For Brian and Mary Campbell, these life lessons began early and in earnest.

Brian Campbell recalls a life-changing moment as a young boy growing up outside of Chicago, sitting on the rim of the bathtub watching his father shave.

“He looked at me in the mirror and he said, ‘son, get all the education you can so you can work with this’ — pointing to his head — ‘and not with these’ pointing to his hands, ‘like I have to do.’” Brian recalls. “He told me that there are two things no one can take away from you: your education and your dignity. What powerful lessons I learned that morning!”

A few hundred miles away, in Marshall, Michigan, young Mary Lincoln was learning, too. Her father, a securities banker, had lost everything in the Great Depression and spent the rest of his life working to provide restitution to his clients. Her mother was the head dietician at an area hospital and, after raising her children, went to work for the court system in adoption and foster care. Both college educated, Mary’s parents expected no less from their children.

“Both our families had a strong work ethic that was coupled with a strong belief that what you have should be shared with others, and that one should have a grateful heart for all that life affords.” Mary says.

The Campbells try to live this belief system every day in a marriage based on love, humor, hard work and a broad, powerful philanthropic spirit.

After earning his undergraduate degree in business and a master’s degree in taxation from DePaul University, and an MBA from Northwestern University, Brian went to work as an investment banker in Chicago. Along the way he met Mary, who had come to work at his firm after earning an undergraduate degree in English from the University of Michigan and a master’s degree in special education from Fairfield University.

Despite her education, Mary was hired to work as an investment banker in Chicago. She quips. She immersed herself in the firm and learned everything she could about investment banking.

“I thought, ‘I’m here to gain what I can from this. I can’t be focused on what I’m not being allowed to do.’ And besides, Brian was really cute,” says Mary.

“I still am!” pipes in Brian, with surgically precise timing.

After Mary and Brian married in 1977, the couple settled in Ann Arbor.

Brian went to work for the Masco Corporation in Taylor, Michigan; Mary went to the U-M to earn an MBA and then to the world of commercial banking. In 1980, they were blessed with the birth of their daughter, Elizabeth.

“The U-M Health System is an amazing house of miracles,” says Brian. “They’re doing research there that most people can’t even imagine.”

continued on pg. 3
CONTINUED RECOGNITION
When U.S. News & World Report recently released their rankings of medical schools and medical school specialties, the U-M Department of Internal Medicine was ranked 6th overall nationally, tying our rank for last year, and repeating our highest rank in more than 10 years. The U-M Medical School tied for 10th overall for research medical schools, and 8th overall for primary care medical schools. This recognition by our peers and others is a testament to our efforts and our donors’ support in making the U-M the best place for education and training, for clinical care, and for research.

Last year, 2011, was no exception. Some of our most notable efforts included:

MAKING U-M A DESTINATION
Our 2011 philanthropy report’s theme is “Destination: Internal Medicine.” I wanted to feature our department’s participation in numerous Destination Programs, or Centers of Excellence, that are being highlighted by the U-M Health System. These amazing multidisciplinary programs are bringing the best of U-M’s research and clinical care expertise together to create the ideal patient experience (see story on page 4).

ONGOING RESEARCH GROWTH
Our research funding and efforts are still going strong. Some of our research groups have moved or are planning to move to the U-M North Campus Research Complex to take advantage of NCRC’s new facilities and their many advantages (see story on page 9).

NEW DEVELOPMENT LEADERSHIP
This year, Brian Lally, MBA, joined U-M as our new Associate Vice President for Medical Development and Alumni Relations. He came to us from Dartmouth-Hitchcock Medical Center and Dartmouth Medical School. I’m excited to work with him and to see what his fresh perspective and expertise will bring to development at the U-M. He is working on building a successful team to ensure the continued success and growth of medicine at Michigan (see story page 19).

OUR DONORS
The main highlight of this report, of course, is the donors. It is the dedication and support of our donors that make all of this possible. They’ve facilitated and promoted the creation of U-M’s Destination Programs and research groups at the NCRC by supporting professorships and cutting-edge research. With this help, we’re able to recruit top faculty and to develop the next generation of researchers and clinicians. In the end, the impact of this support can be felt far and wide. This not only benefits patients, it benefits our communities, the state of Michigan, and in many cases, even the world.

In this report, we wanted to share the stories of several of our donors to capture how they’ve been making a difference in medicine at Michigan and beyond in 2011. Our cover story about Brian and Mary Campbell shows how one family’s vital involvement with the Health System has resulted in the support of a professorship, an endowed chair, and research initiatives. The Kamal and Nisha Gupta Family Research Fund, the Greenview Foundation, The Vada Murray Fund for Cancer Research, the Antonio Rugiero Diabetes Research Fund, and Mark and Mary Weiser are all great examples of how community supporters and grateful patient families are harnessing their passion to help others and to find answers and cures for diseases through funding innovative research at the U-M. There are also stories of current and former faculty like Dr. Dale Dedrick, and alumni who continue to support and inspire us.

Everything that we do in the Department of Internal Medicine is made better by our donors. No matter what challenges we face from the outside world, it is philanthropy that allows us to continue to create new opportunities for achieving our missions of excellence in patient care, research and education. We have become a national leader in these areas because of this support. We couldn’t have done it without you. We salute and thank you for your continued support of our work.

John Carethers, MD
Today, Elizabeth lives and works in New York City and commutes to the U-M where she is completing an MBA.

Brian and Mary Campbell are renowned entrepreneurs. Their extraordinary resumes touch on nearly every aspect of venture capital, manufacturing, community involvement and philanthropy.

Brian is former chairman and chief executive officer of Kaydon Corporation and is now chairman of Campbell Industries. He is a member of the U-M Health System Advisory Group and the U-M Cardiovascular Center National Advisory Board. He also is president and director of The Campbell Fund — a philanthropic organization active in Michigan — and a member of the Business Advisory Council of DePaul University. In 2012, DePaul awarded Brian the honorary degree Doctor of Humane Letters, recognizing his commitment to his alma mater and — he likes to say — his fondness for being called “Doc”!

Mary is managing director and founder of EDF Ventures, a venture capital firm focused on early-stage investments in health care and information technology. She has served on the U-M W.K. Kellogg Eye Center Expansion Committee and is a member of the Cardiovascular Center National Advisory Board.

The Campbells say their vital involvement with the U-M Medical School is an outgrowth of their close friendship with David A. Bloom, MD, chair of the Department of Urology, and Bloom’s wife, Martha. A 2006 gift from the Campbells to the Medical School established the David A. Bloom Professorship in Urology. “David is a unique individual, a Renaissance man,” says Brian.

