

giving matters



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HEAD FIRST

CAROLYN BERNSTEIN, M.D.

Carolyn Bernstein, M.D., is a physician who practices what she preaches. A recipient of multiple medical teaching and clinical care awards recognizing empathy and humanism, Bernstein believes that employing kindness and respect in her profession cannot be emphasized enough. "What I try to teach and what I try to model for students, residents, and fellows is really the golden rule to some degree," she says, "which is to treat people the way you'd want to be treated yourself. And no matter what I can or can't do, seeing patients, taking them seriously to try to understand their pain, and thinking both scientifically and creatively about all their options is what really drives my work."

As clinical director of the Comprehensive Headache Center at BIDMC, Bernstein focuses on understanding her patients' pain, not just figuratively but literally. A neurologist specializing in pain medicine for more than two decades, her goal at this unique facility is to treat patients with chronic headaches, in particular migraine, with a holistic approach incorporating an array of traditional and alternative treatments validated by leading-edge research. "I am primarily a clinician who's interested in the clinical aspects of research, of understanding migraine, its pathophysiology, and the treatments, the things we can offer patients, and how we can deliver them safely and effectively," says Bernstein, who

CONTINUED ON P. 2

*Image credit:
Imaging Migraine by Lorraine Fink hangs in
the Headache Center's lobby.*



HEAD FIRST

CAROLYN BERNSTEIN, M.D.

CONTINUED FROM P. 1

has been at BIDMC a little over a year. “The Headache Center is an amazing place because there aren’t a lot of resources for headache patients even in the Boston area and really only a handful around the country.”

That resources for headache sufferers are scarce is all the more surprising when you consider the pervasiveness of the condition. Headaches are a great equalizer; almost everyone will get one at some point during his or her lifetime. Even migraine, which has much more extensive and debilitating neurologic effects than your average headache, afflicts almost 30 million

Americans, or about 13 percent of the population. Bernstein believes that this personal connection that so many people have to migraine illness makes a compelling case for individuals and employers to partner in the Center’s work. “The number one cause of missed days of work in this country is migraine—more than low back pain, more than anything else,” she notes. “How can we help you keep your employees healthy and at work? Support the research that we are doing. Support us in understanding migraine and understanding headache, and we can help people get back to work and resume their

lives. It’s such a misconception that people just want to stay home and give up—they don’t.”

Bernstein says that she is so impressed with the lengths her patients will go to get better. An important part of treatment at the Headache Center is understanding the triggers for headache pain, which despite some common themes can vary widely among individuals. Using everything from old-fashioned journals to new iPhone apps designed for the purpose, Bernstein’s patients keep meticulous accounts of their headaches, detailing everything from the timing and quality of their pain to the efficacy and side effects of certain treatments. They also correspond constantly with Bernstein through PatientSite, BIDMC’s online patient portal, which she notes has been a boon to her practice in keeping the lines of communication open in between office visits. “I know this sounds impassioned, but I am moved every single day by what I see,” says Bernstein. “It’s really a lot of

“It’s really a lot of work, and I am so impressed by how the patients here engage in this partnership in their care with me—they are willing to share it all, whether the gains are large or small.”

“These kinds of things make me feel protective and furious that a susceptible group of patients, who will do anything to get rid of the pain, are taken advantage of. We try to get people to do things that are safe, that are evidence-based, that are really going to make a difference.”

work, and I am so impressed by how the patients here engage in this partnership in their care with me—they are willing to share it all, whether the gains are large or small.”

What can be so challenging—and conversely so interesting—about treating chronic headaches is the knowledge that there is no magic cure, according to Bernstein. Working with patients individually and comprehensively becomes paramount,

which often means a journey in experimentation over time. As a result, the Headache Center applies an integrative approach that combines different medications with lifestyle changes and complementary therapies such as yoga, biofeedback, acupuncture, and energy healing. Through the research arm of the Center, patients also have an opportunity to take part in important studies that aim to learn more about how chronic headaches manifest themselves

and to authenticate the anecdotal evidence for the efficacy of more nontraditional treatments. “I feel like every time I pick up a headache journal and start reading it, there’s some new, absolutely fascinating piece of research,” says Bernstein. “The field is booming.”

Bernstein knows that having an influx of reliable scientific data is critical when trying to help patients make informed decisions, particularly when they are in pain. She has seen desperation steer people toward “treatments” that are not proven effective and even inherently dangerous. From bee stings to crowns of thorns, Bernstein has heard it all. “These kinds of things make me feel protective and furious that a susceptible group of patients, who will do anything to get rid of the pain, are taken advantage of,” she says, noting that sometimes she advises patients that their money might be better spent on a relaxing dinner with their families. “We try to get people to do things that are safe, that are evidence-based, that are really going to make a difference.” Bernstein, however, recognizes her role as

an expert advisor and allows her patients to make their own decisions. “I always tell all my patients, the door is open; you are free to change your mind at any point, you can go home and think about it and get in touch with me if you want to try this treatment or if you want to follow this plan—it’s fine.”

Bernstein’s open-door brand of care, predicated on kindness, respect, and collaboration, permeates the Headache Center, from the solicitous and attentive staff to the close relationships with primary care physicians to the ban on cell phones, fragrances, and fluorescent lighting. It also has patients from all over the world seeking her out. What makes them stay? Perhaps the biggest secret to Bernstein’s success is that she never lets people lose hope. “I have a lot of patients who have already been treated by a number of different neurologists who come here and have been told by their doctor, ‘There’s nothing else I can do for you,’” she reflects. “And, you know, there’s never been one person to whom I’ve said, ‘I can’t do anything for you either.’” ●

1=2

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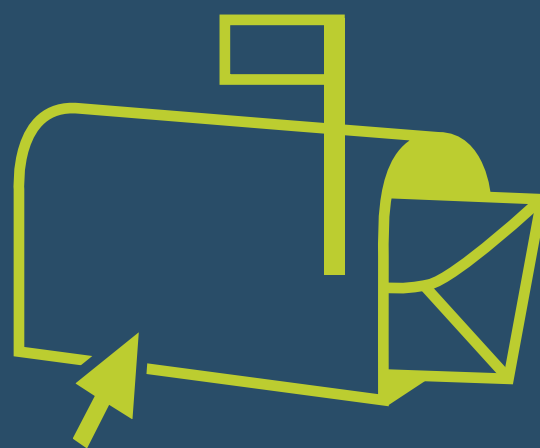
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LETTER FROM THE SENIOR VICE PRESIDENT OF DEVELOPMENT

Dear Readers,

BIDMC is renowned for putting the patient first. What sometimes flies under the radar, however, is just how imaginative our clinicians and researchers get to ensure that every patient gets the specialized care he or she needs. In this issue of *Giving Matters*, I was struck by how this innovative spirit takes all forms—from exploring non-traditional treatments to following new leads—and how our donors are rallying behind out-of-the-box projects with unbridled enthusiasm and generosity.

Many of the more promising treatments in medicine today come from off the beaten path; however, little has been done to evaluate their safety and efficacy. Neurologist Carolyn Bernstein, M.D., is exploring the use of creative strategies in relieving the debilitating pain of migraines (see cover story), and with the help of a \$1.13 million foundation grant, gastroenterologist Nezam Afdhal, M.D., is putting a promising herbal remedy to the test in the treatment of liver disease (see page 6).

Sometimes non-traditional medicine just means not being afraid to pursue something new, even if it takes you outside your own area of expertise. A gastroenterologist who was sidetracked to make a key discovery in cystic fibrosis, Steven Freedman, M.D., Ph.D., is now applying his propensity for cross-disciplinary partnerships to what could be a groundbreaking project in infant health (see page 16) and the creation of a program, TRUST, to improve doctor–patient interactions (see page 19).

Exploring alternative treatments or crossing traditional borders would never happen without the support of donors who—like our doctors and researchers—are willing to think a little unconventionally in the pursuit of the best patient care possible. And for that, we are most grateful.

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 or visit www.gratefulnation.org/lettersfromthenation.

Dr. [Michael] Atkins, you and I have never met, but you have affected my life in more ways than you will ever know. As [name omitted for confidentiality]'s caretaker for the past nine years, you and your staff at BIDMC provided me with an incredible gift... more time with my best friend.

