

# giving matters



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and CEO  
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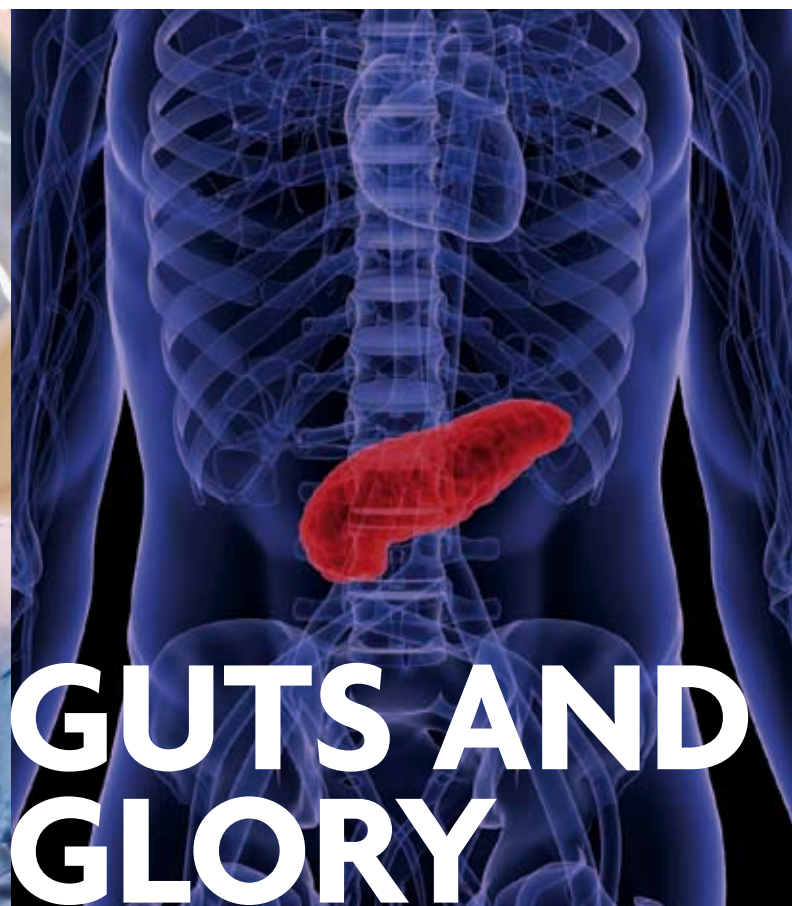
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## GUTS AND GLORY

### MARK CALLERY, M.D.

As a high school student, Mark P. Callery, M.D., had an affinity for furniture making. "It was conceiving something and bringing it to fruition," he recalls of the small projects he used to build. "I just loved doing that." He felt that familiar pull of creativity and detail work again in medical school. "The required technical mastery and the apparent reward of the operating room were just as irresistible for me." It's an attraction that has paid off. Now the chief of the Division of General Surgery at Beth Israel Deaconess Medical Center, Callery is recognized as one of America's top surgeons in the complex and demanding field of hepatopancreatobiliary (HPB) surgery, which tackles problems of the liver, pancreas, and bile ducts.

"I just love the challenge and the degree of difficulty, but also the great reward, of being a pancreatic surgeon," he explains. "I have been very lucky in my career, with a combination of outstanding mentors and being blessed with the necessary abilities that I feel obligated to help people who are up against horrible diseases. While it is extremely difficult work, it is extremely gratifying work when you can help someone who is facing a truly life-threatening issue." With a loyal but small pool of philanthropic funders, Callery has furthered innovative research, advanced training, and perfected techniques to improve outcomes at BIDMC. Although his career has benefited, he stresses that without a cure for the deadly diseases he deals with on a daily basis, continued support is essential to keep him on a successful course.

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# GUTS AND GLORY



## MARK CALLERY, M.D.

### CONTINUED FROM P. 1

When BIDMC recruited him in 2001, Callery had been the chief of General Surgery at the University of Massachusetts Medical Center for five years. He took over as division chief for a hospital in transition. “I understood what the risks were, but surgeons are acclimated to risks,” he says. In 10 years, Callery has built one of the busiest and most successful pancreatic surgery programs in the United States. BIDMC performs more than 250 advanced pancreatic and biliary surgical procedures each year with one of the lowest mortality rates in the country. “Patients come to BIDMC because we also have very strong collaborative relationships with the other services at the medical center, including our advanced endoscopy group, the Pancreas Center, our radiologists, and our medical and radiation oncologists,”

“I just love the challenge and the degree of difficulty, but also the great reward, of being a pancreatic surgeon.”

notes Callery. “We are committed to multidisciplinary decision making and patient care. We innovate.”

Most of Callery’s innovation comes through his treatment of those with pancreatic cancer. In most pancreatic cancer patients, the tumor is often advanced and has spread by the time it is discovered and diagnosed, resulting in an average survival rate of less than one year. For a small percentage of patients, the tumor can be removed by surgery known as the Whipple procedure, or pancreaticoduodenectomy. It is

one of the most complex abdominal procedures and an area of recognized expertise for Callery. This highly specialized operation is proven to be safer at high-volume medical centers such as BIDMC where the clinical outcomes meet or exceed benchmark standards for any hospital in the world.

As a result of Callery’s leadership, all patients follow a clinical pathway or checklist of expected accomplishments during the seven- to eight-day recovery following the Whipple procedure. The attention to detail is improving the quality, safety, and

“I’d be thrilled never needing to operate for pancreatic cancer again. But we are just not there. Until we find a cure—and we will—we must work to make surgery as safe and effective as possible.”

success of this dangerous procedure. “I love helping my patients,” says Callery. “They depend on me for clinical care, but also honesty and comfort. I have a very close relationship with my patients and their families, and I am deeply devoted to them. When they get better, I am happy.”

As Callery drives the division to be the best in the country, his current research is focused on a more comprehensive analysis of quality in high-acuity pancreatic surgery, which suggests high volume and low mortality alone are not sufficiently adequate measures of success.

“We build, refine, and study other quality indicators, such as readmission rates, intensive care unit utilization, lengths of stay, return to work, and others,” he explains. “We believe it’s best to have much deeper and better indicators of actual quality. I’d be thrilled never needing to operate for pancreatic cancer again. But we are just not there. Until we find a cure—and we will—we must work to make surgery as safe and effective as possible.”

Despite his specialty in pancreatic and hepatobiliary surgery, Callery oversees a range of other general

surgical services at BIDMC. “Like most of us, the biggest challenge I face in my work is time,” he says of a hectic schedule that includes three days in the operating room combined with a weekly dose of patient care, administrative duties, medical student and resident education, and clinical research. “I could use at least another six to eight hours in a given day. Apparently, that is not going to become available soon.”

Even with the limited time he has, Callery has earned recognition for his efforts. In 2006 he received the Robert M. Melzer Leadership Award from the BIDMC Board of Directors for his role in the development of the renowned Carl J. Shapiro Simulation and Skills Center and the launch of the hospital’s clinical pathways program. He was also recognized as the top educator in surgery for Harvard Medical School students. Callery stays visible on the national scene and maintains a leadership role in academic HPB surgery. In 2009 he was the president of the American Hepato-Pancreato-Biliary Association and currently

serves as associate editor of *HPB*, the official journal of the International and the American Hepato-Pancreato-Biliary Associations.

Strength and expertise at the helm of this challenging field is crucial because, despite pancreatic cancer being the fourth leading cancer killer in the United States, related research is severely underfunded. “There is a terrible need for additional support,” Callery says. “Any and all donations to our program are going to allow us to utilize the significant strengths that we have built to benefit the patients today and those of tomorrow.” The Pancreatic Cancer Research Fund at BIDMC supports an advanced HPB research fellow and translational research studies. “The disease is terrible,” notes Callery. “If you can get the patients closer to a chance of a cure, you have obviously achieved something remarkable against an incredible enemy.” To learn more or support Callery’s research, visit [www.gratefulnation.org/drcallery](http://www.gratefulnation.org/drcallery). 

## The Best Birthday Present: A Healthy Future



▲ Maeva Stockbridge (left) with her son, Rob, a lymphoma survivor

For young adults, turning 21 years old is often a cause for celebration. On his 21st birthday, Rob Stockbridge was diagnosed with Stage 4 Hodgkin’s lymphoma. It was a surreal moment he will never forget. “When we found out, that was definitely scary,” he says. “I can remember there were only a handful of times I really got flustered and broke down. I tried to stay positive. I just felt like always in the back of my head, no matter what it is, I am going to beat it.”

