The response to Nagle’s recent appointment as chief of colorectal surgery at Beth Israel Deaconess Medical Center has been overwhelmingly positive, perhaps because her experience is so wide-ranging. With a focus on gastrointestinal cancers, she complements her technical proficiency in the operating room with a passion for research and an appreciation for creative approaches to patient management. The unusual opportunity to infuse all these interests into an academic surgical division from virtually the ground up is what sold her on BIDMC. “It’s a really stimulating environment,” says the Philadelphia native of her new workplace. “You meet people from every possible subspecialty and research area you can think of, and they are all committed to interacting and connecting and making progress.”

And it’s progress in this area that is foremost on Nagle’s mind. With noticeable enthusiasm and a predilection for speed, she has quickly made it her mission to capitalize on the medical center’s assets to make its treatment of colon and rectal cancer state of the art. As an expert in laparoscopic colectomy, the medical center’s strategic focus on minimally invasive surgery had particular appeal.

Laparoscopic colectomy is a less invasive approach to removing part of the large intestine for the treatment of conditions like diverticulitis, colitis, hernias, and, increasingly, colon cancer. While it offers multiple benefits to patients, including quicker recovery times and shorter hospital stays, the procedure is one of the most technically challenging in the field of surgery. Because the colon is not a fixed target, it’s rather like picking up spaghetti with chopsticks—successful only with lots of practice and even then you don’t always know what to expect. “The level of complexity becomes revealed to you as you go further along and do more and more cases,” says Nagle. “You have to think constantly about how you’re doing it.”

Still that’s what she finds so gratifying. “It’s fun to do things that not everyone else can do,” she says with a knowing smile. “Frustrating sometimes, but fun.”

Even more rewarding for Nagle is the fact she can have on her patients’ lives. “The reason I love what I do is that I cure people,” she says, noting that there are more happy endings with gastrointestinal cancer than many other forms of the disease. “When people come back and say, ‘Thank you, you saved my life,’ that’s the greatest feeling in the world. So I’m really interested in all the other things that I do, but that’s the driver.”

This credo was the momentum behind Nagle’s creation of a new clinic at BIDMC for the management of tumors and growths of the rectum, including advanced rectal cancer. She notes that rectal cancer is an area where the medical center’s hallmark multidisciplinary approach can significantly improve patient outcomes and maintain their quality of life. “Patients who had literally a 25 to 30 percent chance of surviving 15 years ago now have a 75 percent chance with what we can do,” she asserts. Just as she wants to save the lives of those with late-stage disease, Nagle also has her sights on catching cancer earlier, or even preventing it altogether, with a new focus on the fledgling field of hereditary colon cancer. With the genetics of inherited colon cancer syndromes still nascent, she believes BIDMC’s expertise in cancer risk and translational research will offer unique opportunities to shape the field from the ground up.

This wannabe landscape architect likes to get her hands dirty and watch things grow, and although she doesn’t get to enjoy the great outdoors as much as she might like, Nagle is proud of the job she’s done transforming the terrain of her new division in less than a year. “There’s been a lot of positive feedback,” she says, “and I’m hopeful—and actually believe—that the growth we’ve seen so far is just a small part of the growth we can expect over time.” While she’d love a minimally invasive operating room dedicated for colorectal surgery and ponders what she could do with more staff, Nagle doesn’t sweat the small stuff. “Let’s face it, you can’t let life’s hassles get in the way of your overriding plan and vision,” she says. “Then you’d just give up all the time.” Instead, she’d rather just give it her all.
John V. Frangioni, M.D., Ph.D., can’t say he has all the answers in cancer, but he is certainly shedding some light on the subject. As co-director of BIDMC’s Center for Imaging Technology and Molecular Diagnostics (CITMD), Frangioni, along with his fellow researchers, invented a device that uses near-infrared light to physically expose and delineate cancer in the body during surgical procedures. Currently in clinical trials, this device will bring increased precision to cancer surgery. Doctors will be able to more accurately remove a tumor thereby greatly reducing its chance of return while at the same time protect sensitive blood vessels and nerve tissue.

