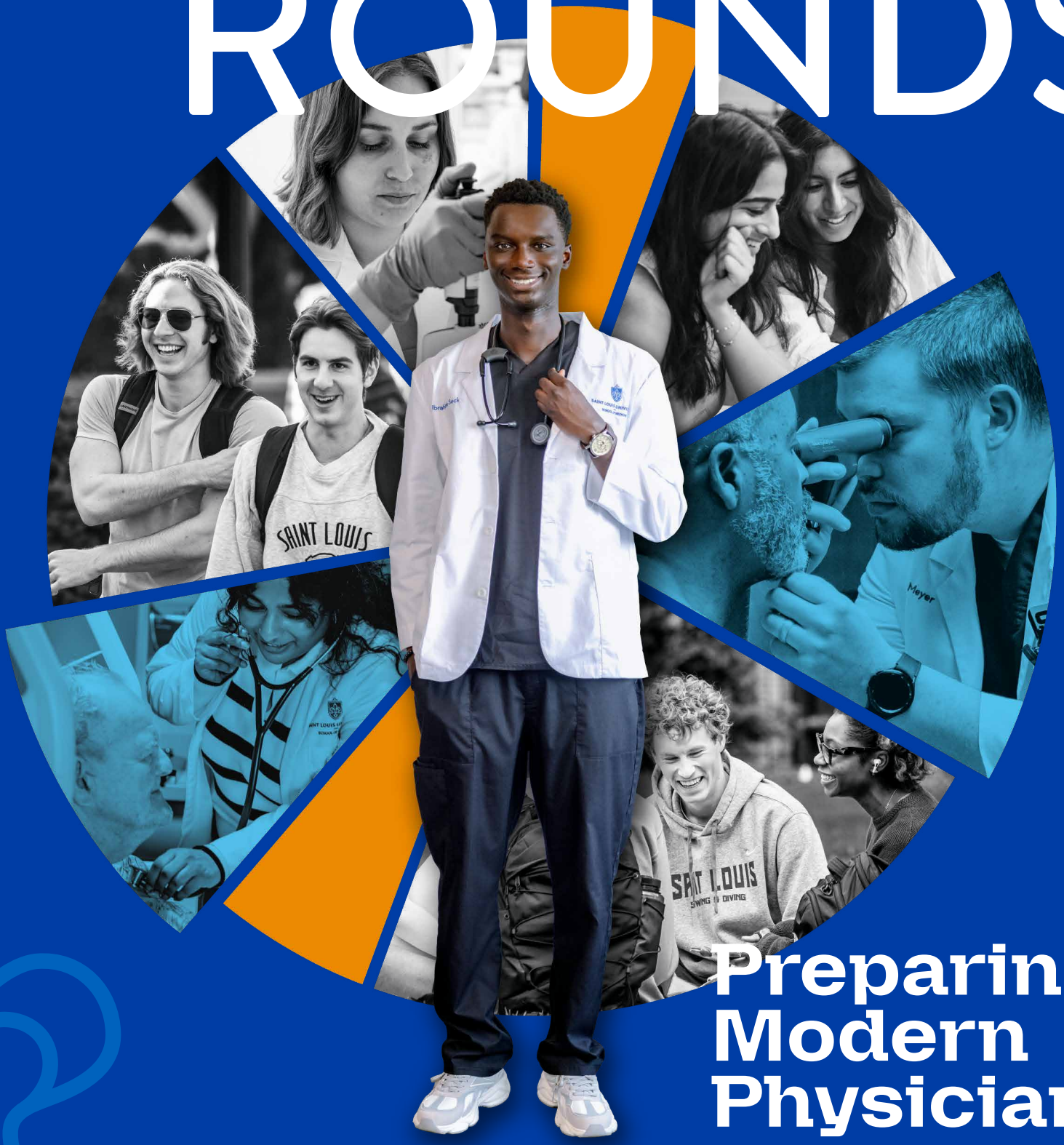
SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE

FALL 2026

GRAND ROUNDS



Preparing Modern Physicians

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"We aim to graduate strong clinicians who are committed to serving their community, comfortable in their own skin, and willing to embrace the idea of *cura personalis*."

— Christine K. Jacobs, M.D., FAAFP
Gerald A. Maguire, M.D. and Joanne S. Maguire *Cura Personalis* Dean,
Vice President for Medical Affairs, Saint Louis University School of Medicine



Grand Rounds is published biannually by the Saint Louis University School of Medicine.

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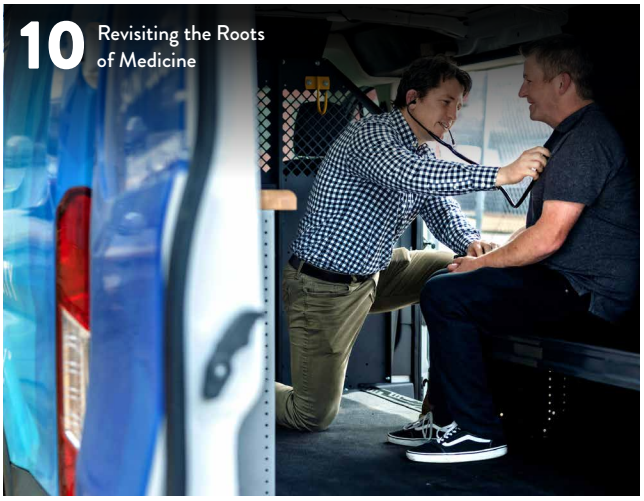
Photography
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Grand Rounds is mailed to alumni and friends of the School of Medicine.

If you have any content suggestions, please email us at:
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A DEAN'S PERSPECTIVE

Preparing Mod

The world doesn't just need more physicians. It needs better physicians. Physicians who innovate endlessly, collaborate across disciplines, and consider the many determinants of health.

Christine Jacobs, M.D., dean of Saint Louis University School of Medicine, responds to this demand by tailoring the medical school experience to support the innovator, advocate, caregiver, and artist within every student.



The Innovator

A healthier tomorrow begins not with convention, but with curiosity. Thoughtful questions lead to breakthrough therapies and lifesaving procedures — so Jacobs keeps the spirit of inquiry flowing freely.

In the classroom, reasoning surpasses recall. Medical students engage in hypothetical patient cases that require them to analyze complex conditions, weigh competing considerations, and determine appropriate care. Jacobs emphasized that bridging clinical knowledge and real-world scenarios builds confidence at the bedside.

"It's easy to acquire facts, but we teach our students to think through a case and come out with a meaningful diagnosis and treatment," Jacobs said.

Beyond the classroom, Jacobs shared that students explore by joining faculty research labs. Some students even pursue independent inquiry through an academic distinction, a SLULaunch project, or a summer research fellowship.

"Research engages our learners in critical inquiry and helps them become more thoughtful physicians in the future," Jacobs said.

The Advocate

Health care exists to improve lives. Yet cost, access, policy, and social circumstances continually stand between people and the care they deserve.

Jacobs believes that addressing disparities requires seeing patients as people shaped by relationships, environments, and experiences. Ethics and humanities courses broaden perspective to include the social determinants of health.

"Our curriculum acknowledges and explores community, the people around us, and the lives they live," Jacobs said.

The determinants of health come to life through seven core clerkships, where students unpack the values, fears, and life circumstances driving care decisions.

"Medical students spend a lot of time with patients during rotations," Jacobs said. "They form strong relationships that allow them to advocate for those patients."

These relationships shift the patient-provider dynamic from authority to partnership. Students begin to see the white coat as a tool for change — whether that means fighting a denied insurance claim or advocating for legislative action.

The Caregiver

"Care" is a central concept in medicine, yet it does not always look the same. SLU School of Medicine defines the term through *cura personalis*: a Jesuit tradition that guides not only how the school teaches, but who.

Jacobs shared that the selection process focuses on how applicants reflect on their role as a caregiver in their community. This process yielded a cohort of 180 students in 2026 — all of

ern Physicians

whom Jacobs believes will uphold the culture of *cura personalis*.

"We look for compassion in students," Jacobs said. "Our work is to amplify it and do it in a way that's sustainable and healthy."

Students learn to integrate science with compassion. Clinical rotations reveal the moments that textbooks can't capture — like how a successful physician responds to fear, uncertainty, and pain.

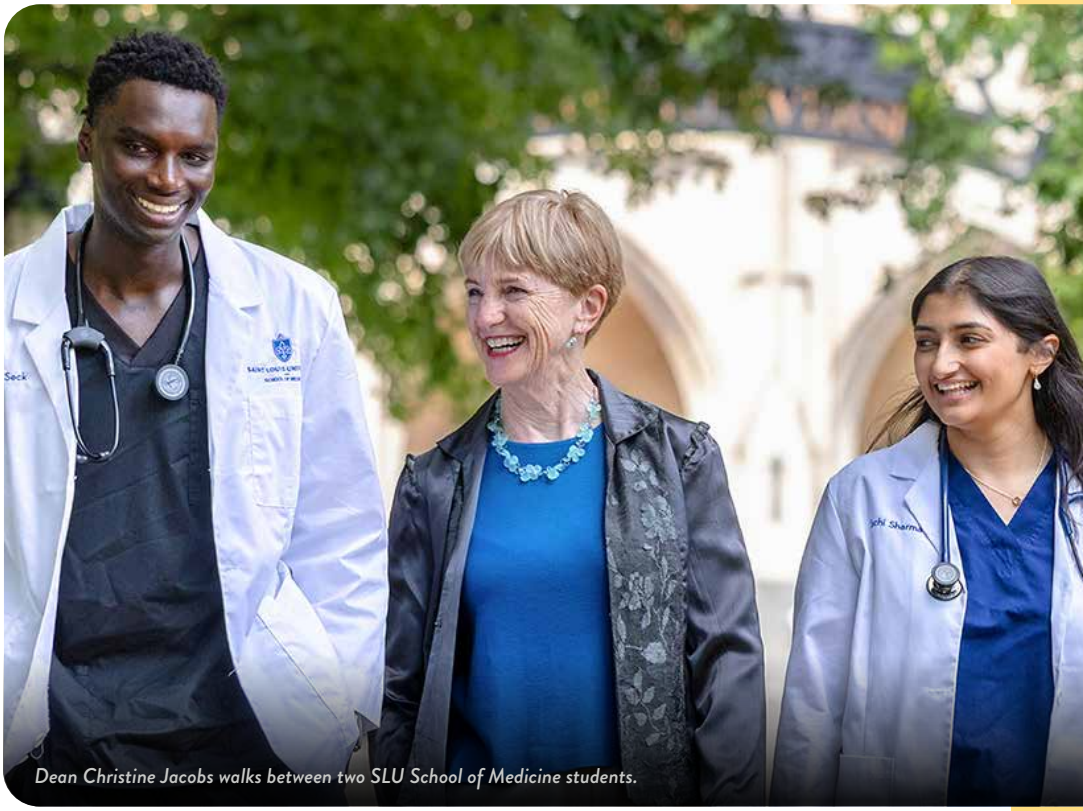
"Students learn to think like a clinician," Jacobs said. "They work side-by-side with residents and fellows, where they see how others do it."