The young athlete had known something was wrong with his body, but initial tests revealed nothing. It wasn’t until almost a year later that an MRI exposed a 12-centimeter mass in his leg. His mother, BIDMC ultrasonographer Maeva Stockbridge, read the scan at home. “I couldn’t breathe,” she recalls of that moment. Maeva and her husband, Bob, immediately took Rob to BIDMC where subsequent tests determined the frightening diagnosis. “It was

in every bone in his body,” she says. “It was in his liver. It was in the mesenteric. It was absolutely everywhere.” Under the care of oncologist Robin Joyce, M.D., he started an aggressive chemotherapy regimen, and a few months later the lymphoma was gone.

Dealing with the life-altering diagnosis has been difficult for Rob, but his experience at BIDMC was unforgettable. “I wouldn’t choose any other hospital in the world now after going through what I went through and how everything was handled,” he says. “I am so grateful for the doctors I had.” Since they were unable to celebrate his 21st birthday, the Stockbridge family threw Rob a bash for his 22nd birthday last December and raised \$1,400 to update the family waiting room on Feldberg 7. “It would just be nice to have it be as comfortable as possible when you are there,” says Rob, who hopes to continue raising funds for the department that saved his life. 



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## LETTER FROM THE SENIOR VICE PRESIDENT OF DEVELOPMENT

Dear Readers,

We are embarking on an exciting time of change and opportunity at the medical center. Last month we had the pleasure of welcoming new president and chief executive officer (CEO), Kevin Tabb, M.D., (page 6) to BIDMC; in addition, John M. Fogarty, FACHE, was named president and CEO of Beth Israel Deaconess Hospital–Needham (page 7). Both leaders are well positioned to make an immediate impact on our organization as a whole—and the timing for their arrival couldn't be more perfect. The end of September marked the conclusion of a tremendously successful fiscal year. With generous support from our donors, we raised approximately \$37.1 million in FY'11, our highest total since FY'08. We also raised \$8.5 million in unrestricted funds—a 70 percent increase from FY'10 and our highest unrestricted total ever. As we look forward to FY'12 and this new era of leadership at BIDMC, contributions like these will be essential to support the partnerships and programs that Dr. Tabb identifies as priorities.

In this issue of *Giving Matters*, we highlight some of the nationally recognized, groundbreaking work being done in cancer research and care at BIDMC. At the research end, Lewis Cantley, Ph.D., director of the Cancer Center, is making marked progress in developing new and improved breast cancer treatments (page 10), and on the clinical side, Mark Callery, M.D., chief of the Division of General Surgery, continues to exceed benchmark standards for treating pancreatic cancer (see cover story). Our scientists have also earned some prestigious awards, including two Prostate Cancer Foundation Challenge Awards (page 16) and three Sidney Kimmel Foundation Scholar Awards (page 8). We are extremely grateful to all of our donors who support this innovative work, and as we head toward the close of 2011, I hope you, too, will consider BIDMC in your end-of-year donations.

Sincerely,

Kristine C. Laping



### Grateful Nation Makes It Easy for People to Share and Express Their Gratitude.

While this expression can take many forms, one of our favorites is receiving grateful letters from the Nation. We are pleased to share some of these letters with you in the hope that one thanks will lead to another and we'll create an unending cycle of gratitude.

*Want to share your gratitude too?*

*E-mail us at [gratefulnation@bidmc.harvard.edu](mailto:gratefulnation@bidmc.harvard.edu) or visit [www.gratefulnation.org/lettersfromthenation](http://www.gratefulnation.org/lettersfromthenation).*

I'm very grateful for our amazing staff who joined in a collective effort to pull off an impromptu wedding ceremony for the daughter of a terminal patient who wanted nothing more than to see her daughter get married. The ceremony was held at the patient's bedside. It made me so grateful and proud (more than usual) to work in such a great place with such great people.

Sincerely,  
Sarah P.

Our son was treated by members of BIDMC's Thyroid Center, including Dr. Hennessey and Dr. Hasselgren. Our son received excellent care, not only from his doctors but from the entire hospital staff. We also appreciate the kind attention and consideration given to family as we waited out the surgery and recovery period. Our decision to proceed with treatment at BIDMC was a result of resident Andrew Schutzbank, an excellent ambassador for the medical center. In recognition of Andrew's role in our son's care, we are pleased to make a gift to the General Medicine and Primary Care Fund.

Sincerely,  
Jerry and Trudi K.

Dear Dr. DeAngelis,

Thank you for your willingness to accept my mother as a patient at BIDMC. You were a Godsend, and I can see why the word "Angel" sits within your name. I am not sure where my mother would be today were it not for your help and that of Dr. Ayers and the rest of the staff at BIDMC. On behalf of my mother, her six children and nine grandchildren, I cannot thank you enough. My mother is everything to me and after losing my father earlier this year, I do realize that time is truly precious.

My sincerest appreciation,

Susan G.

The day of my hip replacement went as smooth as silk. I was prepped by efficient and very pleasant staff and before I knew it, I was awake and in my bed. I was in your hospital for three days, and I cannot begin to tell you how terrific your staff is, from housekeeping to nurses to therapy to doctors. I wanted to express my feelings and how I had a wonderful experience despite the hip.

Many thanks,  
Carol S.

# ASK THE EXPERT

with Ionita Ghiran, M.D.



**IONITA GHIRAN, M.D.**  
The Bill & Melinda Gates Foundation awarded Ionita Ghiran, M.D., an investigator in the Division of Allergy and Inflammation at BIDMC, a \$100,000 Grand Challenges Exploration Grant to support his development of a novel device to detect malaria, a serious parasitic disease transmitted by infected mosquitoes.

**Q.** I recently read that diagnosing, much less treating, malaria is still a huge problem around the world. Why is diagnosis still such a challenge globally?

**A.** A child dies of malaria every 25 seconds. That is a very harsh reality. Three million kids under the age of five are dying of malaria every year. Only dehydration and starvation are worse than malaria. It is a huge problem, and I don't think people grasp the concept.

A rapid and accurate diagnostic is required for the effective management of malaria but that requires trained hematologists and high-quality microscopes, which poor countries cannot easily afford. Moreover, one of the major symptoms of malaria is fever, which is common for a lot of other diseases. Therefore, if a child comes down with a fever in countries where malaria is widespread, it is automatically assumed that it is malaria, and with few or no tests, he will receive an antimalarial drug. But in the majority of cases, it is not malaria. And by treating fever with anti-malarial drugs, you actually create resistant strains of malaria that in the near future would become almost impossible to treat.

In the Division of Allergy and Inflammation at Beth Israel Deaconess Medical Center, I am studying red blood cell membrane deformability and the interaction between red blood cells and magnetic fields. For the past two years, I have been closely collaborating with Pierre Striehl, Ph.D., of the Harvard School of Dental Medicine, who specializes in interactions between magnetic fields and cells using proprietary microfluidic systems. We discovered that the slightly different magnetic signature of malarial-altered red blood cells could be used as an affordable means to identify, quickly and accurately, malaria-infected cells from normal red blood cells. As a side project using Pierre's devices, we developed a handheld device that uses less than a microliter of blood based on the principles of magnetic levitation. This device is able to image and

identify subpopulations of red cells containing Plasmodium-altered hemoglobin using just the camera of a regular cell phone.

Unfortunately, screening for malaria is only a small part of a very large problem. If you use our device and determine that it is likely that the child has malaria, the blood must be further analyzed by a professional hematologist, which as I mentioned, is not always an option in poor countries. The child will then require specific treatment and will need to be seen by a trained physician for months to come. If the child is able to afford treatment, there is also the real possibility that he may receive counterfeit anti-malarial drugs, which constitute approximately 40 percent of the anti-malarial drugs available in Southeast Asia and Africa. A child diagnosed with malaria taking counterfeit anti-malarial drugs will then die within a short period of time.

Thanks to a grant from the Bill and Melinda Gates Foundation, we are hoping in about a year to send the device to Africa to test the sensitivity and specificity of our detection method using blood from people who are infected with malaria. This award allows us financially to develop an idea that otherwise we could not. What we tackled represents less than five percent of the problem, but you have to start somewhere. ●



## The Charitable Gift Annuity—an annual income for life!

Interested in a sound way to turn assets into income and support the work of BIDMC? Now is the time to explore a charitable gift annuity. A charitable gift annuity is a contract between you and BIDMC that provides an income tax deduction and allows you to receive fixed income for life at an attractive payment rate (*see chart*).

### SAMPLE INCOME BENEFITS AND CHARITABLE DEDUCTIONS FOR A \$10,000 GIFT\* (One-Income Beneficiary)

| Age | Annuity Rate | Annuity Amount | Charitable Deduction |
|-----|--------------|----------------|----------------------|
| 65  | 5.3%         | \$530          | \$3,063              |
| 70  | 5.8%         | \$580          | \$3,605              |
| 75  | 6.5%         | \$650          | \$4,162              |
| 80  | 7.5%         | \$750          | \$4,685              |
| 85  | 8.4%         | \$840          | \$5,446              |
| 90  | 9.8%         | \$980          | \$6,046              |

\*This information is for illustrative purposes only and not intended as tax or financial advice. Please be sure to consult a financial advisor prior to making a gift.