While this technology offers the hope to completely and permanently eliminate cancer when surgery is still an option, Frangioni’s research provides another exciting new idea: to detect cancer at its earliest development and to distinguish what type it is, its exact location, and how and where it spreads within the body. This concept is at the heart of the work of CITMD, which includes both Frangioni’s team and the laboratory of Robert E. Lenkinski, Ph.D., and is already offering promising results in using molecular imaging as a way to detect, treat, and cure cancer. “If we find cancer early before it’s metastasized, we can potentially cure it,” asserts Frangioni.

The revolutionary field of molecular imaging uses targeting ligands, or molecules that “target” or chemically interact in discernible ways with certain cancer cells. This process will ideally allow cancer to be detected at even its smallest state. “Right now the best we can do is see cancer that’s about a cubic centimeter. You can think of it as the size of a dime spun on a table—that equates to a billion cells,” Frangioni says. “Clearly that’s not good enough. With the technology we’re developing, we hope to drive that number down to the million ranges and maybe some day into the tens of thousand ranges.” He believes the term remission, which essentially means the number of malignant cancer cells remaining in the body is somewhere between zero and one billion, would become obsolete if the cancer can be identified early enough to be removed entirely.

Frangioni is hopeful that this research will lead to ways to not only detect the smallest manifestation of cancer but also develop more specific targeting ligands that will bind to specific types of cancer. His view is that if we can spatialize the discovery, we can customize the treatment. “Using state-of-the-art robotic chemistry approaches, we’re trying to create ‘smart bombs’ for cancer that will treat the person’s cancer—not a general cancer but the specific cancer that the person has,” he says. While realistic that such advances don’t happen overnight, Frangioni is optimistic that the medical center has what it takes to make major breakthroughs in cancer research. “The equation is very simple,” he notes. “It’s leadership, time, money, and brains. We’re very lucky at Beth Israel Deaconess because we have the leadership, we have the time, and we have the brains. It’s really just that we’re resource limited at this point.”

Fortunately, the efforts of Frangioni and his colleagues have caught the discerning eye of a number of donors who see molecular imaging’s promise. Knowing that even the brightest young minds can be hampered by lack of available grant funding, Harriet and Alan Lewis were inspired to make a gift of $1 million, which will go to support a postdoctoral fellowship in the field along with equipment necessary to advance its work. “Alan and I feel that BIDMC has a great opportunity to help change the lives of patients with cancer through the development of molecular imaging,” says Harriet Lewis. “It was an opportunity too good to pass up, and we are pleased and fortunate to be able to support the work of Dr. Frangioni and his team. We are very happy to invest in research because we believe that, while it can be risky, investing in talented, committed people yields great results.”

The Ellison Foundation of Boston took a similar view of molecular imaging, recently donating $250,000 to support the area at BIDMC, with a specific focus on improving prostate cancer diagnosis and staging, which in turn leads to a hard-to-describe discomfort in the legs that is relieved by movement and worsened at night.

Frangioni knows that this kind of support will be critical to not only making scientific advances but translating them into the kind of personalized care Beth Israel Deaconess is known for. “When a patient walks in the door here, they’re treated as a human being, they’re treated compassionately, they’re treated kindly, they’re treated with state-of-the-art care,” he says. “We look to the day where we’ll have less toxic therapies, more specific therapies, and the ability to find the cells wherever they hide in the body to give a patient the peace of mind that we will be able to effect a cure.”

“The reality is that every cancer is different. We need to evolve the field of oncology to the point where we’re treating those cancers individually and personally.”
Toby and Carl Sloane

IF YOU BUILD a better mouse trap, the world will beat a path to your door. This literary adaptation of an Emerson adage sums up an idea that Professor Carl S. Sloane would probably agree with.

He says that if we uphold the notion that Beth Israel Deaconess Medical Center can always improve, we will maintain premier staff, conduct the most advanced research, offer superb patient care, and attract new patients.

Sloane, who served as the chair of the BIDMC Board of Directors from 2002 to 2005, notes the importance of financial support to the upcoming capital campaign, which will fund progressive projects to advance the medical center, securing its success well into the future. He and his wife, Toby, recently made a $1 million gift to help kick off the campaign. The couple asked that their generous donation be allocated to the President’s Fund.

Gifts made to the President’s Fund are extremely important as they are unrestricted and provide the medical center’s leadership with the necessary leverage to pursue unforeseen opportunities, from recruiting star physicians, to seeding new research programs, to taking advantage of emerging scientific and technological advancements. “It is going to require an extraordinary level of financial support to keep up with the increasing demands for service and the rapid pace of development in the biological sciences,” Sloane says.