The Artist

One might assume that art and medicine exist in separate realms. Yet both hinge on the ability to see, feel, and understand what others might miss.

Jacobs believes the arts build a physician's capacity for care in moments that are rarely black-and-white. They complement the precision of science, stirring the interpretative skills needed to navigate gray areas with humanity.

"Science alone is not enough," Jacobs said. "You need the art of medicine, which is thinking about human motivations and the interrelationship of psychological well-being."



Dean Christine Jacobs walks between two SLU School of Medicine students.

Many medical students reignite their creativity through structured opportunities, such as the Arts in Medicine distinction, the Advanced Art and Practice of Internal Medicine elective, and the Music in Medicine concert series. However, others prefer the self-paced nature of student-led initiatives like *Eudaimonia* — a medical humanities journal.

Carrying Individuality into Care

In Jacobs' eyes, SLU School of Medicine imparts so much more than clinical expertise. Students spend four years deepening their understanding of their identity and how they can use their talents in the service of humankind.

As Jacobs put it: "I hope graduates are comfortable in their own skin and have a sense of their obligation to make the world a better place."

the inno

A healthier future starts with bright young physicians willing to challenge convention. At SLU School of Medicine, students are empowered to pursue lines of inquiry, explore emerging technologies, and address gaps in care.



Pursuing the Unexpected

Melody Zhang (Med '29)

Melody Zhang's innovative spirit started not in the lab, but at home. She was raised by two plant pathologists who turned dinner table discussions and hiking trips into a whirlwind of dueling hypotheses.

"Growing up, my parents were constantly asking questions," Zhang said. "That fostered a sense of curiosity in me, so going into college, I always knew I wanted to pursue research."

Zhang's pursuit led her to Saint Louis University, where she became an undergraduate research assistant in the lab of Richard DiPaolo, Ph.D., professor and chair of the Department of Molecular Microbiology and Immunology.

Under DiPaolo's mentorship, Zhang dove into immunological research — investigating topics ranging from immune responses in metaplasia to the role of IgE-primed mast cells in autoimmune gastritis. Over time, she broadened her scope to develop an in-house immunofluorescence assay and master advanced lab techniques.

"Dr. DiPaolo fostered my curiosity in a way that made me want to learn more about the scientific process and the reasoning behind it throughout medical school," Zhang said.

Following her matriculation into SLU School of Medicine in 2025, Zhang continued her work in DiPaolo's lab — where she observed an unexpected trend: Two genotypically different mice exposed to infection later showed differences in autoimmune activity.

"It was a proud moment for me, because it was not something that I was told to find," Zhang said. "It was just an incidental finding of my curiosity."

The observation became the foundation for an independent research proposal titled "Investigating the Relationship Between Autoimmunity, Infection, and Cancer." The proposal earned Zhang the 2026 Alpha Omega Alpha Carolyn L. Kuckein Student Research Fellowship and first prize at the 61st SLU SOM AOA Student Research Forum. With financial support secured, Zhang spent the summer of 2026 working to understand the mechanisms underlying cancer development and progression.

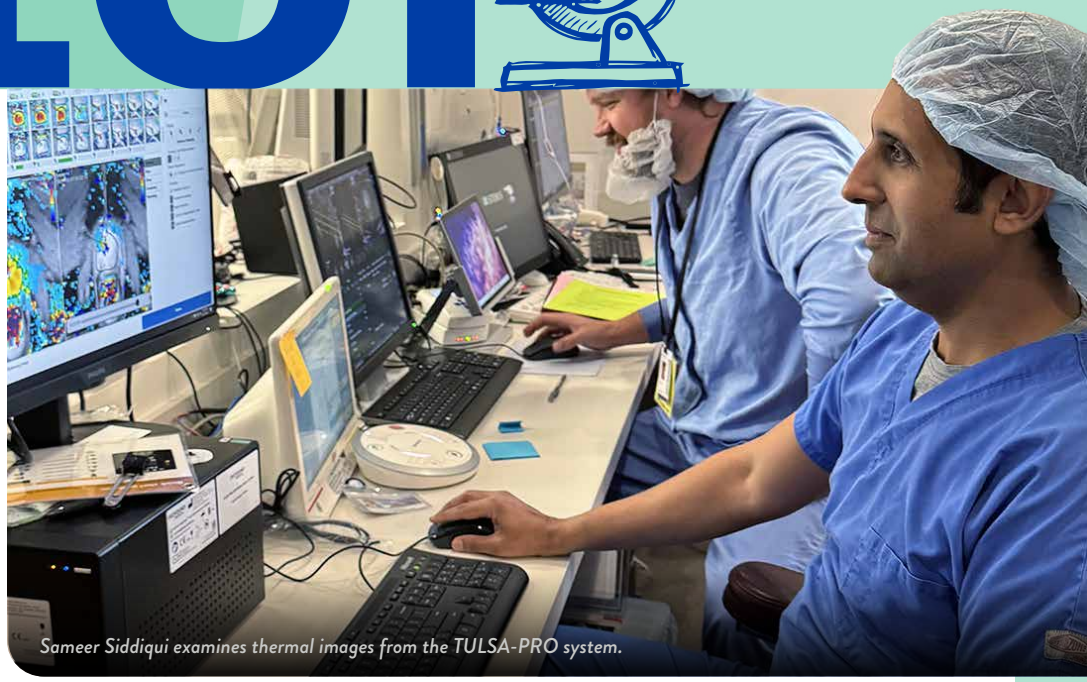
Looking back, Zhang recognizes the power of a question. Her parents' questions opened her eyes to the complexities of the world. DiPaolo's questions motivated her to develop the skills she needed to succeed in the lab. Now, Zhang has the power to pursue her own questions — and hopefully improve patient outcomes in the process.

"I'm fortunate to have received these awards, but it really stems from years of mentorship from Dr. DiPaolo, members of the DiPaolo lab, and SLU School of Medicine," Zhang said.

vator

Changing the Paradigm for Prostate Cancer

Sameer Siddiqui, M.D.,
Professor and C. Rollins Hanlon Endowed Chair of Surgery


Sameer Siddiqui examines thermal images from the TULSA-PRO system.

Life with prostate cancer comes with difficult concessions. While treatments such as radiation therapy and surgical removal could be lifesaving, they often carry the risk of lasting side effects, including urinary incontinence and sexual dysfunction.

Urologist Sameer Siddiqui recognized the impact this had on his patients' well-being. Determined to find a treatment that would preserve quality of life, he began exploring promising technologies and found the frontrunner: the Transurethral Ultrasound Ablation procedure (TULSA-PRO).

"I reached out to a colleague at the University of Texas Southwestern Health Center," Siddiqui said. "He had just started using the TULSA-PRO system, so I visited him and watched how it was done."

What Siddiqui saw was groundbreaking. The patient entered an MRI scanner for monitoring, where a slim, rod-shaped device was inserted through their urethra into their prostate. The device emitted directional ultrasound waves to heat and destroy cancerous cells, while cooling features protected the surrounding nerves from damage.

Unlike traditional procedures, the patient walked out of the hospital the same day and exhibited few side effects afterward. For Siddiqui, this represented a significant advance.

"To focally treat a certain area of the prostate with no sexual side effects is really groundbreaking," Siddiqui said. "It changes the paradigm of how we manage this disease."

Siddiqui returned to St. Louis and convinced leaders at SSM Health Saint Louis University Hospital to invest in the TULSA-PRO system. He performed the first procedure in 2023, and word gradually spread to patients across the region. As of May 2026, over 70 procedures have been completed, and Siddiqui projects 100 before the year's end.

As demand has grown, so has Siddiqui's dedication to expanding access. He is one of the only surgeons in the Midwest who perform this procedure and teaches the TULSA technique to residents and faculty members, ensuring more physicians bring the treatment to their own patients. He also publishes and presents outcomes data to colleagues nationwide, contributing to the growing body of evidence supporting its use.

With Level 1 randomized data now backing it, Siddiqui believes TULSA-PRO will continue to transform the future of care. As researchers explore its applications for benign prostatic diseases and uterine tumors, the technology has the potential to bring more patients treatments that are effective, precise, and designed with their quality of life in mind.



Mapping the Environmental Context of Osteoarthritis

Sarah Gebauer, M.D., MSPH, FAAFP, *Associate Professor of Family and Community Medicine*

The word "home" conjures a mental image. Most see visions of the people we love and the places we frequent, but few see how home influences our health.