Their connection to the Health System deepened on the morning of August 2, 2009, when Brian experienced some alarming symptoms and called his best friend for advice; Bloom urged him to go to the U-M Emergency Department. Brian’s condition quickly worsened — an internal hemorrhage was spiraling out of control — and the ER staff called in pulmonary specialist Vibha N. Lama, MD.

“Dr. Lama had finished her rounds and was about to go home,” recalls Brian. Instead, she took over, stayed with him for many hours and, he says, saved his life. “She was absolutely amazing,” he says. “The dedication of the entire staff blew me away.”

“Every Saturday since 2005, Brian Campbell and David Bloom have met for lunch in downtown Ann Arbor to “solve the problems of the world” (as Brian puts it) and talk about new advances in medical technology. It was during one of these meetings that Brian learned of the work of Kim A. Eagle, MD, the Albion Walter Hewlett Professor of Internal Medicine and director of the Cardiovascular Center. Brian became one of Eagle’s patients and was immediately impressed by the physician’s knowledge, dedication and gentle, humble nature.

In 2011, the Campbells decided to make a leadership gift to fund the Kim A. Eagle Endowed Chair in Cardiology in honor of the physician. Brian easily points out the reasons why: “One: I love him as a person. Two: He is a great cardiologist. Three: He has been very helpful to me. Four: I’ve learned that everyone loves this man!”

Says Eagle of the gift, “I am deeply humbled. This endowment has a transforming effect. It allows the holder of this chair the opportunity to push new boundaries in education and research which otherwise would not be possible. Endowed professorships make a huge difference in the work of our university, medical school, department and division. I would never have imagined this when I was recruited here in 1994. How blessed I am to work at such an amazing place and how grateful I am to the Campbells.”

Vibha N. Lama, MD

That same year, in addition to a gift to the Kellogg Eye Center, the Campbells also made gifts to support the research initiatives of both Eagle and Lama.

Lama, whose research team focuses on improving outcomes of lung transplantation, says she is deeply moved by the Campbells’ belief in her work. “I feel very fortunate to have met two such inspiring and generous individuals as Mary and Brian,” she says. “Their support and confidence has been instrumental in moving forward our work in the field of human lung stem cells.”

For the Campbells, their reasons for giving are simple: “The U-M Health System is an amazing house of miracles,” says Brian. “They’re doing research there that most people can’t even imagine.”
Any patient faced with a serious disease or condition would want access to top specialists in the field and to the most advanced treatment options available. While both of these options have always been available at Michigan, the University of Michigan Health System (UMHS) has taken this idea to heart and expanded upon it with the concept of Destination Programs. Internally at U-M, the term Destination Programs is used to describe a group of multidisciplinary clinics that serve as models for exceptional care delivery. To the world at large, they represent the very best of what UMHS has to offer: Faculty experts providing multispecialty care through innovative clinical programs and cutting-edge research — all focused on providing the best patient care possible.

The first cohort of seven Destination Programs was selected and launched in September 2008. Through 2011, the list has grown to 19 programs, 12 of which involve the leadership or participation of Department of Internal Medicine faculty.

**COORDINATED, MULTISPECIALTY PATIENT CARE**

In order to become a true destination, UMHS has made a system-wide commitment to creating the ideal patient experience. As models of this effort, the Destination Programs provide patient care representatives to help organize the flow of patient activities. They work directly with patients and coordinate schedules with many departments and services to ensure each patient receives the care he or she needs during their time in Ann Arbor. They also help with accommodations and travel planning if needed.

This streamlined patient experience is also, in part, made possible by the structure of the multidisciplinary clinics. Due to the complexity of the conditions served, each clinic is staffed by a team of specialists from all areas related to the disease that work together to diagnose and provide the best treatment plan possible for the individual patient in one location — and, in some cases, all in the same day.

For instance, U-M’s Multidisciplinary Aortic Program serves patients with aortic diseases including aneurysms, dissection, and stenosis. Anna Booher, MD, an assistant professor in the Division of Cardiovascular Medicine who provides care for the diagnosis and management of non-surgical cases in the program, explains, “If any of my patients require surgery, it’s a seamless process. They have access to both excellent surgeons and cardiologists for longer term care and follow up. The program brings together specialists from cardiac surgery, cardiovascular medicine, hypertension, vascular surgery, and vascular/interventional radiology who work together to formulate a comprehensive plan for each patient.”

The Multidisciplinary Interstitial (Fibrotic) Lung Disease (ILD) Program, co-directed by Professor Fernando J. Martinez, MD, MS, and Associate Professor Kevin R. Flaherty, MD, MS, from the Division of Pulmonary and Critical Care Medicine, encompasses a broad range of lung diseases involving the inflammation and scarring of lung tissue. A multispecialty approach to the diagnosis and treatment of ILD is required to most effectively care for these patients. The program has a bi-weekly meeting during which cases are reviewed by clinicians, thoracic radiologists, cardiologists and pulmonary pathologists who discuss diagnosis and treatment options, including the need for further testing.

“We’ve been doing this for more than 20 years now and have established the standard of care for diagnosis in these disorders used globally. As our clinic has grown and become more multidisciplinary, we can provide the most comprehensive approach to diagnosis and introduction of innovative therapies for these complex diseases. Through new therapeutic studies and our broad range of services, we can provide patients with information regarding what they have, how bad it is, what will likely happen over time and how to best treat it—all in one place,” explains Martinez.

Similarly, patients facing liver cancer can be seen during a single visit by physicians from all of the appropriate disciplines at U-M’s Multidisciplinary Liver Cancer Program.
where Michael Volk, MD, MS, an assistant professor in the Division of Gastroenterology provides care. Following an evaluation with a surgeon, medical oncologist, and/or hematologist, each case is reviewed at the Multidisciplinary Liver Tumor Conference — a weekly discussion of patients’ cases by surgeons, liver specialists, medical and radiation oncologists, and radiologists — for careful consideration of all radiological studies, pathologic information, treatment to date, and coordination of other needed studies. An individual treatment plan is then created for each patient.

**EXCEPTIONAL CLINICAL PROGRAMS**

While UMHS is home to many exceptional clinical programs, the Destination Programs are prime examples of the vast expertise, experience, specialized care, and resources available at Michigan.

