The Stanton L. Young Biomedical Research Center will more than double in size with construction of a $395 million four-story addition. Phase II, on the left in this rendering, will add 127,700 gross square feet of laboratory space dedicated to biomedical, cancer and genetics research when it is completed in the late fall of 2005. Dewberry Design Group of Tulsa is architect-engineer in affiliation with AEI Engineering of Seattle and MBB Architecture of San Francisco. The contractor is Flinnco Inc. of Oklahoma City. Phase I, on the right, was dedicated in April 1996.
Dean's Message

The University of Oklahoma College of Medicine is making important advances in education, research and patient care. We are on the move, and we are eager to tell you about a few of these developments in this issue of OU Medicine.

There was a time when leaps in medical knowledge occurred decades apart. Today, with sophisticated technology and the human genome sequenced, a new discovery seems to be made weekly. I can't tell you how proud I am that faculty members of the OU College of Medicine are among those at the forefront of medical research in this country. Inside, you will read about the exciting work being done to discover what triggers blindness and also about important work in prevention and treatment of women's gynecologic cancers. Future issues will describe fascinating research work being done in other fields.

Patient care is at the interface of education and research in an academic medical center, and we are making significant changes in our faculty's medical group practice, OU Physicians. I hope you will read the interview with OU Physicians' chief executive officer Brian Maddy and chief medical officer Douglas Folger, M.D.

Our unique mission as a medical school is the education and training of the future physicians who will take care of the public. Described inside are several curriculum changes that we believe will produce physicians with more medical expertise, better critical thinking skill and greater compassion than ever before. I am personally committed to the renewal and strengthening of our emphasis on professionalism.

I hope you find this issue of OU Medicine informative and enjoyable. We value and appreciate our alumni and friends, we depend on you for support, and we pledge to be worthy of your trust and confidence.

Best wishes,

M. Dewey Andrews, M.D.
Executive Dean

OU Medicine
University of Oklahoma College of Medicine

Senior Vice President and Provost, OU Health Sciences Center
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Mentoring
Sharpens the Focus on Vision Research

Mentoring is the name of the game for Dr. Robert E. “Gene” Anderson, vision researcher and chair of the Department of Cell Biology. It’s also how he and his team landed what’s been heralded as the largest NIH grant ever awarded in Oklahoma – $11.4 million to mentor young vision investigators into becoming full-fledged scientists running their own projects and laboratories on campus.

“There’s no substitute for mentoring,” said Dr. Anderson, who holds the Dean A. McGee Chair in Ophthalmology. “You absolutely have to have it. Very few of us would have been successful without having someone in our life take a special interest in us.”

He says that with a hint of nostalgia. “My mentor professor at Texas A&M mentored me until he died last year at 95,” Anderson said. “He was always telling me what to do, and he was good at it!”

When Dr. Anderson met Professor Raymond Reiser 40 years ago, Reiser took special interest in the young undergraduate student. Now, in his roles as department chair and member of the faculties of both Cell Biology and Ophthalmology, Dr. Anderson is in a position to pass the favor along.

“It’s an opportunity to do something for other people that was done for you,” Dr. Anderson said. “I think we have an obligation to young people to provide them the opportunity. You can’t think for them, do their experiments, or make them come in on Saturdays and Sundays and work nights, but you can set an example and give an opportunity and challenge them.”

Mentoring is institutionalized in the Department of Cell Biology through a process designed to help young scientists obtain funding for their research. Any young non-tenured faculty member who wants to submit an application for research funding must identify two senior faculty members who will work with him or her on the proposal.

During steps along the way, the grant application is thoroughly reviewed and scrutinized by the faculty members who do what a grant review committee or “study section” at the NIH would do. This pre-submission scrutiny occurs, however, in what Dr. Anderson describes as a supportive, nurturing environment.

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The COBRE grant covers the research efforts of five promising junior investigators already appointed to the faculty who have great potential to establish independent research careers in vision, plus young investigators at three other institutions who needed support for vision research. One is on OU’s Norman campus, one at Oklahoma State University and the third at the University of Tulsa.

Young College of Medicine faculty members being mentored through the grant are Raju Rajala, John Ash, Michael Ilnat, Yun Le and Wei Cao. Their senior scientist mentors in addition to Drs. Anderson and Naash are faculty members James McGinnis, Hirouki Matsumoto, Robert Floyd and Eric Howard.

A complementary grant of $2.4 million for core vision research at the OU Health Sciences Center boosts the ability of both cell biology and ophthalmology departments to mentor, conduct research and attract still more researchers and funding.

The Department of Cell Biology was created in May 1998 when anatomical sciences and pharmacology were merged into a single department with vision researcher and ophthalmology professor Robert E. “Gene” Anderson, M.D./Ph.D., as chair.

What may have been simply a practical decision at the time has resulted in a department that has exploded in size of faculty and in the amount of research grants received – the prime indicators of both innovation and excellence.

The faculty has grown from 13 to 31, with 11 of the 18 new faculty members either tenured or tenure track, and seven non-tenure track with research appointments.

In the same period, research dollars held by Cell Biology faculty members have grown astronomically from $507,366 in 1998 to $9.7 million in fiscal 2003, with the total committed for the duration of these grants amounting to $36.1 million. While some of these grants are administered through other departments in the College of Medicine, they reflect the scale of research activities by Cell Biology faculty members.

“The past 10 years, the emphasis on high-quality research here at the OU Health Sciences Center has paid off,” Dr. Anderson said. “There has been tremendous growth in the research programs, the number of young scientists who work in her lab. There the search is on for greater understanding of the protein required for vision, plus young investigators at three other institutions who needed support for vision research. One is on OU’s Norman campus, one at Oklahoma State University and the third at the University of Tulsa.

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A complementary grant of $2.4 million for core vision research at the OU Health Sciences Center boosts the ability of both cell biology and ophthalmology departments to mentor, conduct research and attract still more researchers and funding.
Warning to cancer patients: Use caution in drinking tap water with even moderate levels of arsenic.

The discovery that even moderate levels of arsenic cause significant increases in the growth and metastasis of implanted tumors in mice came from Department of Cell Biology researcher Michael Ihnat, Ph.D. This work has special importance to Oklahoma, where arsenic is a major contaminant of drinking water, and particularly to residents of Norman, where testing has revealed high levels of arsenic in some of the water wells. Ihnat also showed that vitamin E can reduce arsenic’s effect on blood vessel growth.

Ihnat is only one of dozens of researchers in cell biology laboratories whose work has a direct and important impact on the health of Oklahomans and people the world over. For example:

• The discovery by Robert E. Anderson, M.D./Ph.D., that experimental animals need omega-3 polyunsaturated fatty acids for optimal function of the retina led to studies showing that the development of retinal function in human infants is dependent on the presence of these fatty acids as well. As a result, commercial human infant formulas now contain these fatty acids. Dr. Anderson also showed that levels of omega-3 fatty acids were lower in the blood of patients with retinitis pigmentosa, a retinal degenerative disorder.