The structures that surround us can advance or hinder our journey to better health. A nearby park may offer an opportunity to stay active. A missing sidewalk, crosswalk, or lack of parks and green space may make that same goal feel impossible.

Sarah Gebauer realized that these factors weren't always considered in patient care. The family physician would advise patients with knee osteoarthritis to incorporate walks into their routine. However, she was struck by how often they highlighted barriers to using their neighborhoods for exercise. For some, walking near their home was not a realistic solution — so she started investigating why.

"I dug into the science around how environments can impact health, starting with physical activity and moving into the built, natural, and social aspects of neighborhoods," Gebauer said.

Eager to learn more, Gebauer secured a $777,525 K23 grant from the National Institute of Arthritis and Musculoskeletal and Skin Diseases in 2022. Her project blends mapping technology, electronic medical records, and structured interviews to examine how neighborhoods influence mobility.

Gebauer has since mapped neighborhood factors such as walkability, social deprivation, and segregation. However, in comparing data from SSM Health and Veterans Affairs, one finding stood out.

Among veterans receiving consistent health care, cases of knee osteoarthritis were scattered relatively evenly across neighborhood maps. Among SSM Health patients receiving regular care, knee osteoarthritis differed across the Delmar Divide, a historic racial and socioeconomic boundary in St. Louis.

The contrast suggests that neighborhood conditions do not influence every population in the same way. While "home" creates barriers or opportunities for mobility, other factors — including differences in patient populations and health care experiences — may contribute to the strength of its influence.

"Our models help show us where people are struggling the most and allow us to partner with the community to identify if it's an access to care or infrastructure problem," Gebauer said.

Looking ahead, Gebauer intends to apply her methods to contextualize other chronic conditions, such as diabetes and asthma. She believes geospatial health modeling will help legislators and physicians forge partnerships with communities to inform targeted improvements to advance community health.

"Modern public health started with mapping cases of cholera in the 19th century," Gebauer said. "Sophisticated models bring us back to supporting communities and the health of the people who live there."

Filling the Communication Gap in Pediatrics

With unfamiliar faces, environments, and terminology, the health care system can be intimidating for pediatric patients. Children often struggle to grasp what's happening to them in the moment and, as a result, may fear what comes next.

For health care providers, this presents a challenge: How can medical information be communicated in a way that is less daunting and more understandable for children?

Meghan Weihmuller (MHA '22), Nawal Cheema (Computer Science '22), Lexi Kayser (Communications '22), and Aakash Nagarapu (Biomedical Engineering '23, Med '27) set out to answer that question. As part of MEDLaunch's 2020-2021 cohort, they created PediaBright: a startup dedicated to enhancing health literacy, emotional resilience, and self-efficacy among pediatric patients.

PediaBright's initial research revealed an important gap. While child life specialists translate complex concepts in clinical settings, many parents struggle to continue those conversations at home.

"There are not enough tools to use outside the hospital, let alone with parents and their children unless they have the aid of a health care worker," Nagarapu said.

This realization inspired them to translate medical terminology into children's books. The result was the Chronic Kidney Disease (CKD) series: a trilogy following a six-year-old boy named Andrew as he learns about his kidneys, visits specialists, and adapts to his diagnosis.

The CKD series debuted at Demo Day 2021 and was subsequently made available for purchase online. Since then, it has gained traction with clinicians and families due to its accessibility, readability, and diverse representation.

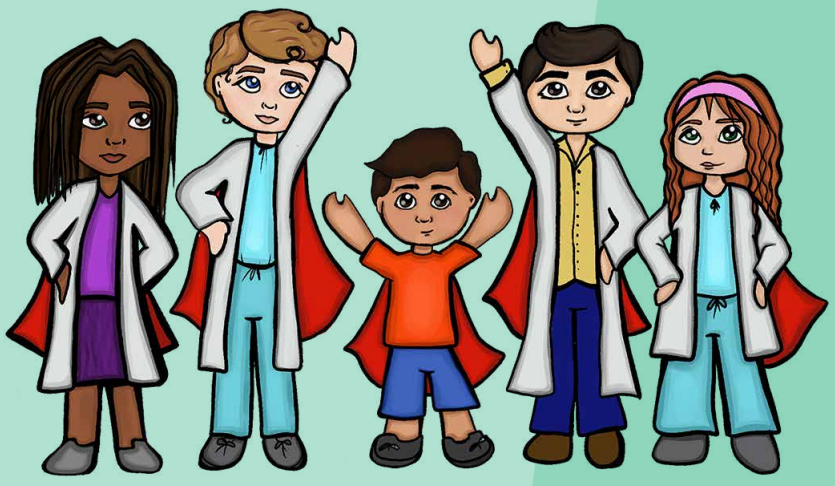
"Child life specialists have been buying our first book to share with new patients who come into pediatric nephrology clinics," Nagarapu said. "Every other family always asks to take one."

Five years later, the venture continues to expand its impact. In February 2026, Nagarapu and Cheema manned a booth at the 46th Annual Dialysis Conference, where they networked with physicians, scientists, and fellow business owners to help the CKD series reach more families in need.

Weihmuller, Cheema, Kayser, and Nagarapu are proud that their efforts have helped children feel more secure in stressful settings. Looking ahead, the team hopes to expand its library to cover other common conditions, such as congenital heart disease, cystic fibrosis, and asthma.

"This venture demonstrates how multidisciplinary collaboration can help patients outside of the clinic or hospital," Nagarapu said. "Each incremental improvement is worth the effort. Over time, the effects will be immeasurable."

> "Child life specialists have been buying our first book to share with new patients who come into pediatric nephrology clinics. Every other family always asks to take one."
>
> – AAKASH NAGARAPU



An illustration from the cover of book two of PediaBright's CKD series: "Meet the Kidney Care Team."

the adv

In medicine, advocacy advances the health of individuals as well as society as a whole. SLU School of Medicine nurtures the advocate inside each student, preparing them to care deeply at the bedside while also driving meaningful change beyond it.



Putting Lived Experience Into Practice

Katia Watkins (Med '29)

Katia Watkins spent the first hours of her life surrounded by humming medical equipment, hurried conversations between clinicians, and the flash of red and blue ambulance lights. At nine weeks premature, Watkins was born with a defect impacting her GI system — one serious enough to require transfer to a high-acuity Neonatal Intensive Care Unit (NICU).

She spent 86 days in the NICU and underwent nine corrective surgeries before the age of four. Though her memories of that time are fuzzy, a binder full of visitors' badges, PT/OT reports, and medical literature always made it clear to her that medicine saved her life.

Watkins grew up with endless gratitude for her medical team. That gratitude eventually drove her to return to medicine— not as a patient, but as a student at SLU School of Medicine.

"I pursued medical school to empower patients through health, so they can have the opportunity to live a life full of rich experiences, just as I received 22 years ago," Watkins said.

Lived experiences have given her a unique passion for patient advocacy. Watkins empathizes with her patients, understanding their wants, needs, and fears and doing everything in her power to address them.

"I have worked with pediatric patients who had different medical needs than mine, but could still see how the care that they received at a young age parallels my own," Watkins said.

Outside the clinic, Watkins strives to serve her community. She participated in the Connection and Resource Equity Services (CARES) program at the Danis Pediatric Center. There, she learned about the social barriers affecting pediatric health and worked alongside a family navigator to help low-income families overcome them.

"I spoke with patients, heard their stories, and took action," Watkins said. "I also spoke with the pediatric program directors about how I can continue to prioritize service."

Watkins progresses through her training knowing that she wouldn't be where she is today without the dedication of her care team. She hopes to use her white coat to provide the same support — even if it is just for one child like her.

"Each new experience is one I owe to my health care team," Watkins said. "I want to learn how to help patients through their medical journeys and form relationships that improve the care experience."

ocate

Exploring the Questions of Advocacy

A zip code can be the difference between life and death. In 2014, researchers from Saint Louis University and Washington University in St. Louis released "For the Sake of All," a report on the health of African Americans living in St. Louis. Findings revealed that residents living less than 10 miles apart may experience an 18-year difference in life expectancy.

These realities spark two questions: Why does this happen, and what responsibility does a physician have once they know? To help students find their own answer, SLU School of Medicine focuses on two foundational areas of medicine: the social determinants of health and health care ethics.

The former is explored in the Medicine & Society course, led by Joshua Arthur, M.D., professor of Pediatrics and Health Care Ethics, and Theresa Drallmeier, M.D., associate professor of Family and Community Medicine. Their course examines the environmental, economic, and social factors — including housing stability, food access, and education — that shape health outcomes.

"We give students an adequate background so that they can find common ground with their patients and target specific health factors," Arthur said.

Through classroom discussions, community research, and poverty simulations, students learn how context influences patient care, health policy, and community initiatives.

"Our goal is to help students see the bigger picture and where they can advocate for their patients and communities at a systems level," Drallmeier said.

Meanwhile, the ethics curriculum introduces future physicians to their moral responsibility to their patients and communities. Students learn about principles including autonomy, beneficence, non-maleficence, and justice, and then apply them to case studies from SSM Health Saint Louis University Hospital.

Kyle Karches, M.D., Ph.D., Tenet Endowed Chair in Bioethics and professor of Internal Medicine, believes these exercises prompt students to examine themselves, their peers, their supervisors, and the health care system as a whole and ask: How can I best accompany my patients to health?