The forward-thinking Harvard Business School professor was commended by his friend, BIDMC President and CEO Paul Levy, for his seasoned and carefully considered approach during his three years as chair. “Carl brought to his role an instinctive understanding of the challenges that accompany organizational change—a priceless asset for an enterprise that, by the very nature and speed of biomedical progress, is constantly evolving,” Levy says. “He helped create the picture of where that change could take us and was always able to communicate that vision in a powerful and motivational way.”

In addition to leading a dramatic financial turnaround, Sloane says one main focus during his tenure was to restore a sense of community and cohesion among disparate groups that formed after the merger of Beth Israel Hospital and New England Deaconess in 1996. “I worked hard to ensure our various constituencies within the medical center were engaged and to find occasions in which we could break down the barriers resulting from those prior conditions and re-kindle old and establish new relationships,” he recalls.

Levy credits Sloane’s focus on community and the people who are a part of it as an important component in uniting the medical center under the common vision and ideals that it has today. He attributes Sloane’s instinctive appreciation for the value of people in a successful enterprise to his 30 years in industry consulting. A graduate of Harvard College and Harvard Business School, Sloane co-founded and was CEO of Temple Barker & Sloane, a Boston-based consulting firm, and its successor firm, Mercer Management Consulting. “Carl never let anyone forget that business, particularly ours, is about people,” says Levy. “During his term, he strove to create an environment where everyone in the BIDMC community could flourish, and he continues to do that today.”

The Sloanes are well-respected members of this now-thriving community, which has engaged their energies for more than two decades. In addition to his time as chair, Sloane served as a member of virtually every Board committee; today he is actively involved in several, including the Patient Care Assessment and Quality, Governance and Nominating, Major Gifts, and Master Facilities Planning Committees, the last of which he chairs. He is also a trustee for life. Toby Sloane has been active on the Celebration of Life Committee. The couple also has personal ties to the medical center; one of their children was born here, and several family members have received care here. Sloane says that his and his wife’s continued involvement with the medical center is important to him personally and, he hopes, for the continued growth and prosperity of the organization in the future.

When asked why he considers this medical institution different from the many others, he responds with a smile. “We practice differently here, and it resonates with the medical profession,” he notes. “It resonates with philanthropists and lay leaders who help to fund and make possible the level of care we deliver. This is an institution that gives love back, and it gets love in return.”

For this reason, Sloane says it is an important duty to carry on the great traditions that make BIDMC a cherished and respected hospital. “Today we are the beneficiaries of the philanthropic and visionary support that our grandparents and parents gave,” he says. “Our support, whether to advance cures for cancer in our oncology labs, to expand our facilities to accommodate the growing demand for high-acuity patient care, or to provide the most advanced imaging equipment, will create a legacy that will benefit generations to come.”

Generous Giving

Big Celebration for Tiny Patients

In the 15 years since its opening, the Klarman Family Newborn Intensive Care Unit (NICU) at Beth Israel Deaconess has cared for almost 20,000 of the hospital’s tiniest, most vulnerable patients at the onset of their lives. To pay tribute to the Department of Neonatology and the team of medical professionals who work tirelessly to meet the clinical and psychosocial needs of these babies and their families, Beth Klarman and Ellyn Rubin co-chaired a NICU anniversary reunion event on November 11, 2007.

It’s not hard to guess why. Both Klarman and Rubin have experienced the technologically sophisticated yet emotionally responsive care of the NICU firsthand. “There is no way to thank people for saving your child’s life and keeping you sane while going through the process,” says Klarman. “Because of this, our family will be forever connected to the NICU. Chairing this event was just an extension of that connection.”

Designed to promote a new set of family-centered programs in the NICU, the 15th anniversary open house reunited families with their caregivers and celebrated a group of children who personify the miracle of technology and the resilience of youth. “I am so grateful to everyone in the NICU for helping us cope with an extremely emotional time in our lives, and we will never forget all of the wonderful work they do each and every day,” says Rubin. “My own child and so many others who attended this event are living proof of the incredible care they provide.”