As you know, she was diagnosed in September 2001 with melanoma. I witnessed her care at BIDMC for the past nine years, and it was nothing short of the finest world-class medical and personal care that one could ever know. She may not have been lucky when she was diagnosed, but she certainly hit the jackpot—in my opinion—when she became a patient at BIDMC.

Thank you for all that you have done, Dr. Atkins, and for all that you will continue to do in her name—and in the name of all of your other patients—to further the fight against melanoma.

Best regards,

Sarah D.

I want to tell you that our experience at BIDMC was the best. Everyone who we came in contact with at the hospital was kind, compassionate, and took care of both of us. Because of all the wonderful people at the hospital, we designated BIDMC to receive memorial gifts in my husband's memory in the obituary.

Sincerely,

Sally J.

Throughout the school year, our religious school students collect tzedakah (donations) each week. As part of the regular class activities, students explore many ways to put their tzedakah to good use by studying different organizations such as yours.

On behalf of our students at Temple Beth Shalom, we are very proud to enclose a check for your wonderful work helping people live healthy lives.

L'shalom,

Sandra W.

We are incredibly grateful for the wonderful care that Dr. Meredith Atkins provided throughout my pregnancy and at the birth of our youngest child, Jake. The nurses were amazing and provided exactly what mom and baby needed at every step along the way. All of our children were born here at BIDMC, and it will always hold a special place in our hearts.

Happy parents of three healthy BIDMC babies,

Samantha S. and Marc R.





LEADERSHIP SPOTLIGHT

Paula Ivey Henry: Trust In Learning

The ecology of quantitative and qualitative interactions of people and health plays a big role in how Paula Ivey Henry views the world.

“I feel like I’m an anthropologist no matter what I do,” says Ivey Henry, a research associate at the Harvard School of Public Health (HSPH), where she utilizes her Ph.D. in biosocial anthropology, postdoctoral training in child development, and master’s of science in maternal and child health. Ivey Henry’s training and ways of looking at things have been valuable to BIDMC since she took on a lay leadership role, making significant contributions to the medical center’s ascension into a select group of hospitals nationally recognized for commitment to quality and safety. She is a vice chair of the Board of Trustees and member of the medical center’s Ethics Advisory Council, Community Benefits Committee, and Patient Care Assessment and Quality Committee (PCAC).

As part of a BIDMC contingent, Ivey Henry brought her unique perspective on a 2007 trip to visit Cincinnati Children’s Hospital Medical Center, a pioneer in safety, quality, and patient-centered care initiatives. She also contributed to in-depth discussions about the medical center’s future at board and committee retreats with officials from the Institute for Healthcare Improvement. “We discussed quality care and asked ourselves how much patient harm is acceptable—deciding, of course, that our values mean that no harm is tolerable and that we should hold ourselves accountable to our patients and that effort,” she recalls. “We talked about defining preventability, how we would measure it, and what innovative systems we needed for improvement. It was inspiring to me.”

The soul searching on the part of board members and medical center leaders juxtaposed with the pervasive drive for performance improvement led to the Board of Directors’ landmark vote in 2008 that “BIDMC will eliminate all preventable harm by January 1, 2012.” In addition, the board set a goal for BIDMC to be among the top 2 percent of hospitals on national measures of patient satisfaction by 2012. “As an institution, our vision

was changing as was the whole area of quality improvement and hospital safety at the same time,” says Ivey Henry. For her, that meant listening to and learning from BIDMC clinicians, leaders, nurses, and staff, and pouring over research, published articles, and quality data on her own. “I was hungry for that information and those conversations, and I hope my concern and passion helped to raise the level of conversation of governance into areas of workflow, relationships, patient centeredness, and trust,” she says.

Lay leaders play a vital role in pushing clinicians and the hospital administration in a way that is supportive, and that role has to be based on trust, according to Ivey Henry. That’s not easy when the discussions center on errors and harm to patients. “As lay leaders, we need to say, ‘What, as a board, can we do to help change the system and create a safer environment?’” she says. This introspection was happening both on a board level and at PCAC meetings. The latter group, one of the medical center’s hardest working lay leadership committees, meets monthly to deal with technically complex and emotionally fraught issues, such as adverse events, and to review quality and safety metrics. For Ivey Henry, this committee—which she chaired from 2007 to 2009—“works at the heart of health care” at BIDMC.

Volunteering her energy and passion has always been important to Ivey Henry, something she planned for in setting her career path in academia by choosing to avoid the time demands of the faculty tenure track. “The collateral benefit is that I can spend time exploring other things, like service, where I can contribute my energies,” she says, noting it also gives her more time to spend with her family. Serving on the board and on several committees enables Ivey Henry to contribute in a meaningful way at a leading academic medical center and learn a lot about health care and hospitals along the way. “What’s so great about this institution is the whole community is learning together,” she says, “and wherever you step in, you are joining people who are already in motion and evolving together.” ●

“We discussed quality care and asked ourselves how much patient harm is acceptable—deciding, of course, that our values mean that no harm is tolerable and that we should hold ourselves accountable to our patients and that effort.”

A Better Alternative

\$1.13M Gift Supports Study of a Complementary Therapy for Liver Disease



director of the Liver Center at Beth Israel Deaconess Medical Center, is leading a study on an alternative therapy for common forms of liver disease. The contribution is noteworthy in that it represents significant support to formally investigate a non-pharmaceutical treatment. “One of the unique things that’s happened here is that [this donor] realized that to really suggest something is valid for a condition or a disease as a supplement, one needs to actually study it in a rigorous scientific fashion,” says Afdhal. “They asked us to formulate a plan as to how to actually evaluate this.”

That’s exactly what Afdhal and his colleagues have done. Based on the findings of an earlier study in Israel, they developed a multi-herbal dietary supplement, called Hepaleve, to potentially treat the hallmark symptoms of non-alcoholic fatty liver disease (NAFLD) as well as liver infections such as hepatitis C. More than 30 million people in the United

States are afflicted with NAFLD, but aside from diet, exercise, and the control of metabolic issues such as diabetes, there’s no real treatment. The condition occurs when the liver incorrectly metabolizes carbohydrates and develops an increased amount of fat, leading to scarring, fibrosis, cirrhosis, and liver cancer. Designed specifically to address these adverse effects, Hepaleve is composed of herbs imported from China, which have a variety of antioxidant and anti-inflammatory properties. “These are herbs you can combine from over-the-counter ingredients in a health food store,” says Afdhal, “but what we’ve done is combine the most promising and potentially good ones for the liver.”

The team’s initial work showed that Hepaleve reduced inflammation and scarring in the liver in animal models, validating and advancing the original findings and ultimately giving the green light for a clinical trial to determine the supplement’s

pharmacokinetics, efficacy, and safety. A two-week follow-up study will treat and monitor 32 Liver Center patients to determine how the supplement is absorbed and metabolized in the liver by looking at markers of inflammation and liver injury. If the findings (which are expected in 2011) warrant, the next step would be a larger, multi-center study. In the end, the results could have far-reaching effects for overall liver health. Not only is Hepaleve aimed at treating patients with liver disease but also other people with high risk factors for liver damage. “What we want to do is show that it has an effect that looks very promising on inflammation and injury and that it can be taken safely for a long period of time,” says Afdhal. “Our hope is that this would eventually go to the FDA for consideration as what’s called a medical food. People who have diabetes, who are overweight, or who have abnormal liver blood tests could all be candidates to go on this.”

Some of the more exciting leads in modern medical treatment have their roots in diverse practices and products that are not generally considered part of conventional medicine. While their results are full of promise, they are also, for the most part, anecdotal. Thanks to a \$1.13 million gift from an anonymous donor, Nezam Afdhal, M.D., chief of hepatology and

Turning Grief into Gratitude



Danyelle and Christopher DiGuardia wearing their purple Friends of Emilia bracelets.

Danyelle DiGuardia’s first pregnancy seemed right on track until a severe case of preeclampsia suddenly turned her and her husband Christopher’s world upside down. Notified by her local hospital as having this high-risk maternal disorder, Danyelle was rushed by ambulance to BIDMC, where she gave birth to their daughter Emilia Marie DiGuardia at only 29 weeks gestation.

“It was a turbulent time but at the same time amazing,” says Danyelle DiGuardia. “The staff at BIDMC made us feel as if we were the only ones in the hospital.” Despite the best efforts of one of the most advanced neonatal intensive care units (NICUs) in the city, Emilia died on July 2, at less than two weeks old. “The NICU staff at BIDMC made the worst day of a parent’s life bearable by taking care of our whole family,” Danyelle reflects.