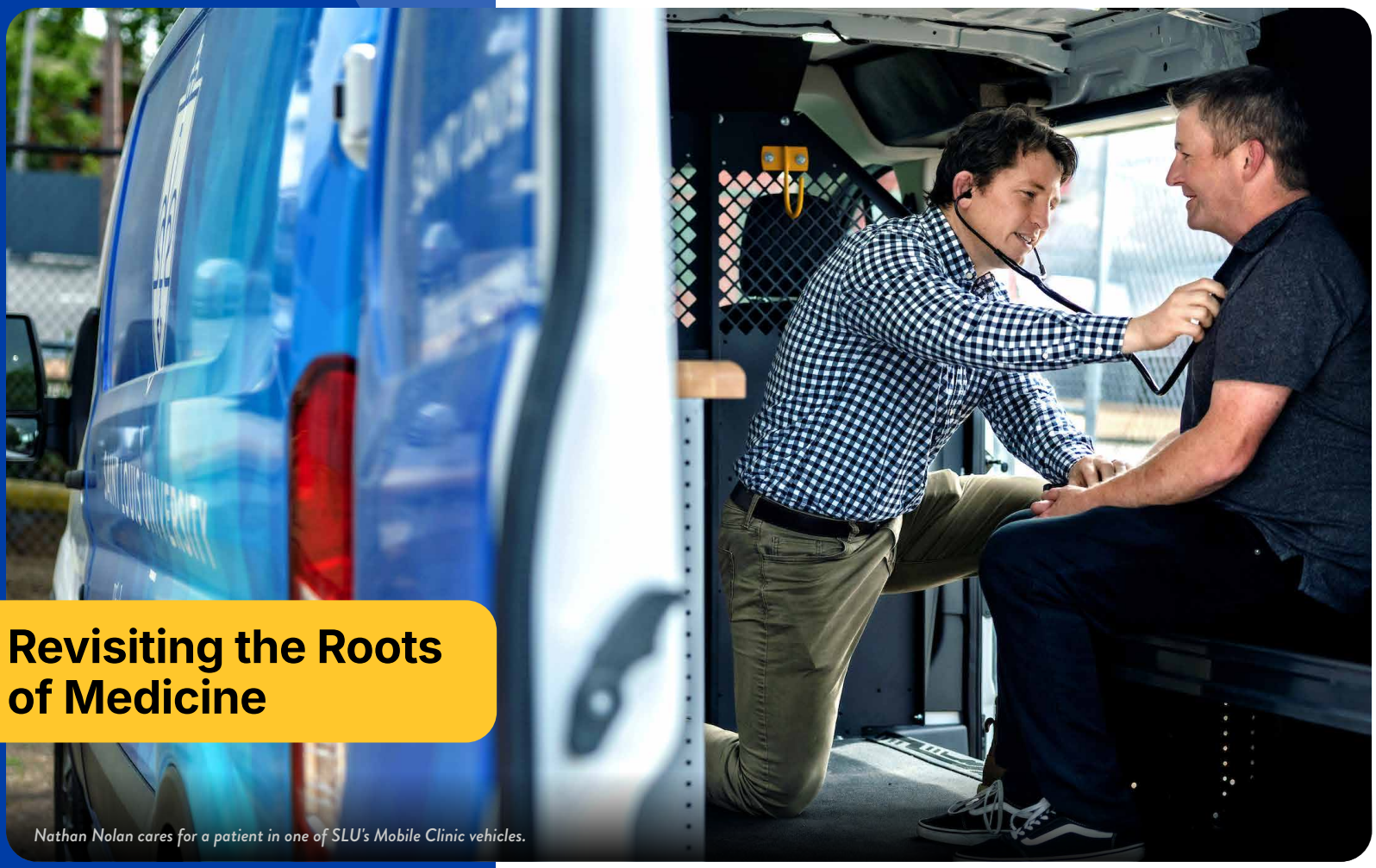


A medical student engages in a classroom discussion.

"They must answer these questions with action," Karches said. "The daily work of patient care will become habits that durably shape their character."

Together, these courses impart a holistic understanding of the social determinants of health and a framework of ethics that prepare SLU School of Medicine graduates to treat the world beyond its patients.

Revisiting the Roots of Medicine



Nathan Nolan cares for a patient in one of SLU's Mobile Clinic vehicles.

> One thing we don't talk about enough is that these patients are incredibly resilient."
>
> – NATHAN NOLAN

Nathan Nolan, M.D., MPH, MPHE,
SLU SOM Director of Mobile Clinic Programs

A century ago, doctors attended to patients wherever they rested their heads. House calls were a common practice that allowed doctors to meet people where they are. Yet, time turned this model on its head.

Technology advanced, policies evolved, and care moved into clinics. The system became more sophisticated, but access became more complicated. Before receiving basic care, patients now need a permanent address, a phone number, transportation, insurance, and more.

Nathan Nolan recognized these barriers and decided to engage in a different model of medicine. In 2020, he began delivering care directly to unhoused populations — an endeavor that inspired the creation of his nonprofit, Street Medicine St. Louis. This year, he became director of mobile clinic programs at SLU School of Medicine.

"The idea of mobile care is to lower that power differential between clinician and patient," Nolan said. "We walk into a patient's lived reality, see their circumstances, and know what those circumstances mean for care."

Today, Nolan is a steady presence for patients who are housing-unstable, struggling with substance use, experiencing mental illness, or transitioning out of the criminal justice system. His mobile clinics provide a low-barrier way to receive check-ups, wound care, prescriptions, and connections to resources.

The Infectious Diseases Society of America recently took notice, naming him a 2026 Health Equity Champion. But for Nolan, the work of advancing health equity is far from over — and he's preparing tomorrow's physicians to lead the charge.

Nolan recently developed an orientation curriculum for SLU's mobile health clinic and established pathways for student involvement. Now, participating students spend their Tuesdays traveling to underserved areas throughout North and South St. Louis — learning how to adapt care to culture, trauma, and environmental constraints along the way.

"It's one thing to read about populations in a book," Nolan said. "It's another to actually serve those populations and really learn from them."

Nolan's work revisits the roots of medicine, where physicians stand beside patients as partners. By stepping outside of their comfort zones and into the streets, physicians and students discover how to support the communities they serve.

"One thing we don't talk about enough is that these patients are incredibly resilient," Nolan said. "Part of the work is learning how to leverage that in partnership with the patient, rather than just trying to be a savior."



Answering the Call in Primary Care

Esed Mustafic, M.D. (Med '26)

Medical schools nationwide report record-high enrollment — yet fewer graduates are choosing careers in primary care. In fact, high tuition costs make choosing high-paying specialties over internal or family medicine a financial necessity.

To combat this, SLU School of Medicine supports exceptional students through the EAST Primary Care Scholarship. Established by Anne Stewart, M.D., (Med '80) and Eldon Trame, M.D., (Med '78), the scholarship grants $50,000 to a fourth-year medical student from the St. Louis region who plans to pursue a primary care residency.

> "I love seeing patients again and getting to know them."
>
> – ESED MUSTAFIC

Esed Mustafic, the 2025-2026 recipient, stated that financial support brought peace of mind during one of the busiest chapters of his life — allowing him to focus fully on his training.

"The scholarship took a huge burden off my shoulders, especially given that I have a toddler and another child on the way," Mustafic said.

The scholarship also gave him the freedom to pursue the specialty he envisioned. Primary care appealed to Mustafic because it offered the opportunity to build lifelong relationships with patients and witness the impact of his practice.

"I love seeing patients again and getting to know them," Mustafic said. "The feeling always felt reciprocated and really cemented that I belong in this field."

Working with underserved populations in St. Louis has shown Mustafic that caring for patients extends beyond diagnosing illness and prescribing medications. It often means challenging insurance companies, sharing community resources, and restoring faith in the health care system.

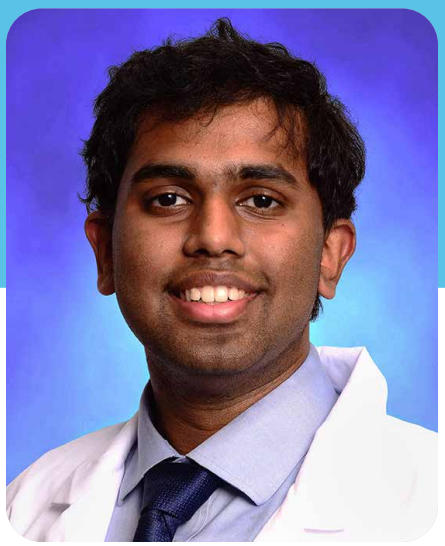
"I have the continuity needed to build patients' trust in the system, the doctors, and the medicine, and to help them avoid additional burdens," Mustafic said.

After graduating in May 2026, Mustafic joined the SSM Health/Saint Louis University School of Medicine Family Medicine Residency Program in St. Louis. As he starts his career, he remains hopeful about the future of primary care and calls on students to see the opportunities in this specialty.

"Pick what specialty draws you in," Mustafic said. "Primary care providers are always being challenged, always on their toes, and always learning."

the Care

SLU School of Medicine embraces the spirit of *cura personalis*. Through exposure to foundational curricula, exemplary faculty mentors, and hands-on experiences, students discover that the mind, body, and spirit are linked — inspiring a holistic perspective of care.



Carrying Compassion Forward

Sabareesh Pitchumani Sundarraj (Med '29)

Sabareesh Pitchumani Sundarraj was only 13 when his doctors said the words that would change his life: Stage III Hodgkin's lymphoma.

The diagnosis sparked an aggressive treatment regimen of seven chemotherapy drugs. Sundarraj started treatment — but severe pain and a high fever sent him back to the hospital just 10 days later. Though frightened, Sundarraj found reassurance in the oncologists who remained by his side.

"I remember my physicians checking on me and my family throughout that night, into the next day, and beyond until my condition improved," Sundarraj said.

Throughout months of treatment, Sundarraj was impressed by the humanity his care team brought to every encounter. Dr. Marshall Schorin eased difficult moments by discussing his favorite football team, the Seattle Seahawks. Dr. Geoffrey Kannan encouraged his curiosity by patiently answering questions about every medication he received. These moments of connection became just as memorable as the treatment itself.