Look for photos from the NICU 15th Reunion in our next issue:

Klarman Family NICU Fun Facts

- What was the opening date of the BIDMC NICU?
  October 1, 1992

- How many sets of twins were born last year at BIDMC?
  189

- How many sets of triplets were born last year at BIDMC?
  15

- Approximately how many diaper changes have babies in the NICU required since it opened?
  847,310

- What is the average number of feedings in the NICU each day?
  216

- When did the new NICU on the 9th Floor open?
  May 2002

- What is the average number of babies being cared for in the NICU each day?
  39

FROM PHYSICIANS, FOR PHYSICIANS

Who more than doctors would recognize the meaningful effect philanthropy can have on patient care? This past spring, Harvard Medical Faculty Physicians (HMFP) made a $5 million gift to Beth Israel Deaconess Medical Center to help lay the foundation for the hospital’s upcoming capital campaign. Incorporated in 1998, HMFP includes more than 750 full-time specialists who provide inpatient and outpatient physician services in 13 departments at the medical center. Members of HMFP felt that being part of the advance guard of the campaign would serve as a show of faith in where the hospital was headed and as an inspiration for other organizations and doctors to support its efforts. “HMFP’s decision to make this gift represents confidence in our leadership and our colleagues to make landmark achievements in health care down the road,” says Stuart A. Rosenberg, M.D., the president and CEO of HMFP and a rheumatologist at the medical center. “We believe we are investing in the foundation of some remarkable things to come for Beth Israel Deaconess, an organization that we call home.”

FIND OUT MORE}

Rubin co-chaired a NICU anniversary reunion event on May 11, 2007. The event was attended by hundreds of NICU graduates and their families. “My own child and so many others who attended this event are living proof of the incredible care they provide.”

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Model of Efficiency
THE CARDIOVASCULAR INSTITUTE AT BETH ISRAEL DEACONESS

WHEN IT COMES TO TACKLING cardiovascular disease in this country, Ralph de la Torre, M.D., has had his fill of the status quo. Confronted with the sheer magnitude of the problem, this groundbreaking cardiac surgeon is prepared to make conventional models of medical care something of the past. “About 1,500 people lost their lives on the Titanic,” he says. “Imagine two Titanics sinking every day of every year. That’s the number who die of cardiovascular disease.”

He continues to rattle off the annual statistics: 5 million suffer from heart failure and 700,000 more from stroke, representing 6.4 million hospital admissions, 32 million hospital bed days, and $400 billion in expenditure. “All that being said, you would assume that being so important to the populace and the country we would have some spectacular method of organizing our cardiovascular care,” he notes, “but we don’t.”

In his mission to change that situation, de la Torre, chief of cardiac surgery at Beth Israel Deaconess Medical Center, has enlisted the cooperation of his counterparts in cardiology and vascular surgery to completely turn the traditional structure of cardiovascular care on its head. Together, they recently launched The Cardiovascular Institute (CVI) at BIDMC, their new business model, which is based on the across-the-board integration of these three typically independent clinical areas. “We’re all treating the same underlying disease, and oftentimes we’re all treating the same patient because the same patient gets all these diseases,” remarks Frank Pomposelli, M.D., chief of vascular surgery at the medical center. “So there’s a certain logic to it: that the patient would come to a center where all the doctors would focus on dealing with a collection of problems which are all really different manifestations of the same thing.”

But just because a concept is logical doesn’t necessarily make it simple. Historically, the fields of cardiology, vascular surgery, and cardiac surgery developed on completely separate programmatic lines, with distinct reporting structures, support systems, and finances, even within one institution. As minimally invasive techniques and catheter-based procedures started to flourish, the lines between the fields began to blur. This development only added territorial complications to the preexisting organizational barriers because the programs found themselves competing for the same patients. However, something different was afoot at BIDMC. Smaller than its sister hospitals, allowing it to readily facilitate interaction, the medical center encouraged its cadre of cardiovascular leaders to buck the trend. “I think we started to realize with an ever growing aging and sicker patient population, which we’ve all had to deal with, that no group alone could treat all the problems,” says Mark Josephson, M.D., chief of cardiology at the medical center. “So more and more there developed here a sense of needing to really work together to be successful. My attitude is that we’re family.”