• Leonidas Tsiokas, Ph.D., focuses on the mechanisms by which gene mutations result in autosomal dominant polycystic kidney disease, one of the most common genetic diseases and the most common genetic disease of the kidney. Tsiokas’ lab also recently discovered the role of a small cytoplasmic protein in regulating bone formation during embryonic development. This research is likely to have therapeutic implications in diseases involving bone development.

• The focus of research by James Tomasek, Ph.D., is wound closure and finding a way to regulate tissue contraction, a discovery that could have significant clinical importance. The same mechanisms appear to be responsible for the devastating effects seen in burn scar contraction, hypertrophic scarring and certain types of retinal detachment. Tomasek’s lab has demonstrated that the cells responsible for generating the contractile force express a specific type of actin. The goal is having the ability to use the promoter of actin to target contractile cells genetically in order to regulate contraction.

• Allan Wiechman, Ph.D., discovered that disruption of circadian rhythms might play a key role in the mechanisms of degenerative retinal diseases. The neurohormone, melatonin, is an output signal of the endogenous retinal circadian clock, and may have an important role in maintaining the normal health and function of retinal photoreceptor cells.

The long-term goal of this research is to understand the role of circadian signals in photoreceptor physiology and disease.

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Warning to cancer patients: Use caution in drinking tap water with even moderate levels of arsenic.

In addition to his duties as chair and mentor, Dr. Anderson maintains his own vision research into diseases of the retina.

“These cells are nerve cells and, like most nerve cells, if they die, they don’t come back. We don’t have an endless supply. Once we lose a retinal cell, it’s gone forever,” Dr. Anderson said. “We look at what causes these cells to die.”

Specifically, Dr. Anderson and others in his lab are working on models of inherited retinal degeneration that they think are appropriate models for macular degeneration, trying to understand why these post-mitotic cells die and to find ways to keep them alive.

“When you think about hereditary diseases (that cause blindness), the abnormal gene was there from the beginning, yet these cells live with abnormal gene expression for decades,” Dr. Anderson said. “In age-related macular degeneration, people can live for 60 to 70 years before the cells begin to die. How have these cells managed to live all these years? What have they done to protect themselves?”

Dr. Anderson said his lab has developed environmental paradigms in which a mouse suddenly becomes resistant to an environmentally induced retinal degeneration, whereas its littermates, which were treated differently from birth, are very susceptible. When some animals are raised in dim cyclic light, and others in bright cyclic light, it appears that the bright cyclic light stress the retina just enough so that protective mechanisms are developed.

“Collectively, we now have multi-year grants totaling over $10 million committed to vision research. That’s phenomenal growth for the College of Medicine.”
The OU Health Sciences Center was one of the four medical centers in the nation chosen to conduct the largest cervical cancer screening management trial in the country to date. The results changed the standard of care for the more than 2 million women who are diagnosed every year with mild abnormalities following a routine Pap smear.

That the OU College of Medicine was chosen for the trial came as no surprise to those who follow gynecological research and its application at the clinical level because:

• The gynecologic oncology section of the Department of Obstetrics and Gynecology is ranked in the top 10 nationally in research funding.

• OU ranks second nationally in the number of patients who participate in clinical trials through the Gynecologic Oncology Group.

• 40 to 50 clinical trials are being conducted at any one time.

• Research scientists hold patents on new drugs that promise breakthroughs in cancer treatment.

• The department is at the forefront of national efforts to raise awareness of cancer symptoms and treatment.

• Increases in the number of patients attracted to OU’s unique combination of research and “full-service” gynecologic oncologists is causing the chemical infusion area of the Cade Cancer Center to triple in size.

Robert Mannel, M.D., chairman of the Department of Obstetrics and Gynecology and holder of the James Merrill Chair, is one of five board-certified gynecologic oncologists on the faculty. As Dr. Mannel explains, this unusual specialty focuses on the study and treatment of female reproductive tract malignancies. Their study and treatment. Each of these physicians has undergone three to four years of post-residency training in surgery, radiation therapy, chemotherapy and experimental treatments as well as the biology and pathology of gynecologic cancer.

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OU Gyn-Oncology at the Forefront

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This means that patients can receive the mode of therapy or combinations of therapy from just one physician without having to fragment their care among many. In short, OU gynecologic oncologists offer a one-stop shop for their respective patients.

A key component in the treatment of gynecologic cancers at OU is the integration of research into the medical management of each case.

“When I came here in 1989, one of the first things I did was to establish Oklahoma as a Primary Institution (for research) within the Gynecologic-Oncology Group (GOG), a cooperative group funded by the National Institutes of Health,” Dr. Mannel said. “Since doing that, more than 2,000 women in Oklahoma have enrolled in a variety of treatment protocols, predominantly with ovarian, cervical, endometrial and vulvar cancers.

“The main process of the GOG is to conduct research with a group of patients, and this has led to some very major advances over the past 20 years or so in how we manage cancer.”

Integrating experimental therapies into the treatment of women with cancer moves the research base forward but requires “a lot of dedication” from the five faculty gyn-oncologists, four Fellows in gyn-oncology, five research nurses and six data managers, Dr. Mannel said.

In addition to its direct work with patients, members of the team publish research papers and serve as principal investigators or study chairmen of many of the trial protocols.

“We also do a lot of pharmaceutical research, looking at innovative technologies all the way from gene therapies to new ways other than Pap smear to pick up abnormal cervical cells,” Dr. Mannel said. “We were actually involved in some of the original research for ThinPrep®; a newer technique for cytological evaluation now being used in addition to the Pap. It’s a liquid based cytology that eliminates a lot of background inflammatory cells, allows for cleaner slide preparation to look at and increased diagnostic accuracy. We’re also looking at a technique called ‘medispectra,’ which is using light refraction off the cervix to detect presence or absence of abnormal cells.”

Department research is also ongoing into potential vaccines to prevent human papilloma virus (HPV) infection of the cervix, which is the forerunner to cervical dysplasia and cancer. The vaccine therapy is still in testing.

“We also just received an NIH grant to look at blood for biomarkers that would indicate a woman is at risk for developing cervical cancer,” Dr. Mannel said.

OU was one of four research institutions participating in the historic five-year project that addressed the medical dilemma of how to treat a patient diagnosed with atypical squamous cells of undetermined significance or ASCUS, a major source of anxiety for both patients and physicians. Most of these abnormalities go away without treatment; however, clinicians have had no way to determine which would go away and which would represent serious conditions in need of immediate treatment.

Studies had shown that detection of HPV was a far more accurate way to detect cancer and precancer than the management strategy of repeating the Pap smear or referral to colposcopy.

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TEST DRUG MAKES CANCER CELLS SUICIDAL

Doris M. Benbrook, Ph.D.

You couldn’t blame a layperson for thinking that Doris Benbrook’s new experimental drug sounds a lot like the long-awaited “magic bullet” against cancer.