**Expertise & Experience**
The U-M Heart Rhythm Center (Arrhythmia Program) directed by Hakan Oral, MD, the Frederick G.L. Huetwell Research Professor of Cardiovascular Medicine, has been a national and international leader in the treatment of arrhythmias (abnormal heart rhythms) for more than 30 years and is still at the forefront of the field in caring for this common yet life-threatening condition. “My mentor and the center’s first Director, Fred Morady, MD, a professor in the Division of Cardiovascular Medicine, pioneered groundbreaking techniques in catheter ablation at the U-M that have made a significant impact on the treatment of arrhythmias worldwide,” explains Oral. “Today, our center performs around 1,000 of these procedures a year and uses the latest research and technology to offer the newest treatments available,” he adds.

The Blood and Marrow Transplantation (BMT) Program at U-M is one of the largest in the country. “More than 200 adult BMT procedures are performed each year to replace damaged or destroyed bone marrow with healthy bone marrow stem cells to treat patients with leukemia, lymphoma, myelodysplasia, neuroblastoma, bone and soft-tissue sarcomas, brain tumors, and other conditions,” explains Daniel Couriel, MD, a professor in the Division of Hematology and Oncology, who directs the Adult Bone and Marrow Transplant Program. “Now with our updated and expanded facility in C.S. Mott Children’s Hospital, we also offer one of the best transplant facilities in the State of Michigan.”

**Specialized Care and Resources**
The Multidisciplinary Sarcoma Program plays a vital role in the region due to the rarity of sarcomas—a family of cancers that arise in the body’s connective tissues that affect less than one percent of adults with cancer. If a patient has a sarcoma, they need a hospital with a dedicated program capable of diagnosing and effectively treating this type of cancer. The Multidisciplinary Sarcoma Clinic, co-directed by Scott Schuetze, MD, PhD, an associate professor in the Division of Hematology and Oncology, with J. Sybil Biemann, MD, an associate professor in the Department of Orthopaedic Surgery, cares for a large volume of patients — about 250 new cases annually — with these rare tumors. Most community-based practices see fewer than 10 cases per year.

The Multidisciplinary Endocrine Oncology Program directed by Gary Hammer, MD, PhD, the Millie Schembechler Professor of Adrenal Cancer, is composed of two multidisciplinary clinics, the Adrenal Cancer Clinic and the Thyroid Cancer Clinic, that also serve a very specific niche for patients. “There are only about 500–600 cases of adrenal cancer diagnosed in the United States each year,” explains Hammer. “It’s a rare cancer that requires specialized care and experience. Our program is one of the only fully-integrated, interdisciplinary clinics in the world for patients with adrenal cancer.”

The U-M Kidney Transplant Program for adults is the first, the largest, and the most advanced in Michigan. “Because of our high volume, decades of experience, cutting-edge therapies and multidisciplinary team of specialists, we can perform transplants on patients who have been turned down by other centers, including people who are ‘sensitized’ due to high amounts of antibodies circulating in their blood,” explains Milagros D. Samaniego, MD, FACP, FASN, a professor in the Division of Nephrology and the director of the Kidney and Kidney/ Pancreas Transplant programs at U-M. “Our Michigan Sensitized Candidate Program is able to perform kidney transplants on patients who otherwise might be out of options. We can desensitize them by removing these antibodies using medications and a process similar to dialysis, improving the chances that a donated kidney will not be rejected by their body.”

**MAKING PATIENT CARE BETTER TODAY AND TOMORROW**

Another area where few can compete with Michigan in the region is the impact of our strong research programs on patient care. Many patients come to U-M, and in particular to the Destination Programs, for access to advanced treatments and clinical trials that are not available anywhere else. In addition, translational research taking place through the Destination Programs is helping to shape the future of patient care.

**Clinical Trials**

At any given moment, there are hundreds of clinical trials going on at U-M that are testing new, more effective drugs, therapies, and devices to create better treatments, outcomes, and quality of life for patients. “Every day we are applying our research strengths to our patients’ care,” explains
Volk. The U-M Multidisciplinary Liver Cancer Program actually developed the radiological (imaging) criteria to more accurately diagnose primary liver tumors. They also have robust federally funded research programs in primary liver tumors and are considered worldwide pioneers in radiation therapy for primary liver tumors.

Over at the Cardiovascular Center, the U-M Multidisciplinary Aortic Program is currently the only program in Michigan offering two alternatives for aortic valve replacement for patients who are not good candidates for open-heart surgery: the Medtronic CoreValve trial and the Edwards SAPIEN Heart Valve trial.

**Bridging Bench to Bedside**

 Everywhere you turn at U-M, there are labs and centers working behind-the-scenes and around-the-clock to discover the next big breakthrough in patient care. The Destination Programs are instrumental in promoting translational research, the interactive process between scientists and clinicians working together to inform the bedside about the bench and vice versa.

As part of the Blood and Marrow Transplantation Program, the U-M Extracorporeal Photopheresis program directed by Dr. Couriel is the largest in the world. It researches graft-versus-host disease, a disorder caused when a newly transplanted immune system attacks the patient’s skin and organs — one of the most common and dangerous consequences of allogeneic transplantation — when stem cells are donated from a genetically matched family member (usually a brother or sister). This research is helping to provide cutting-edge therapies to transplant patients with graft-versus-host disease, as well as lung transplant patients facing organ rejection.

“The Destination Programs are serving as ambassadors of what U-M does best — they represent and, most importantly, deliver a strong commitment to patient care, access to multiple experts, and cutting-edge care grounded in science. That really is the Michigan Difference.”

The ongoing work being conducted in Hammer’s laboratory has led to the development of new national and international therapeutic trials with biological-based therapies for adrenal cancer that target the molecular defects in cancer stem cells while sparing normal tissue. “Because we have a cohesive group of scientists and clinicians interested in adrenal biology and clinical care at U-M, it’s been relatively easy to work together to ask clinically pertinent questions that are backed by basic science,” Hammer says. “Our research and clinical trials are working toward creating less toxic treatments for cancer patients.”

“In addition to providing enhanced patient care and training opportunities at U-M, the Destination Programs are helping to provide a strong bond, better communication, and coordinated research between disciplines,” explains James Scheiman, MD, a professor in the Division of Gastroenterology who serves as the GI lead in the Multidisciplinary Pancreatic Cancer program and has an active research program in early diagnosis of pancreatic cancer. Since current diagnostic techniques can’t reliably distinguish between pancreatic cancer and inflammation, his research is exploring how to detect a disease signature for pancreatic cancer through optical spectroscopy. “We hope to develop a device to be used during minimally invasive endoscopies that could identify cancerous changes in pancreatic tissue. This would allow for earlier cancer treatment when needed and prevent unnecessary surgeries when no cancer is detected,” Dr. Scheiman explains.