After four rounds of chemotherapy and three surgeries, Sundarraj's cancer entered remission. Although his treatment had come to an end, the experience irrevocably shaped his future.

"I gained the ability to respond to adversity with a positive attitude and appreciate the small things in life," Sundarraj said. "My experience shaped my desire to be a person for others."

A decade later, Sundarraj is a second-year M.D./Ph.D. student at SLU School of Medicine who strives to embody *cura personalis*. Sundarraj's time in cancer treatment often reminds him to prioritize the person at the center of care and attend to their physical, emotional, and social needs.

"Lived experiences allow us to dispel the farce of physicians being above patients, which can allow us to advise better patient-centered care," Sundarraj said.

Looking ahead, Sundarraj hopes to become a surgeon-scientist who translates immunological research into better patient outcomes. Wherever his path leads, the white coat will remind him to stand alongside patients, never above them. To listen. To learn. To connect. Just as his own physicians once did for him.

"My family and I valued my own physician's emphasis on getting to know us as much as we valued his credentials and expertise," Sundarraj said. "I hope to carry forward the same emphasis with my future patients."



giver

Reflecting on 42 Years in Medicine

Thomas Olsen, M.D,
Internal Medicine Physician, Professor of Medicine

Thomas Olsen has spent 42 years caring for St. Louisans as a general internal medicine physician. Some would reflect upon such a lengthy career by listing achievements — but Olsen frames the decades through his core values: lifelong learning, stewardship, and legacy.

Olsen considers himself an eternal student of medicine. During his medical training, he resolved to be the best physician he could be. The subsequent decades were spent researching new solutions, developing clinical skills, and collaborating with colleagues across disciplines.

Some of his most important lessons, however, came from his patients. Through them, Olsen learned that effective care starts with being fully present. Open body language and a few minutes of undivided attention may encourage patients to share information freely.

"I believe in being careful when getting the history from a patient," Olsen said. "That is where you start to develop a relationship with them."

Day to day, Olsen approaches medicine as a steward — viewing each patient through the lens of *cura personalis*. But that perspective wasn't born in the clinic. It was shaped through service.

While attending SLU School of Medicine, Olsen accepted a public health service scholarship that sent him and his wife, Katherine Maxon, M.D., to Shiprock, New Mexico — one of the largest communities in the Navajo Nation. There, he witnessed how logistical constraints, historical trauma, and other social factors can profoundly influence health outcomes.

The experience imparted a lesson that he continues to carry with him: to care for the whole person, one must consider the entirety of their life circumstances.

"It was a total immersion into another culture and the world of primary care," Olsen said. "I was involved in pediatrics, did deliveries, and developed a panel of patients I took care of over time."

Looking ahead, Olsen sees his legacy living on through the next generation



of internal medicine specialists. He often shares his own experiences with trainees in learning communities, courses, and residency. Though many target specialty careers, he urges them to consider the sense of community inherent to primary care.

"They're not going to be alone in what they do," Olsen said. "The community in which they live or the practice in which they find themselves are going to be a long-term support."

After four decades in medicine, Olsen recognizes that achievements matter — but the values that shaped them matter even more.



Shiprock, New Mexico, where Thomas Olsen completed his public health service scholarship.

STUDENT AND RESIDENT narratives

> "In this experience, I have felt the weight of the work and the fulfillment that comes with the pressure it brings."



The Gift of Impermanence

A Reflection by Maria DelGiudice (Med '29)

With cancer patients, the grappling of human mortality is palpable. In the waiting room. In the hallways. In moments spent alone in the clinic chair.

On the first visit of my elective, Dr. Ricciuti explained that oncology is more than grief. She told me that we all die one day and in every specialty of medicine, we not only treat and restore but also care and console. With cancer, the sadness is a gift that creates conversation with strangers on what it means to live a good life, for however long they have left. As a medical student, I am fortunate to witness a patient's greatness and their struggle. Their gentleness and strength. Their suffering and will.

That same shift, I witnessed two women at different stages of their breast cancer journey. The first patient was in remission and was being told the cancer had not reappeared in her other breast. I watched as she let herself be afraid with Dr. Ricciuti, and her solemn expression softened into tears. In contrast, the second patient was told her prognosis was five years. Yet the visit was filled with laughter, her daughter by her side. Even standing and observing from the corner of the room felt like overhearing a eulogy or walking past a home filled with the echoes of a celebration of life.

In the face of pain — past dismissal of their symptoms, lingering side effects, or regret — most patients shared with me what they were thankful for: The ability to walk. To eat. To feel the touch of their hands. To smile. To celebrate their birthday. To recount their story. To stand a while longer in their kitchen.

All death is inevitable. The heaven that is worth aspiring to is the simplicity and beauty of ordinary life. In this experience, I have felt the weight of the work and the fulfillment that comes with the pressure it brings. There is comfort in the heaviness of the spirit — an acknowledgment of something worth carrying within me, within us. Something sacred.

Discover the experiences of a SLU School of Medicine student and resident. In this series, they share stories about moments in their work that touched their lives and changed their perspectives.

The Fracture of Everything

A Reflection by Vanisa Ezukuse, M.D., *Internal Medicine PGY- 1*

The words used to catch in my throat: advance care planning, goals of care, and palliative.

Early in training, those conversations felt like a test I was not prepared to pass.

When families asked, "What would you do if it was your mother? Your father?" Back then, in the quiet safety of my own mind, the answer was always immediate, born out of a fierce, desperate love: Everything. I would want everything done. I thought giving up meant loving less. I was terrified of their grief, terrified of my own opinions, so I hid behind the safety of the checkboxes.

Full Code. It sounded brave. It sounded like fighting.

Then came the middle of the night.

The patient I had spoken with hours earlier — who had asked us to do everything — was dying. The code began in a blur of alarms, medications, and counting. When it was my turn, I stepped forward, locked my elbows, and started compressions.

Then I felt it.

A sharp break beneath my hands. Then another. The chest's resistance gave way, replaced by something soft and unstable. With each compression, I felt the body coming apart.

In the background, a phone call reached the family. Their voices carried the same plea I once believed in: "Do everything."

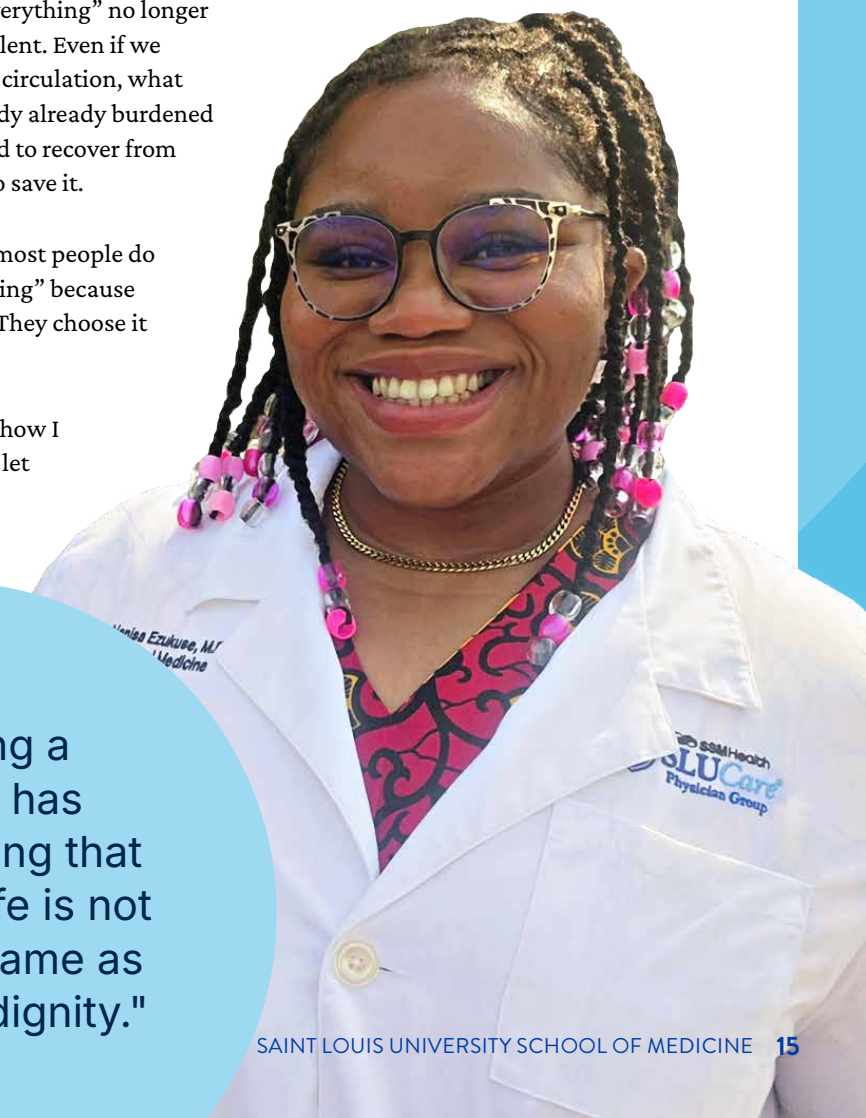
But my hands told a different story.

In that moment, "everything" no longer felt heroic. It felt violent. Even if we achieved a return of circulation, what would remain? A body already burdened by illness, now asked to recover from the trauma meant to save it.

I realized then that most people do not choose "everything" because they understand it. They choose it because they don't.

That night changed how I practice. I no longer let "Full Code" remain an abstraction. I still listen first, but I also explain what these interventions look like, what they can cost, and what they may leave behind.

Becoming a caregiver has meant learning that preserving life is not always the same as preserving dignity. Sometimes the most honest form of care is not doing everything, but helping patients understand what everything truly means and giving them permission to choose otherwise.