It was created as a treatment for ovarian cancer; yet the National Cancer Institute says it appears to be effective against as many as eight other types of the disease as well – leukemia, non-small cell lung cancer, colon cancer, central nervous system cancer, melanoma, renal cancer, prostate cancer and breast cancer.

It causes cancer cells to start looking like normal cells and organizing themselves normally. It makes those that don’t behave begin to commit cell suicide or apoptosis.

What it doesn’t do is also of vital importance. It doesn’t cause undue “collateral damage.” In other words, the number of healthy cells that die because of the drug is very within acceptable limits.

As tempting as it might be to race to the rooftops with news about the OU cancer scientist’s discovery, Benbrook is quick to put the brakes on. She points out that many more years of testing remain before this apparent breakthrough proves to be all it seems to be.

This astonishing leap forward in cancer treatment – if that’s indeed what it turns out to be – came through an institutional commitment to what’s called “translational research,” the type of research with direct translation from bench to bedside and back again. While basic science researchers address questions at the frontiers of human knowledge, translational research uses patient specimens, actual human tissue, to see how a drug affects or to see if there’s a marker that tells whether a patient will respond to a drug or have a more aggressive tumor,” explains Benbrook, associate professor of obstetrics and gynecology.

From her direct contact with the clinical gynecologic-oncology staff and attendance at meetings on treatment plans for specific tumors, “I can learn what the important questions are for cancer and what needs to be answered. Then I can design the science experiments to address those questions and maybe come up with the answers we need to improve patient care.”

The recent death of Benbrook’s mother from cancer gave added impetus to her search for a cure and led to the establishment of a “bank” of gynecologic and other tissues for use by Benbrook and other researchers in the department where she is director of research. She is also co-chair of the Gynecologic Oncology Program and a member of the Scientific Review Committee of the OU Cancer Center.

Benbrook named the Dawn Hope Tissue Bank in her mother’s memory.

It’s a long road from need to hypothesis to experimental drug to formal acceptance of the drug as part of the standard of care provided to patients with cancer.

In the case of Benbrook’s new vitamin A-based compound, the road began in Oklahoma, both in her lab at the OU College of Medicine, and in the Oklahoma State University chemistry lab of her collaborator, Dr. Kenneth Darrell Berlin, OSU Regents Professor of Chemistry, in Stillwater.

Because of this collaboration, OU and OSU hold patents on the drug jointly.

A $2 million investment by the National Cancer Institute has put the testing of the drug on a fast track. Still, it could take two to five years of further examination to reach the point of testing on humans and another two to five or even longer in clinical trials before it could be widely available to patients. If it ever is.

As the drug is being tried on various tumor types and tested for toxicity and potential problems such as birth defects, mutations and so on, Benbrook continues trying to discover how and why her drug does what it does, working to make it better and hoping it passes the steep uphill climb to FDA approval.

“What’s so great,” Benbrook says, “is that it was all made in Oklahoma.”
OU Gyn-Oncology at the Forefront

In this new study, the sensitivity of HPV testing for the detection of high-grade disease and cervical cancer was 96 percent compared with only 85 percent sensitivity for a repeat Pap smear.

Joan Walker, M.D., gynecologic oncology section chief, led OU’s participation in the study with $3.2 million in funding from the National Cancer Institute.

“We’re also looking at newer ‘biologic’ agents that alter the signal pathways within cells so that you can enhance the effectiveness of traditional chemotherapy,” Dr. Mannel said.

Cancer patients have the option of participating in a clinical trial or experimental therapy or accepting the current standard of care, but in Dr. Mannel’s view, there’s really no choice.

“The reality is that the standard of care as applied to cancer in 2003 means that one-half of your patients are going to die of their disease, so we have a lot of room for improvement. What we offer is not only the standard of care but also the current innovations that can improve upon that care.

“Studies have shown that patients taken care of in a research trial actually have better treatment by a number of different parameters than those given the standard of care. There’s more likelihood they’re receiving the appropriate treatment and better management of treatment complications,” Dr. Mannel said. “Some studies show the long-term outcome is better. So there’s not just the societal benefit, but individual patients benefit from being involved in a well structured, audited research program.

“More than anything, the commitment to high-quality research derives from not being satisfied with where we are in the medical management of the patient. In the field of gyn-oncology, we would be hard pressed to say we were satisfied with where we are right now. People are dying.

“To make a difference requires a structured approach, and it requires a lot of resources, a lot of support and commitment by physicians, nurses and other key people.”

COFFEE CUP NEW WEAPON IN RECOGNIZING A STEALTHY KILLER

OU gynecologic oncologist Joan Walker, M.D., has a new, if unlikely, weapon in her war against ovarian cancer: The coffee cup. The OU professor is distributing the cups—with her phone number printed on one side and the warning signs of the stealthy killer on the other—to every primary care physician in Oklahoma.

The cardboard creation also goes to specialists who see patients complaining of vague symptoms that mimic those of other medical problems, symptoms like abdominal bloating, feelings of fullness, indigestion, fatigue, shortness of breath and unexplained weight loss or gain.

“The symptoms are often so poorly described by the patient, and the communication between the patient and doctor can be so poor, that the physician tends to give medication to treat ulcers, constipation, diverticulitis or irritable bowel syndrome. Trial and error is normal in medicine. But months and months can go by before the discovery is made that the patient’s ovarian cancer is obstructing her colon, and she’s at death’s door with massive ascites,” Dr. Walker said.

The cause is not exclusively on the physician, who may see only one or two ovarian cancers in his or her lifetime, Dr. Walker said. The patient should also know what the symptoms could mean, to have regular check-ups including pelvic exams and to learn to ask for the appropriate tests. "Too often, however, the patient doesn’t know the warning signs or simply shrugs them off as being related to getting older, getting fat or going through menopause, and she doesn’t even mention them to a doctor until it’s too late," Dr. Walker said.

"Sometimes the woman is in denial and doesn’t want to know she has cancer," Dr. Walker, pointing to the case of the middle-aged woman whose husband was completely disabled and undergoing dialysis as well as chemotherapy. "The woman went to her husband’s oncologist with her own complaints of fatigue, sudden weight loss and gastric problems, and asked if she, too, had colon cancer. The answer came without an evaluation. She was clearly suffering from stress. Six months later, when the woman finally saw a gastroenterologist for treatment of abdominal problems that wouldn’t go away, a CAT scan revealed a troubling mass. The new diagnosis: ovarian cancer.

"When Dr. Walker asked the woman why there was such a gap between her suspicions that something was wrong and the actual diagnosis months later, ‘She told me I was partially to blame because she hadn’t wanted to know (it was cancer) and was willing to believe it was stress.’"

To pinpoint the causes for such life-threatening delays and come up with more precise descriptions for the symptoms, Dr. Walker and OU psychologist Dr. Rhonda Johnson are conducting a multi-year survey of women who do and don’t have ovarian cancer.

