Kevin Tabb, M.D., acknowledges that his path to becoming Beth Israel Deaconess Medical Center’s new president and CEO was not entirely traditional. “I have what I would call an eclectic background,” says Tabb, “which certainly allows me to bring my own unique perspective and experiences to the table.” Raised in Berkeley, Calif., Tabb made good on a personal pledge to move to Israel at age 18 and sign up for mandatory military service. A chance assignment as a medic, which exposed him to hands-on interactions with patients, made becoming a doctor a foregone conclusion. “You might say medicine chose me,” he notes.

But while Tabb was drawn into medicine by the gratification of caregiving, he stayed engaged because of the reward of consensus building. After his return to the United States in 2000, his career would take a decidedly administrative turn, stretching from big industry to small start-ups to academia. “In my previous job, much of what I did was to serve as a translator, not between Hebrew and English, but rather between the clinical world and the business world,” he says of his prior position as chief medical officer at Stanford Hospital & Clinics. “And I still see myself as able to fill that role even though I’m now CEO. I’m serving as a translator between the world of an academic medical center, which includes clinical care, research, and education, with the world of running a large enterprise.”

Today, Tabb’s management savvy combined with his medical degree puts him in an ideal position to not only

CONTINUED ON P. 2
KEVIN TABBB, M.D.

CONTINUED FROM P. 1

bring people together but to play a crucial leadership role in bridging the fields of health care and big business. Having to make these fields constructively intersect has become essential for a hospital in a rapidly evolving medical environment and consumer-driven marketplace, and Tabb knows that for BIDMC it will mean moving away from business as usual. “The question of how an institution prepares itself to adapt to significant changes in the market is not a unique question and not one that only health care needs to deal with,” he says. “There are lots of examples of companies, of other businesses, that did this really well, didn’t do it at all and fell off a cliff, or waited too long to do it. And we can certainly learn a great deal, both positive and negative, from the experiences of industries like the automotive or airline.”

Tabb believes that achieving a positive outcome in health care requires being less insular and looking for answers beyond the traditional boundaries to embrace new ideas like technology-based health monitoring, less hierarchical and more interdisciplinary clinical structures, and an increasingly proactive role of patients. He notes that because Massachusetts is already years ahead of the rest of the country in terms of responding to health care reform, opportunities abound for making these changes work to everyone’s benefit. “There’s never been a time when the forces of public policy, reimbursement, and health care delivery have aligned as they do at this moment,” says Tabb. “…But there is also the fact that we will need to partner with others in order to take advantage of that. Perhaps we will need to show some level of humility in understanding that there are others who might know more about how to do some of these things than we do.”

Not surprisingly then, Tabb, who joined BIDMC in October 2011, was intent on reaching out to others in the Boston community during his first few months as CEO. Aside from recognizing the importance of this strategy to BIDMC’s ongoing success, Tabb also points out his comfort level in making it his initial focus because of how well positioned the medical center was upon his arrival. “Our future direction will be directly influenced by what is happening externally, so it’s important to gain as many perspectives as possible on the landscape,” he says. “And I’ve been at every hospital in Boston, small to large, those who are tightly aligned with us and those who are competitors, all of whom have welcomed me warmly and had honest and candid conversations with me.”

From colleague to competitor, the theme consistently running through these discussions was the idea of change, according to Tabb. But “change” is such an ambiguous concept and once applied to an ambitious idea as health care reform, we’re left wondering exactly what
Now is the time

October 2011.

CEO, made philanthropy one of his top priorities upon his arrival in M.D., Beth Israel Deaconess Medical Center’s new president and

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This fundamental shift will require an increasing reliance on primary care, the expansion of health care networks and partnerships, the empowerment of patients, and the adoption of innovative technologies and systems—all of which Tabb sees as both unavoidable and potentially advantageous. What energizes him is the fact that BIDMC already excels in all of these areas, which means his faculty and staff can be on the leading edge of actually implementing change, both internally and externally, rather than having it thrust upon them. “There’s a great deal of high-quality health care that can and should be delivered in the community where people live,” he says. “It’s better for the patient, and it’s often also more cost-effective. It’s not often that those two goals align, but I think we have begun to see this kind of alignment in health care. It’s challenging and very exciting.”