Determined to commemorate Emilia’s fighting spirit and hopeful that future research will prevent similar tragedies from happening to other families, the DiGuardias have embarked on a campaign to tell their daughter’s story and garner support for BIDMC’s Klarman Family NICU. Through the Friends of Emilia Web site (www.friendsofemilia.org) and Facebook page—whose fan base recently surpassed the 1,000 mark—the DiGuardias have raised more than \$4,000 through the sale of purple memorial bracelets and other donations.

In addition, friends of the DiGuardias hosted a benefit concert in December, featuring headliners Bang Camaro and Sidewalk Driver. Another concert, which they hope to make an annual event, is being organized for spring 2011. “We are eternally grateful for the NICU staff who cared for Emilia,” says Christopher DiGuardia, “and hope that by honoring her memory in this way, she can give back to them. One of our principle goals—above almost anything else—is that we want our tiny daughter to continue to touch peoples’ lives.”

To make a donation to support the sophisticated and compassionate care of BIDMC’s NICU in Emilia’s name, please visit www.gratefulnation.org/friendsofemilia.

Faces of BIDMC

with Zoltan Arany, M.D., Ph.D.



ZOLTAN ARANY, M.D., PH.D.
Assistant Professor of Medicine
Division of Cardiology

Recent grants from the March of Dimes, the Ellison Medical Foundation, and the Muscular Dystrophy Association are fueling Arany's research in retinopathy in premature babies, angiogenesis in aging, and muscular degeneration.

What's at the focus of your research?

We stumbled on a new pathway, not discovered before, that links the growth of blood vessels to how metabolically active a cell is—which is to say, how much energy it needs. Cells that use more energy need more fuel in the form of blood and oxygen, and that is tied to their ability to call forth more blood vessels. To make a highly metabolically active cell requires making new mitochondria—the power plants of cells, which produce ATP or cellular energy—and the making of mitochondria requires fuel that comes through blood vessels. We've discovered that PGC-1 is a molecule that can turn on the complex programs of making mitochondria and calling forth blood cells. The creation of new blood cells is vital throughout all our organs and tissues, and PGC-1 plays a major role in orchestrating it.

How does PGC-1 come into play in retinopathy, an eye disorder that occurs in premature infants?

Vasculature to the eye develops very late in gestation, and in babies carried to term, that happens in

utero where oxygen levels are low. When premature infants spend time in oxygen-rich incubators, which is necessary for so many other reasons, the development of that vasculature to the retina is slowed. But once they come out of the incubators and are exposed to normal amounts of oxygen, all of a sudden their bodies try to make vasculature to the retina too fast, and it's a mess.

There have been recent improvements in this area, such as modifying the oxygen levels in incubators and other approaches, but we aim to modify that pathway by turning down the PGC-1 to slow and control the messy development of the vasculature. We are working with genetically modified mice models by treating them like premature babies. We can see in mice that lack PGC-1 that there is less of the disease.

How does this concept apply to the development of blood vessels as we age?

Age is a very big risk factor for ischemia—or shortage of blood supply—for the heart, limbs, and other tissue. So the question is: Do we lose the ability to make

blood vessels as we get older because of the loss or reduction of the PGC-1 pathway? There's suggestive evidence that this is the case, and we want to find out if we can reverse it by activating that pathway in older animals first and then people.

And how is this relevant to muscular dystrophy?

Duchenne muscular dystrophy, the most prevalent of muscular dystrophy diseases, is characterized by the rapid progression of muscle degeneration. While increased blood flow to the muscles affected by the disease does not address the underlying causes of the disease, it may slow that degeneration in a way that may advance clinical trials and potential therapeutics. That's where the PGC-1 pathway comes in.

It's all very exciting, because we are studying this one pathway and its impact on the creation of blood vessels and the endothelial cells that line the vasculature throughout our bodies, and how it goes haywire in disease. Understanding how it works is critical.

Besides the science, what challenges do you face in your work?

The first few years following your postdoc are very challenging because you're on your own. You need to hire people, get a team in place, produce articles for publication, and develop the track record that the National Institutes of Health wants to see. Groups like the March of Dimes, Muscular Dystrophy Association, and Ellison Medical Foundation help a lot of young scientists establish that track record. They make all the difference. ●

An Annual Check with Your Annual Check-Up

At BIDMC, whether you come to see our world-class clinicians once or many times a year, we strive to provide the highest quality of care every time. Our goal is to always get better at making you better by updating our technologies, expanding our programs, and enhancing our facilities—efforts supported by our Annual Fund, an essential lifeline that allows us to address our most pressing needs.

Please support BIDMC this year by making a gift to the Annual Fund. Like your yearly check-up, your yearly check keeps us functioning at our best.

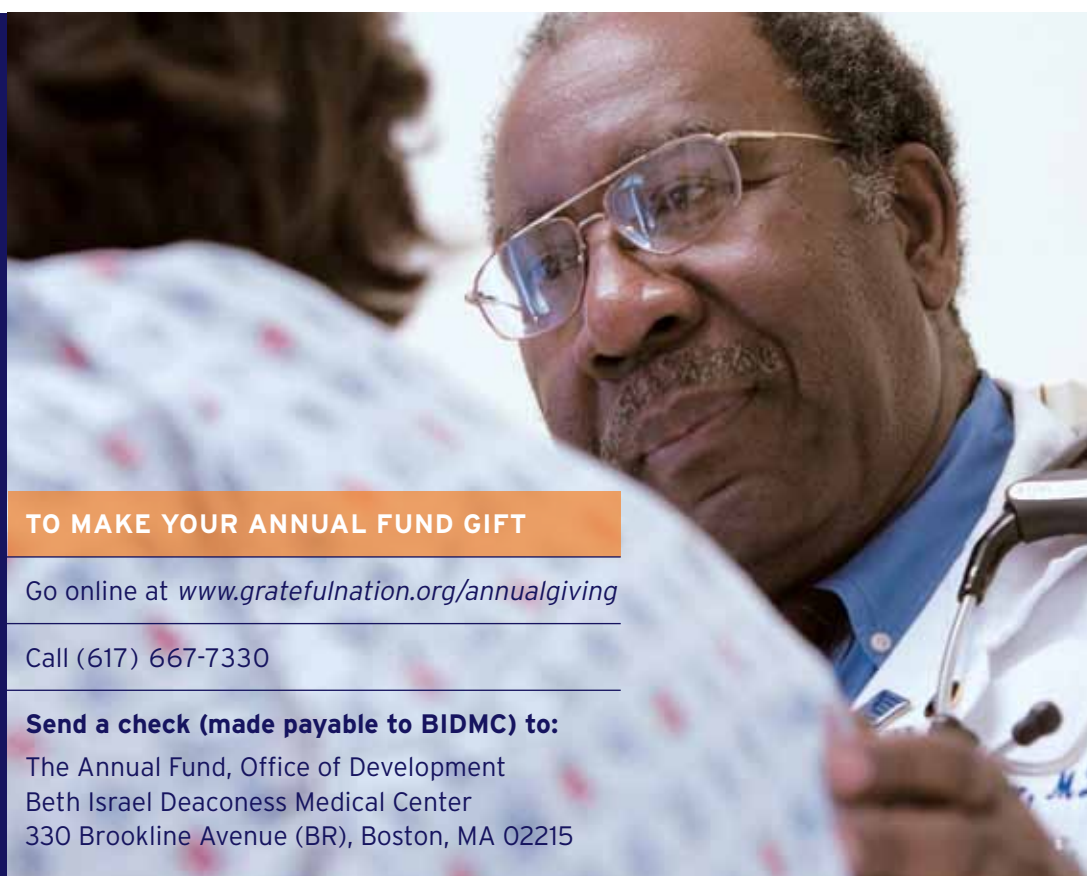
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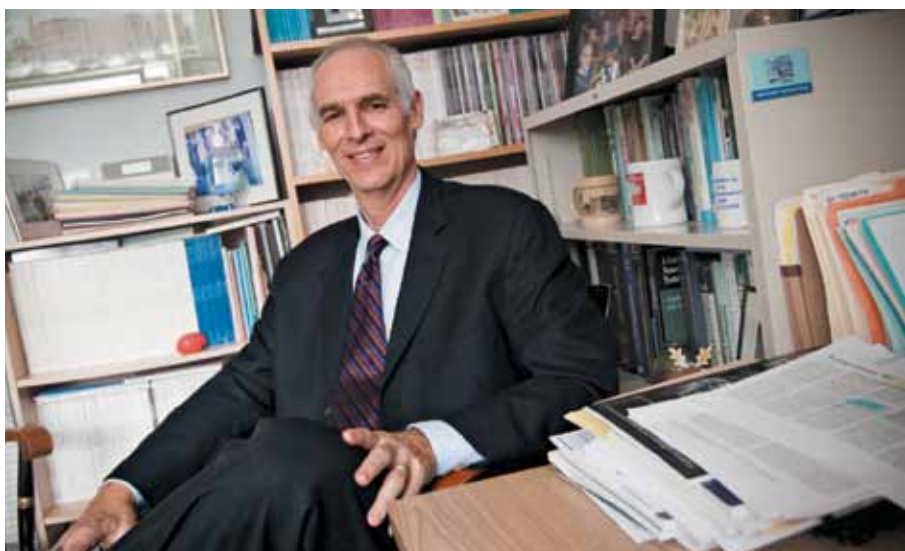
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Early Warnings