"The survey, funded by the Centers for Disease Control, will also show what women do and don’t know about their risks of having the disease, which strikes one in 70.

"Ovarian cancer is a disease of 55- to 70-year-olds, although it can occur much earlier. The primary risk factor is the lack of children, Dr. Walker explained. Taking birth control pills and having children both reduce the risk of ovarian cancer by half, demonstrating the major role that progestosterone plays. A further mitigator also cuts the risk in half by eliminating environmental exposure. On the other hand, a history of breast, ovarian or colon cancer in the family increases the risk.

"Women should not be screened routinely for ovarian cancer, but those with strong family histories should see a genetic counselor to determine if they carry a BRCA 1 or 2 gene, Dr. Walker suggests. Genetic carriers should consider having their ovaries removed prophylactically. Women with symptoms suggestive of ovarian cancer should have a pelvic exam, transvaginal ultrasound and CA 125.

"In their effort to increase women’s awareness of ovarian cancer, Dr. Walker and her network of cancer survivors and gynecologic oncology colleagues nationwide are using the Internet and placing articles in women’s magazines, such as the April 2003 issue of Redbook.

"We want women to be aware of ovarian cancer symptoms and know how to talk to their doctors about their symptoms," Dr. Walker currently serves as co-chair of the Cancer Prevention and Early Detection Committee and is on the protocol committee for the National Cancer Institute sponsored Gynecologic Oncology Group.

"She and her team in the gynecologic oncology section of the Department of Obstetrics and Gynecology have been immensely successful in building a nationally recognized program dedicated to cancer prevention, early detection and research in the latest improvements in cancer treatment.

\[Image 240x9 to 683x683\]

Joan Walker, M.D.
That’s powerful medicine.

OU Physicians is the medical group practice of faculty members at the University of Oklahoma College of Medicine. OU Physicians has undergone a transformation in recent years by building its practice, changing its name and moving many of its adult services into a new, five-story office building. *OU Medicine* interviewed Douglas Folger, M.D., chief medical officer, and Brian Maddy, CEO, for an update.

**OU Medicine:** The faculty practice changed its name in 2001. Why was that done, and what benefits have you seen?

Folger: We had the opportunity to change our name to OU Physicians at the same time our hospital partners made the change to OU MEDICAL CENTER. We felt there was not a name in Oklahoma that’s better recognized than the University of Oklahoma, which stands for excellence.

Maddy: When you think about the directions President Boren set for the university in recent years, you’ve seen a transformation in how people look at the university. They see it as a place of excellence, and we think this is a great opportunity for us to benefit from that identity. By using the name OU Physicians, people know this is an academic practice of physicians who are up on the latest technology, the latest research and the latest in clinical practice. It is a real positive for us to have that name.

**OU Medicine:** How do the Oklahoma City and Tulsa components of OU Physicians complement each other?

Folger: In Oklahoma City, we’re more specialty oriented. We rely heavily on referral business and try to market to the entire state for the specialty and subspecialty care we can provide. Our operation and the Tulsa operation give us a real statewide connection with referring physicians and patients by being at both ends of the turnpike. It lets us be accessible to all of Oklahoma.

Maddy: You have high-quality physicians who are practicing in Tulsa. Their mission is different from that in Oklahoma City in that they focus more on primary care — family medicine, pediatrics, internal medicine, obstetrics and surgery, for example.

Folger: In Oklahoma City, we’re more specialty oriented. We rely heavily on referral business and try to market to the entire state for the specialty and subspecialty care we can provide. Our operation and the Tulsa operation give us a real statewide connection with referring physicians and patients by being at both ends of the turnpike. It lets us be accessible to all of Oklahoma.

Continued on page 16
PATIENT CARE

OU Physicians

Continued from page 23

OU Medicine: How is OU Physicians governed?

Folger: This multi-specialty group practice has a structure that allows the group to be truly managed by the physicians. The practice is ultimately responsible to the executive dean, but we have an advisory board that is made up of all the clinical department chairs as well as a few at-large members elected by the entire OU Physicians practice. The advisory board elects a management committee – a group of eight to ten physicians – to meet twice monthly to deal with all the basic issues facing a medical practice. There are committees such as finance and contracts, operations, quality control and several others that report to the management committee. We have an administrative structure that deals with the day-to-day business of running the practice.

Maddy: This is a physicians-run organization. We provide the administrative side of the practice. We probably have 100 physicians or so – about one-fourth of the total – who are very active and engaged in some part of the committee structure.

OU Medicine: Describe OU Physicians’ emphasis on innovation and state-of-the-art medical treatments.

Folger: We have research going on that involves innovative surgical techniques, it involves clinical drug trials, and it involves bench work in basic sciences. In the cardiovascular area, our congestive heart failure center is exceptional. We are the main provider of specialty services to the children of Oklahoma.

Maddy: All these people specialize in children’s health care, so the orthopedist who treats adults injured in a football game isn’t going to be the one who sees 2-year-olds. The urologist, who see kids don’t do adult urology. They specialize in taking care of children.

OU Medicine: Aren’t you planning a new building for the children’s practice?

Maddy: Yes, for outpatient children’s health care. We hope to break ground by the spring of 2004 and complete the project in the summer of 2006. Every one of our children’s services will be located within that facility. One of the challenges we’ve faced is that a lot of our children’s physicians’ offices are buried inside the hospitals. With the generous help of the University Hospital Authority and Trust, we were able to build the new OU Physicians Bulding and to consolidate most of our physicians’ offices on the adult side in this new building that’s so accessible. It’s easy to park here, easy to find your way around. The same partner is financing the children’s facility. We’ll be able take all of the children’s offices located inside the hospital and put them into a facility that’s modern, easy to find, with ease of parking.

OU Medicine: OU Physicians is well known for excellence in patient care. How do you make the practice a center of excellence in customer service as well?

Folger: We’ve put major emphasis on service. It takes the effort of the entire organization to give good service to patients and referring physicians and to each other, so we’ve been working on that for a number of years. We have a customer service curriculum that all of our employees go through, and it’s offered to our physicians. We regularly do patient satisfaction surveys and feed those results back to our clinic directors and medical directors, and we survey physicians in the state to see how we’re doing. We even survey our own employees to see how we’re doing with service to each other. It’s constantly on our radar screen. We emphasize it in every aspect of our practice.

Maddy: We have set standards in all areas. We will continue to do a better job of reporting what those standards are and then seeing whether different areas are meeting those standards. It’s an evolution of setting standards and holding people accountable for meeting them.

OU Medicine: What makes it so important for OU Physicians to see private patients?

Folger: About 43 percent of the operating budget of the College of Medicine is generated through our faculty practice.

Maddy: We have to have private patients to generate income to provide clinical research and indigent care that our physicians feel a commitment to provide. We also want people who live here to think of us as they think of other academic centers across the country: that the premier health care is here, the services are here, and you want to go to this academic center for your health care.