However, laying the basic groundwork to address these challenges will not come without a price. Creating and implementing new systems of care—no matter how cost-effective they may ultimately be—will have upfront expenses, and transferring care to the community will initially strain medical centers’ bottom lines with lower volumes and reimbursements. Not to mention still having to keep up with the rapid pace of medical progress in research and technology. “There is no great academic medical center that can thrive without philanthropy,” says Tabb. “Now is the time that we will need philanthropy the most to do the things that are unique and special to our institution.”

(See President’s Innovation Fund below.)

Tabb says capitalizing on those unique and special strengths to realize BIDMC’s promise is the reason he’s here. He relishes the thought of applying his broad expertise to help bring the community’s hopes and dreams for the institution to fruition. “Great ideas can—and do—come from anybody,” he says. “So I am trying to spend time, as much time as I can, outside of this office, out on the floors, in the clinics, talking to people, hearing what concerns them, what would they like to see happen.”

He says that the sense of openness and commitment that permeates the culture at BIDMC is not something he takes for granted. “It’s the little things,” Tabb muses. “I will get stopped in the hall, and people will tell me, ‘I’ve been working here for 35 years, I was born here, my mother worked here.’ These are people who never left, through hard times, through good times, who love this place. There are a lot of people like that. And that’s a wonderful thing to have.”

PRESIDENT’S INNOVATION FUND

In light of the rapidly changing health care environment, Kevin Tabb, M.D., Beth Israel Deaconess Medical Center’s new president and CEO, made philanthropy one of his top priorities upon his arrival in October 2011.

“Now is the time—when financial constraints are incredibly harsh, when we’re seeing reduced government reimbursement, when we’re seeing less NIH funding for research, when we’re seeing significant cuts to educational programs—that we need philanthropy the most,” he says.

In response, BIDMC has created the President’s Innovation Fund, an unrestricted resource Tabb can draw on to make immediate investments in the unique clinical initiatives, life-changing research, and educational priorities that set the medical center apart. It will also provide him with the flexibility to take advantage of unexpected opportunities in the medical arena.

The Fund has had a successful launch, thanks to lead donors like Ruth and Elliot I. Snider, Brian Knez, Cynthia and Robert Lepofsky, and Barbara Kates-Garnick, Ph.D., and Marc B. Garnick, M.D., but BIDMC’s needs are great and every dollar counts.

To make a donation to the President’s Innovation Fund, please contact Laura Sobel at (617) 667-7337 or lsobel@bidmc.harvard.edu.

It is my great hope that in sharing my family’s story it will help others dealing with a cancer diagnosis and perhaps inspire them to make a contribution to the vital research being done at BIDMC.”

—Wendy Chapin Ford

HOPE BY THE BOOK

In her latest book Normalcy, author Wendy Chapin Ford offers a concise collection of decisions, thoughts, and actions that helped her family navigate her late husband’s devastating diagnosis with a rare and deadly cancer, cholangiocarcinoma.

While she is offering Normalcy as a free download on her Web site (www.ToGetBackHome.com), Ford is encouraging donations to BIDMC’s CureLiverCancers team, the group of dedicated clinicians who managed her husband’s care.

For more information or to make a donation, please visit www.gratefulnation.org/CureLiverCancers.
Dear Dr. Tabb,

My wife has been a patient of the Liver Center at BIDMC for several years. We are consistently amazed at the exceptional level of care, compassion, and knowledge of the entire medical faculty, specifically Nezam Afshal, M.D., and Laurie Williams, M.S.N., A.N.P., who played a large role in the success of my wife’s treatment and are prime examples of “service excellence.” We understand that your hospital enjoys a reputation as a national leader in health care; ultimately however, it is your staff who truly make your Liver Center shine. We are very grateful that you employ such a talented staff and that is why we ultimately chose your hospital for my wife’s care.

Sincerely,
Timothy and Christine L.

Dear Dr. Tabb,

It is with gratitude and admiration that I write to tell you of the exemplary care I received and witnessed during my recent surgery and hospitalization at BIDMC. I could not have been more impressed with the professionalism, kindness, and generosity demonstrated by each person who provided me care during my surgery and stay.