### Benefits of a Charitable Gift Annuity

- Annual, fixed income for life
- An immediate income tax deduction
- The knowledge that your gift supports BIDMC's outstanding patient care, leading-edge research, and exceptional medical education

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#### LEADERSHIP SPOTLIGHT

## KEVIN TABB, M.D.

### Beth Israel Deaconess Medical Center Names New President and Chief Executive Officer

**The Board of Directors of Beth Israel Deaconess Medical Center announced in September that Kevin Tabb, M.D., would become the next president and chief executive officer (CEO) of Beth Israel Deaconess Medical Center.**

Tabb comes from Stanford Hospital & Clinics in Stanford, CA, where he was chief medical officer (CMO), and he assumed leadership of the medical center on October 17.

“We are thrilled to bring such a talented, thoughtful leader with a unique combination of skills to head our medical center,” says BIDMC Board Chair Stephen Kay. “The landscape of health care is shifting at unprecedented speed, and it is critical that the medical center has a president and CEO who can skillfully guide us through the significant challenges we face. As a physician with an extensive track record in hospital administration and business, Kevin Tabb has a deep understanding of integrated health care delivery that will keep BIDMC at the forefront of quality care.”

Tabb succeeded Eric Buehrens, who was interim president and CEO since January.

“On behalf of the entire Board of Directors, I extend enormous appreciation to Eric Buehrens for his skillful leadership during this time of transition,” notes Kay. “Along with his management team, Eric navigated us through this year with careful thought and a steady hand, and for that we are very grateful.”

As the CMO at Stanford, Tabb had broad strategic and operational responsibilities, which included physician network strategy; clinical quality and patient safety initiatives; regulatory and medical staff affairs; and graduate and continuing medical education. He was previously chief quality and medical information officer at Stanford, where he oversaw primary care, outreach clinics, and the Stanford Cancer Center. Prior to joining Stanford, Tabb led the Clinical Data Services division of GE Healthcare IT.

Tabb, who is 47, received his M.D. from Hebrew University–Hadassah Medical School in Jerusalem, Israel, as well as his undergraduate degree from Hebrew University. He completed his residency in internal medicine at Hadassah Hospital. Raised in Berkeley, CA, Tabb emigrated to Israel at the age of 18 and served in the Israel Defense Forces, the country’s military service.

“I am extremely honored to be selected to lead Beth Israel Deaconess Medical Center at such a critical time. It is one of only a few institutions that truly combine the highest standards of clinical quality and a deep commitment to compassionate patient care with a track record for outstanding research and education,” says Tabb. “As our nation moves ahead with health care reform, these tremendous strengths will be a great asset. I have been very impressed with everyone I have met thus far at Beth Israel Deaconess and look forward to working with leadership and the entire organization on the next chapter in their long history of excellence.”

The broad-based 15-member search committee for BIDMC’s new president and CEO included representatives from all areas of the medical center community, including boards, staff, clinicians, and community partners. The national search, managed by Witt/Kieffer, was conducted over a seven-month period. “Kevin Tabb had all the right experience, leadership qualities, and educational attributes we were looking for in a new CEO,” notes Margaret McKenna, chair of the search committee. “Moreover, he impressed everyone he met here with his commitment to the unique culture of BIDMC and with his innate warmth. We received more than 150 nominations of distinguished health care leaders for this position, and we are confident we found someone who is the right fit for the times.”

*Look for more on Kevin Tabb, M.D., in the next issue of Giving Matters.*

## LEADERSHIP SPOTLIGHT

# JOHN M. FOGARTY, FACHE

## New President and CEO of BID–Needham

**The Board of Trustees at Beth Israel Deaconess Hospital–Needham recently appointed John M. Fogarty, FACHE, the hospital's new president and chief executive officer (CEO).**

Fogarty, who served as BID–Needham's interim president and CEO since February 28, was previously CEO at St. Joseph Health Services of Rhode Island and executive vice president and chief operating officer of the CharterCARE Health Partners system.

### **How does it feel to be named president and CEO of Beth Israel Deaconess Hospital–Needham?**

It is just great. I had the advantage of having an interim period, where I was able to become comfortable with the organization, settle in, and get acquainted with the wonderful people here. While I am sure there will be learning points along the way, I think BID–Needham has tremendous potential and that is a big part of the reason I stayed.

### **What potential do you see at BID–Needham that excites you?**

I think the hospital is well positioned for the coming changes in the field such as accountable care organizations. I foresee that much of the lower complexity clinical work will migrate out of the medical centers in Boston and into the community. We have strong potential in outpatient surgery. We have a great location, new facilities, a strong medical staff, a committed board, and an affiliation

with a world-class academic partner. Very few community hospitals can make all these claims. We also have tremendous philanthropic support and continue to show momentum in this area with contributions from donors like the Derenzo family, who supported four new inpatient rooms (see page 19), and Inga Mahler, who gave a generous unrestricted gift this year. What we will do in the next three to five years is continue to actualize all of that potential so people will feel that, for services that are appropriate to be delivered in a community setting, they won't need to go anywhere else.

### **What are some of your goals for BID–Needham moving forward?**

I would like to build on our outpatient surgical program. Our program is very good, but it could be broader in terms of its activity. I would also like to see more connectedness between BID–Needham and Beth Israel Deaconess Medical Center. Most of my career has been getting groups together to work toward a common strategy. I will focus a lot of that experience on continuing to strengthen the Needham–Medical Center relationship. In areas like quality, compliance, human resources, and IT, I want to make sure we are



as well coordinated as we can be. We also have a wonderful opportunity for collaboration in the launch of the new cancer center in Needham. With groundbreaking slated for this spring, this state-of-the-art, three-story, 30,000-square foot facility will consolidate BIDMC's west suburban cancer services and allow BID–Needham to expand its surgical and related care.

### **What do you predict will be your biggest challenge?**

The general uncertainty of health care is always a major challenge. We don't really know what might happen in Washington in the next three to six

months. The potential for change in health care is enormous, now more than ever. To be successful, you have to be able to live in that environment. I have been in the field for 25 years. I wouldn't have been here this long if I didn't enjoy the challenge of having to rethink what we are doing and alter strategy as needed. It certainly keeps the mind working and the blood pumping. ●

## MATCHED DOUBLES

Thanks to a generous donor who has stepped forward with a **\$100,000 Matching Gift Challenge**, every dollar that you donate to the BIDMC Annual Fund between now and December 31, 2011 will double in value. That means your gift will go twice as far in helping the Medical Center provide the very best health care to each of us—you, me, neighbors, family, friends, and others in need.

**Please make your gift today!**

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330 Brookline Avenue (BR)  
Boston, MA 02215

Visit [www.gratefulnation.org/newsofnote](http://www.gratefulnation.org/newsofnote) for more.

## A CUT ABOVE

In August, **BIDMC** treated its 2000th patient with the CyberKnife® Robotic Radio-surgery System. The first center in New England to offer the CyberKnife System, the medical center achieved this significant milestone in less than six years. BIDMC's **Keith C. Field CyberKnife Center** has used this minimally invasive technology to treat an average of 450 patients per year with a wide range of brain tumors and other conditions.

## NOTABLE NEW NEUROSURGEON

On October 1, **Ron L. Alterman, M.D.**, became the new chief of the Division of Neurosurgery in the **Roberta and Stephen R. Weiner Department of Surgery** at BIDMC. Coming from the Mount Sinai School of Medicine, Alterman is an international expert on deep brain stimulation (DBS) and has performed nearly 1000 DBS implants for the treatment of tremor, Parkinson's disease, and dystonia.

## THE IT FACTOR

**BIDMC** has been named the top-ranked health care information company in the nation—and 12th overall—in this year's **InformationWeek 500**, a list of the top technology innovators in the United States. The *InformationWeek 500* rankings are unique among corporate rankings as it spotlights the power of innovation in information technology, rather than simply identifying the biggest IT spenders.

## IN A NEW VEIN

In August, **Marc Schermerhorn, M.D.**, was named the new chief of the Division of Vascular and Endovascular Surgery in the **Roberta and Stephen R. Weiner Department of Surgery** at BIDMC. At BIDMC, Schermerhorn has been an international leader in the field of clinical effectiveness research with a particular focus on the impact of new endovascular therapies for aortic aneurysm repair.

# Kimmel Scholars on the Pathway to More Targeted Cancer Treatments



▲ Catherine Yan, Ph.D., Antoine Karnoub, Ph.D., and Wenyi Wei, Ph.D.