Completed Union Gathering Spot for Students

The Student Union now has a third floor that includes office space and the Boren Lounge, complete with overstuffed furniture and a baby grand piano, to give students a place to study or relax between classes. The union’s Fitness Center has facilities for cardiovascular exercise or weight lifting.
The OU Health Sciences Center campus has been transformed by a $6.25 million beautification campaign initiated by President and Mrs. Boren. The centerpiece of the project is the Stanton L. Young Walk, a pedestrian mall with seven tiered gardens that replaces a divided roadway through the campus. Gateway Arches anchor the east and west ends of the Walk. A stroll westward takes the visitor past the Thelma Gaylord Memorial clock tower through the Mothers’ Garden honoring Kathryn Moore. At the entrance to OU MEDICAL CENTER Everett Tower is the statue “Dreamcatcher” of a Native American mother and child. The two figures, sculpted by Star Liana York and donated by Fran and Earl Ziegler, stand in a garden of wildflowers. Tucked around campus buildings are more gardens that give students, faculty and staff serene spaces for relaxation, reflection and inspiration.

... and Night"

It’s not known whether the future physician believed the literature in medicine course he was taking would ever make much difference to him as a doctor. What is known, however, is that a year or so later, when a woman walked into the emergency room where this student was doing a rural rotation, his first thought was of The Human Who Walked Into Doors by Roddy Doyle.

It was a book he’d read and discussed in class with other students. Now he was looking at a battered woman whose abuse had never before been recognized despite years of trips to the hospital for black eyes and broken bones.

“He was able to look at her and think, ‘She looks just like Paula,’” the battered woman in the book,” said Sheila Crow, program director for curriculum development in the College of Medicine. The student not only recognized the woman’s situation for what it was but was also able to treat her with an understanding he wouldn’t have had otherwise.

Over the past few years, the College of Medicine – like medical schools across the country – has begun to try balancing a heavily packed, technology-oriented curriculum with doses of the humanities. Some examples:

• An intersession course in literature in medicine taught by Jerry Vannatta, M.D., and offered to first-year students led to publication of the literary journal, Blood and Thunder.

• The award-winning play Wit, about the treatment of a woman dying of cancer, was presented as reader’s theater to a crowd of 300 by actors from the Norman campus. The performance was part of that year’s Palliative Care Program, a week-long event focusing on end-of-life care.

• Building on the success of Wit, Dr. John Stone, a retired cardiologist at Emory University and author of On Destining, spoke to a capacity crowd at the College of Medicine. His book, an anthology of poems and short stories, is presented to all incoming medical students in the nation through a grant from the Robert Woods Johnson Foundation. While on campus, Dr. Stone also conducted a faculty development workshop on the patient-physician relationship and using literature to teach it.

• In the spring of 2003, the College of Medicine began integrating literature into two required courses: Principles of Medicine I and Human Behavior II. In the first course, students spend an afternoon reading several short pieces of literature and discussing them in small groups. In the second course, students read “The Yellow Wallpaper,” a short story written by Charlotte Perkins Gilman in 1891 about a woman who apparently suffers from depression and is treated by her physician-husband.

• Seven informal “Humanities at Dinner” events were held to give students still more exposure to the humanities. Crow and Nancy K. Hall, Ph.D., associate dean for Academic Affairs, took turns as hosts, and faculty clinicians, including Executive Dean Dewayne Andrews, M.D., took turns presenting poetry and/or prose – frequently that of physician-writers such as William Carlos Williams. The final dinner of the series came during Palliative Care Week, and those attending watched a portion of the film version of Wit.

• Lastly, students and faculty presented two theater performances this year. One was an end-of-life role play for a largely Spanish-speaking audience at a local community center led by Roberto Corrales Salinas, M.D., assistant professor of family medicine. The other was a reader’s theater performance of the play, Journey Into That Good Night, the title taken from the Dylan Thomas poem on death and dying.

Crow said her goal now is to find more ways to add larger doses of the humanities to the medical school experience without overwhelming the students. The objective of integrating the humanities is to stimulate thinking, she said. “We want to produce reflective practitioners.”
Course Mimics Clinic Challenges
Team-Based Problem-Solving Course Added to Curriculum

Like detectives following clues, first- and second-year medical students have begun using material from their regular basic science courses to solve clinical problems through a new Integrated Medical Problem-Solving (IMPS) course implemented this fall.

The new course complements the traditional, discipline-based curriculum by allowing students to apply what they’ve learned from multiple courses to solve a multi-faceted problem in the context of an actual clinical case.

Without the new course, “comprehensive integration can be difficult to pull off because traditional courses are designed and delivered around specific disciplines such as biochemistry, anatomy and human behavior. Students are exposed to the basic sciences one discipline at a time,” said Chris Candler, M.D., associate dean for education and IMPS course director.

During each IMPS session, students are presented with a set of medical problems. They not only have to attempt to diagnose the illness but are also required to appreciate the role of each discipline in order to understand the underlying disease and manage the treatment of the patient, Dr. Candler explained.

Students who participated in a pilot IMPS program last year were unanimous in their praise of this approach. “It allowed me to apply my knowledge rather than merely acquire it and regurgitate it on an exam,” one said. “The sessions provide an opportunity for differing opinions to be reasoned out as a team — this helps to mimic the second/third opinions that come with the medical field,” said another.

Before class, students study pre-identified material from previous lectures. At the start of class, students take a short exam to test each individual’s readiness to apply what he or she has learned. Class members then break into teams of five to six members before re-taking the readiness exam as a group and submitting their consensus answers for immediate scoring and posting.

In the next phase, groups complete in-class assignments that promote collaboration and, at designated times, all groups simultaneously share their answers with the entire class for comparison and immediate feedback. This exercise stimulates energetic class discussion, with each group defending its answers.

Professors in the separate disciplines collaborate in the process by assigning materials relevant to the IMPS exercise and by writing questions for the weekly quizzes.

OU medical students are already experienced team players. Two years ago, the College of Medicine introduced a team-based learning approach that utilizes the same small group methodology in the lecture halls to stimulate greater understanding.

M.D./Ph.D. Program Trains Future Physician-Scientists

When a first-year student arrives on campus for summer lab experience and eight weeks later is principal author of a published scientific paper, it’s obvious something special is happening.

That something special is the seven-year M.D./Ph.D. program sponsored by the College of Medicine and Graduate College in cooperation with the Oklahoma Medical Research Foundation and underwritten in large part by Presbyterian Health Foundation.

The M.D./Ph.D. program is designed to maximize combined institutional, medical and research facilities, faculties and staffs to prepare these future physician-scientists for careers in academic medicine and clinical investigation. Of particular value to the students is the professional interaction with premier physicians and scientists on the OU Health Sciences Center campus.

The program begins with the first two years of medical school, followed by three years of graduate courses toward a Ph.D. The third and fourth years of medical school complete the program.