**A FUTURE MODEL**

The overall concept of the Destination Programs was created with the goal of making UMHS a global destination for exceptional health care. After just a few short years, those involved feel like they’re on the right track.

“We’re serving an important role as models right now. Ideally, the whole U-M Health System should eventually be a Destination Program. It will take time, but we’re headed in that direction,” says Samaniego. Hammer, whose Endocrine Oncology program was one of the very first Destination Programs, adds “The Destination Programs are serving as ambassadors of what U-M does best — they represent and, most importantly, deliver a strong commitment to patient care, access to multiple experts, and cutting-edge care grounded in science. That really is the Michigan Difference.”

If they can continue to combine the best bench-to-bedside research and faculty expertise with multidisciplinary care and ideal patient experiences, there’s no doubt that the Destination Programs will continue to serve as models for the future of health care delivery at U-M and beyond.
**NEVER GIVE UP HOPE: NISHA’S STORY**

**Nisha Gupta** was going through her residency training as a physician when she was accidentally pricked by a needle while she cared for a patient. That tiny prick led her to contract hepatitis C which began a life of disease and struggle. She fought through the disease for two decades with treatments that weren’t working and ultimately, her liver failed. She received a liver transplant, but the hepatitis C came back.

The effects from the disease were taking their toll on her body, and she was suffering with unbearable symptoms while her family watched helplessly.

“I knew I was going to die, and I was hoping to die soon because it was so bad,” Nisha says.

Her physician at the University of Michigan, **Dr. Robert Fontana**, told the family about some drugs that were under development that could help Nisha but he was unsuccessful in getting access to them. He told the family to fight for her and try to get access.

Her husband Kamal, and their three daughters went to all extremes to get this drug for Nisha. It was the daughters’ website that was the crucial factor; they set up a link that enabled visitors to send a letter to nine different people at the drug manufacturer and the FDA in support of Nisha receiving this drug.

Over 1,000 emails were sent within days, and that’s when Kamal got the call he had been waiting for: an FDA representative saying that there was a drug under development called Daclatasvir by Bristol-Myers Squibb that he could get to Dr. Fontana.

Nisha could not be given Daclatasvir because she was too ill and needed another liver transplant. After receiving a new liver in just over a week, Nisha was successfully treated with Daclatasvir and other standard drugs, and she is now hepatitis C free.

Nisha’s family and Dr. Fontana and his team at the University of Michigan, never gave up hope and continued to fight against her disease. Now Nisha can begin living her life again.

**The Kamal and Nisha Gupta Family Research Fund**

For the past two decades Nisha has held onto hope — hope that a drug would be available that would cure her disease and allow her to watch her daughters grow up. Nisha was given hope through her care at the University of Michigan. Now, the Gupta family wishes to support and advance the patient care and promising medical research being undertaken by the outstanding clinicians and investigators at the University of Michigan. In creating this fund, it is their hope that this research will lead to discoveries that will greatly reduce the suffering and enhance the lives of those who are fighting this disease.

Every dollar raised for The Kamal and Nisha Gupta Family Research Fund will be dedicated to providing the resources necessary to accelerate the pace at which on-going studies — and new ideas are generated with confidence and thoroughness. Many lives and the day-to-day happiness and comfort of millions of men and women with hepatitis can be directly impacted by the work taking place in the University of Michigan clinics and laboratories, in collaboration with other leading institutions around the world.

For more information on The Kamal and Nisha Gupta Family Research Fund, please call: (866) 860-0026 (toll free) or e-mail IntMed-Development@umich.edu.

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**About Dr. Fontana’s Research**

Currently, Dr. Fontana is involved in studies exploring direct-acting anti-viral agents for patients with viral hepatitis. These newer agents have the potential to shorten the length of treatment, as well as improve the response rates. As a co-investigator in the ongoing hepatitis B Research Network study, Dr. Fontana is also partnering with experts from over 20 major medical centers to identify improved combination antiviral approaches for patients with chronic hepatitis B.

In addition, Dr. Fontana has been involved in studies of antiviral agents used in liver transplant recipients with recurrent viral hepatitis which have led to exciting preliminary results. Overall, it is the vision of Dr. Fontana to develop simple, well-tolerated treatments that can improve the health of his patients as well as their longevity and quality of life.
The Greenview Foundation announced that it has donated a total of $67,000 to the University of Michigan’s Internal Medicine Department toward research on a treatment for hepatitis C.

The total gift is an accumulation of many donations made over five years to the Greenview Fund for Hepatitis Research at the University of Michigan. Specifically, the gift supports the work of Anna Lok, MD, Michael Volk, MD, and Andrew Tai, MD, PhD, and their team, who are doing ground-breaking research on hepatitis C. This latest donation also helps finance the employment of an expert researcher from China, who brings significant experience in SARS virus, which has some structural commonalities with hepatitis C.

“Hepatitis C has been around for a long time, and there are still many people who have it and don’t know they are infected, so they don’t seek treatment,” says Dr. Anna Lok, the Alice Lohrmann Andrews Research Professor of Hepatology and a Professor of Internal Medicine and the Director of Clinical Hepatology and Associate Chair for Clinical Research. In fact, according to a study conducted by Drs. Volk and Lok, only half of those infected are aware of their diagnosis. This study which was published in the journal Hepatology in 2009, was funded by the Greenview Foundation.

“Small donations are critical to research projects. An incremental stream of small donations gives researchers the ability to startup research projects, equip them, and run them until they can gain substantial multi-year grants from the government or other large organizations,” says Debbie Green, co-founder of the Greenview Foundation.

About the Greenview Foundation
The Greenview Foundation, based in Ann Arbor, Michigan, founded by Ted and Debbie Green, is a 501(c)(3) non-profit organization that raises money for medical research to improve the diagnosis and treatment options of hepatitis C patients worldwide. The foundation particularly focuses on non-interferon-based treatments, non-invasive diagnostic procedures to assess disease progression, and methods to decrease side effects of available treatments. For more information, visit www.hepcfund.org.

Debbie Green (bottom left) with supporters of the Greenview Foundation.
THE NORTH CAMPUS RESEARCH COMPLEX: Using Space as a Research Tool

By now, most University of Michigan watchers have read something about the North Campus Research Complex (NCRC), the 174-acre former Pfizer campus that U-M purchased in 2009 to “ignite improvements to humanity’s health and well-being.” The idea was a grand one: to replace research as usual with approaches even more innovative and impactful.

This can happen in a variety of ways — from clustering dispersed researchers working on similar topics to configuring the space so that key thinkers regularly cross paths.