> "Becoming a caregiver has meant learning that preserving life is not always the same as preserving dignity."

the art

Medicine is both a science and an art. SLU School of Medicine encourages students to cultivate their creativity through visual arts, music, writing, and other forms of expression that enrich their perspective as future physicians.





Celebrating Music in Medicine

The gentle plink of keys signals release. Anger, sadness, and joy are lifted from the player's heart, transformed into melodies fluttering delicately through the air.

Gwendolyn Ruth Peiper was captivated by the piano and its ability to convey what words never could. Over her years as a beloved piano instructor in St. Louis, her greatest joy was giving the gift of music to others.

Gwendolyn passed away in 2022, but her son, Stephen C. Peiper, M.D. (Med '77), believed her story deserved an encore. Alongside his wife Zi-Xuan "Zoe" Wang, Ph.D., Stephen donated several pianos to Saint Louis University, established an endowment for an annual piano concert, and created the Gwendolyn Peiper Music in Medicine Award in her honor.

The award celebrates musical talent within the SLU School of Medicine community. In 2026, two exceptional students received the honor: Daria Hoang (Med '26) and Aaron Swenson (Med '26).

Daria Hoang grew up with a love of classical piano. As a child, she played competitively. However, as she progressed through medical school, music became a way for Hoang to express the complex emotions that come with clinical rotations.

"Music definitely provides a great escape," Hoang said. "It's hard to perseverate on a bad day in the OR/wards when you're busy trying to hit the notes on a Chopin scherzo."

Much like Hoang, Aaron Swenson uses the piano as an emotional regulator. He made a conscious effort to keep music in his life by accompanying church choirs and playing the instruments donated by Peiper whenever he could. Access to his favorite instrument kept him motivated to learn new pieces and reenter the clinic as the best version of himself.



"If I'm sad, I play a sad song; if I'm angry, I play an angry song," Swenson said. "It has always kept me steady and grounded in that way."

Hoang and Swenson exemplify all that Gwendolyn Peiper hoped to share with the world. With every stroke of the ivory keys, these young musicians find a moment of reprieve in times of stress — proving that while words may sometimes fail, a simple melody can still heal the hearts of those who play it.

ist

Bridging the Creative and the Clinical

Paul Kunnath, M.D., *Associate Professor of Internal Medicine*

The final semester of medical school is a long time coming. After three and a half years of coursework, exams, and clerkships, students see the light at the end of the tunnel and enjoy a long-overdue opportunity to reflect without distractions.

"We spend most of our training learning the what of medicine," Paul Kunnath said. "A lot of the why and how are implicit, and discovering it comes from a learner's own curiosity."

Advanced Art and Practice of Internal Medicine was designed to make use of the brief period between the demands of training and the responsibilities of residency. Over the span of two weeks, Kunnath connects M4 students to classic medical literature, art galleries, musical performances, and group reflections.

The experience prompts students to see medicine with fresh eyes. Rather than focusing solely on caring for the body, the course encourages students to remember the human beings attached to it — including themselves. Through the arts, students practice reflection, deepen their empathy for patients, and explore the complex emotions that come with caring for others.



M4 students visit the Saint Louis Art Museum as part of the Advanced Art and the Practice of Internal Medicine elective.

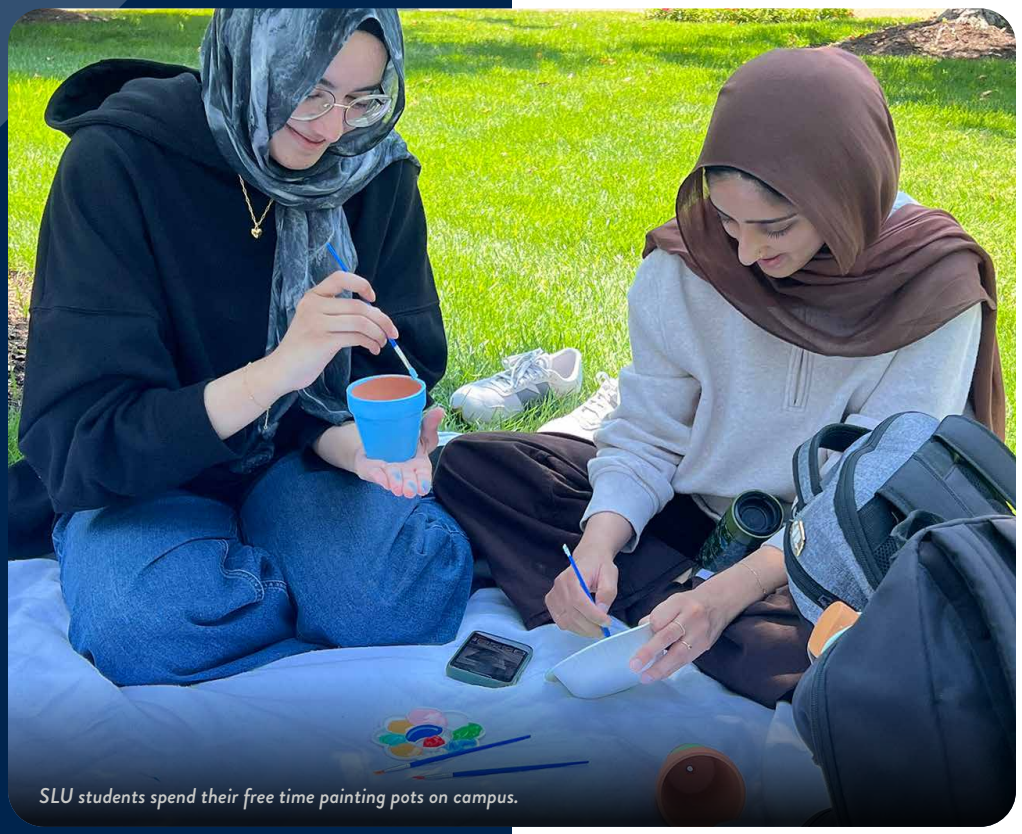
The course also reveals unexpected parallels between creative pursuits and clinical practice. A participant with a passion for photography observed that framing a photograph is not unlike framing a clinical case. In both, attention is directed toward certain details while others remain outside the frame.

The comparison offers a much-needed reminder that the way physicians see — and what they choose to observe — can shape their understanding of the person in front of them.

"Students don't get an opportunity to think deeply about these topics throughout their training," Kunnath said. "They find it meaningful, and hope to keep doing it throughout the rest of their medical training."

Incorporating the arts into medical education often invites skepticism. Kunnath invites skeptical physicians to reflect on their own relationship with music, film, literature, and visual art. Each of those outlets helps us better understand ourselves and connect with the human experience — medicine, he believes, should be no different.

"We want our medical practitioners to be in touch with what it means to be human," Kunnath said. "Exploring those things, especially in conversation with each other, is a meaningful exercise that brings people together."



SLU students spend their free time painting pots on campus.



A SLU student plays the piano.

Rediscovering the Whole Self

A career in medicine comes at a cost. Physicians knowingly trade years of training to earn society's trust, often without realizing how that training might displace small parts of who they are.

Three members of the Class of 2027 — Ankita Vinod, Haorui Davy Song, and Reema Gowda — entered medical school as artists. Vinod and Song found joy in music. Gowda found it in writing. Yet, these pursuits were gradually eclipsed by clinical training.

That tradeoff went unnoticed until a visiting professor discussed integrating art into medicine. The lecture reframed creative pursuits as a means of strengthening observation, active listening, and empathy.



A group of SLU students performs for an audience.

Inspired by these takeaways, the trio began asking their peers about their hobbies and passions before medical school.

"We found an incredible wealth of hidden talent — musicians, writers, visual artists, and dancers — and realized how much was getting put aside by the sheer volume of medical learning," Vinod said.

Rather than accepting inevitability, the trio began exploring how SLU School of Medicine could create space for students to reconnect with the interests that shaped them. The result was a proposal for a new medical distinction: Arts in Medicine.

Faculty members, including Adam Merando, M.D., associate dean of student affairs, supported the idea, seeing it as a pathway to more holistic care.

"The arts can profoundly shape the way physicians communicate with and care for patients by strengthening skills essential to humanistic medicine," Merando said.



Following institutional approval, the trio designed experiential tracks focused on literary exploration, musical performance, educational illustration, and medical humanities research. Each track contextualizes the patient-provider dynamic — unlocking an understanding of patients and creating space to process the emotions of trauma, suffering, and loss.

"The arts provide a window into the soul," Song said. "While the data diagnoses the disease, the arts teach us to understand the person."

Today, Arts in Medicine prompts students to rediscover the parts of themselves that existed before the white coat — fostering reflection, preserving individuality, and supporting the resilience needed in medicine.

"Students do not have to leave artistic backgrounds at the door of medical school," Gowda said. "Engaging with the arts should remain a practice that preserves individuality, anchors mental well-being, and protects against burnout."

Showcasing Creativity in the Class of 2030

The white coat is often associated with objective truth. As a result, many assume that everything required to practice medicine can be found through science. Yet medicine is ultimately practiced through human connection — requiring physicians to understand the emotions and experiences that shape each patient's story.

Creative pursuits provide a way for physicians to develop this deeper understanding. They sharpen focus, encourage adaptive thinking, and strengthen the ability to listen with intention.

For this reason, many medical students channel their energy into the arts. Music, visual art, writing, and more keep future physicians connected to the human experiences that inspired their pursuit of medicine — allowing them to approach patients with greater empathy.

The following artists within the Class of 2030 serve as a microcosm of the creativity that lives within the SLU School of Medicine community.