Micah McClain of Duncan, who received his Ph.D. in 2002 and is starting his final year of medical school, has high praise for a challenging program that let him experience “everything, the entire spectrum.” Research provided the means to discovery of “new ways to treat patients. Medical school is interpersonal … you apply what you’ve learned to help patients directly.”

Their clinical experience shows these student researchers how frustrating it can be to treat a patient for a disease with no known cure. That is why McClain’s aim, and that of his fellow M.D./Ph.D. students, is to harness their research and clinical experience in pursuit of cures.

Entry into the program is highly competitive, and only five highly qualified and strongly motivated students may be selected each year. Their tuition and fees are paid and they receive a stipend, not to mention the personal and professional rewards gained during their years in the program.

Current M.D./Ph.D. students are Jeannine Arbuckle, Shawn Cochrane, Farnaz Fakhari (author of the paper mentioned above), Latisha Heinlen, Adam Hoffman, Grant Kolar, McClain, Jonathan Miller, Skipper Rosland, Albert Nguyen, Andria Parker, David Sparling and Sean Stowell.

Mentors are Karla Rodgers, Ph.D., and Ann Olson, Ph.D., biochemistry and molecular biology; Xiao Sun, Ph.D., cell biology; Dirk Dittmer, Ph.D., microbiology and immunology; J. Don Capra, M.D., microbiology and immunology; and Judith James, an earlier graduate of the M.D./Ph.D. program, pathology.

Recent graduates of the program and their residencies are Melissa Arbuckle, M.D., Ph.D. (2001), Columbia Presbyterian, New York City; Coy Heldermon, M.D., Ph.D. (2001), Washington University, St. Louis, Mo.; and Brett Shepard, M.D., Ph.D. (2003), Mayo Graduate School of Medicine, Rochester, Minn.

Programmable Simulator No Dummy

It breathes, has a palpable pulse, and its chest produces the clear sound of a beating heart. The full-size, fully interactive life-size mannequin even automatically detects – and responds to – the sound of a beating heart. The full-size, fully interactive life-size mannequin even automatically detects – and responds to – the sound of a beating heart.

Top: Team uses group approach to problem-solving.

Farnaz Fakhari: principal author in just eight weeks.
Tulsans Flock to Mini-Med School.

More than 1,800 people have been educated on the latest in health care news and information by attending a series of “mini-med schools” presented by the OU College of Medicine-Tulsa.

“The purpose of these programs is to provide people with up-to-date health information they can apply to themselves and their family members,” said Dean Gerard P. Clancy, M.D. “Our other objectives include explaining how medical schools work and interact with the community.”

While the mini-med school concept isn’t new and, in fact, is presented by medical schools across the country, Tulsa’s version is unique in that it is single-theme oriented. Cancer, mental illness, geriatrics and pediatric health have been among the themes. The fall 2003 mini-med school focused on “Unwelcome Traveling Companions: Obesity, Diabetes, Arthritis, Depression.”

Response has been extraordinary. Classes meet one evening a week for three weeks and are open to the first 150 who apply. There’s always a waiting list.

Dr. Clancy, dean of the College of Medicine’s Tulsa campus since August 2001, is a driving force behind the Program of Assertive Community Treatment (PACT) of chronically mentally ill Oklahomans “who are falling through the cracks” of traditional health care.

A veteran of PACT in Iowa City — where he earned his nickname — Dr. Clancy is working in cooperation with the Oklahoma Department of Mental Health to train health care professionals and establish PACT teams statewide.

The formation of an OU PACT team was the obvious next step. With the colleges of Medicine, Nursing, Pharmacy and Allied Health and graduate programs in the School of Social Work under one roof, the Schusterman Center in Tulsa is the ideal site for training up and coming mental health professionals to be members of this interdisciplinary team.

From Dr. Clancy’s perspective, forming this type of health education and patient care program is “one of the waves of the future in research and education.”

PACT teams see people with schizophrenia, bipolar disorder, a combination of the two and severe depression, conditions affecting 4 percent of the population. Far fewer require the assistance of PACT but there are 3,000 people in Oklahoma alone who desperately need this help. When they don’t get it — when they are “off their meds” and living on the street — the consequences can be grim. Among the severely mentally ill in the United States:

• The suicide rate for those who are inadequately treated is 10 times the national average.
• Violence is eight times as likely to occur.
• The incidence of HIV/AIDS is 10 times higher.
• Three million are homeless.

The psychiatrist known as “Psych on a Bike” when he lived in Iowa has given up riding his bicycle to visit clients in homeless shelters now that he must ply the narrow byways of Tulsa, but Gerard P. Clancy, M.D., hasn’t given up his passion for taking psychiatry to the streets.

With the PACT team’s help, “The clients do stay on their medications. They get jobs. They live in the community,” Dr. Clancy said. “It’s a win-win for everybody.”

The ultimate step for the client is the life-affirming achievement of landing a job. Two years into the program we had a Thanksgiving dinner for 40 clients,” Dr. Clancy recalled. “One guy stands up and asks that everyone says what he’s thankful for or hopeful for. To a person, those who said they were thankful said it was because they had a job. Those without a job said they were hopeful they’d get a job.”

A study of PACT’s impact on the severely mentally ill in Iowa demonstrates the program’s influence. In a four-year period, 50 percent of PACT clients were never hospitalized, a significant change for a population typically hospitalized for in-patient care three to four times a year. The cost of treating PACT clients also dropped dramatically.

Dr. Clancy said his first 30 PACT clients incurred inpatient care costs of $86,000 per year and outpatient costs of $30,000 before joining the program. The after-PACT costs plummeted to $72,000 in inpatient costs per year. After subtracting the $196,000 cost of operating the program, the savings to the health care system in Iowa was $410,000 per year or $14,000 per client per year.

With the PACT team’s help, “The clients do stay on their medications. They get jobs. They live in the community. They’re happier,” Dr. Clancy said. “It’s a win-win for everybody.”
Cavity-causing Strep Sequence Generated

OU Health Sciences Center Senior Vice President and Provost Joseph J. Ferretti, Ph.D., and research associate Dragna Ajdic, Ph.D., led the team that has completed sequencing the genome of the bacterium responsible for causing tooth decay. Their discovery opens the door for new treatments that could prevent cavities. The bacterium, Streptococcus mutans, is an organism found in the human mouth that has the ability to stick to teeth and produce acid when exposed to sugar and carbohydrates. The acid can dissolve tooth enamel. Other scientists involved in the research, from the Department of Microbiology and Immunology are William McShan, Ph.D.; Robert McLaughlin, Ph.D.; Gorana Savic, Jin-Ling Chang, Matthew Carson and Charles Primeaux.

Dr. Ferretti was the first principal investigator in the nation to be funded by the NIH to determine the nucleotide sequence of a bacterial genome – in this case, Streptococcus pyogenes or Group A streptococcus. Group A causes a wide range of diseases, from the “Strep throat” of children to rheumatic fever, scarlet fever and the exotic “Flo-badh-eating disease,” or necrotizing fasciitis.