This is precisely the plan. Collaboration, already a cultural hallmark of the U-M, would get a structural boost by having disparate researchers working “cheek to jowl” with each other. This is what originally attracted NCRC Executive Director David Canter, MB, ChB, to the NCRC team. “Despite the fact that the Medical School and Health System had committed to the cost of purchasing and running the facility,” Canter says, “other schools were talked about in the same sentence as being involved. It was going to be Engineering, Information, LS&A, Dentistry, Public Health, Pharmacy, and so on. It would be that rare set of buildings that wasn’t allied to one particular school. It was too interesting to pass by.”

But it’s not just researchers from various disciplines that will mix. It’s mixing technology developers with technology users, lab researchers with data miners, faculty with industry, junior with senior, and basic with translational — all in a space designed for interaction.

A series of high-tech core scientific services will also help bring research to the next level. This includes DNA sequencing, bioinformatics, methods support, microscopy, phenotyping, and the like.

But cutting-edge scientific services and collaborative spaces are only part of the picture. The space means different things to different people, and this is perhaps best exemplified by some of the Internal Medicine-affiliated groups who in 2011 planted their flags at the NCRC.

CARDIOVASCULAR RESEARCH CENTER: Convenient Location with Room to Grow

The first lab-based researchers to set up shop at the NCRC were from the recently established Cardiovascular Research Center (CVRC), which includes members of the Cardiovascular Center and encompasses researchers from internal medicine, pediatric cardiology, cardiac surgery, vascular surgery, pharmacology, molecular & integrative physiology, and the College of Engineering. While a number of CVRC researchers remain on the medical campus, some 100 are now at the NCRC studying the mechanisms of cardiac muscle function and rhythm as well as vascular biology.

A large part of this group is from the Center for Arrhythmia Research, directed by José Jalife, MD, professor of internal medicine and molecular & integrative physiology, and Cyrus and Jane Farrehi Professor of Cardiovascular Research. For Jalife’s team, the move was a natural. Recruited as a group of 35, they’d been located off campus in leased space that was several miles from their collaborators in Engineering and the Medical School. The NCRC space brought them closer to colleagues and gave them critical room to grow. This allowed the recruitment last year of another leading arrhythmia expert, Héctor Valdivia, MD, PhD, Frank Norman Wilson Professor of Cardiovascular Medicine and professor of internal medicine, and his group of 10 researchers from the University of Wisconsin.

They’re using this space to break important new ground, particularly with stem cells. “What we’re doing now,” says Jalife, “is generating stem cells, not from embryos, but from the skin of patients. We can convert their skin cells into stem cells, then convert the stem cells to heart cells.” Ultimately, he hopes to use this process to study converted heart cells from, for example, patients with hypertrophic cardiomyopathy and their siblings to try to understand the genetic contributions to this and other causes of cardiac arrhythmia and sudden death.

DEPARTMENT OF COMPUTATIONAL MEDICINE AND BIOINFORMATICS: Recruitment and Reach

Another group that has set up an outpost at the NCRC is the newly formed Department of Computational Medicine and Bioinformatics. It is chaired by Brian Athey, PhD, professor of internal medicine (allergy) and psychiatry.

Charged with developing novel informatics and computationally based methods, tools, and algorithms, the department has made the NCRC home to both its bioinformatics core and its first two recruits. Among these is Yuanfang Guan, PhD, research investigator of computational medicine and bioinformatics and internal medicine (nephrology). A perfect example of the way in which the two departments reinforce each other, Guan is collaborating with Matthias Kretzler, MD, professor of internal medicine (nephrology) and computational medicine and bioinformatics, in identifying the genetic underpinnings of rare nephrotic syndromes.
The idea of coming in regular contact with a whole new set of potential collaborators excites Gilbert Omenn, MD, PhD, director of the Center for Computational Medicine and Bioinformatics. He’s seen firsthand how incorporating bioinformatics into internal medicine research can be transformative.

He tells the story of a senior research leader in infectious diseases, David Markovitz, MD, professor of internal medicine, who’d been seeking NIH funding for years for a special aspect of his work on endogenous retroviruses. “These are distant relatives of HIV that account for an amazing proportion — around 8 percent — of the DNA in our genome,” says Omenn. “People thought they were just relics, but David had evidence that some of these sequences were activated in Hodgkin’s lymphoma, breast cancers and perhaps other diseases. It was out-of-the-box, high-risk stuff that peer review doesn’t reward. Then the NIH announced a new class of grant — the Transformative R01 grant — which was perfect for him. So we helped him design these cutting-edge experiments with high-throughput DNA and RNA sequencing methods, and, lo and behold, he got the grant — a $6.9 million, potentially paradigm-changing grant.”

INSTITUTE FOR HEALTHCARE POLICY & INNOVATION: Identity and Influence

Another group that plans to use the NCRC to intensify its research impact is the Institute for Healthcare Policy & Innovation (IHPI). IHPI is bringing more than 150 health-services and health-care policy investigators, and 250 research staff from across the University and partner institutions, into a more cohesive and interconnected unit.

“This is a place where we can aggregate and share that incredible wealth of expertise, creativity, and innovation from throughout the University,” says IHPI Interim Director Rodney Hayward, MD, professor of internal medicine (general medicine) and public health, and senior investigator at the VA Center for Clinical Management Research.

This cluster of relevant researchers is especially attractive to Lawrence An, MD, associate professor of internal medicine (general medicine) and director of the Center for Health Communications Research. His group works to develop communication tools that tend to pick up where other health-services researchers leave off. “A clear example,” says An, “is Rod Hayward and his team in the VA Center for Clinical Management Research. One of their goals is to optimize care by personalizing treatments. So they do a lot of work — epidemiological, statistical, meta-analytical, and programming — to develop a mathematical model that shows how treating people in a more individualized way could, say, double the efficiency of health care. Then we can come in and develop the tools that help doctors and patients do it.”

The second way researchers will share expertise is through the use of advanced research cores, says Laurence McMahon, Jr., MD, MPH, chief of general medicine, professor of internal medicine and public health. He’s especially enthusiastic about the data management core, which will provide access to and expertise in manipulating large databases like Medicare’s, as well as the methods core, which will offer advanced quantitative and qualitative approaches to health services research.

“There are two important goals for all this,” says Eve Kerr, MD, MPH, professor of internal medicine (general medicine), director of the VA Center for Clinical Management Research. “The first is synergy. When we assemble people with different expertise, perspectives, and experience, we bring together ideas that by themselves may be very good but in combination could be game-changing.”