Cancer has long evaded attempts to destroy it. Researchers at Beth Israel Deaconess Medical Center (BIDMC) are constantly working to improve their understanding of the molecular signatures of the disease in order to design more targeted therapies. The results of their efforts have not gone unnoticed. In the last five years, three young investigators at BIDMC have earned the prestigious Kimmel Scholar Award, a \$200,000 grant for cancer research funded by the Sidney Kimmel Foundation for Cancer Research.

Each year a distinguished medical board of advisors provides 15 two-year research grants to the nation's most promising young cancer researchers. The goal of the program is to improve the basic understanding of cancer biology and to develop new methods for the prevention and treatment of cancer. At BIDMC, Antoine Karnoub, Ph.D., Wenyi Wei, Ph.D., and Catherine Yan, Ph.D., each earned the honor. "There is a major focus on cancer research at BIDMC and the awards are in recognition of our efforts," Wei says.

The Kimmel Scholars Program is well regarded among young researchers because of the competition and the value of funding early in a career. "To me this was the highest honor I could get," Karnoub says. "I think it's the highest honor that any young investigator can get."

Wei received the honor in 2007 for his work on Skp2, a protein that is over-expressed in breast and prostate cancers. He proposed to evaluate whether targeting Skp2 could suppress breast cancer development. He is investigating whether Akt inhibitors, which promote cell survival and result in a significant decrease in Skp2 expression, could lead to breast cancer cell death and therefore a more targeted treatment.

In 2010, Karnoub earned recognition for his work on the role of stem cells in the metastatic spread of breast cancer. Through his research, Karnoub discovered that mesenchymal stem cells (MSCs) are attracted to tumor cells as a healing response. But when MSCs come in contact with the cancer cells, they become activated and ultimately promote metastasis.

Currently, he is focused on what happens to the cancer cells as they become activated by the MSCs. "We are trying to understand how cancer cells can acquire the ability to become invasive, to become aggressive, to become malignant, and to become metastatic," he says.

This spring, Yan earned the award for her focus on the function of the DNA double strand break (DSB) repair pathway, non-homologous end joining (NHEJ). Abnormal NHEJ combined with the loss of p53, a crucial protein that either initiates cell death or stops a damaged cell from multiplying until a repair pathway can fix it, has shown to impact the development of cancer. Yan is hoping to use alternative approaches to identify key components of this major pathway to further understand cancer initiation. "When you have this kind of philanthropy it is a real career trajectory for you to be able to innovate," Yan says. "This gives you the capacity to move your projects forward very quickly." ●

# GRATEFUL NATION PUTS BIDMC DOCS IN THE SPOTLIGHT

The A Reason To Ride bike-a-thon presented by Fuddruckers is an annual fun, family-friendly event that supports cancer care and innovative research at Beth Israel Deaconess Medical Center. Neuro-oncologist Eric T. Wong, M.D., and orthopaedic surgeon Mark Gebhardt, M.D., two talented physicians who benefit from the funds raised through the event, understand the value of fundraising and participate each year to support each other and the cause. It is never too late to support A Reason To Ride. Visit [www.gratefulnation.org/areasontoride](http://www.gratefulnation.org/areasontoride) and make your gift today!



CO-DIRECTOR OF THE BRAIN TUMOR CENTER

## ERIC T. WONG, M.D.

*“Brain tumor is a tough disease because, unlike other malignancies, you are dealing with the brain so patients cannot think straight. Whatever we can do to control the tumor while at the same time maximizing the patient’s function is a plus so they can continue to be productive members of society and enjoy their lives and their families.”*

As the co-director of the Brain Tumor Center at BIDMC, Eric T. Wong, M.D., is constantly juggling a balance of leading-edge research and compassionate care. Maintaining the quality of life of his patients is the mission of this physician-researcher, who works to develop best treatment practices in the lab but also on building social programs and support for those in need.

Currently, Wong and his team are focused on identifying specific biomarkers in brain tumor patients in order to potentially identify which new drugs will work best in particular patients based on those results. Also, based on research from Wong’s lab, Novocure recently received U.S. Food and Drug Administration approval for a medical device which provides treatment for adult patients with glioblastoma multiforme brain tumors following tumor recurrence after chemotherapy. The device is a first-of-its-kind option for patients battling the aggressive brain tumor and allows them to receive a non-invasive alternative treatment while maintaining a more normal lifestyle.



To learn more about the work of Eric T. Wong, M.D., or to support his research, please visit [www.gratefulnation.org/drwong](http://www.gratefulnation.org/drwong).



CHIEF OF THE DEPARTMENT OF ORTHOPAEDIC SURGERY

## MARK GEBHARDT, M.D.

*“My vision was to build a first-class orthopaedic department with excellence and efficiency in patient care of adult orthopaedic patients in an academically stimulating environment of teaching and research. I am committed to expanding this outstanding department clinically and making it one that residents will want to train in.”*

Mark Gebhardt, M.D., assumed the role as the chief of the Department of Orthopaedic Surgery at BIDMC with a skeleton staff. He rebuilt the department from scratch by hiring a young, vibrant team and watching them grow and thrive. Since his arrival, the Department of Orthopaedic Surgery has expanded to 15 surgeons, two non-operative physicians, and nine residents, and its surgical volume has increased from two percent to nearly 25 percent of the total operating room volume of the medical center.

Gebhardt understands the value of fundraising to facilitate the groundbreaking research and clinical care that ultimately makes the difference in treating various orthopaedic conditions. With support from funds in the Sarcoma Project, he takes samples of sarcomas to study in the lab to identify biological markers and hopefully uncover more targeted therapies. As an avid cyclist, he has assembled a team in the A Reason To Ride bike-a-thon for the last three years.



To learn more about the work of Mark Gebhardt, M.D., or to support his research, please visit [www.gratefulnation.org/drgebhardt](http://www.gratefulnation.org/drgebhardt).



# PERSONALIZED BEST

## Breast Cancer Researchers Get Results with Tailored Treatments

Although we are fighting a war on breast cancer that is widespread and all-too-familiar, the weapons in our scientific arsenal have become much more focused and innovative. With the horrendous physical side effects of broad chemotherapy treatments, researchers have narrowed in on understanding all cancers at a molecular level, with the goal of identifying specific targets to treat each patient's unique disease. At Beth Israel Deaconess Medical Center (BIDMC), published research and ongoing investigations on breast cancer pathology are leading to exciting clinical trials and the potential for new and increasingly tailored therapies for patients.

"We all believe that in order to cure cancers, first of all we need to personalize them," says Lewis Cantley, Ph.D., director of the Cancer Center and chief of the Division of Signal Transduction at BIDMC. "We need to identify biomarkers that tell us what type of cancer the patient actually has. Divide and conquer has been the approach that is starting to work."

*"We have this enormously strong, broad excellence in basic cancer research."*

— Gerburg Wulf, M.D., Ph.D.

Today, one in eight women is diagnosed with breast cancer. Approximately 200,000 new cases of the disease are diagnosed each year in the United States. Due to the overwhelming statistics, there is a constant push for new and improved therapies for patients. Funding for breast cancer research is extensive, but competition for the funding is intense. At BIDMC, researchers have caught the attention of some prestigious charitable organizations aimed at finding a cure for the disease. Grants from Stand Up to Cancer, The Breast Cancer Research Foundation, the Avon Foundation, and the Damon Runyon Cancer Research Foundation have supported their ground-breaking work.

"We are in a fortunate position here at Beth Israel Deaconess because we have this enormously strong, broad excellence in basic cancer research," says Gerburg Wulf, M.D., Ph.D., who develops animal models for breast cancer investigations and clinical trials at BIDMC. "That's really what makes it very exciting to be here. We can translate from basic approaches to mouse models, and hopefully those medicines that we develop there will translate to the human condition when we develop clinical trials."

Breast cancer is divided into three major subgroups: ER-positive, HER2-positive, and triple-negative. By targeting these specific areas for treatment, deaths from breast cancer have declined over the last 10 years. But ultimate success is not that simple. "As we look deeper and deeper, we need to divide into smaller and smaller subgroups in order to identify drug combinations that are likely to work for a specific patient," Cantley says.

While a number of researchers are working on breast cancer pathology at BIDMC, Cantley is doing the most widely publicized work as part of a three-year, \$15-million Stand Up to Cancer grant. Stand Up to Cancer is a charitable initiative created by the Entertainment Industry Foundation aimed at getting new and improved cancer treatments to patients in an accelerated time frame. Cantley is the lead investigator of a seven-institution, 20-person multidisciplinary "dream team" with this goal. A year and a half into the program, he is seeing results from the bench translate into exciting new clinical trials.

"They wanted to change the culture of cancer," Cantley says of the foundation. "They didn't want one scientist at one institution to try his best to cure cancer and another scientist competing at another institution to try her best to cure cancer. They wanted people to collaborate. One person can't cure cancer, but rather teams of people with complementary expertise need to get together and try to cure it across institutions."