102
Students Sing or Play at Least One Instrument

55
Students Engage in Visual Art

31
Students Participate in the Performing Arts

5
Students Play Music Professionally

> "I saw the profound difference a compassionate, knowledgeable physician could make."
>
> — **Contessa Metcalfe,** M.D.

ALUMNI

Redefining Success in Medicine



Contessa Metcalfe, M.D., MSPH ('04)

In 2021, Contessa Metcalfe graced SLU School of Medicine's precommencement stage as a featured speaker. Metcalfe's speech recounted the realizations that shaped her medical career — but it also highlighted her refusal to accept a singular definition of success.

Growing up in Kansas City, Missouri, Metcalfe witnessed both parents battle illness. Her childhood was often spent in sterile environments, where she found physicians could soften uncertainty with a simple smile or a sincere question.

"They gave me a genuine admiration for medicine," Metcalfe said. "I saw the profound difference a compassionate, knowledgeable physician could make."

Those experiences inspired her to attend SLU School of Medicine, where she chose to practice occupational medicine and preventive medicine. Her decision opened the door to work in traditional clinics — but she believed she could maximize her impact by serving the country.

She pursued a residency at the National Naval Medical Center and spent five years as a flight surgeon for the U.S. Navy. She carried what she learned to sea, leveraging *cura personalis* to address trauma, pain, and stress among service members.

> "You cannot treat only the condition," Metcalfe said. "You must understand the whole person, the demands of the mission, and the people depending on them."

Metcalfe eventually returned to civilian life. She took on roles in opioid treatment facilities and corporate pharmaceutical companies — but after years of working in established systems, she craved independence. Metcalfe subsequently launched multiple entrepreneurial endeavors, including her own private practice: Chastain Integrative Medicine in Atlanta, Georgia.

As a physician, an entrepreneur, and a mother, Metcalfe felt called to build a platform that would share the realities of life

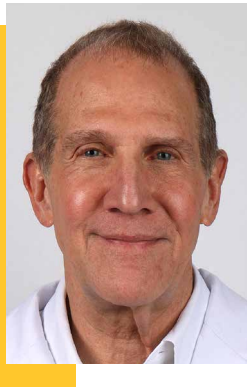
in medicine. She began using her voice to connect with and empower other women, leading her to join the cast of Bravo TV's "Married to Medicine" in 2017.

"My role has been about opening doors for others and leaving something meaningful behind," Metcalfe said.

Over the years, Metcalfe's definition of success evolved. Service became independence. Independence became having a platform. She urged fellow physicians to continually redefine success in their own terms, as they might be surprised where it leads.

"Find mentors in different fields, explore your interests, and do not be afraid to create a path that does not already exist," Metcalfe said.

Encouraging **the Climb**



Neal R. Cutler, M.D.
(Med '75)

In 2024, Neal R. Cutler stood on the commencement stage and asked SLU School of Medicine graduates to picture a gym rope. He explained everyone begins at the bottom. After walking across the stage, they all face the choice to remain where they are or commit to the work of climbing.

His speech promoted perseverance in the face of all odds. This philosophy guided Cutler through more than five decades of scientific research and entrepreneurship.

Cutler attended SLU School of Medicine from 1971 to 1975. Throughout his training, he was fascinated by how pharmaceuticals function, interact with individual biology, and improve outcomes. This curiosity pushed him to accept a residency at the National Institute of Mental Health and later become a clinical associate at the National Institutes of Health (NIH).

> "I worked with leading scientists, Nobel Prize winners, and extremely bright clinical researchers," Cutler said. "This allowed me to understand how to approach science and ask the right questions."

For a decade, Cutler kept climbing. He was appointed clinical section chief for laboratory neuroscience, became deputy clinical director of the National Institute on Aging, and dabbled in academia. Eventually, he decided to explore entrepreneurship.

Cutler founded California Clinical Trials in 1987 — and his grasp on the rope began to slip. He maxed out credit cards, made countless calls searching for clinical trials, and heard more than one person tell him to quit.

"I persevered through this," Cutler said. "California Clinical Trials became very successful, growing to an international scale with over 700 employees."

The company was acquired by UnitedHealthcare in 2000 — but Cutler wasn't finished climbing. He went on to create, run, and eventually sell two more companies: Alamo Pharmaceuticals and Worldwide Clinical Trials.

Today, Cutler is CEO of his fourth company, Concierge Clinical Trials. He has contributed to the development of more than 300 compounds and authored over 280 scientific publications, including nine books. He attributes those accomplishments not to extraordinary talent, but to a refusal to stop climbing when progress felt impossible.

That is the same lesson he hopes SLU School of Medicine students carry with them. Find mentors in your field. Pursue work that excites you. And, most importantly, keep moving forward.

"I hope students recognize the importance of believing in themselves, following their dreams, and never allowing anyone or anything to discourage them from that," Cutler said.

I persevered through this. California Clinical Trials became very successful, growing to an international scale with over 700 employees."

— **Neal R. Cutler,** M.D.

IN THE NEWS

Peiper Wins Alumni Merit Award

The Alumni Merit Award honors those who live the mission of Saint Louis University, achieve success in their field, and support the University's enhancement.

Eleven alumni received the award in 2026 — among them was a SLU School of Medicine graduate: Stephen C. Peiper, M.D. (Med '77)

Peiper is an award-winning researcher credited with pioneering innovations in genomic medicine, molecular diagnostics, and leukemia research. However, his legacy extends beyond research. Peiper and his wife, Zi-Xuan "Zoe" Wang, Ph.D., have supported multiple programs and facilities at SLU, including the Stephen C. Peiper and Zi-Xuan Wang Institute for Vaccine Science and Policy and Gwendolyn Peiper Endowment for Music in Medicine.



Stephen C. Peiper poses with Dean Christine Jacobs and his family after receiving the Alumni Merit Award.

Read more about Peiper's accomplishments

slu.edu/alumni/news/2026-alumni-merit-awards.php



Da Vinci 5

Vigneswaran Elevates Thoracic Care

Patients with complex thoracic disease are experiencing faster, less painful recoveries thanks to cardiothoracic surgeon and assistant professor of surgery, Janani "Jen" Vigneswaran, M.D.

Vigneswaran is among the first surgeons to use the da Vinci 5 (DV5) — an advanced surgical system that enables precise, minimally invasive procedures. So far, she has used the system to perform lung resections, esophagectomies, thymectomies, and hiatal hernia repairs.

Additionally, Vigneswaran is helping fellow clinicians explore advanced surgical technology like the DV5 for patients with thoracic disease. By sharing her insights, she is helping more patients benefit from minimally invasive care.



SLU students collaborate in the classroom.

SLU SOM Launches New Graduate Degrees

SLU School of Medicine is launching two new degree pathways in fall 2026: the Master of Science in Artificial Intelligence in Medicine (M.S.-A.I.M) and the Doctor of Philosophy (Ph.D.) in Health Outcomes Research.

The M.S.-A.I.M. program is a flexible online degree which prepares students to interpret AI output, evaluate risks and benefits, incorporate AI into clinical workflows, and promote equitable care practices. The Ph.D. in Health Outcomes Research teaches students to evaluate the effectiveness of health care treatments, interventions, and policies and generate evidence that supports better patient outcomes.

Together, these programs reflect SLU School of Medicine's commitment to educating health professionals in an evolving health care landscape.

Veeramachaneni Improves Lung Cancer Procedures



Nirmal Veeramachaneni, M.D., professor of surgery, is now using advanced fluorescent imaging technology to better detect and treat lung cancer.

The CYTALUX® (pafolacianine) injection binds to folate receptors on lung cancer cells. It contains a dye that lights up when a special camera is used during surgery — giving surgeons a real-time map of hidden, small, or hard-to-reach tumors that they might otherwise miss.

Veeramachaneni's efforts have made SSM Health Saint Louis University Hospital the first medical center in Missouri to offer the injection as part of its oncology services. His work positions the University as a leader in cutting-edge cancer care and improved patient outcomes.



SLU SOM Ranked Among the Best in the U.S.

For the third year in a row, U.S. News & World Report has designated SLU School of Medicine a Tier 1 Best Medical School for Primary Care.

This designation was determined by examining medical school graduates practicing in primary care specialties, medical school graduates entering primary care residencies, the median MCAT score, the median undergraduate GPA, and faculty resources.

The Tier 1 distinction in Primary Care is shared by only 15 other medical schools nationwide — marking SLU School of Medicine as an elite institution that prepares physicians to provide excellent clinical care.



Match Day 2026

Cheers, tears, and embraces filled the ballroom at the Chase Park Plaza hotel as the Saint Louis University School of Medicine Class of 2026 opened their Match Day envelopes.

After years of rigorous coursework, clinical rotations, and service to patients, on March 20, 2026, these future physicians learned where they would complete their residency. Each envelope pointed to a different destination and specialty — from internal medicine and pediatrics to surgery, psychiatry, and emergency medicine — but all represented their next steps toward fulfilling a lifelong dream of practicing medicine.

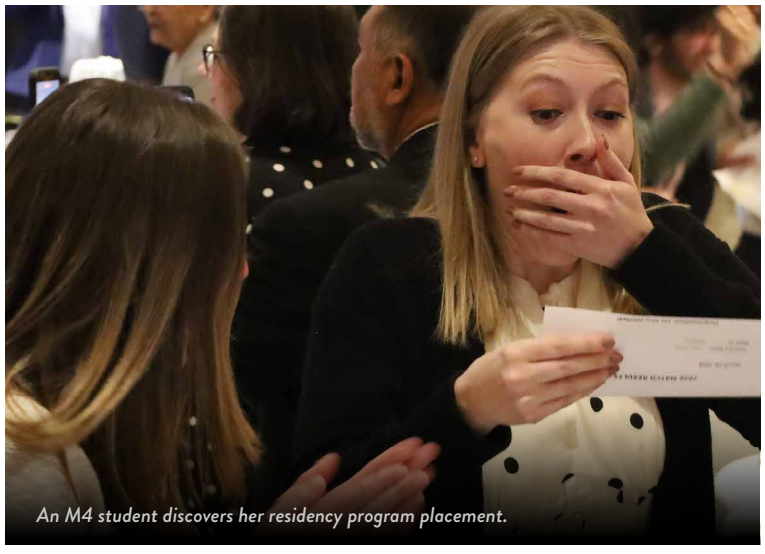
Match Day 2026 offered a snapshot of the enduring impact of SLU School of Medicine. Graduates enjoyed a high match rate across a wide range of specialties, demonstrating an institutional ability to produce skilled physicians through Jesuit education, clinical training, and faculty mentorship.