“The second area is impact. By being a voice for U-M in health services research, we will be better able to translate our work to the local and national stage.”

TRANSLATIONAL ONCOLOGY: New Models for Funding and Translation

The Translational Oncology Program also has big plans for the NCRC. Max Wicha, MD, Distinguished Professor of Oncology, professor of internal medicine (hematology and oncology), and director of the U-M Comprehensive Cancer Center, says he’s enthusiastic about bringing diverse groups together to work on translational goals. He sees groups from internal medicine, engineering, urology, surgery, pathology, and pharmacy working together on cancer stem cells, detection of circulating tumor cells, and drug discovery.

But even beyond working across divisions and colleges, Wicha envisions entirely new research models based on partnerships with pharmaceutical companies.

And this is not just a vision. “Already our cancer stem cell group is working with a company called MedImmune,” says Wicha. “We’ve worked out a new kind of deal. The company will fund selected research projects, and we’ll share the intellectual property. I think this is the future funding model — a lab that’s supported partially by the NIH and partially by these new arrangements with pharmaceutical companies. From our perspective, it’s not just funding; it helps get our ideas and drugs into the clinic — that’s what we really want to do.”

The NCRC couldn’t be better suited to this task. Not only was it originally set up as a space for pharmaceutical R&D, it now also includes space to co-locate public and private partners. There is even a Venture Accelerator designed to nurture any spin-off companies that emerge from University research.

THE ROAD AHEAD

As 2011 closed, the NCRC reached an interesting milestone — its first 1,000 faculty and staff had moved in. With 2,000 left to go, many leaders throughout the Health System and University were already hard at work considering who the next 1,000 should be. They hope the final mix will be a potent one — not merely in terms of advancing the U-M’s research agenda or even rallying the region’s economy, but in truly igniting improvements to human health.
DALE DEDRICK, MD: RIDING HIGH AFTER LUPUS

Everyone who meets Dr. Dale Dedrick is struck by her spunk, joy, great love of life, sense of humor, and wisdom. From her sunny disposition and positive attitude, one would never guess the amount of obstacles and pain she’s faced in her life.

After graduating from medical school at University of Maryland and embarking on a career as an orthopedic surgeon at the University of Michigan, she became ill with lupus, an autoimmune disease that causes the body to attack its own healthy tissues. For Dr. Dedrick, this resulted in multiple joint deformities, inflammatory muscle weakness and significant heart disease. She suffered two small strokes and while relearning to walk was struck by a car. She later underwent two open-heart surgeries, which left her bed-ridden for six months. This forced her early retirement from her position as assistant professor of surgery and internal medicine at the University of Michigan.

Dr. Dedrick had also been riding horses all of her life before she was sidelined with lupus. “Medicine and horses are my loves. When I was diagnosed with lupus during my post-graduate training in academic surgery, I was also competing at the Olympic level as a nationally ranked horseback rider. As the lupus worsened, I became bedridden and was forced to retire from both surgery and riding,” she explains.

Dr. Dedrick now lives with hand deformities with weakness, and a heart which does not generally beat on a normal rhythm. She’s 100 percent dependent on her pacemaker, which is “not designed for athletics, but to keep you alive.” So she must monitor her activity and energy levels carefully. Being the spirited person that she is, she just couldn’t give up horses.

Through her care at the U-M Multidisciplinary Lupus Clinic with Dr. W. Joseph McCune, Michael H. and Marcia S. Klein Professor of Rheumatic Diseases and professor of internal medicine, and her strong will and persistence, she slowly began to ride again. Today, she is riding 4-5 days a week. Many years later, against incredible odds, she is now back in the saddle at the Olympic level. Dr. Dedrick and Bonifatius, her 14-year-old Hanoverian, competed with the U.S. Para-Equestrian Team at the Paralympic Equestrian events in London, England August 30 - September 4, 2012. They came in tenth in their division, earning a ribbon and a plaque.

Even though Dr. Dedrick’s story is one of great hope and triumph, there is still much that needs to be learned for the estimated 1.5 million Americans living with lupus. Research is needed to identify the causes of lupus and to develop effective prevention and treatment strategies for patients. “I still struggle today to regain what was lost. This should not happen to others. This is why supporting lupus research is so important,” adds Dr. Dedrick.

To learn more about supporting lupus research at U-M, call (866) 860-0026 or e-mail amsterlupus@umich.edu.

To keep up with Dr. Dale Dedrick, visit facebook.com/Para.dale.
On October 26, 2011, the Department of Internal Medicine, Division of Cardiovascular Medicine, inaugurated Stanley J. Chetcuti, MD, as the very first Eric J. Topol Collegiate Professor of Cardiovascular Medicine. This named professorship honors Dr. Eric Topol for his many clinical and research contributions to the subspecialty of interventional cardiology at the U-M, and to the field of cardiology.

About the Honoree

Eric J. Topol, MD, is a professor of genomics at the Scripps Research Institute and chief academic officer of Scripps Health. He leads the flagship National Institutes of Health-supported Scripps Translational Science Institute, and is co-founder and vice-chairman of the West Wireless Health Institute.

Dr. Topol was a professor of internal medicine and director of the Cardiac Catheterization Laboratory and the Interventional Cardiology Program from 1985-91 in the Department of Internal Medicine. During this time, there was rapid advancement in the treatment of acute myocardial infarction, and he was instrumental in defining the role of coronary thrombolysis as a lifesaving treatment for acute myocardial role of platelets, percutaneous coronary interventions, and genetics in acute coronary syndromes.

Dr. Topol has been recognized by the Institute of Scientific Information to be among the top 10 cited biomedical researchers in medicine during the past decade. He is also well known for leading the Cleveland Clinic to become the number one center for heart care; while there, he started a new medical school and led many worldwide clinical trials to advance care for patients with heart disease, and spearheaded the discovery of multiple genes that increase susceptibility for heart attacks.

About the Recipient

Stanley J. Chetcuti, MD, is an associate professor of internal medicine at the University of Michigan Medical School. Dr. Chetcuti, who has made substantial contributions to interventional cardiology, also serves as director of the Cardiac Catheterization Laboratory and a supervisor of fellows at the U-M and VA Ann Arbor Healthcare System.

Dr. Chetcuti is well established and is focused on intravascular ultrasound, novel treatment for acute coronary syndromes, and percutaneous management of patients with structural heart disease.

Dr. Chetcuti is a fellow in the American College of Cardiology and the Society for Cardiovascular Angiography and Interventions. He is a reviewer of several journals and has participated in numerous research clinical trials in his field.