I would specifically like to recognize the nurse who accompanied me into surgery. This man’s sincerity and compassion provided much-needed peace of mind. I would also like to recognize my roommate’s doctor, Dr. Daniele Olveczky. While I didn’t mean to eavesdrop, I couldn’t help but notice the care she took to comfort her patient, an older gentleman who was worried about being hospitalized. Never before has someone made such a positive impression so quickly. BIDMC is a better place because of Dr. Olveczky. She is the brightest of lights in a shining constellation of stars.

With great gratitude,
Marc L.
LEADERSHIP SPOTLIGHT

Margaret McKenna: And Justice for All

Social justice and change are at the heart of all stages of Margaret McKenna’s prolific professional journey. In a high-profile career that has spanned civil rights law, education, and philanthropy, the well-respected leader has been on the front lines of social and political history and has had a noticeable impact on nearly everything she has touched.

“I grew up in that era where it was really in your face—the civil rights movement, the women’s movement, the anti-war movement,” she explains. “I was one of those people who really believed that you could make a difference and that you should.”

A member of the Board of Directors at Beth Israel Deaconess Medical Center (BIDMC) and chair of its recent CEO search committee, the former president of Lesley University and the Walmart Foundation is lending her vision of equality and breadth of leadership experience to the medical community. “It seemed like a natural fit to be involved with an organization that cared about the underserved when it was created and also cares about individual people now,” says McKenna, who started her career as a civil rights lawyer in the U.S. Department of Justice working on unemployment and discrimination cases. “It is an incredible history.”

Beth Israel Hospital was established by the Boston Jewish community to meet the needs of the growing immigrant population, and New England Deaconess was founded by the Methodist deaconesses to serve the city’s sick and poor residents. The commitment to equality in patient care stands to this day. “It is a place where people really paid attention to you, where you weren’t a number, and where there was a team of people who were coordinated to work on your care,” she says. “I just think it is heads above the other hospitals in patient care. I think it is important to build on the historical strengths of the medical center and keep reminding people of those strengths.”

McKenna relied on her extensive leadership experience and assembled a diverse committee, which, at first, appeared to feature too many strong and differing opinions and needs. However, under her guidance, it thrived. “We gelled as a group, and a lot of trust and friendship developed over a short, intense period of time,” she recalls. “In the end, we really came to a consensus about the top three and a consensus about the final candidate. We never took a vote. We got to a point where people listened to each other. There was true respect for other views.”

After the extensive and exhausting national search, Kevin Tabb, M.D., was the unanimous decision. “While I think several candidates had experience and smarts, I think his leadership style, his sense of being who he is, showing who he is, being respectful of people, and his warmth and courage made him by far the first choice,” she says.

While her recent venture into the medical area is new territory, McKenna has been successful in all areas of her varied, social-minded career to date. “My interest in life was social change,” she says. “The way you can engender that is to create an environment for young people to introduce them to social change and responsibility.” After a successful career as deputy counsel in the Carter Administration and deputy secretary in the U.S. Department of Education, McKenna took over as president of Lesley University, where she tripled the size of the student body, diversified the campus, and made the school a national leader in teacher education during her 22-year tenure. Not one to sit back and relax, in a brief stint at the Walmart Foundation, the largest corporate fundraising program in the world, she implemented policy to become the largest donor of food in the United States.

“They are things I believe in,” McKenna says. “I cared so much about the potential impact. In both places, I knew I was going to impact peoples’ lives in a positive way and that is a great opportunity.” She puts the same energy into her role at BIDMC. “I really believe Beth Israel Deaconess is a very special place,” she says. “If you can have extremely high quality and at the same time maintain a humane culture, you have really succeeded and should be supported.”

“It seemed like a natural fit to be involved with an organization that cared about the underserved when it was created and also cares about individual people now.”

—Margaret McKenna
Out of the Ashes
A Research Career Soars with Flight Attendants’ Funding

Elena Levantini, Ph.D., credits a foundation launched by flight attendants for getting her research career off the ground. A stem cell scientist at BIDMC, Levantini focuses on the regulation and differentiation of protein pathways involved in the development of lung cancer, asthma, and other diseases. Since coming to the medical center from Italy in 2002, she has received both a Young Clinical Scientist Award and a Clinical Innovators Award, with funding totaling almost $800,000, from the Flight Attendant Medical Research Institute (FAMRI). “Their support has been a life-changing experience,” says Levantini. “It gave me a lot of freedom to investigate and also respect in my field. I’ve been very lucky.”