Now, the Class of 2026 joins thousands of SLU alumni serving patients around the world. As they begin residency, they carry forward a tradition of compassionate care, lifelong learning, and service to the communities they will soon call home.



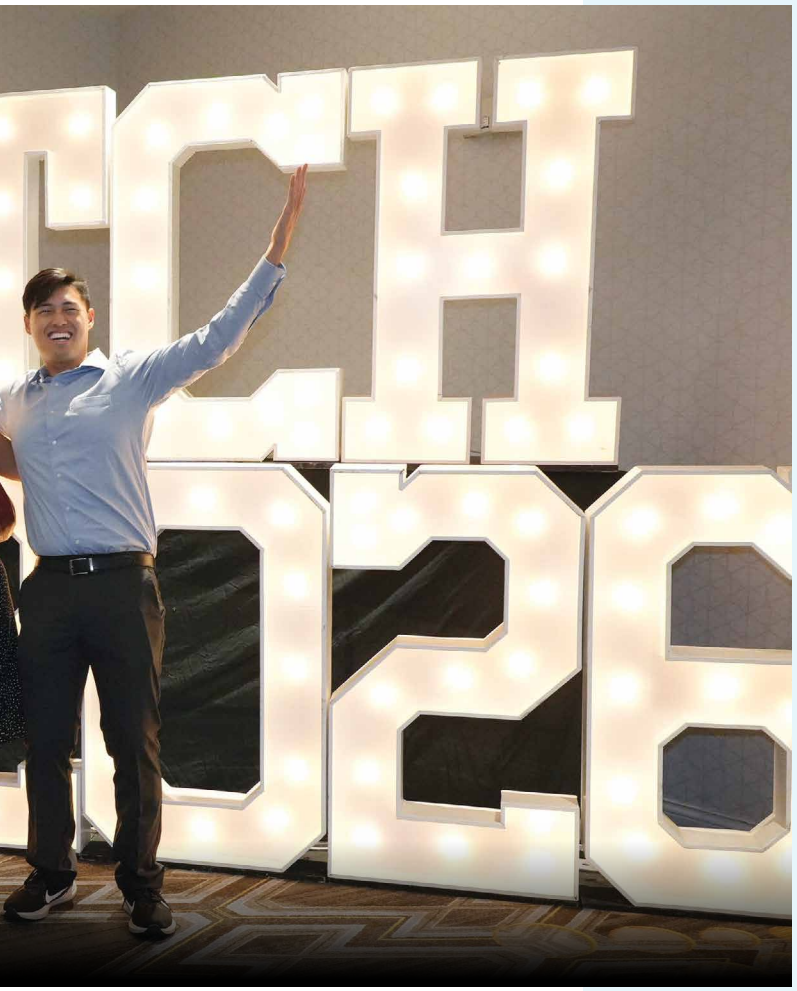
Three M4 students celebrate Match Day 2026.

TAKING THE NEXT STEP


An M4 student discovers her residency program placement.



A member of the Class of 2026 poses alongside her family.





Members of the Class of 2026 hold signs announcing their specialty and residency program.

"I have so much love for SLU SOM and the training I received here. I cannot overstate my gratitude to the teachers who inspired me."

– **Jordan Beveridge,** M.D. ('26)



An M4 student marks the location of her future residency program on a map.

BY THE NUMBERS

98.3% Match Rate

30 SLU SOM Graduates Joined SSM Health/Saint Louis University School of Medicine Residency Programs

30% Matched into Missouri Residencies

25 Different Specialties Pursued

White Coat Society

List of White Coat Society donors who contributed from July 1, 2025 to June 30, 2026. Donations made after this date that are not reflected here are appreciated. For a full list of donors to SLU, please visit giving.slu.edu/honorroll.

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Richard *(A&S '67)* & Patricia Schreiner

Walter *(Med '85)* & Cathy Schroeder

Lester *(Med '57)* & Suzanne Schwaegler

John *(Med '69)* & Marguerite Scullin

James *(Med '83)* & Kathy Sear

Kenneth *(Med '79)* & Jill Shafer

Angela Sharkey *(Med '86)* & Gerard Lauber *(Grad E&PS '85)*

Philip *(A&S '56, Med '60)* & Kathleen Sharkey

Samuel *(Med '72)* & Gail Simon

Toniya & Inderjit Singh

Dwayne *(Med '79)* & Nancy Smith

Nicholas Smith *(Grad A&S '87)*

John *(Med '63)* & Margaret Sopuch

David *(Med '12)* & Jaime Sprowls

Debra *(Nurs '80)* &
Louis *(A&S '62, Med '66)* Stickley

Maura Sweeney

John Sweeney

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Abdul Waheed

** denotes the individual is deceased*

In Memoriam

In remembrance of our colleagues who have passed away. The following notices of deaths were received from December 1, 2025 to June 30, 2026.

Dr. Alexis M. Ivanovich, *Class of 1953*

Dr. John Lawrence Marso, *Class of 1953*

Dr. Virgil Anthony Sandkamp, *Class of 1955*

Dr. Richard Owen Craig, *Class of 1957*

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Dr. Jacques Guy Baillargeon, *Class of 1965*

Dr. Thomas A. Gaffey Jr., *Class of 1965*

Dr. David L. Mainz Sr., *Class of 1965*

Dr. Paul Rene Landry, *Class of 1967*

Dr. Dennis M. O'Connor, *Class of 1967*

Dr. Michael James Farrell III, *Class of 1969*

Dr. John Flint Ferguson, *Class of 1969*

Dr. Philip Joseph O'Connor, *Class of 1971*

Dr. John Owen Womach, *Class of 1972*

Dr. Ira Michael Rutkow, *Class of 1975*

Dr. Edwin Henry (Scott) Schmidt III, *Class of 1975*

Dr. Mark Lewis Norman III, *Class of 1979*

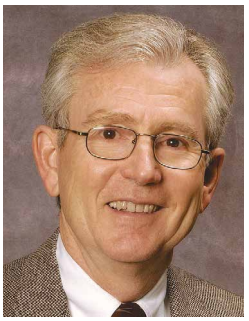
Dr. William S. Ernoehazy Jr., *Class of 1985*

Dr. Mark A. Varvares, *Class of 1986*

Dr. Jefferson Hoy Tyler, *Class of 2024*

Dennis “Denny” M. O’Connor, M.D.

1942-2026



Dennis "Denny" M. O’Connor, M.D., died Tuesday, February 3, 2026, at the age of 83. O’Connor dedicated more than 50 years of his life to pediatric care, specializing in treating children with cancer, blood disorders, and infectious diseases.

O’Connor attended St. Louis University High School and then Saint Louis University for both college and medical school. After receiving his Doctor of Medicine in 1967, he completed an internship and residency in pediatrics at Cardinal Glennon Memorial Hospital.

The remainder of his career was spent in academic medicine at Saint Louis University.

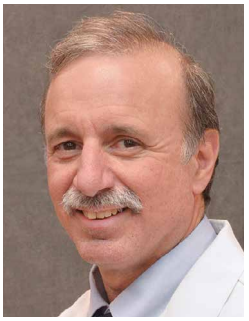
At Cardinal Glennon, O’Connor served as director of student and residency programs, interim chair of Pediatrics, vice president of medical affairs, and medical director of the Footprints Palliative Care Program — one of the first pediatric palliative care programs in the U.S.

O’Connor was a dedicated professor of pediatrics — serving for nearly 43 years. His colleagues remember him for his compassion, devotion, and skill.

He is survived by his wife of 61 years, Beatrice O’Connor (née Giuliani); sons Patrick, Michael, and Bryan; grandchildren Sean, Tommy, Nick, Maura, Sarah, and Nora; brothers Dan and Robert; and many loved ones, colleagues, and patients.

Mark A. Varvares, M.D.

1958-2026



Mark A. Varvares, M.D. — a national leader in otolaryngology and former director of the Saint Louis University Cancer Center — died Wednesday, May 20, 2026. He was 67 years old.

Varvares graduated from SLU School of Medicine in 1986. He completed his otolaryngology residency and a one-year fellowship in head and neck ablative and reconstructive surgery at Harvard-Massachusetts Eye and Ear Infirmary (MEEI).

Over the next 40 years, Varvares alternated between roles at SLU and Harvard. At SLU, he held titles such as assistant professor of otolaryngology, chair of the Department of Otolaryngology, and director of the Saint Louis University Cancer Center. At Harvard, he became chair of otolaryngology - head and neck surgery at MEEI and the William W. Montgomery and John W. Merriam Professor of Otolaryngology - Head and Neck Surgery.

In 2017, SLU established the Mark A. Varvares Endowed Lectureship Fund to honor his role in developing the University’s head and neck oncology program and his service to SLU Cancer Center.

Varvares is survived by his wife, Chris Varvares (DCHS ’85) and three daughters, Alexis, Sophie, and Tessa; sons-in-law Drew and Henry; grandchildren Rhea, Lincoln, and Eleanor; siblings Teddy Hart and Chris Varvares; and many loved ones, colleagues, and patients.

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