Cantley and his colleagues are focused on developing new approaches to more accurately predict which patients will respond positively to inhibitors of the molecular pathway called phosphoinositide 3-kinase, or PI3K. Cantley's discovery of PI3K in the mid-1980s led to one of the most promising avenues for the development of personalized cancer therapies in the pharmaceutical industry. Through his research, he has uncovered that genetic abnormalities in the PI3K pathway play a major role in women's cancers, particularly breast cancer.



Lewis Cantley, Ph.D. (far left); Xiao Zhen Zhou, M.D., and Kun Ping Lu, M.D., Ph.D. (above); Gerburg Wulf, M.D., Ph.D. (right)

By identifying the various abnormalities that are present in cancers, the researchers can target the cells with specific drug combinations. Based on results from Wulf's mouse model studies, at least one drug combination is already in the clinical trial phase. But one drug mixture will not be enough. "One combination may work for five percent of the breast cancer patients, but for another 10 percent we will need a different combination," notes Cantley.

*"Stand Up to Cancer wanted people to collaborate. One person can't cure cancer, but rather teams of people with complementary expertise need to get together and try to cure it across institutions."*

— Lewis Cantley, Ph.D.

This year The Breast Cancer Research Foundation gave Cantley and Wulf a \$200,000 grant to further investigate additional mutations that might suggest novel combination therapies. "We are leveraging the smaller grants in order to get the background experience so that we have enough information and accessibility to drugs that we can have an impact in the clinic," says Cantley. "It is creating the infrastructure that allows future work to happen."

Foundations are supporting a number of innovative areas of focus in breast cancer research at BIDMC. Supported by a \$156,000 grant from the Damon Runyon Cancer Research Foundation, Cantley is also investigating the role of the sugar glucose in tumor cell growth. "The tumor uses the glucose to make biosynthetic materials in order for it to grow," he says. "It is a fact that the tumor is consuming glucose at a high rate and that allows it to grow faster than the surrounding tissue." His work, which will be the subject of an upcoming

60 Minutes segment and has been highlighted in a *New York Times* article, is focused on the advantages that glucose provides the tumor and the correlation between diabetes and obesity, and endometrial, breast, colorectal, pancreatic, and prostate cancers.

Thanks to a \$300,000 grant from the Avon Foundation, Wulf is investigating whether viral infections that occur during adolescence, such as mononucleosis, might signal a greater risk for later breast cancer development. She is taking healthy breast cells and exposing them to the mononucleosis virus to study what genetic changes might occur. "The Avon Foundation pursues ideas that others might find somewhat off the beaten path," says Wulf. "The foundation was willing to spearhead a totally new concept. They were willing take the risk—give out funding for a project where the risk is higher but the innovative potential is also much higher."

Cantley and Wulf are just two of the many BIDMC researchers who continue to make inroads in understanding breast cancer. Ten years ago Kun Ping Lu, M.D., Ph.D., and Xiao Zhen Zhou, M.D., discovered PinX1, the first endogenous protein shown to inhibit telomerase in mammals. Telomerase is activated in 85 to 90 percent of human cancers, including breast cancer. Earlier this year with help from a \$600,000 grant from the Susan G. Komen Foundation, Lu and Zhou published research that suggested low levels of PinX1 contribute to cancer development. It was the first evidence that linked telomerase activation to chromosome instability, and subsequently, cancer growth. Their research suggested that telomerase inhibition using PinX1 could potentially be used to treat breast cancers with activated telomerase. Zhou and Lu are currently investigating this idea.

The future of breast cancer treatment has its foundation in this basic but detailed research. While a definitive cure is always the goal, the scientists see much promise in the idea of inhibiting the growth and spread of cancer with a particular combination of therapies to make it more manageable. Wulf likens the approach to treating a chronic viral infection with a cocktail of antiviral drugs. Cantley agrees. "I think over the next 10 or 20 years, the most progress will be made in approaches that give us the ability to manage the cancer for many years," says Cantley. "Much in the way we keep diabetes in control and we keep AIDS in control, it would be keeping the cancer in control and keeping people happy and healthy." ●

# ON THE SCENE

## CRITICAL VOICES: WHAT IF THE BODY HAD ITS OWN GPS SYSTEM?

JUNE 2, 2011

The Board of Overseers welcomed close to 200 guests to the second Critical Voices program exploring the future of surgery for both patients and clinicians. The evening included an intelligent discussion among panelists: Henrik I. Christensen, Ph.D., KUKA Chair of Robotics and director of the Center for Robotics and Intelligent Machines at Georgia Institute of Technology; William J. Federspiel, Ph.D., professor of bioengineering at the University of Pittsburgh; David Mooney, Ph.D., Robert P. Pinkis Family Professor of Bioengineering at Harvard University's School of Engineering and Applied Sciences; Frank T. Gentile, Ph.D., senior vice president of research at Hambrecht & Quist Capital Management; and Michael B. Yaffe, M.D., Ph.D., professor at the Koch Institute for Integrative Cancer Research at MIT. The panel was moderated by Elliot L. Chaikof, M.D., Ph.D., chair of the Roberta and Stephen R. Weiner Department of Surgery at BIDMC.

- 1 Elliot Chaikof, M.D., Ph.D.
- 2 Janet and Jim Dougherty, Maria and Gunther Winkler
- 3 Myra and Morton Zisk
- 4 Elliot Chaikof, M.D., Ph.D., Sid Queler, Lisa Franks
- 5 Shirley Grossman, Mary Ellen Grossman



## BRIDGING THE CROSS-CULTURAL DIVIDE IN HEALTH CARE, THE PARTNERSHIP

JUNE 2, 2011

## DIVISION OF GENERAL MEDICINE AND PRIMARY CARE GRAND ROUNDS

JUNE 3, 2011

Distinguished orthopedic surgeon and Harvard Medical School professor Augustus A. White III, M.D., Ph.D., was the speaker at two BIDMC events in June. In recognition of his most recent book, *Seeing Patients: Unconscious Bias in Health Care*, White spoke about overcoming health care disparities and advancing diversity in medical leadership and education at an intimate reception co-hosted by The Partnership, Inc. and BIDMC's Office of Multicultural Affairs, and at Grand Rounds at BIDMC as part of Katherine Swan Ginsburg Medical Humanities Week.

- 6 Rafael Campo, M.D., Augustus White III, M.D., Ph.D., Beverly Edgehill, M.D., Mitchell Rabkin, M.D.





## DINNER CELEBRATING PIER PAOLO PANDOLFI JUNE 7, 2011

BIDMC overseer Sheldon Simon and his wife, Ruth Moorman, hosted a dinner at Mistral Bistro in Boston's South End to celebrate Pier Paolo Pandolfi, M.D., Ph.D., director of the BIDMC Cancer Genetics Program, winning the 2011 Pezcoller Foundation–AACR International Award for Cancer Research. More than 30 supporters of BIDMC's Cancer Center, members of the International Cancer Advisory Board, and renowned BIDMC physicians and researchers attended. The event also featured special guest, Rusty Robertson, co-founder of Stand Up To Cancer.

- 7 Wally Gilbert, Dalia Al-Othman, Mark Zeidel, M.D., Lewis Cantley, Ph.D.
- 8 Ruth Moorman, Sheldon Simon
- 9 Barbara and Jon Lee
- 10 Rusty Robertson, Barbara Janson, Art Hilsinger
- 11 Sheldon Simon, Pier Paolo Pandolfi, M.D., Ph.D.



## CHENG & TSUI CENTER DEDICATION EVENT JUNE 9, 2011

More than 60 people gathered in the Leventhal Conference Center for the dedication of the new Cheng and Tsui Center for Integrative Care, part of Healthcare Associates. Vice Chair of the Board of Trustees Jill Cheng and her husband, Hung, whose generous gift made the center possible, were in attendance along with their friends and family, members of the Integrative Care Advisory Group, and members of the BIDMC community. Speakers at the event included Russell S. Phillips, M.D., chief of the Division of General Medicine and Primary Care at BIDMC; Kim Ariyabuddiphongs, M.D., director of the Cheng and Tsui Center for Integrative Care; and Ted Kaptchuk, director of the Program in Placebo Studies, along with BIDMC Board members Ted Ladd and Jim Heffernan.

