo. He serves on the Mercy Health Clinic Quality/Safety/Value committees to ensure that Mercy physicians provide consistent, evidence-based care to their patients. He also helps educate future physicians by allowing students from the School of Medicine and Washington University to rotate through his private practice. He volunteers at the student-run Health Resource Center and with the School of Medicine Alumni Advisory Board. Chen paints and is interested in photography. He wrote a children’s book, The Bad Alphabet, and has helped other people publish their books. He also manages a website (www.redoxen.com) that contains an “authoritative index of humorous medical images.”

Richard Dames, M.D. (’51)
Robert Fontana, M.D. (’49)
John Babich, M.D. (’49)
Robert Mack, M.D. (’48)
Jack Hackney, M.D. (’48)
Paul Klingenberg, M.D. (’47)
S. Polito, M.D. (’46)
Guillermo Arbona, M.D. (’34)
Joseph Lauber, M.D. (’55)
Edwin Lytle, M.D. (’53)
Austin Dixon, M.D. (’53)
Francis San Filippo, M.D. (’52)
John McMahon, M.D. (’57)
James Auckley, M.D. (’61)
Aloysius Chen, M.D. (’59)
Robert Adams, M.D. (’59)
Leslie Shalan, M.D. (’58)
Samuel Hardy, M.D. (’58)
Fredrick Jameson, M.D. (’74)
Leslie Shalan, M.D. (’58)
Robert Adams, M.D. (’59)
Aloysius Chen, M.D. (’58)
James Auckley, M.D. (’58)
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Lester Mann, M.D. (’62)
Henry Fuller, M.D. (’62)
“This is an opportunity to help finance an education for a bright young person in an institution devoted to teaching high ethical principles as part of a high-quality medical education.”

ROBERT KISTNER, M.D. ('54)
VASCULAR SURGEON

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