For some, family means simply living under the same roof. The CVI leadership observes that other institutions have created cardiovascular care programs that house cardiology, cardiac surgery, and vascular surgery in the same building or center but without changing anything about how these often-adversarial groups coexist and interact with one another. “It’s more convenient for the patient, absolutely, and communication is a little better,” says de la Torre, the Institute’s president and CEO, “but you still haven’t fixed the fundamental problem—you’ve tried to patch over it.” While acknowledging its importance, the CVI model doesn’t view collocation of services as a panacea. Instead, its focus is working from the ground up not only to bring these units together in terms of clinical space but more importantly to combine them into a single entity in all senses of the word—from care delivery and operating systems to administrative structure and finances.

While a building to accommodate the full institute is on their wish list for the future, for now the CVI team’s primary objective is working in concert to make the patient’s clinical experience the best it can be. “Patient care is more than bricks and mortar,” says Josephson. “It’s very nice to have a building with all the amenities but ultimately patients want to know that when they leave the hospital, they’re healthier than when they came into the hospital. The goal is to get them better as quickly as possible so they don’t have to be here at all.” By founding their clinical enterprise on sound business practices, the CVI team believes that it can achieve a win-win-win situation for everyone involved. The Institute will be a win for the medical center because it will reduce redundancies and achieve economies of scale by restructuring and pooling revenue among the groups. It will be a win for the physicians because, by making them responsible for their own budget and organizational functioning, they will have a sense of autonomy over what they do. And above all, it will be a win for the patients because their doctors will be combining their intellectual powers to treat their cardiovascular problems most efficiently and effectively.

The CVI leaders acknowledge that making the Institute an entirely new entity and not just a name on a door is a lofty goal, but they feel that their already-collaborative relationship and open-minded philosophy provide a perfect foundation for success. Already they have created one-of-a-kind procedures and saved lives in new hybrid operating suites, which allow for both open surgery and minimally invasive techniques. They see the CVI as a natural extension of that positive rapport. “I think the biggest hurdle has already been overcome,” says Pomposelli, “and that was the courage to do it. But now the heavy lifting begins.” On top of the major challenge of fully integrating their groups, the leadership’s plans also include intensive efforts to incorporate research and education into the CVI model and strategies for extending the Institute’s reach out to doctors and patients in the community. If successful, they believe they have the potential to take medical care, even beyond their own fields of expertise, to places no one has gone before. “Where we are right now in cardiovascular disease, we’re one of the best centers in the United States,” notes de la Torre. “But we don’t want to be among the best. We want to be head and shoulders so far ahead of everybody else that, no matter where you go or who you ask, there’s only going to be one answer: ‘The Cardiovascular Institute at BIDMC.’”

“When folks at other places say, ‘We work collaboratively,’ we ask, ‘Do your cardiologists and surgeons share a financial bottom line? Do they share a common reporting structure? Are the hospital administration and the physicians all integrated in terms of reporting?’ If the answer to all of these is no, you begin to wonder: How exactly are they collaborative?’”

—Ralph de la Torre, M.D.
Carol and Howard Anderson

LOGICAL CONCLUSIONS

WHEN CAROL ANDERSON learned that Beth Israel Deaconess was in the planning stages of a transformative philanthropic campaign, she knew that she and her husband, Howard, would be at the head of the line to do their part. The Andersons immediately settled on a $1 million gift to the medical center to support its strategic objectives, but they also saw it as an opportunity to pay tribute to someone who, for them, personified the values the hospital was built on. “We both said, ‘The answer is very logical—we do it in honor of Harold,’” she says, noting that the medical center has a legacy of inclusiveness.

For the Andersons, the opportunity to repay BIDMC for its unique brand of care with not only knowledge and expertise but a significant gift is the culmination of a family relationship with the medical center that has endured for generations. Mrs. Anderson says that despite their passion for the institution, none of their kin had been able to give back in this way previously. “It wasn’t a matter of desire; there just wasn’t the capacity,” she says. “Now, as a member of the family who has the capacity and is extremely grateful to the medical center for the care that it provided my grandparents and my parents, I want to be supportive in whatever way I can.”

No one at BIDMC is more touched by all the ways the Andersons sustain the medical center’s mission than Harold Solomon. “I am grateful and honored that Carol and Howard have chosen to support BIDMC in this way,” he says of their donation in his name. “Their generous contribution is matched by the time and effort Carol devotes to BIDMC as a director. This gift will greatly enhance the training programs in the Department of Medicine for years to come.”