Foundation Funds Promising Work on Initial At-Risk Phase for Psychotic Disorders



▲ Larry J. Seidman, Ph.D.

Most illnesses don't appear out of the blue; instead, they typically develop gradually over a period of time—a time where genetics and environmental factors combine to determine how they ultimately will progress. With a \$450,000 grant from The Sidney R. Baer, Jr. Foundation, BIDMC psychologists Larry J. Seidman, Ph.D., and Anthony J. Giuliano, Ph.D., are leading a program to look at this early phase of development in schizophrenia and other psychotic disorders, a class of illnesses for which early detection and intervention is still a somewhat unconventional idea. The first of its kind in the Boston area, the innovative program aims, through clinical and community outreach efforts, to identify, evaluate, and assist adolescents and young adults in this at-risk stage of illness,

sometimes called a “prodrome.” Insights into this phase would be critical to understanding the mechanisms by which psychoses develop and for testing potential interventions. “If you can engage people in a treatment that could delay, attenuate, or even prevent the progression or onset of the full disorder, you know you’ve done a good thing,” says Seidman. “You save people and their families a lot of suffering and distress and maybe their whole path changes to a better one.”

Changing the course of psychotic illness early on would certainly be a boon since few diseases are so derailing to patients and their families and simultaneously so burdensome to the health care system. However, prior to the

advent of brain imaging technology and the broader acceptance of the brain's plasticity, psychotic illnesses were typically met with a sense of inevitability and hopelessness marked by blame. “Disorders like schizophrenia were highly stigmatized and stigmatizing, and people tended to think of them as chronic and that you couldn't do anything about them,” says Giuliano. Today, thanks in part to work at BIDMC, that view has been replaced by growing recognition of changes in the brain's structure and function, even prior to the onset of psychotic symptoms, and a cautious optimism that something could be done about it. “We don't tell people we definitely know what might portend something more problematic,” says Giuliano. “But for people who may have crossed a threshold into risk, we might say monitoring is a good idea. It's just like at the doctor's office when he finds an abnormal value related to your lipid profile—he's not going to tell you that you're going to have a heart attack in two days, but he may tell you to adjust your behaviors or try a preventive treatment.”

Knowing exactly what that change or treatment might be is still very murky, and Seidman and Giuliano stress the importance of building the knowledge base in this area through specialized clinical services and intensive community outreach as well as more basic research currently funded by the National Institute

of Mental Health. With the Baer Foundation support, they have started the CEDAR (Center for Early Detection, Assessment, and Response to Risk) clinic, where potentially at-risk patients and family members can be carefully, comprehensively, and sensitively evaluated, as well as an affiliated Web site (www.cedarclinic.org), trainings and educational materials for professionals to increase early identification of mental health problems, and an annual conference that has attracted about 200 attendees each year since 2008. The clinic provides an ideal environment in which to scientifically assess potential treatments and outcomes, and the researchers are exploring alternatives to antipsychotic medications like social cognitive therapy and multifamily group therapy, which are already showing promising results. “If you get an innovative grant that supports a program that actually helps develop treatment, then the question is how do you sustain it if it's working and how do you sustain it long enough to study it effectively,” says Seidman. “We don't just want to say an idea sounds good. As scientists, we have to show treatments actually work, and it takes time and it takes money. Thankfully, we've been rewarded with some nice grants in the area, which means other people think what we are proposing is good and smart so we want to keep doing it.”

Causes to Celebrate

Gifts in place of favors make weddings more meaningful

For Shelly Tobin and her daughter Alyson, the idea of wedding favors seemed frivolous. They felt the money could be much better spent so instead they decided to make a donation to support BIDMC's Parkinson's Disease and Movement Disorder Center in honor of Tobin's husband, Mark, who suffers from Parkinson's. “Our hope was that others would be encouraged to be more charitable to a cause important to them,” says Tobin. “A few of our guests were so inspired that they made personal donations to the Movement Disorder Center, which made us so happy.” Alyson married Ben Powers on August 15 at the Seaport Hotel in Boston. Tobin plans to make an equivalent donation for her daughter Michelle's wedding next May.

For Nicole and Anthony DeiCicchi, BIDMC's Cancer Center holds a special place in their hearts. “We are so grateful for the care our fathers received at BIDMC and wanted to acknowledge the medical center by giving back,” says Nicole DeiCicchi. “A donation in lieu of wedding favors seemed like the perfect way to do that, and our guests loved the idea.” The DeiCicchis were married on September 25 at the Popponeset Inn in Mashpee.

If you would like to make a gift to BIDMC to mark a wedding or other special occasion, please contact Jen DiFranco at (617) 667-7367 or jdi franc@bidmc.harvard.edu or visit www.gratefulnation.org/weddings.



Top: Alyson and Ben Powers;
Bottom: Nicole and Anthony DeiCicchi

GRATEFUL NATION PUTS ITS STARS IN THE SPOTLIGHT

In Grateful Nation’s Spotlight Series, well-known people from all walks of life discuss the idea of gratitude—what it means to them and the role it plays in their lives.



REPORTER FOR WCVB CHANNEL 5 IN BOSTON

KELLEY TUTHILL

“Being grateful, for me, is simply waking up everyday—feeling good and feeling optimistic for another day to do something important with your life.”

For Kelley Tuthill, a wife, a mother of two young girls, and a reporter for WCVB Channel 5, being diagnosed with cancer at the age of 36 turned her world upside down. In December 2006, shortly after nursing her six-month-old baby, Tuthill found a lump in her breast. Within weeks, along with the daunting diagnosis of Stage III breast cancer, came the realization that she might not live to be a grandmother and that life was too precious to be taken for granted. Tuthill credits the BIDMC staff with saving her life, from her obstetrician–gynecologist who ordered more tests despite no family history of breast cancer to her surgeon who, just minutes before surgery, took her hand and assured her that everything was going to be OK. These doctors also made themselves available to Tuthill after hours and occasionally checked in with her outside of regularly scheduled hospital visits.

In what many consider to be an impersonal time in health care, where visits can feel more like business transactions, Tuthill’s experience is indicative of the type of personal care BIDMC offers its patients every day. Here, Tuthill and her family received great support and comfort, something she hopes to give back to others dealing with breast cancer.



To hear more of Kelley Tuthill’s story on video or to make a donation in support of BIDMC’s BreastCare Center, please visit www.gratefulnation.org/tuthill.



Leave a Legacy... and Receive an Income for Life

If you are interested in a way to turn your assets into income and want to support the great work of BIDMC, it may be time to explore a Charitable Gift Annuity. Gift annuities provide you and a loved one with income—often increased income—for your lives.

Setting up a gift annuity to BIDMC is easy, and you’ll quickly enjoy the benefits:

- Annual, fixed payments for life at attractive rates (see chart)
- Gifts starting at \$10,000
- An immediate income tax deduction
- The knowledge that your gift supports the innovative clinical, research, and educational efforts of the medical center.

AGE	RATE
65	5.5%
70	5.8%
75	6.4%
80	7.2%
85	8.1%
90	9.5%

Rates are subject to change.