Dean Woolliscroft, Stanley Chetcuti and Eric J. Topol

“...changing the culture of how patients with heart and circulation disorders are cared for in this country. The U-M has been a pioneer in this area. It is a privilege to support Dr. Rubenfire’s professorship in preventative cardiology. It is extra special because of the emphasis on women’s heart health.”

— Doreen Hermelin, Donor
BRINGING THE FIERCENESS OF A GREAT FOOTBALL PLAYER AND A GREAT COP TO THE SEARCH FOR A CURE

Vada Murray, who grew up in Cincinnati, Ohio, and played football at the University of Michigan from 1986-90 under Bo Schembechler, always wanted to be a police officer, his wife, Sarah Murray, says. “I’ve never met anyone who loved his job more than anything,” she explains. “But he did. Even when he was playing football, he knew what he wanted to do — he wanted to be a police officer.” And he was a good one.

“He was a cop’s cop, a man’s man, just a great, good guy,” says Ann Arbor’s police chief, Barnett Jones, who was Vada’s instructor at the Police Academy. “He had such a passion for his job that he wanted to stay in Ann Arbor instead of becoming a pro. He learned the city. He learned the bad guys. He’d go out and find them. He was fair. He had the tenacity of a good cop. I had the fortunate responsibility to be his boss and his really close friend,” Jones laughs. “I could never get him to stop calling me ‘chief.’”

“If he was in your corner, you were friends for life,” says Chris Wooley, a colleague of Vada’s in the Ann Arbor Police Department. “We rode together as partners for a couple of years.” Late in 2008, Vada was unexpectedly diagnosed with advanced lung cancer at the age of 41. “Watching him deteriorate from the cancer was one of the toughest things I ever watched. The toll the cancer takes on your body — physically, mentally, emotionally — it’s gut-wrenching. The whole process was awful.”

Tragically, Vada passed away on April 6th, 2011, at the age of 43, leaving behind his wife, Sarah, son Deric, and daughters Kendall and Harper.

“Cancer is a disease that doesn’t discriminate,” Sarah says. “It affects everyone. We’re all touched by it. Vada never smoked; he was never around smoke. He was so fit. But nobody deserves disease. It’s a life — it doesn’t matter. We’re always looking for a reason to justify the things that happen to people, but when someone like Vada who seemed so invincible goes down, it makes you think a little bit.”

The Vada Murray Fund for Cancer Research

For Vada, in the last desperate weeks of his life, hope was the next new cancer drug that might keep him alive a little longer. Or, better yet, a lot longer. Long enough to see his children grow a bit taller, long enough to give his wife, Sarah, a few more hugs before their tenth wedding anniversary. Long enough to celebrate more anniversaries, more children’s birthdays.

For Sarah now, creating new hope for others is the way she wants her husband to be remembered — and a way she hopes will bring meaning to her deep sense of loss. By establishing The Vada Murray Fund for Cancer Research at the University of Michigan, where Vada was treated, and inviting his friends, family and colleagues to join her in building the fund, Sarah hopes to bring closer the day when new drugs will mean more life for people like Vada Murray — who had so many reasons to want to live.

The purpose of The Vada Murray Fund for Cancer Research is to support research aimed at early detection treatments for cancer, causes of all types of cancer (with a focus on environmental causes), and cancer treatments. One hundred percent of the money raised will go directly to researchers at the University of Michigan who are studying cancer detection, causes, and treatments to enhance the quality of life of those living with cancer and to ultimately find a cure.

For more information about the fund: E-mail vadamurray@gmail.com or visit www.vadamurray.com

For more information about making a gift to The Vada Murray Fund for Cancer Research, please call (866) 860.0026 (toll-free) or e-mail IntMed-Development@umich.edu.
Antonio Sr. and Rita Rugiero, both Italian immigrants, came to America and a short time later opened the Roman Village restaurant in 1964, a staple in Dearborn, which the family still owns and operates. Since opening the Roman Village, the Rugiero family has opened three more Italian restaurants, all named “Antonio’s Cucina Italiana,” in honor of their father, located in Dearborn Heights, Canton Township, and Farmington Hills.

When Antonio Sr. was just 32 years old, he was diagnosed with type 2 diabetes. In 2008, after nearly 40 years of living with the disease, Antonio Sr. passed away. In honor and memory of their father and husband, the Rugiero family established the Antonio Rugiero Diabetes Research Fund at the U-M Brehm Center for Diabetes Research.

“We wanted to keep our father’s memory alive, and one way to do that is to support causes that our father believed in. We have a lot of respect for the University of Michigan and so did my father. He received wonderful care there late in his life, and now we are giving back. The new University of Michigan diabetes research facility and what they are doing there is amazing. We are glad we can help, and I know my father would be, too,” explains his son Anthony Rugiero Jr.

“We wanted to keep our father’s memory alive, and one way to do that is to support causes that our father believed in. We have a lot of respect for the University of Michigan and so did my father.”
— Anthony Rugiero Jr., Donor

On November 3, at the Italian American Club of Livonia, the Rugiero family hosted the 3rd annual Casino Royale Fundraiser charity event of the year in honor and in memory of Antonio Rugiero Sr.

More than 400 people attended this celebration event, which featured a strolling supper, casino, entertainment and dancing, silent auction and prizes, as well as remarks by Massimo “Max” Pietropaolo, MD and Martin Myers, MD. Proceeds from this event will support the Antonio Rugiero Diabetes Research Fund at the U-M Brehm Center for Diabetes Research.

For more information about the Antonio Rugiero Diabetes Research Fund or the Rugiero Casino Royale Fundraiser, please visit http://www.med.umich.edu/diabetes/news/rugierocasinoroyale.htm.
# Donor Honor Roll

January 1, 2011 to December 31, 2011 Cash gifts and cash payments on pledges

As part of a leading world-class institution, the University of Michigan Department of Internal Medicine continues to grow and improve every year. We continually strive to provide innovative and compassionate care to our patients, to be at the forefront of cutting-edge research, and to educate the next generation of leaders and best in medicine. None of this would be possible without the generosity and support of the following individuals, families and organizations. Your gifts are essential to making our mission successful.