While some philanthropists enjoy the sense of fulfillment giving can provide, the Andersons prefer to savor the potential impact of their generosity: “I don’t think it’s about me or my husband in any way at all,” says Mrs. Anderson. “We’re people who have been very blessed in life, and this is just one of the ways that we’re able to give back to the community. It’s not about how it makes us feel. It is the right thing to do—to allow an organization that we think so highly of to continue and expand its mission.”

The Faces of BIDMC

John Asara, Ph.D., Director of the Mass Spectrometry Core Facility at BIDMC

Q. So what exactly is mass spectrometry?
A. Mass spec, as it’s known informally, is a powerful technique that is used to identify and quantify unknown compounds, particularly proteins, in a sample by breaking them down into smaller fragments and weighing the pieces. The fragmentation process provides us with information on what proteins and pathways may be involved in certain diseases, particularly cancer.

Q. What are mass spec’s advantages over other analytical techniques?
A. It’s very fast, on the order of one magnitude higher than other methods, and it’s very sensitive, requiring only minute sample amounts not visible to the naked eye.

Q. How small are you talking about?
A. Well, in a fun but very challenging side project, my team recently sequenced six tiny protein fragments from a 68-million-year-old Tyrannosaurus rex fossil. After that amount of time, you can imagine how little we had to work with. It was thought that it couldn’t be done.

Q. So how does your dino work relate to your day-to-day job?
A. We need the same set-up and sensitivity levels for fossils as we need for low-level tumor proteins. Cancer biomarkers and drug targets are usually the things that are not the most abundant. These kinds of projects force us to stay as sensitive as possible and explore new ways of perfecting these techniques. Who knows, someday we may actually learn something by studying fossils proteins that could help humankind today.

Q. Any other benefits of your T. rex encounter?
A. This project has given us a lot of press and helped us secure grants. Based on the dinosaur work, we are getting a new $800,000 state-of-the-art mass spec piece of equipment (pictured above). The really nice thing is that this machine will not only be used for fossil research but also for biomedical research across many diseases. It never hurts to branch out in other areas.

Q. What do you like best about your job?
A. I love that, while we’re working mostly with proteins, we get to work on so many types of projects and applications. So one day you may get samples with bacteria. The next day you may get samples from a tumor. And the day after, you might be working on fossils proteins. You can really get involved in lots of different fields, and that’s very exciting.

Q. So you provide a service function that’s wide-reaching?
A. As a “core” facility, we are a resource for everyone in the hospital and the entire medical area. We even get samples from across the country. Although post-docs and students often move away, if you get good results in a timely and cost-effective way, people want to stick with you. We develop relationships and work on a personal level.

Q. What are your hopes for the future?
A. We want to eventually get mass spec to the point that it can be used as a tool for disease diagnosis and treatment rather than just research. I think things will only keep improving when we move and have our custom space in the new Center for Life Sciences. We really operate well, but we hope to keep expanding, be it instruments or people or space. We want bigger and better!
On the Scene

Mayer Recognition Reception
APRIL 9, 2007
Beth Israel Deaconess recognized the recent contributions of Carol and Robert Mayer to the medical center by hosting an intimate gathering in their honor. Longstanding supporters of BIDMC’s oncology division, the Mayers made a significant planned gift to support its cancer care initiatives. They also made a donation to purchase two ambulances for BIDMC’s exclusive use to transport patients between the east and west campuses and BID–Needham. Family and friends were treated to a ribbon cutting to launch the new ambulance transport program followed by a reception.

1. Robert and Carol Mayer; Paul Levy
2. Monroe Hill Schuppy, Carol Mayer
3. Robert Castello; Don Mayer; Geoffray Mayer; Steven Mayer

Lineage Dance Fundraiser for Judy’s Hope
APRIL 29, 2007
BIDMC hosted a benefit performance of the Lineage Dance Company at the Massachusetts College of Art in Boston. The program, entitled “Healing Blue,” was inspired by the stories of seven women and their fight against breast cancer. The proceeds went to support the Judy’s Hope Fund, which was established by Judy Kaufman to raise funds for the medical center’s Division of Hematology and Oncology. Author and cancer survivor Monique Doyle Spencer was also on hand to sign copies of her book, The Courage Muscle, whose sales support BIDMC as well.