For more information, please contact Greta Morgan at (617) 667-7395 or gmorgan@bidmc.harvard.edu, or visit us online at www.gratefulnation.org/plannedgiving.

CANCER CARE GETS PERSONAL

Although BIDMC has a nationally recognized oncology program that provides some of the most advanced and technically proficient treatments for cancer in the world, what patients remember more than anything about their care is the people.

Maybe it's because at BIDMC, with its unique multidisciplinary approach to cancer treatment, a newly diagnosed patient is evaluated not only by an oncologist but by experts in surgery, radiation therapy, radiology, pathology, and social support services, who together determine the best course of care for that particular individual—usually within just one visit. It's this kind of coordinated and personalized case management that ensures all patients—and their families—get the information, attention, and support they need.

In the midst of treatment, however, few patients get the opportunity to express their full appreciation to their caregivers for all they have done on their behalf. Providing a public way to show their thanks and to raise funds to ensure that many more people have a reason to be similarly thankful is the idea behind **Evening of Gratitude**, co-chaired by cancer survivors Ellen Calmas, Susan Gotz, and Robin Shapiro (see their personal stories on the two following pages). The evening's honorary co-chairs are Roberta and

Irwin Chafetz, longstanding supporters of cancer care at the medical center. Roberta Chafetz is known for her work inspiring and encouraging cancer patients through her own fight with the disease.

This event, which will take place on **April 27, 2011**, will celebrate the spirit, compassion, integrity, and hard work of all the individuals who make up the Cancer Center. In particular, it will honor the longstanding contributions of Lowell E. Schnipper, M.D., chief of hematology and oncology, and Hester Hill Schnipper, LICSW, chief of oncology social work, both of whom have been at BIDMC for more than two decades. The night will also showcase the medical center's efforts to build upon its existing excellence in personalized cancer care by incorporating the genetic and mathematical insights of some of the most gifted scientific minds in the world to make treatments even more disease- and patient-specific.

For more details on how you can take part in Evening of Gratitude, please see the back cover of this issue.

▼ From left to right: Lowell Schnipper, M.D., Irwin and Roberta Chafetz, Hester Hill Schnipper, LICSW





▲ Ellen Calmas with her genetic oncologist, Nadine Tung, M.D.

ELLEN CALMAS

Around the time of her 10th wedding anniversary, Ellen Calmas felt a lump in her breast. “It was very small, and we hoped it was nothing,” she recalls. “And then, unfortunately, it was something.” Suddenly Calmas, a mother of four children under the age of six, was faced with the diagnosis of invasive breast cancer. Although she had delivered all of her children at BIDMC, Calmas was a pragmatist and shopped around to ensure she was comfortable with the treatment path she would take. In the end, her walk down Brookline Avenue led her right back where she started. “I certainly had confidence in their ability to deliver care,” she says of the other clinical options she checked out. “I was just much more comfortable, on multiple levels, with having my medical treatment at BIDMC. I didn’t feel like I was a number or a faceless patient. There was really a sense that people were sensitive to my experience as a young woman and mother of four being diagnosed, and what that meant in terms of what I was going to have to deal with.”

Juggling the responsibilities of motherhood is difficult enough without having to worry about cancer and all its implications in the process, and while her course of treatment was challenging and sometimes frightening to both her and her family, Calmas says never once did she second guess her choice. “There’s constant compassion. There’s constant access,” she says of the BIDMC Cancer Center. “There’s a quality of care I never questioned, and there’s a quality of caring that never dries up. I’m just so grateful for the humanity and the humility that I’m exposed to every time I walk in.”

Calmas’s gratitude has led her to be an outspoken proponent of the medical community’s quest to understand all the underlying causes of breast cancer with the goal of prevention. “What people do not understand is that 50 percent of breast cancers are not attributable to lifestyle or genetic makeup so that leaves 50 percent that we don’t have answers for,” she notes. Calmas believes these answers lie in many areas of research, including ongoing biomedical research, an area in which BIDMC excels but gets too little recognition for. She hopes that events like *Evening of Gratitude*, which she is co-chairing, will bring broader appreciation and philanthropic support for the medical center’s contributions to cancer science as well as care. Calmas points out how far BIDMC’s research has brought the field already. “While a cancer diagnosis is still frightening, we’re incredibly fortunate to have unbelievable brainpower and compassion to get us through,” she says. “Bench to bedside and back into life—maybe that’s how people should start thinking about the incredible work that’s happening at the Cancer Center now.”



▲ Susan Gotz with her oncologist, Steven Come, M.D.

SUSAN GOTZ

Haunted by the premature deaths of both her mother and her closest friend from cancer, Susan Gotz was initially paralyzed by her own untimely diagnosis of breast cancer, which grimly underscored the occasion of her 50th birthday. Fortunately, a trusted family physician pointed her in the direction of the cancer care team at BIDMC—a team that would ultimately guide her along a lengthy path of treatment marked by superior care and unwavering support. “It really took up an entire year of my life,” recalls Gotz, a Worcester resident with a background in teaching and advertising, “a year that was both terrifying and challenging in many ways but also very rewarding because I was taken care of so unbelievably by the whole group working together.”

Gotz’s desire to make everyone’s treatment experience like her own led to an active involvement in fundraising to improve programs and resources for breast cancer patients in both Boston and Worcester. “I am proud of the fact that I was able to get beyond it and to get back to my life and give back to other people who were going through it,” she says. “I know that extraordinary people touched my life, and I can only hope that I can touch people’s lives in return because that kind of support definitely helped me.” It became all the more important when, only six years later, Gotz would receive another cancer diagnosis, this time lymphoma. She knew that, once again, BIDMC would offer her what she would need. “I think that when you are someplace that is so good and that when people are applauding you and making you feel like you can get to the other side, then you want to—that’s your goal,” she says.

Now 15 years later, in complete remission from both cancers, Gotz is finally coming full circle with her efforts to improve the lives of people with cancer and advance the search for a cure. As one of the three co-chairs of *Evening of Gratitude* to raise money and awareness for BIDMC’s Cancer Center, Gotz says that she hopes ultimately that philanthropic efforts for this disease will become obsolete. “I couldn’t say yes fast enough,” she notes. “For years, I’ve been saying that I’ve been fundraising for everybody else for breast cancer, and I’ve never thanked the actual place that saved my life. So this is just a beautiful thing for me.”

CONTINUED ON P. 12 ►

CONTINUED FROM P. 11

ROBIN SHAPIRO

When it came to getting treated for breast cancer, Robin Shapiro was a woman of action and few words. Wanting to focus single-mindedly on getting better, Shapiro opted to tell very few people of her diagnosis, including her four children. “I have a different way of dealing with life challenges than others,” she notes. “At the time, I was protecting my children so they wouldn’t have to worry.” Being private also helped Shapiro ease some of her own anxieties and find some normalcy in what can often be a very aberrant and self-pitying process. “One can’t sit back and worry about what’s going to happen,” she says. “You have to have a plan. If you have that plan, that’s what you concentrate on—getting through surgery, getting to the end of radiation treatments. You don’t focus solely on your illness.”

Knowing that each patient and each cancer is different, the caregivers at BIDMC’s Cancer Center came up with a tailored course of treatment for Shapiro. “I applaud the Center’s personalized approach,” Shapiro says. “They steer clear of the one-treatment-fits-all mentality.” Instead, the Center pulls together a team of diverse specialists to assess and manage each case based on the patient’s unique circumstances and needs. “I opted to deal with my illness and treatment on my own terms,” says Shapiro, “and that’s what the Cancer Center allowed me to do. When I needed help, it was there, but I was also able to make my own decisions and that really worked for me.”



▲ Robin Shapiro with her reconstructive surgeon, Sumner Slavin, M.D.

Shapiro’s fortitude didn’t make her any less appreciative of all the effort that went into the exemplary care she received at BIDMC. “Everyone, from the person at the desk to the person who takes your blood, is a very compassionate, wonderful human being,” she notes. “I think they have to be because often it is a very hard and emotionally draining job.” Shapiro explains that this is the reason why she chose to become a co-chair for *Evening of Gratitude* to support and celebrate the work of the Cancer Center and its dedicated staff. “There are times when you just want to say thank you for being there, thank you for helping, thank you for having that smile on your face,” she says. “This event is my way of acknowledging all the people who make BIDMC’s Cancer Center the quintessential caregiver for cancer patients.” ●

RUNNING A HOSPITAL

THIS IS A BLOG STARTED BY A CEO OF A LARGE BOSTON HOSPITAL TO SHARE THOUGHTS ABOUT HOSPITALS, MEDICINE, AND HEALTH CARE ISSUES.