Viruses Sleuth IDs West Nile

State health officials learned that West Nile virus (WNV) had infected Oklahoma mosquitoes and had been around since June 2002 after a technique initially developed to test for herpesviruses by forensic virologist Dirk Dittemer, Ph.D., successfully identified the mosquito-borne killer. “We’re very good at finding viruses,” Dittemer said. “We can get a (tissue) sample from anywhere and see if and which viruses are present.” If it’s a known virus, it can be identified within 48 hours; the search for unknown viruses takes longer. The virus-identification program run by Dittemer and his lab is funded through the National Institutes of Health as part of the national biodefense agenda. The goal of the initiative is “to eventually develop a diagnostic test for every known virus” on earth.

Closer to home, Dittemer was asked to check captured mosquitoes for presence of WNV. He found it in two types of mosquitoes, one that enters the state in June and stays through mid-summer and a second that arrives in mid-summer and dies off in the fall. The RNA of the virus was isolated, and after specific amplification of the genetic material and determining its precise sequence, Dittemer’s lab identified the virus as a strain of WNV.

Potential Anthrax Remedy Found

Countering potential bioterrorism is Rodney Tweten, Ph.D., Presbyterian Health Foundation Presidential Professor and George Lynn Cross Research Professor in the Department of Microbiology and Immunology. Tweten’s study of the molecular mechanisms produced by pathogenic bacteria has revealed the basic mechanisms by which these toxins function and has led to the development of potential vaccines and therapeutics for various animal and human diseases. Tweten also turned his attention on anthrax toxin, discovering a potential therapy for both early and late anthrax.

Blood Linked to Pet Snake

How salmonella from a pet boa constrictor found its way into blood administered to two patients receiving blood transfusions is now the subject of a research study being conducted at OU-Tulsa.

“Unlike the other procedures addressing this problem, none work very well and most doctors don’t do them. “We’ve figured out why they don’t work well and are taking a different approach,” he explained. The procedure is being performed on a trial basis.

Gonorrhea Genome Sequenced

David Dyer, Ph.D., professor of microbiology and immunobiology, was principal investigator on a successful project to sequence the genome of Neisseria gonorrhoeae, a pathogen causing approximately 300,000 cases of gonococcal infection in the United States every year. Although the disease in men is typically an uncomplicated urogenital infection, in women it can progress to more serious complications, including salpingitis and pelvic inflammatory disease. There is currently no vaccine to prevent infection, and antibiotic resistance is a continuing clinical and public health problem.

The treatment – targeted radio chemotherapy using L-131 and the drug lipiodal – was performed by nuclear medicine specialist Charles Arnold, M.D., and interventional radiologist Timothy Tyler, M.D., in an angiographic suite of OU MEDICAL CENTER. L-131 is a radioactive agent. Lipiodal is a fatty acid derived from poppy seed oil. Over said lipiodal is much like cooking oil. The agents are introduced into the liver via a catheter through the hepatic artery. Lipiodal, which can be viewed on a CT scan, distributes itself throughout the liver and introduces the radioactive agent there. Because of the oil, the L-131 tends to stay in the liver and kill residual cancer cells. Patients receive the chemotherapy under local anesthesia and stay in the hospital for about 48 hours before resuming their lifestyles. They continue to have their health monitored regularly.
Raymond Cornelison, M.D., chair of the Department of Dermatology, has been elected by his peers to the American Academy of Dermatology as an associate representing 15,000 physicians.

Kent Tague, Ph.D., a cancer researcher at the College of Medicine-Tulsa, has received a three-year seed grant to study the role of interleukin-7, which regulates T-cell proliferation. He is associate professor and holder of the J.C. Todd Cancer Research Chair in the Department of Medicine. The grant comes from the Oklahoma Center for the Advancement of Science and Technology.

These new holders of endowed chairs with the Children’s Medical Research Institute (CMRI) have been named, bringing the total to 11. Newly named are:

David Tuggle, M.D., chief of pediatric surgery, recipient of the CMRI-Paula Milburn Miller Chair in Pediatric Surgery. Dr. Tuggle is chief of pediatric surgery for the College of Medicine-Tulsa. He is the program director for the pediatric surgery residency at OU’s Regional Hospital. His research interests include surgical care of injured and critically ill children, surgically directed ultrasound in children and the treatment of pediatric abdominal compartment syndrome.

Martin A. Taruman, M.D., Ph.D., chief of nephrology, recipient of the CMRI-Wal-Mart/Sam’s Club Chair in Nephrology. Dr. Taruman discovered that kidney cells produce and respond to a small peptide molecule called somatostatin. His NIH-funded research is focused on determining the growth of kidney cells.

Jean Paul Fontaine, M.D., holder of the CMRI-Pediatrics Graduate Medical Education Chair, serves as director of the Pediatric Residency Program. A hematologist/oncologist by training, he is a practicing hematologist and professor of medicine. His lab discovered that kidney cells produce and respond to a small peptide molecule called somatostatin. His NIH-funded research is focused on determining the growth of kidney cells.

As fears increased over the potential for a bioterrorism assault on America, Drs. Bruce Bronson and Greenfield are also co-authors of an investigation in the Southeast Center for Public Health Preparedness program funded by the Centers for Disease Control. Dr Bronson has been professor of medicine and chief of the Department of Medicine since July 2006. His research focuses on bioterrorism and infectious diseases.

Betty Pfefferbaum, M.D., who is director of the Center for the Advancement of Science and Technology. She is associate professor of medicine and director of the journal for the Center for the Advancement of Science and Technology.

The best of the best were recognized with a national award during a spring ceremony at College of Medicine faculty receiving awards vary widely. The awards were presented to the first author of the best article published in the previous year in the field of Clinical Pathology.

Brian Cereza, Ph.D., assistant professor in the Department of Cell Biology, has received a $720,000 grant from the American Cancer Society for a study leading to the development of anti-cancer drugs that don’t attack healthy tissues. Cereza is focusing on a protein called Epithelial Growth Factor Receptor that could be important in identifying molecular markers for the development of new cancer treatments. Certain cancers, such as breast, prostate, ovarian, pancreatic, prostate and cervical, are characterized by the hyperactivation of this protein.

Patient sleepovers at the Sleep Disorders Center in Presbyterian Hospital help researchers understand medical problems that affect a good night’s sleep, including breathing difficulties during sleep, movement disorders that disrupt sleep, problems with breathing, and cardiac disturbances, among other issues. Dr. Bronze has been active in research on all aspects of bioterrorism. Drs. Bronson and Greenfield are also co-authors of a study on the cover of the journal Annals of Thoracic Surgery.