4. Monique Doyle Spencer
5. Lineage Dance performers: Peggy Burt, Rebecca Levy

Solomon Lectureship Dinner
MAY 2, 2007
Farla Krentzman and her family hosted cocktails and a dinner at her home in Chestnut Hill, MA, to garner support for the creation of the Dr. Harold S. Solomon Lectureship at Beth Israel Deaconess. A nephrologist in clinical and academic practice for more than 30 years, Harold Solomon, M.D., is a leading expert on hypertension and its associated risk factors. The goal of the lectureship will be to provide an annual forum for noteworthy physicians and researchers in preventive medicine, cardiovascular risk reduction, and compassionate medicine to speak to doctors and lay audiences.

6. Scott Krentzman; Farla Krentzman; Mark Krentzman
7. Caroline Cohen and Alan Denbowitz
8. Diana Gillis; Harold Solomon, M.D.; Steven Gillis
9. Rosie Swan; Paul Levy; Herbert Swan; Molly Solomon

Dinner at Stonehedge Farm
MAY 30, 2007
Genny and Roy MacDowell’s Stonehedge Farm in Wayland, MA, offered a gorgeous setting for the formal introduction of Pier Paolo Pandolfi, M.D., Ph.D., a leading cancer researcher, to friends and supporters of Beth Israel Deaconess. The event, which featured this culinary delights of Pacific Restaurant chef and owner Judy Adams, was hosted by the MacDowells along with Ron O’Hanley. It also marked the official launch of BIDMC’s Campaign Major Gifts Committee, co-chaired by O’Hanley and Mrs. MacDowell.

10. Back row (left to right): Paul Levy; Mark Zeldis, M.D.; Lowell Schuppy, M.D. Front row (left to right): Genny MacDowell; Josef Fischer, M.D.; Pier Paolo Pandolfi, M.D., Ph.D.; Stuart Rosenberg, M.D.; Ron O’Hanley
11. Jane Pappalardo; Nancy Calhoun
12. Ellen Calhoun; Jean Carlson; Pamela Remis
13. Laura Bard; Pier Paolo Pandolfi, M.D., Ph.D.; Regina Bard

Celebrate Spring 2007
JUNE 12, 2007
Robert and Stephen R. Weiner co-hosted a spectacular evening at The Castle at Park Plaza in Boston for more than 270 guests of Beth Israel Deaconess. The event showcased BIDMC’s renowned oncology program and recognized the world-class clinicians, surgeons, and researchers who have helped make the medical center a leader in the fight against cancer. In addition to having the chance to personally meet members of the medical center’s outstanding cancer care team, attendees heard talks from Tom Werner, chairman of the Boston Red Sox, and Kelly Tuthill, a member of Team 5 Investigators, WCVB-TV’s investigative unit (see also back page).

14. Tom Werner; Roberta Weiner; Kelley Tuthill; Lois Silverman
15. Foster Alvaro and Sara Hellbreak
16. Steve and Roberta Charles
17. Thaddeus Liney; Marilyn Cohen
18. John Fisher; Steve Lewis; Linda and Clayten Turnbull; Paul and Stuart Rosenberg, M.D.

Upcoming Events
January 23, 2008
Executive Roundtable Breakfast on Genomics and Its Impact on Personalized Medicine

March 9, 2008
Palm Beach 2008

March 31, 2008
Silverman Institute for Health Care Quality and Safety Dinner

September 23, 2008
BIDMC Annual Meeting of the Boards

For more information on these events, call (617) 667-7348 or email events@bidmc.harvard.edu.
WCVB-TV news reporter Kelley Tuthill was diagnosed with Stage III breast cancer in December 2006. At BIDMC’s Celebrate Spring event in June, the 36-year-old mother of two shared her experiences as a cancer patient at the medical center and her ongoing battle with the disease. Tuthill sang the praises of her BIDMC caregivers, including obstetrician/gynecologist Hope Ricciotti, M.D., and breast surgeon Susan Troyan, M.D. “I will never forget how she made us feel,” said Tuthill of her initial encounter with Troyan, “instantly comfortable, instantly secure, and instantly that we were in the right hands.”