Recently in an e-mail message to the entire BIDMC staff and on his blog, Paul Levy reflected on the meaning of “purpose” in an organization and how it relates to achieving institutional goals. He also contemplates the notion of how to provide a service in the best way possible without customers losing their autonomy. Below is an excerpt from his posting. To see the full text, visit www.runningahospital.blogspot.com.

... Let’s switch to medicine and hospitals now. As you all know, at BIDMC, we have a long-standing purpose. It is not a business objective in our strategic plan or mission statement, but it is deeply held: “To treat patients and their families as we would want members of our own family treated.” Achieving this purpose is a full-time endeavor for all of us who work here—including those involved in research and teaching as well as clinical care.

In the last eight years, we have accomplished a financial turnaround, successfully implemented a strategic

plan and gained market share, dramatically enhanced patient quality and safety, come together as a community during economic hard times to save jobs and to protect our most vulnerable staff members, and begun an approach to process improvement (Lean) that is highly respectful of one another.

And, through it all, we took great care of patients and their families.

Notwithstanding these great successes, we have begun to learn that we cannot satisfy our purpose if

we make all the decisions for patients and their families. In the ICUs and elsewhere we have established patient and family advisory councils that bring in the wisdom of our clients in logistics, space planning, and even clinical protocols. Several months ago, I wrote about one such effort in our ICUs that actually received international recognition.

Of all the lessons we have learned here at BIDMC, this may be the hardest. It is very different from the training received by doctors and even that received by many nurses. Beyond being respectful, empathetic, and compassionate, it requires us to be ever modest about our knowledge and in our demeanor.

This kind of approach is most successful when it is a partnership, where dependence in one direction is transformed into bidirectional

interdependence. I’m not writing today to provide lots of details, but to give you a heads up: over the coming months, look for an expansion in our engagement with these advisory councils and other outreach to our patients and their families. We also plan to work with the Institute for Healthcare Improvement to encourage and enhance the activities of patient-run organizations in Boston and beyond.

If we can learn to be full partners with our patients in carrying out our purpose, the sky’s the limit.

Thanks, as always, for your involvement, support, ideas, passion, and encouragement.

Sincerely,

Paul ●

Foundation Gift Helps Manage Cancer's Psychological Impact



▲ Laurie Rosenblatt, M.D. (right), with hematology/oncology fellow Adam Rojan, M.D.

A cancer diagnosis presents not only clinical challenges but also psychosocial ones, as a patient navigates the complex course of treatment and copes with the impact it can have on work and family life, physical stamina, and emotional well-being.

Thanks to the generous support of the Leaves of Grass Fund, a unique psycho-oncology position at BIDMC is continuing to build a remarkable program to help both newly diagnosed patients and their families and newly trained oncologists deal constructively with these issues. Currently, the position is held jointly by Laurie Rosenblatt, M.D., and Christine Wittman, M.D.

Through the efforts of Rosenblatt, Wittman, and their predecessors, the program focuses on improving direct clinical interactions with patients through education and consultation, and in particular on helping early-career oncologists and psychiatrists

learn how to best communicate with people who are faced with various stages of cancer.

“It is unusual to have a position dedicated to this kind of intensive communication training for oncology fellows,” says Rosenblatt, who came into the job with more than a decade of experience in this area of medical training. “We thank the Leaves of Grass Fund for giving us the opportunity to work with the fellows as they develop skills that will allow them to respond to the full spectrum of their patients’ needs.”

Your corporation or foundation can have a lasting impact on patients and their families by supporting the work of our psycho-oncology program or other innovative care initiatives at BIDMC. To learn more, contact Donna Tyson at (617) 667-4584 or dtyson@bidmc.harvard.edu, or visit www.gratefulnation.org/candfgiving.

GET YOUR DAILY DOSE OF GRATITUDE... NO PRESCRIPTION NECESSARY

Positive side effects are sure to follow when you sign up to receive Daily Gratitude, a thank-provoking e-mail series featuring inspirational quotes, photos, and tips on how to incorporate gratitude into your life.

Give what ails you the thank you treatment. Or make gratitude contagious by sharing your own thankful thoughts.

Register today at www.gratefulnation.org/dailygratitude.

GIVING WITH GRATITUDE

HONOR ~ CELEBRATE ~ REMEMBER

Each year, thousands of people use BIDMC’s Tribute Giving Program to honor, celebrate, or memorialize special individuals by making a donation in their name. These gifts of gratitude represent substantial support for the medical center’s innovative programs in clinical care and research.

To make a tribute gift or learn more about creative ways to recognize someone special, please visit www.gratefulnation.org/tributegiving.

www.gratefulnation.org

GRATEFUL NATION EVENTS

Since the launch of Grateful Nation, BIDMC's new fundraising program centered around gratitude, we have brought more than 6,000 people together through various events, raising close to \$700,000. 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, where you can also view more photos under "Past Events."

STEP UP AND BREAK THE SILENCE OVARIAN CANCER WALK IN MEMORY OF MARIE SPINALE

SEPTEMBER 11, 2010

More than 120 people came together for this inspiring five-mile walk through the Stone Zoo in Stoneham in memory of founder Marie Spinale. Hosted by the Sisters Against Ovarian Cancer and BIDMC for the third year in a row, the walk raised more than \$23,000 for ovarian cancer research and care at the medical center.

- 1 Jan and Jim Comey
- 2 April Fournier, Jean D'Orsi, Michelle Fournier, Lisa Fournier, Peter D'Orsi, Jade D'Orsi
- 3 Pam Breingan, Carol Powers
- 4 Judy Budny, Carol Powers, Linda D'Orsi, Susan Morais, Christina Spinale, Richie Spinale, Michael Spinale, Kathie Keenan
- 5 Thomas Keefe, Pat Drivers, Richie Spinale, Thomas Keefe, Jr.

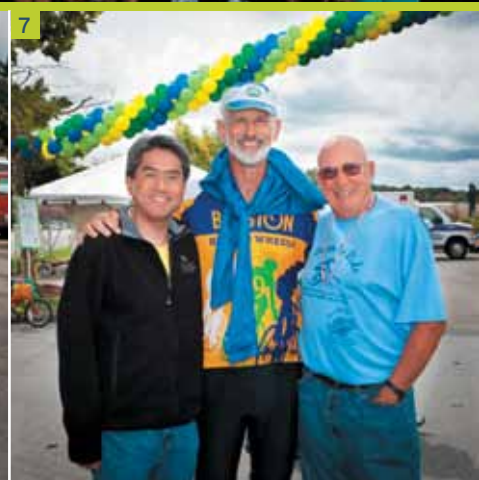


A REASON TO RIDE PRESENTED BY FUDDRUCKERS

SEPTEMBER 12, 2010

More than 400 riders, volunteers, and supporters gathered at the Liberty Tree Mall in Danvers to participate in the third annual *A Reason to Ride* bike-a-thon presented by Fuddruckers. Founded by Tom DesFosses, the event raised almost \$90,000 in support of Eric Wong M.D.'s brain tumor research at BIDMC. The day featured a car show courtesy of the New England Firebird Auto Club, a trike-a-thon, silent auction, raffles, music, and a Fuddruckers barbeque.

- 6 A group of A Reason to Ride bikers
- 7 Eric Wong, M.D., Paul Levy, Tom DesFosses
- 8 Delicious post-ride barbeque courtesy of Fuddruckers
- 9 The 50-mile riders ready at the start line
- 10 Members of the New England Firebird Auto Club





POOR HISTORIANS CONCERT

SEPTEMBER 24, 2010

The Poor Historians rock band, made up of six BIDMC residents and a medical student from Boston University, held their second show to benefit earthquake relief in Haiti. Held at the Cask 'n' Flagon near Fenway Park, the concert attracted more than 100 people and raised more than \$1,200 in support of BIDMC's Haiti relief efforts. Guests enjoyed a playlist that included the band's own original music and covers of rock and blues-influenced songs by the Allman Brothers, Jimi Hendrix, Prince, and U2.