John J. Mulvihill, M.D., chief of pediatric surgery for the Oklahoma Children’s Hospital and recipient of the 2003 Stanton Elson Research Award, has been named chief of pediatric surgery for the Oklahoma Children’s Hospital. Dr. Mulvihill has been a leader in the field of pediatric surgery and has been recognized for his contributions to the field of pediatric surgery.

John M. Mulvihill, M.D., named chief of the Infectious Disease Division at OUHSC for a procedure to correct irregular heart rhythm. Twenty percent of these patients have undergone procedures that failed. The procedure is performed by Dr. Bronze, who is director of the Center for the Advancement of Science and Technology.

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Homer C. Springer, Sr.

I have been retired and live with kind memories nearby. I have many treasured memories of my two years at OKU. But I was surprised that the settlers were not fighting Indians. In-state students had no tuition and out-of-state tuition was $100.00 per semester. Prohibition was on and gangsterism was in full swing. Poverty was rampant. Tarpaper shacks and soup lines were all over. Senior medical students worked the soup lines. Many people would drink anything from canned heat (wood alcohol) to rubbing alcohol. Oklahoma City had 500 cases of so-called “jake leg,” which was apparently caused by alcohol to rubbing alcohol. Oklahoma City had 500 cases of so-called “jake leg,” which was apparently caused by alcohol consumption. In the early years of the University of Oklahoma School of Medicine, students had to be opened for ventilation. I arrived in Oklahoma City at 4 p.m. and thought the upscale Skirvin Hotel almost rejected me as a hobo. It was not an easy decision to accept the invitation. I think the upscale Skirvin Hotel almost rejected me as a hobo. It was not an easy decision to accept the invitation. My name is Homer C. Springer, age 95. I was a member of the class of ‘31. I transferred from the University of Alabama, which had a member of the class of ‘31. I transferred from the University of Alabama, which had 300 cases of what was then known as “jake leg,” which was also known as “wet leg.” In the early days of the University of Oklahoma School of Medicine, students had to be opened for ventilation. I arrived in Oklahoma City at 4 p.m. and thought the upscale Skirvin Hotel almost rejected me as a hobo. It was not an easy decision to accept the invitation. My name is Homer C. Springer, Sr., M.D.

Since it began in 1985, the annual Evening of Excellence has awarded more than $1.5 million in seed grants to young faculty researchers. These small grants have grown into millions of dollars in research grants from the nation’s major funding institutions. The event is also an opportunity to recognize leaders from the civic, medical and foundation communities for their support of the OU College of Medicine. The 2003 honorees were H.E. “Gene” Rainbolt, James D. Funnell, M.D. and the Merrick Foundation, represented by Elizabeth Merrick Coe. Honorees at the 20th annual dinner on Jan. 29, 2004, at the National Cowboy and Western Heritage Museum will be Elizabeth Warren and G.T. Blankenship and R. Timothy Coussons, M.D. Mrs. Blankenship is a past member of the OU Health Sciences Center Board of Visitors and is currently a member of the board of the OU Breast Health Institute and a longtime member of the university’s Heritage Society. For more information about making a planned gift to the OU College of Medicine and becoming a member of the George Lynn Cross Heritage Society, please contact: Kenneth R. Conklin Assistant Vice President and Executive Director University of Oklahoma Office of Alumni and Development 300 Stanton L. Young, Suite 162 Oklahoma City, OK 73117-1208 (405) 271-2300 or Paul Massad Senior Associate Vice President for Development University of Oklahoma Office of Planned Giving 313 Washington Blvd. Norman, OK 73019-5142 (405) 325-3701

Dear Fellow Alumni of the University of Oklahoma Medical School: My name is Homer C. Springer, Sr., M.D. Since it began in 1985, the annual Evening of Excellence has awarded more than $1.5 million in seed grants to young faculty researchers. These small grants have grown into millions of dollars in research grants from the nation’s major funding institutions. The event is also an opportunity to recognize leaders from the civic, medical and foundation communities for their support of the OU College of Medicine. The 2003 honorees were H.E. “Gene” Rainbolt, James D. Funnell, M.D. and the Merrick Foundation, represented by Elizabeth Merrick Coe. Honorees at the 20th annual dinner on Jan. 29, 2004, at the National Cowboy and Western Heritage Museum will be Elizabeth Warren and G.T. Blankenship and R. Timothy Coussons, M.D. Mrs. Blankenship is a past member of the OU Health Sciences Center Board of Visitors and is currently a member of the board of the OU Breast Health Institute and a longtime member of the university’s Heritage Society. For more information about making a planned gift to the OU College of Medicine and becoming a member of the George Lynn Cross Heritage Society, please contact: Kenneth R. Conklin Assistant Vice President and Executive Director University of Oklahoma Office of Alumni and Development 300 Stanton L. Young, Suite 162 Oklahoma City, OK 73117-1208 (405) 271-2300 or Paul Massad Senior Associate Vice President for Development University of Oklahoma Office of Planned Giving 313 Washington Blvd. Norman, OK 73019-5142 (405) 325-3701

A Will to Give

Doing what he can to support the OU College of Medicine comes naturally for Dennis A. Weigand, ‘63 M.D. After all, he’s been doing just that for more than 40 years. First as a medical student, then as a long-time member of the dermatology faculty, Dr. Weigand is now strengthening the future of medical education by providing for the College of Medicine in his estate plan, thus becoming a member of the George Lynn Cross Heritage Society. He and his wife, Janet, ‘61 Nursing, have designated their bequest to the Department of Dermatology.

Their reasons for putting OU in their trust are simple: “We are people who were both brought up to develop strong loyalties to family, institutions, churches, what have you. It’s part of our background,” Dr. Weigand said. “We also take the view that if you receive a significant benefit from something, then you’re obligated to give back.”

As a faculty member for 32 years, Weigand also knows how important private donations to the medical school can be. “Sometimes it means survival,” he said, noting that tax dollars “are in no way adequate” to support all the activities required to provide students with an excellent medical education.

Weigand said it’s also important for donors to make “open-ended” bequests that allow administrators and faculty to use the funds for what’s needed at the time.

“A medical school is changing so rapidly that by the time we are gone, the needs may not be the same as they are now. We have to give the department the flexibility to do what’s necessary. Giving back is something everyone ought to do to the extent they can,” he said. For Dr. and Mrs. Weigand, leaving part of their estate to the College of Medicine is “a way to give back in an enduring way.”

The George Lynn Cross Society was established in 2001 to recognize donors who, through their estate plans, benefit OU for generations to come.

Thoughtful and well-planned gifts designated for the College of Medicine create an opportunity for donors like Dr. and Mrs. Weigand to reach across generations to touch the future of the college and its students.

‘31 Alum Recalls Soup Lines and “Jake Leg”

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Let Us Know About You!

Please take a moment to share some news about yourself in a future issue of OU Medicine.

Complete this form and return it to:

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1000 Stanton Young, Ste.162
Oklahoma City, OK 73117-1208
Or send the information online to:
oumedinfo@ouhsc.edu