- 12 Helen Chin Schlichte, Jennifer Potter
- 13 Robert and Leslie Stacks, Jill and Hung Cheng
- 14 Constantine Tsomides, Jill Cheng, Diana Tsomides, Alexa Fleckenstein, M.D., Hung Cheng
- 15 Kathryn Bloom, Stephanie Fan, Leslie and Robert Stacks, David and Fan Hannon
- 16 Russell Phillips, M.D.; Kim Ariyabuddiphongs, M.D.; Jill and Hung Cheng
- 17 Members of the Integrative Care Advisory Board



## AN INTIMATE EVENING OF CHAMBER MUSIC JUNE 13, 2011

For the second year in a row, Steve Kay, chair of the BIDMC Board of Directors, and his wife, Lisbeth Tarlow, welcomed members of the BIDMC and Dana-Farber Cancer Institute (DFCI) communities to their home for an intimate evening of chamber music featuring Steven Ansell and Rachel Fagerburg of the Boston Symphony Orchestra along with members of the Muir String Quartet. More than 50 people attended this unique concert in support of the Bowdoin Street Health Center Fund at BIDMC and the Patient Navigator Program at DFCI.

- 18 Ed and Carole Rudman
- 19 Lucia Lin
- 20 Chamber music performance
- 21 Steve Kay, Lisbeth Tarlow, Michael Bernstein



## COMPLEXITY SIMPLIFIED

BIDMC researchers apply a systems approach to complicated clinical problems

**For the bulk of his career, cardiologist Ary Goldberger, M.D., has made it his mission to keep things complex. It's not that he wants to make the world more complicated or problematic; indeed, just the opposite. When this clinical scientist talks about complexity, he's referring to the scientific definition of the word, one that has its traditional foundation in physics and mathematics—and from that perspective it's a positive attribute.**

"Complexity is the stuff of Mozart and Shakespeare," notes Goldberger, associate director of BIDMC's Division of Interdisciplinary Medicine and Biotechnology (IMBIO). "It's what makes something creative or adaptive, unpredictable but not random. It's very pleasing aesthetically to encounter complex things, whether they're in art or in music or in any sphere. And our physiology, when it's healthy, is probably the most complex mechanism in nature."

More than two decades ago as a cardiology trainee looking at patterns in heart rhythms, Goldberger became intrigued with the then-revolutionary notion of applying the hard-science concepts and methods of evaluating complex systems to the fields of physiology and medicine. He saw features in this model—nonlinearity, plasticity, variability—that just seemed to make sense in a biological

context. "I was amazed to learn that there was a rigorous science of complexity," he recalls, "that some scientists and mathematicians actually dealt with strange systems that didn't produce straight lines and which could abruptly change from one pattern of behavior to another. So a lot of the nonlinearities that physicians, like myself, had intuited about health and disease, all of a sudden had a formalism behind them. That realization was very powerful."

Powerful enough that he hasn't looked back since. Surrounding himself with bioengineers and statistical physicists, he established the Margret & H.A. Rey Institute for Nonlinear Dynamics in Medicine (Rey Lab) at BIDMC with a seed grant from the late Margret Rey, co-creator of the Curious George books. "It was enough to get us started," says Goldberger. "And that notion of Curious George being in places that he might not belong is

emblematic of the research that goes on here. Margret Rey respected the science by not respecting its boundaries because they're not true boundaries and I think that's important." He notes that this rare ability to embrace the boundless potential of true interdisciplinary basic research is the hallmark of their other funders as well, especially the G. Harold and Leila Y. Mathers Charitable Foundation, an invaluable supporter of their innovative work.

The philanthropic investments in the broad applications of the team's work is paying off. By creating generic mathematical tools to understand and assess the data generated by complex systems, the Rey Lab researchers are providing valuable insights into a wide range of clinical conundrums from fetal growth to aging. If this sounds hard, well, it is. While aesthetically beautiful, complex systems by their very nature are moving targets. For one, they are nonlinear. "In mathematics, nonlinear just basically means you're putting things together that don't add up," says C.K. Peng, Ph.D., a senior member of the Rey Lab and a statistical physicist who works on developing and refining the analytical tools. "In linear systems, you can add things up; everything

is proportional to the quantity, so that's a simple idea. But if you look at anything related to people or biology, from the large scale—society, economics, politics—all the way down to the human body or even to the simple cell, nothing is linear."

On top of everything not adding up neatly, complex systems are also dynamic and variable, responding to internal and external forces, and generating their own intrinsic fluctuations. "If you look at the universal behavior of a biological system, if it's very healthy, it's evolved with one purpose: to adapt to the environment," says Peng. "So evolution makes it a better and better system that can adapt whenever the environment changes; it actually has the option to modify itself, maybe through genetic modification, maybe through some other temporary structural modification or interaction within the body." While these features of nonlinearity and adaptability may seem completely chaotic in the everyday sense, there's some method in their madness. For example, a piece of beautiful music or healthy heartbeat will be neither completely uniform nor completely random, but fall somewhere in between. Much of the action in physiology appears to take place in these "in-between" zones.

**Ary Goldberger, M.D., (far left) and his Rey Lab colleagues are using physics- and mathematics-based tools and concepts, like fractals (right) to analyze complex systems in medicine. Fractals are self-repeating geometric shapes found everywhere in nature from the branching of coral (left) and tree limbs to organs in the human body, like the heart and lungs.**



Goldberger and Peng, joined by another statistical physicist and Fulbright scholar, Madalena Costa, Ph.D., lit upon these universal properties to begin quantifying the behavior of complex systems in novel ways. Using landmark discoveries—like the “irreversibility of time” and the mathematical concept of fractals (complex, self-repeating geometric shapes found everywhere in nature from coral and tree formations to turbulent waves to internal organs)—Goldberger’s team has created a new conceptual framework and a number of mathematical analysis tools which have now been cited in thousands of journal articles. “In example after example, we see that healthy systems have this set of properties that come under the rubric of complexity and that complexity degrades and dissipates

with pathology and excessive stress,” notes Goldberger. “These universalities in health and disease become very powerful because they give us the ability to interact with basic and clinical scientists across disciplines and to contribute to their efforts to make sense of complex signals.”

And contribute they have. There’s their work on balance and stability in the elderly in conjunction with geriatrics. Investigations into depression and sleep with groups in sleep medicine, neurology, and psychiatry. Risk-stratification studies in the operating room and critical care units with anesthesiologists and surgeons. In particular, Costa, who wrote her doctoral thesis on a generic computational model to measure the information content of multiscale systems, is pursuing research that

runs the gamut of fetal development, the health of red blood cells, and the cardiac health of soldiers in the military. Each project uses the information generated by their concepts and analytic tools to determine which individual systems are healthy and which are at risk. For example, in Costa’s fetal development work, she is analyzing complex data that could determine which infants prior to birth are adequately prepared for the process of childbirth to assure more appropriate use of cesarean sections.

The researchers share data and software with the scientific community through PhysioNet ([www.physionet.org](http://www.physionet.org)), an unprecedented public resource sponsored by the National Institutes of Health, as well as use the data to refine their analysis going forward. “We have these computational methods that we apply to signals but then it’s the inability to extract all the information we know they encode that inspires the refinement of the current methods and development of new ones,” says Costa.

But all the researchers stress that the unusual, interdisciplinary work that they do would never

be possible without the consistent generosity of philanthropic funders like the Mathers Foundation, which has provided the essential support for their imaginative work over the years, and the James S. McDonnell Foundation, which recently gave a highly competitive award to support Costa’s research. These resources fill in the gaps left by conventional funding sources. “They give us the freedom to explore things that weren’t in the research plan of a given grant,” says Costa, who says that her non-traditional career at the interface of biomedicine and physics would never have gotten off the ground without their investment. “So if someone comes here with an idea—and this happens all the time—the support of the Mathers and McDonnell Foundations affords us the time and space to do new collaborative explorations, in addition to our planned projects. We have the flexibility to explore the unexpected and unexplained, and that is extremely rewarding—that for me is the best.” Adds Goldberger: “The generosity of these foundations allows us as investigators to be more complex.” ●

*“It’s very pleasing aesthetically to encounter complex things, whether they’re in art or in music or in any sphere. And our physiology, when it’s healthy, is probably the most complex mechanism in nature.”*

—Ary Goldberger

# In Memoriam:

Marshall A. Dana, 1928-2011



**T**his past August, the BIDMC community mourned the loss of Overseer Emeritus Marshall A. Dana at the age of 83. “Marshall Dana was one of the community leaders of a family that has been involved at Beth Israel Hospital and Beth Israel Deaconess Medical Center for four generations,” said Alan Rottenberg, former chairman of the BIDMC Board of Directors, at the time. “Marshall’s great talents played an instrumental role in expanding the physical footprint of the hospital. The Dana family, and Marshall in particular, represent what it is that makes the medical center so unique—generations of involvement, philanthropy, and distinguished leadership.”

Marshall was owner and partner of Marshall A. Dana and Associates, a real estate business in Newton, and also principal at Myer Dana & Sons, a real-estate company founded by his grandfather in 1893.