- 11 The Poor Historians members Jason Choi, Kevin Selby, John Mafi, Ian McCormick
- 12 The Poor Historians: Ian McCormick, Mike Andreoli, Jason Choi, John Mafi, Matt Niemi, Kevin Selby, Rob Stavert



BOSTON REALTY ADVISORS TENNIS EVENT

SEPTEMBER 29, 2010

For the third year in a row, Boston Realty Advisors sponsored a full day of round-robin tennis matches at the famed Longwood Cricket Club in Chestnut Hill. More than 250 people came together to raise about \$145,000 to benefit the Parkinson's Disease and Movement Disorder Center at BIDMC. Chaired by Jeremy Freid, the event included a relaxing cocktail party, a silent and live auction, and guest appearances by BIDMC neurologist Daniel Tarsy, M.D., and comedian Steve Calechman.

- 13 Adam Schneier, Jeremy Freid, Jason Abrahms
- 14 Lauren Basile
- 15 Jill Glazer, Stacey Lee, Jenessa Freid
- 16 End of doubles match
- 17 Wendy Segel, Jill Spiro, Daniel Tarsy, M.D.



DANCING FOR EMPOWERMENT

OCTOBER 5, 2010

BIDMC's Center for Violence Prevention and Recovery hosted a unique event featuring delicious Mediterranean fare and exquisite dance at the Karoun restaurant in Newton. Attended by close to 50 people, the event raised more than \$2,000 in support of the center. The night also included a belly dancing class for those interested in broadening their repertoire.

- 18 The group strikes a pose after their belly dance class
- 19 World-renowned belly dancer Melina leads the belly dance class
- 20 Milly Arbaje, Jane Matlaw



The Skinny on Baby Fats

Organizations fund landmark multidisciplinary study on infant nutrition

It began, as it so often does in biomedical science, with a chance comment in passing—in this case, one which would eventually lead to a collaborative research project that may have implications for infant health worldwide. A few years ago, when Deborah DaSilva, R.N., a clinical nurse working with gastroenterologist Steven D. Freedman, M.D., Ph.D., asked if he knew that all infants are born pancreatic insufficient, he couldn't help but be intrigued.

As director of Beth Israel Deaconess Medical Center's Pancreas Center and an expert on the dual-purpose organ, Freedman was well aware that, in adults, the pancreas's primary function is to secrete three classes of critical digestive enzymes; however, the relatively obscure study from the 1970s, which his colleague was referencing, had found that while babies make protease to break down proteins, they don't make amylase to break down carbohydrates or lipase to break down fats. Instead Mother Nature put these enzymes directly in the breast milk that infants would presumably consume to compensate for their pancreases' inability to produce them.

It was the "presumably" that got Freedman thinking—and concerned. With so many modern-era babies on formula instead of breast milk,

were they getting all the nutrients they would need to grow and flourish? "Infant formula has no amylase, no lipase, no protease," says Freedman. "This potentially presents a major problem, particularly when it comes to breaking down fats." Docosahexaenoic acid (DHA) was the most obvious quandary. Prevalent in breast milk, this omega 3 fatty acid is critical to brain and eye development, which is why the U.S. Food and Drug Administration approved its inclusion in infant formula. But without the appropriate enzymes to break it down, would babies be absorbing it at all and ultimately how would this affect their development?

To examine the difference in fat absorption between breast- and formula-fed babies and to determine if malabsorption leads to adverse effects, it became clear that some

cross-disciplinary collaboration would be in order. Enter neonatologist Camilia R. Martin, M.D., M.S., associate director of the Klarman Family Neonatal Intensive Care Unit (NICU) at BIDMC. In her work, Martin sees plenty of disease, especially in premature babies, and is interested in how nutrition affects infants. While Freedman initially came to her with full term infants in mind, Martin posited that these deficiencies would be magnified in preterm babies. "Realizing that preterm infants may potentially have difficulties in processing the fats that we provide them and understanding the role of fatty acids in neurodevelopment and in general health and inflammation, I got very excited about studying these relationships," she says. "I thought there's finally an avenue to be able to specifically look at the effect of nutrition and health and potentially address change in our practice."

But Martin and Freedman would never have been able to pursue this avenue without the support of several organizations—including \$375,000 from the Charles Hood Foundation; \$75,000 from the John Alden Trust; and \$50,000 from the Gerber Foundation—along with a faculty minority fellowship from

Harvard, which allowed Martin the time to immerse herself in the research. Her work officially began in February 2009, when the first of more than 270 preterm infants was enrolled in a clinical biorepository upon admission to the NICU. By measuring levels of three important fatty acids, including DHA, in the babies' diet, stool, and blood for the length of their hospital stay, the goal was to analyze the changes in fatty acids after delivery, how they changed, and if those changes were related to the nutrition the NICU provides. The results would then be compared to those from full term infants. "It's not trivial to have this kind of biorepository," says Freedman, noting that both he and Martin have been struck by the degree of cooperation from both the families and the staff. "Everything that goes in and out is captured. This has been a Herculean effort by Cami and her whole team."

The effort has paid off. Their results thus far could have enormous implications. "In the first week, the DHA levels were almost halved," says Martin of the levels of the three fatty acids they studied in the infants' first month of life, "and they stayed there regardless of how much fat we

NEWS OF NOTE

Visit www.gratefulnation.org/newsofnote for more.

▶ A unique multidisciplinary project to study infant digestion could have a critical impact on the health of premature babies like Griffin Boulet, shown here with his parents, Allan and Rebecca, in the Klarman Family Neonatal Intensive Care Unit at BIDMC.

▶ Camilia R. Martin, M.D., M.S., and Steven D. Freedman, M.D., Ph.D., both say that their study never would have come to fruition without the commitment and selflessness of the parents and other family members of infants in the NICU.



“What Drs. Freedman and Martin are doing at BIDMC now is the modern equivalent of what our family, for generations, has stood for—doing best for children,” says Charles Hood of the Charles H. Hood Foundation, a lead donor to Freedman and Martin’s project. His wife, Judy, agrees: “We have a history of supporting work that prevents childhood disease, and we are proud to be a part of this important research which will give so many more kids a chance at leading healthy, productive lives.”

were giving them intravenously or if they transitioned to using their gut, with either breast milk or formula. There’s a deficit that occurs by the end of the first week after birth, and we can’t get them back to birth levels.” Freedman knew immediately upon seeing the data that the low DHA levels resembled what he sees in cystic fibrosis patients, leading him to believe that this condition could put the infants at risk for inflammation, chronic lung disease, necrotizing enterocolitis, and infections. Further investigation by Martin’s team indeed found DHA levels to be an important indicator for lung disease and infection.

To assess the long-term impact of these fatty acid levels, the group will follow up with preterm babies in the study to assess cognitive growth. Pending additional funding, the next phase of the project will use animal models to test whether the correction of fatty acid levels

prevents disease and that providing nutrition with supplemental fatty acids has no adverse effects. “This major breakthrough suggests that these fatty acids are dramatically altered within a week after birth compared to what they are in utero,” says Freedman. “So if you can keep the levels where they are in utero, could you make chronic lung disease go away completely or close to it? Could you make retinopathy or prematurity go away? Infection? If we could correct this and get the levels back to where they are in the third trimester, maybe these babies wouldn’t get these diseases.”

Freedman points out that it’s incredible what collaboration across disciplines can do, noting that with more funding this research could ultimately change the standard of care in all NICUs. “This is a story about how people in totally different areas, both in research and clinical work, come together to make

potentially major discoveries,” he says. “That’s where you’re going to break the backbone of illness, and that’s what we’re seeing here.” While early pilot projects such as this are the type that government funders tend to eschew, Freedman and Martin hope that its promise makes it just the kind of project to appeal to more donors like the ones that have helped them get this far. “When you start to build something and you have this support, it leads to other collaborations,” says Martin. “It opens other doors on campus here at BIDMC, and it has sparked other collaborations, cross-institutionally and across the country. It’s been the most fantastic two years.”

TAKING A STAND AGAINST CANCER

BIDMC Cancer Center Director **Lewis Cantley, Ph.D.**, doesn’t take the complexities of cancer research lying down. That’s why he’s got the attention of **Stand Up to Cancer (SU2C)**, an entertainment industry-founded initiative aimed at getting new cancer treatments to patients in an accelerated timeframe. As leader of one of SU2C’s five multidisciplinary and multi-institutional “dream teams,” Cantley appeared on the initiative’s second televised event on September 10.