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- The Breast Cancer Research Foundation
- The Robert Wood Johnson Foundation

### $500,000 TO $999,999

- American Cancer Society
- Juvenile Diabetes Research Foundation International
- The Leukemia and Lymphoma Society

### $100,000 TO $499,999

- The American Heart Association, Inc
- Anonymous Donor (4)
- American College of Rheumatology Research and Education Foundation
- The American Heart Association Midwest Amster Lupus Butterfly Walk
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- Avery Morgan Keene

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- The American Academy of Allergy, Asthma & Immunology
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- Anonymous Donor
- Emily Weirich Bandera, MD
- Jennifer Keene
- Julia Baker Keene
- Avery Morgan Keene

### $10,000 TO $24,999

- American Association for Cancer Research, Inc
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- Catherine B. & Richard F. Audi
- Madeleine & Mandell L. Berman
- Susan G. Komen For the Cure Foundation
- American Diabetes Association, Inc

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- American Diabetes Association, Inc
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- Anonymous Donor (2)
- Betty* & Marvin I. Danto*

### $25,000 TO $49,999

- The American Academy of Allergy, Asthma & Immunology
- The American Heart Association Midwest Amster Lupus Butterfly Walk
- Anonymous Donor
- Emily Weirich Bandera, MD
- Jennifer Keene
- Julia Baker Keene
- Avery Morgan Keene

“I gave a gift to the Amster Lupus Research Fund to recognize my great respect for my good friend Herb Amster. I was intrigued by this disease for which they’ve had trouble finding adequate treatment. Lupus is not that well known, and with limited treatments and no cure. I wanted to help U-M in its quest for answers.”

— Helmut Stern, Donor

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- American Association for Cancer Research, Inc
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- Catherine B. & Richard F. Audi
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### $5,000 TO $9,999

- American Diabetes Association, Inc
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### $1,000 TO $4,999

- The Breast Cancer Research Foundation
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- Juvenile Diabetes Research Foundation International
- The Leukemia and Lymphoma Society
- The American Heart Association, Inc
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### $100 TO $999

- American Association for the Study of Liver Diseases
- American Diabetes Association, Inc
- American Federation for Aging Research, Inc
- Anonymous Donor (3)
- Betty* & Marvin I. Danto*

### $50 TO $99

- American Diabetes Association, Inc
- American Federation for Aging Research, Inc
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- Betty* & Marvin I. Danto*

### $10 TO $49

- American Diabetes Association, Inc
- American Federation for Aging Research, Inc
- Anonymous Donor (2)
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“I support the University of Michigan Lupus Program because their research is increasing the quality of life for patients who benefit from it. The research team is committed to finding a cure and providing proper medical management of this disease. I believe in their work.”
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ENDOWMENTS:
Creating a Lasting Legacy

A gift to the University of Michigan Medical School to establish a named endowment provides income to the Medical School in perpetuity. Such a gift is a wonderful way to ensure the Medical School’s continued excellence and stature for many years into the future. It is a meaningful way to have your name, or that of another family member, friend, or perhaps former teacher or mentor, associated in perpetuity with the University of Michigan Medical School.

Endowed research funds help meet a number of important research needs, providing “seed money” for high-risk new initiatives, as well as funds for special equipment and supplies and technical support of various kinds. Especially in the early stages of research, when more traditional sources of funding may not yet be available, funds generated from endowments established by private gifts offer an extremely important source of support.
LEADING THE WAY IN FOOD ALLERGY CARE AND RESEARCH

The mission of the University of Michigan’s Food Allergy Center is to provide comprehensive food allergy patient care and expand food allergy research, education, and community services. To date, more than $6.2 million has been raised for the center, including a $1 million matching grant from the Food Allergy Initiative, which is the largest private source of funding for food allergy research in the United States.

Prominent supporters Marc and Mary Weiser helped create the U-M Food Allergy Center after their infant daughter was diagnosed with multiple, life-threatening food allergies. “I am committed to making better the lives of my food allergic children and the other 12 million Americans who suffer from food allergies. Thank you to the University of Michigan for recognizing the importance and helping me with this cause,” says Mary Weiser, advocate and fundraising chair for the Food Allergy Center.

“I am committed to making better the lives of my food-allergic children and the other 12 million Americans who suffer from food allergies. Thank you to the University of Michigan for recognizing the importance and helping me with this cause.”

— Mary Weiser, Donor and Advocate

NEW ASSOCIATE VICE PRESIDENT OF MEDICAL DEVELOPMENT & ALUMNI RELATIONS: BRIAN LALLY

The Office of Development for the Department of Internal Medicine is pleased to announce that Brian Lally, MBA, has joined the U-M as our new associate vice president for medical development and alumni relations. His appointment was approved by the University of Michigan Board of Regents on December 15, 2011, and he started January 16, 2012.

Lally, who came from Dartmouth-Hitchcock Medical Center and Dartmouth Medical School, will lead an accomplished program, working closely with the two leaders of the Health System’s major units, Doug Strong and Dr. James Woolliscroft, along with Dr. Ora Pescovitz and Jerry May, vice president for development. He will oversee plans to integrate development efforts across all areas of UMHS and lead the Health System to new levels of philanthropy over the next decade.

“We are thrilled to select Brian to lead the philanthropic support of our strategic efforts in research, patient care and education, and to engage the tens of thousands of physicians and scientists across the country who have trained on our medical campus,” says Pescovitz. “As federal research funding, reimbursement for patient care and state support for higher education all tighten at once, we can’t overstate the importance of gifts and foundation grants of all sizes, and of a coordinated effort to engage donors.”

For more information about Brian Lally and his appointment at the U-M, please go to: http://ns.umich.edu/new/releases/20133-dartmouth-leader-brian-lally-chosen-to-head-philanthropy-a-alumni-relations-for-u-m-health-system.
department of internal medicine
2011 PROFILE

Research and Education
Faculty: 656
(includes physician-scientists, PhD scientists, clinician-scholars, clinical and research track)
Residents/Fellows: 280

Patient Care
Inpatient discharges: 16,320
Inpatient observation cases: 2,872
Clinic visits: 388,416

Procedures
Medical Procedures Unit: 26,084
(across all locations)
Echocardiology: 24,525
Cath Lab: 3,579
Electrophysiology: 1,718

Rankings
Diabetes and Endocrinology: 17
Cardiology and Heart Surgery: 12
Gastroenterology: 20
Geriatrics: 11
Nephrology: 26
Pulmonary: 14
Rheumatology: 15

Notable Numbers
120+ clinic locations and offices throughout Michigan and northern Ohio
45,000 inpatient hospital stays
1.8 million outpatient visits and surgeries
$490 million research funding
A Top 10 U.S. research school

Fun Facts
19,500 alumni
80 medical school buildings
192 endowed professorships at U-M Health System
$766.30 (in millions) of endowments and quasi-endowments market value at U-M Health System

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