The Danas have been involved with BIDMC for more than 100 years and the Dana name is carved in the limestone facade on the East Campus. “I suppose I have been interested in the Beth Israel since I was born,” Marshall told the *BI News* in 1973. “I remember hearing about the hospital from my grandfather when I was very young.” In 1916, Marshall’s grandfather, Myer Dana, was chairman of the Beth Israel Hospital Association Building Committee that oversaw the development of the first Beth Israel Hospital at Townsend Street. In 1918, Myer was elected as the third president of The Beth Israel Hospital Association and its 45-bed hospital. Marshall’s son, Myer Dana, continues his family’s legacy of involvement, serving BIDMC as an overseer emeritus.

Marshall was elected to the Board of Trustees at the former Beth Israel Hospital in 1966. By the early 1970s he was serving as chairman of the Buildings and Grounds Committee during a period of expansion and growth, including development of the Feldberg building. Marshall also served as chairman of the Finance Committee’s Subcommittee on Insurance. “Marshall was devoted, intelligent, and a great supporter of the Beth Israel Hospital,” said Robert Sage, BIDMC trustee emeritus, who noted that Marshall was personally helpful to him as his predecessor as chair of the Buildings, Grounds, and Construction Committee. “We shall miss him as a good friend and as an astute colleague. He was truly a class act.”

Marshall is survived by his wife, Rosalie (Heyman), and their four children: son Myer Dana and his wife, Heather; son Alan Dana and his wife, Margie; daughter Sarah Post Leabman and her husband, Michael; and daughter Deborah Cable, a BIDMC overseer, and her husband, Andrew; and by his grandchildren and great-grandchildren. He is also survived by his brother, Richard M. Dana and was predeceased by another brother, the late Edward Dana. ●

## Twice as Nice

BIDMC Researchers Receive Two \$1M Challenge Awards from the Prostate Cancer Foundation

**B**IDMC researchers Martin Sanda, M.D., and Steven Balk, M.D., Ph.D., were recently named the recipients of Prostate Cancer Foundation (PCF) Challenge Awards of \$1 million each to lead two cross-disciplinary teams of investigators in their pursuit of new treatments for patients with advanced prostate cancer. The PCF Challenge Awards will support a total of 10 scientific projects nationwide; BIDMC is the only institution in New England to receive funding and the only organization to get support for two projects.

“With reductions in federal funding for prostate cancer research, it’s imperative for the PCF to seek the most promising research ideas and fund them with the goal of changing clinical practice and improving outcomes for patients with advanced prostate cancer,” says PCF executive vice president and chief science officer Howard Soule, Ph.D.

The multidisciplinary and multi-institutional research team assembled by Sanda, director of the Prostate Cancer Program at BIDMC, is combining nanotechnology and cancer immunology expertise in developing a vaccine to treat prostate cancer by boosting patients’ immune systems. “Our work represents a synergistic collaboration that brings together some of the best doctors and scientists in the fields of prostate cancer, nanotechnology, and cancer immunotherapy across three separate leading hospitals,” says Sanda. “Such collaborative team science is the cornerstone for continued progress in developing effective new cancer therapies.” Their unique strategy has the potential to build on recent indications that cancer vaccines extend survival but in a less expensive and more easily disseminated way.

BIDMC’s second Challenge Award will support a cross-organizational scientific team led by Steven Balk, M.D., Ph.D., an investigator in the Division of Hematology/Oncology, to work on research identifying and exploiting mechanisms of response and resistance to therapeutics directed at the androgen receptor pathway. “We hope to learn why patients invariably become resistant to abiraterone acetate, a treatment used in advanced prostate cancer cases following chemotherapy,” says Balk. “If we can determine the reasons why this treatment eventually stops working, we will be better equipped to design more effective and targeted therapies for metastatic, treatment-resistant disease, the lethal stage of prostate cancer responsible for approximately 30,000 deaths per year.” ●



▲ Martin Sanda, M.D. (top),  
Steven Balk, M.D., Ph.D. (bottom)

# In Memoriam:

Irving W. Rabb, 1913-2011



In August, the BIDMC community suffered a visceral loss with the death of Past Board President and Trustee Emeritus Irving W. Rabb at the age of 98. “Irving Rabb was a wonderful leader for the Beth Israel Hospital and Beth Israel Deaconess Medical Center through his 50 plus years of lay leader engagement,” said Stephen B. Kay, chair of the BIDMC Board of Directors on Rabb’s passing. “He set a strong model for all of us who have followed in his footsteps, and it was clear to everyone who knew him how much the medical center meant to him. We are lucky to have benefited so long from his dedication and commitment to seeing the hospital thrive.”

Irving’s 70 years of dedicated service to BIDMC began in 1941 when he joined the former Beth Israel Hospital’s Men’s Volunteer Corps, a group organized to provide additional help on the floors during the war emergency. “I’m a frustrated doctor,” Irving told the *BI News* for a December 1971

profile. “I almost went to medical school twice, but got only as far as working as an orderly for Beth Israel during World War II.”

In 1956 Irving was elected BI trustee. He served three consecutive terms as third vice president, one term as second vice president, and two terms as first vice president of the Board of Trustees. He served as president from 1967 to 1970. In 1971, Irving became an honorary trustee and continued to serve on various committees for many years.

Irving’s involvement with BIDMC was part of a family tradition. His parents, Joseph and Lottie (Wolf) Rabinovitz, were among the hospital’s early organizers and supporters. The Rabb Building on the East Campus was funded through a family gift and is named for Irving’s brother, Sidney R. Rabb (who also served as president) and his wife Esther C. Rabb. Another brother, Norman, also served as a trustee and member of many committees. His son James M. Rabb, M.D., is a gastroenterologist at BIDMC today.

“Irving Rabb exemplified that remarkable combination of insight and commitment that brought the hospital from an institution of promise to a peer among academic medical centers,” says Mitchell T. Rabkin, M.D., distinguished scholar at the Shapiro Institute for Education and Research. “With intelligence and generosity he graced many worlds—art, education, the humanities, business, the Jewish community, to name but a few. His influence for better will long remain.”

Irving was preceded in death by his wife, Charlotte (Frank) Rabb; parents Lottie (Wolf) and Joseph Rabinovitz; brothers Sidney R. Rabb and Norman S. Rabb; and sister Jeanette Rabb. He is survived by daughter Betty R. Schafer and son-in-law Jack Schaefer; son James M. Rabb, M.D., and daughter-in-law Melinda Rabb, Ph.D.; as well as six grandchildren and eight great-grandchildren. ●

## Recipes for Fighting Melanoma

Sisters publish cookbook to benefit BIDMC fund

Sisters Kathy Israelian Fleming and Nancy Israelian Doyle grew up with a deep appreciation for good food and family. The only daughters of an Armenian father and a Spanish mother, they enjoyed regular family dinners and explored food cultures across the country. It was only natural that they put their passion into print.

The idea for donating monies from their upcoming cookbook was born in a BIDMC waiting room while Kathy and Nancy accompanied their mother, Rosita, for treatment of melanoma. “We didn’t know anything about melanoma,” Kathy says. “Prior to that, the two of us had never gone to the dermatologist.” Their mother’s stage 4 melanoma was diagnosed and removed at another hospital in 1997. When it kept resurfacing, Rosita was referred to BIDMC oncologist Michael Atkins, M.D. “She always dreaded

going in for her appointments, but once we got there and we saw all of the wonderful faces, the nurses, the receptionist, the girls who drew blood...they were all incredible,” Nancy says. “They all grew to be part of our family.” With Dr. Atkins’s help, Rosita battled melanoma and accompanying ailments for nine years before it took her life in December 2006.

Kathy and Nancy published *Two Sisters and the Silver Spoon Cookbook* in July 2008 with plans to donate some of the proceeds to support Dr. Atkins’s Melanoma Research Fund. “It is very important for my sister and me to continue giving to Dr. Atkins in our mother’s name,” Nancy says. “The work he does is hope for the future. Finding a cure for melanoma is very important to us.” The 435 recipes featured in the book range from Spanish and Armenian dishes to more familiar



▲ Nancy Israelian Doyle, Rosita Far Israelian, Kathy Israelian Fleming

favorites featuring local seafood using seasonally fresh ingredients. A donation is made each year in memory of their mother, Rosita Far Israelian.

For more information or to purchase a cookbook, visit [www.twosisterscookbook.com](http://www.twosisterscookbook.com). ●

# GRATEFUL NATION EVENTS

Since the launch of Grateful Nation, BIDMC's fundraising program centered around gratitude, we have brought more than 6,500 people together through various events, raising close to \$885,000. Sponsored by grateful patients and their friends and family members, all of our fundraisers support the great work of BIDMC.

To learn more about attending our upcoming events or even starting one of your own, visit [www.gratefulnation.org/events](http://www.gratefulnation.org/events), where you can also view more photos under "Past Events."