HOPE AND HEALTH FOR TEEN WOMEN

BIDMC obstetrician-gynecologist **Hope Ricciotti, M.D.**, has co-written a new book, *The Real Life Body Book*, with author **Monique Doyle Spencer** to help empower young women to take control of their health and make informed medical decisions in an online era.

NEW TECHNOLOGY BENEFITS OLDER PATIENTS

Melissa Mattison, M.D., geriatrician and associate director of hospital medicine at BIDMC, recently published a study that found that a computerized provider order entry drug warning system improves the safety of hospitalized elderly patients by reducing orders for potentially inappropriate medications.

KIDNEY GENE

BIDMC’s new chief of nephrology, **Martin Pollak, M.D.**, along with colleagues at the **Université Libre de Bruxelles** in Belgium, recently discovered that a gene called APOL1, which appears to protect people from sleeping sickness in Africa, also appears to make black Americans four times more likely to develop kidney disease. Their findings shed light on why U.S. blacks are far more likely than whites to suffer from kidney disease and could potentially lead to new treatments or even preventive measures.

ON THE SCENE

O'HANLEY DEDICATION

AUGUST 3, 2010

A small gathering of close friends and family celebrated the naming of the Dorothy Fagan O'Hanley Neurosciences Floor at the medical center with a dedication ceremony. Speakers from the BIDMC community included Steve Kay, chair of the Board of Directors; Paul Levy, president and CEO; Ronald O'Hanley, member of the Board of Directors and Dorothy Fagan O'Hanley's son; Clifford Saper, M.D., Ph.D., chief of neurology; and Lois Silverman Yashar, chair of the Foundation Board.

- 1 Back row: James O'Hanley, Ronald O'Hanley, Michael O'Hanley
Front row: Margaret Puopolo, Patricia Hasselschwert



KARAOKE FOR CANCER EVENT

AUGUST 20, 2010

BIDMC and Jill's List, an online resource where people can find and share information about practitioners and treatments, presented an evening of Karaoke for Cancer in support of the Center for Molecular Imaging at BIDMC. Held at the home of Jill and Niraj Shah, more than 50 people enjoyed a cocktail reception featuring some karaoke fun and a presentation by John V. Frangioni, M.D., Ph.D., who co-directs the Center for Molecular Imaging along with Robert Lenkinski, Ph.D.

- 2 Robert Lenkinski, Ph.D., John V. Frangioni, M.D., Ph.D.
3 The Shahs' Osterville home
4 A group of guests karaoking
5 Niraj and Jill Shah, John V. Frangioni, M.D., Ph.D.



CHAIKOF WELCOME EVENT

SEPTEMBER 13, 2010

Steve Kay, chair of the BIDMC Board of Directors, and his wife, Lisbeth Tarlow, hosted an intimate dinner at their home to welcome Elliot Chaikof, M.D., Ph.D., as the new surgeon-in-chief and chair of the Roberta and Stephen R. Weiner Department of Surgery at BIDMC. Formerly the chief of vascular surgery at Emory University in Atlanta, Chaikof is a gifted physician and scientist who brings great leadership skills to BIDMC's already renowned surgical team.

- 6 Melissa and Elliot Chaikof, M.D., Ph.D.
7 David Weiner, Stephen R. Weiner
8 Steve Kay
9 Clayton Turnbull





SIMONS RECOGNITION EVENT

SEPTEMBER 21, 2010

In honor of the late Marcia and Matthew Simons' generosity to the medical center, BIDMC hosted a dedication ceremony attended by 50 of the couple's closest friends and family. The ceremony included the unveiling of a plaque and lettering on the West Campus and presentations by three BIDMC cardiovascular experts: Stafford Cohen, M.D., Mark Josephson, M.D., and Anthony Rosenzweig, M.D.

- 10 Stafford Cohen, M.D., and Deborah Cohen, Dora Cohen
- 11 The Podolsky family
- 12 James and Marilyn Simons, Donna and David Podolsky
- 13 James Simons, Stafford Cohen, M.D., Barry Clickstein, Harris Holstein



ANNUAL MEETING OF THE BOARDS

SEPTEMBER 23, 2010

More than 250 members of the board and senior leadership staff gathered for this annual meeting which highlighted the medical center's accomplishments over the year. The meeting also served to welcome new members and recognize retiring members for their contributions as well as present the ninth annual Robert M. Melzer Leadership Awards to BIDMC community members Elena Canacari, Joanne Pokaski, and Paula Ivey Henry, Ph.D.

- 14 Howard Rubin, Sid Queler, Bob Kelly
- 15 Howard and Carol Anderson, Alan and Harriet Lewis, Clayton Turnbull
- 16 Juliet Henry, Julie and Bayard Henry, Paula Ivey Henry, Ph.D., Simone Henry, Snowden Henry
- 17 Alan Rottenberg, Howard Wolk



SOLOMON LECTURESHIP

OCTOBER 6, 2010

More than 60 people attended the third annual Harold S. Solomon, M.D., Lectureship in Preventive Medicine, created through the generosity of Farla Krentzman, her late husband, Chet, and other friends of BIDMC. This year's guest lecturer was C. Seth Landefeld, M.D., a geriatrician whose work aims to improve health care for older people with serious illness. Landefeld spoke about quality care for the aging population and its financial implications, and received a framed bowtie, now a lectureship tradition.

- 18 Renee and Herbert Stein
- 19 Amy and Scott Krentzman, Farla Krentzman
- 20 C. Seth Landefeld, M.D., Harold Solomon, M.D.
- 21 Harold Solomon, M.D., Shirley Charm
- 22 Lara Cohen, Milly and Harold Solomon, M.D., Jeremy Solomon



OBERSTAR COCKTAIL RECEPTION

OCTOBER 6, 2010

Congressman Jim Oberstar of Minnesota and his wife, Jean, hosted a reception at their Washington, D.C. home, to honor BIDMC's Steven Freedman, M.D., Ph.D., whose expertise in pancreatitis proved to be life changing for their granddaughter Coryn Tower. The event highlighted Freedman's TRUST program, which aims to make patients and their families informed partners in their care. The Tower family has established Coryn's Crusade for Kids in Pain in part to bring the TRUST approach to chronically ill children. See back cover for more.

- 23 Noelle Tower, Steven Freedman, M.D., Ph.D., Coryn Tower, Congressman Jim Oberstar, Jean Oberstar, Ann Freedman, Todd Tower



Beth Israel Deaconess
Medical Center

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On October 6, Congressman Jim Oberstar of Minnesota, his daughter Noelle Tower, and granddaughter Coryn Tower honored BIDMC's Steven Freedman, M.D., Ph.D., for his personalized approach with pancreatitis patients and their families. Freedman's work with Coryn proved to be instrumental in easing her debilitating pain, allowing her to pursue her love of dance. Thankful for her progress, the Towers have established Coryn's Crusade for Kids in Pain to ensure that other kids suffering from this disease can maintain a normal life. For more, see page 19 or visit www.gratefulnation.org/corynscrusade.

Pictured left: Noelle Tower, Coryn Tower, Congressman Jim Oberstar

giving matters

BETH ISRAEL DEACONESS MEDICAL CENTER

WINTER 2010-11

UPCOMING EVENTS

SUNDAY
MARCH 6, 2011

Palm Beach 2011
6:00 p.m.
Slifka Residence, Palm Beach, FL

MONDAY
MARCH 28, 2011

Silverman Institute Symposium Reception
6:00 p.m.
Joseph B. Martin Conference Center,
Harvard Medical School, Boston

MONDAY
APRIL 18, 2011

Grateful Nation Team Runs
the 115th Boston Marathon
Start time: 9:00 a.m.
Hopkinton to Boston

evening of gratitude

A celebration of care in the Cancer Center

Wednesday,
April 27, 2011
InterContinental Boston
6:00 p.m.

Become a Sponsor
Share your Story
Recognize a Caregiver
Purchase Tickets
Make a Gift

For details on how you
can get involved, visit
[www.gratefulnation.org/
eveningofgratitude](http://www.gratefulnation.org/eveningofgratitude) or
call (617) 667-7331.

See page 10 for a feature
story about this unique
event and its co-chairs.

Beth Israel Deaconess Medical Center

For more details or to register for an event, please call (617) 667-7348
or e-mail events@bidmc.harvard.edu.