## PLAYING FOR PARKINSON'S

SEPTEMBER 14, 2011

More than 170 people came together for this tennis event and dinner sponsored by Boston Realty Advisors. Co-chaired by Jeremy Freid and Stacey Lee, the event raised close to \$82,000, which for the second year in a row benefitted the Parkinson's Disease Center at BIDMC. Sponsored in part by The Michael J. Fox Foundation, the dinner featured remarks from keynote speaker, Karl "Chip" Case, co-creator of the S&P Case-Shiller Index and an inspiration to those living with Parkinson's. In just four years this event has raised more than \$285,000 for a number of underfunded programs at BIDMC including the Healing Music harpist program, the DriveWise program for aging driver safety, and the Center for Violence Prevention and Recovery.

- 1 Daniel Tarsy, M.D., Stacey Lee, Ed Rudman
- 2 Adam Meixner
- 3 Andy Tarsy, Ginny MacDowell, Wil Catlin, Marjorie Turetz, Jason Weissman
- 4 Tennis players enjoy the day
- 5 Jeremy Freid, Karl "Chip" Case, Jason Weissman, Ed Rudman, Sid Queler



## A REASON TO RIDE PRESENTED BY FUDDRUCKERS

SEPTEMBER 18, 2011

For the fourth year in a row, BIDMC hosted the A Reason to Ride bike-a-thon founded by grateful patient Tom DesFosses and presented by Fuddruckers. More than 300 riders, volunteers, and donors gathered for the event, which raised more \$80,000 to benefit the Eric T. Wong, M.D., Brain Tumor Fund and the Mark Gebhardt, M.D., Bone Cancer Fund. These funds are crucial to their research teams as they work to develop better cancer treatments while striving to find a cure. WCVB's midday news anchor Susan Wornick kicked off the event by enthusiastically predicting, "This will happen. A cure will be found."

- 6 Bob Barry, Susan Wornick, Tom and Judy DesFosses
- 7 25-mile-ride start
- 8 Trike-a-thon
- 9 Riders coming in toward the finish
- 10 Tom DesFosses, Erika Wong, Susan Wornick
- 11 Eric Wong, M.D., Avery Palma, Liv Palma, Emma Hauck, Tom DesFosses



# Friends in Needham

## Derenzos Support Their Local Hospital with \$350K Gift

For the nearly 60 years of their lives together Evelyn and Jerome Derenzo called Needham home. They built a business together, raised four kids, and celebrated 12 grandchildren within the suburban community. “Both my parents traveled the world endless times and they always loved coming back to Needham,” their son Jay Derenzo says. When Jerome passed away in 2005, Evelyn could think of nothing more appropriate than to support the hospital that took care of them, their family, and the Needham community. “I wanted to give something back to Needham—it gave my husband a good living,” says Evelyn, who has shown a commitment to community philanthropy. “It’s rewarding for me to know I’m making a difference in return.”

This summer, the Derenzos donated \$350,000 to Beth Israel Deaconess Hospital–Needham in part to support the build-out of four new

patient-care rooms. The Derenzo Patient Care Unit was officially dedicated in October. “It serves a lot of people in the community,” Evelyn and Jerome’s oldest son Jerry says. “When you are ill, time is essential. You don’t want to drive all over to go someplace. It is a good hospital, and we are fortunate to have one located in our hometown.” As BID–Needham expands with the help of generous donors such as the Derenzos, the quality of the facility, equipment, treatment, and staff only improves. “I want a good hospital for Needham, and it’s getting better and better,” says Evelyn, who still receives her primary care at BID–Needham.

It is not the first time the Derenzos, who owned and operated J. Derenzo Construction from 1949 through 2001, contributed to the hospital. Their philanthropy has extended from supporting the hospital’s initial growth to its South Wing expansion in 2007, when they donated \$25,000



▲ Jay Derenzo (left) with his mother, Evelyn

for an exam room. “I think it’s always important to give back to the community, no matter what fashion, whether it’s a monetary giving back or the service of time,” says daughter Paula Derenzo Zurcher. “My mother and father have always wanted to give

back to the hospital. That was very important to them. I respect and admire both of them for doing this.”

To learn more or support BID–Needham, please contact David Hyman at (617) 667-4552 or [dhyman@bidmc.harvard.edu](mailto:dhyman@bidmc.harvard.edu). ●

## NeuroGolf Fundraiser Suits Pats Players to a Tee

The words “brain tumor” never entered Rachael Mackey’s mind as she went in to her local hospital for an MRI to determine the cause of her recurring migraine headaches. The next day, the 26-year-old was admitted to BIDMC with a seven-centimeter mass in her brain and prepped for surgery to remove the benign tumor. “Everyone was just amazing. They went above and beyond our expectations to make my stay comfortable,” says Rachael, recalling her caregivers at BIDMC, including neuro-oncologist Eric T. Wong, M.D., neurosurgeon Ekkehard Kasper, M.D., and a host of incredible nurses. “You take it one step at a time and you do what you have to do to make it be better. The positivity the whole time is what really got us through this.”

The positive experience enticed the now-recovered Rachael and her family to go one step further to make things better, organizing the inaugural NeuroGolf event at Ferncroft Country Club in Middleton to support brain tumor research and awareness. Among the 112 participants on July 25 were New England Patriots Rob Gronkowski, Dane Fletcher, and Buddy Farnham, as well as NECN sportscaster Chris Collins and Ace Thomas of Marky Mark and the Funky Bunch. “Anything I can do to come out, have a good time playing golf, and support good charities,” Gronkowski says. “We are just trying to help out other people.” The event, which featured an 18-hole scramble golf tournament, live and silent auctions, and a TK Swim fashion show featuring bathing suits designed by Rachael and her boyfriend, Jedd Storoshenko, raised a total of \$8,000. Half supported the Brain Tumor Center at BIDMC and the other half went to the American Brain Tumor Association. “You can’t have too many brains out there,” adds Fletcher. “It’s good to come out and help the cause. And if you get to golf to do so, it’s two for one—it’s a good deal.”

For more information on NeuroGolf, visit <http://neurogolf.webs.com>. ●



▲ Dane Fletcher, Rob Gronkowski (also pictured below), Rachael Mackey, Buddy Farnham, and Sean Stellato



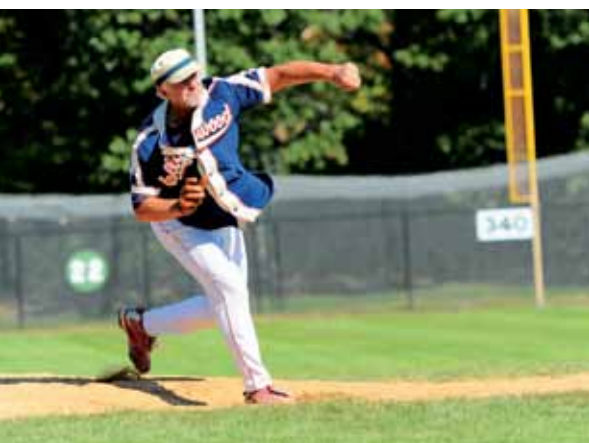
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Former Boston Red Sox southpaw  
Bill "Spaceman" Lee

#### PITCHING IN FOR ALS CARE

Bill Lee (left) pitched at the 100 Innings of Baseball Spectacular on October 8-9 to support the ALS Clinic at BIDMC, which treats patients with the neurodegenerative condition also known as Lou Gehrig's disease. The eighth annual game benefited the medical center for the first time thanks to the efforts of 13-year primary lateral sclerosis patient, Walter Bentson, whose condition is in the same family as ALS. A former interscholastic, collegiate, and amateur baseball umpire, Bentson has been a major supporter of ALS treatment and care at BIDMC, also launching a scholarship fund, a lunch support group, and a hotel accommodation program for patients.

# giving matters

BETH ISRAEL DEACONESS MEDICAL CENTER

FALL 2011

## UPCOMING EVENTS

**SUNDAY**  
**MARCH 4, 2012**

Annual Palm Beach Event  
6:00–9:00 p.m.  
The Breakers, Palm Beach, FL

**MONDAY**  
**APRIL 2, 2012**

Silverman Institute Symposium Reception  
6:00–7:00 p.m.  
TBD

**TUESDAY**  
**APRIL 3, 2012**

Silverman Institute Symposium and  
Grand Rounds  
8:00 a.m. – 1:00 p.m.  
TBD

**MONDAY**  
**APRIL 16, 2012**

Grateful Nation Team  
Runs the 116th Boston Marathon  
Start Time: 9:00 a.m.  
Hopkinton to Boston



## GO THE DISTANCE

Thanks to the generosity of John Hancock Financial Services, 10 runners will take part in the 116th Boston Marathon as part of the Grateful Nation Boston Marathon Team.

**Want to be one of the lucky few and raise funds to support health equity in our communities?**

Visit [www.gratefulnation.org/marathon2012](http://www.gratefulnation.org/marathon2012) today to learn how!