FAMRI was established to make the best of an unfortunate situation—a class action law suit against the tobacco industry for diseases and deaths suffered by non-smoking flight attendants from exposure to secondhand smoke. From the settlement, a non-profit biomedical research foundation dedicated to the early detection, prevention, treatment, and cure of these conditions was born. Levantini, who has become increasingly involved with the organization over the years, has been impressed with the members’ personal commitment to having an impact on medicine. “The flight attendants come to listen, to learn,” she notes. “They’re starting to learn some of the basic science. They’re interested in understanding things and helping as much as possible.”

They have certainly helped Levantini, whose work centers around a gene called C/EBPα (cee-ee-bee-pie-alpha). The connections she found between this pathway and the development of lung cancer and, more recently, asthma—two serious diseases with well-documented links to tobacco exposure—caught FAMRI’s attention. Originally known as a relevant pathway in leukemia, Levantini was curious if C/EBPα might also be involved in the growth of solid tumors. Starting with lung cancer, she found this was indeed the case. “We tracked exactly how C/EBPα was involved in lung cells in collaboration with other doctors at the hospital,” she says. “And we found that it was a tumor suppressor that is down-regulated in 50 percent of primary lung cancers—so it’s really an important gene.” She also discovered that C/EBPα’s expression changes when exposed to tobacco smoke.

With the ongoing support from FAMRI, Levantini is taking her work with this single pathway in a variety of directions, from exploring a very promising drug candidate she’s uncovered for C/EBPα-related lung cancers to better understanding C/EBPα’s role in the muscular contractions of asthma. “I have all these ideas about C/EBPα’s involvement in many other diseases, and then I try to test them,” she says. “But you can’t have expertise on everything. So I discuss my ideas with colleagues working in other fields, and when I see that they are practical and really know their stuff, then I want to work with them! Finding the right collaborators can be difficult, but this is a really good environment.” Levantini is grateful to FAMRI for giving her funding with the flexibility to follow new leads, something every researcher covets. “This is the challenge: not enough time and not enough money,” she says. “It’s nothing original to say, but it’s the truth. Besides that I would be really happy.”

Out of the Ashes
A Research Career Soars with Flight Attendants’ Funding

Elena Levantini, Ph.D.

MARATHON MATHEMATICS

10 runners x 26.2 miles x 2000 steps per mile = 524,000 more strides toward ending health disparities + your donations — it’s all adding up to a more equal world

Our thanks to everyone who supported BIDMC’s Grateful Nation Marathon Team this year.

Funds raised will benefit Bowdoin Street Health Center’s Healthy Champions program for at-risk kids and BIDMC’s Project to Prevent and Cure Kidney Disease in African Americans. Even after the runners have crossed the finish line, you can still donate to these great causes at www.crowdrise.com/bidmc.

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How can you enhance speech rehabilitation for stroke patients with impaired language?

Impaired language, or aphasia, is typically the result of injury to the left side of the brain which has developed dominance for aspects of language in right-handers. Although traditional speech therapy may facilitate natural recovery from aphasia, about one-third of patients with significant impairment have an incomplete recovery of speech fluency. It turns out that the right side of the brain has a built-in rudimentary vocal–motor system that can be trained for expressive language functions using an intervention called Melodic Intonation Therapy (MIT). Research has shown that intense treatment can change this right-sided system, and the drivers of this change can be specifically targeted to further enhance the effect.

What is MIT?

MIT is based on a 100-year-old clinical observation that patients who suffered large left-hemisphere lesions could not speak words but could sing lyrics of well-known songs. The technique, whose efficacy we are currently testing against a well-defined speech therapy, specifically engages the right-sided language system emphasizing the melodic aspects of speech and using hand motor functions to map sounds to actions. The brain is intrinsically built to connect auditory and motor regions. This connection is put to use when patients undergo experimental treatments to enhance their recovery from aphasia. Similarly, providing auditory feedback to movements can also enhance motor functions, which is also being tested in our lab.

What is it about this work that excites you?

We have behavioral interventions and brain stimulation techniques that change even the adult brain if applied in an intense fashion. Novel technologies allow us to visualize that change in the brain and relate it to functional improvement. What motivates us is that new techniques and tools allow us to make a difference in our patients’ lives by enhancing the brain’s ability to change and turning this change into something that is beneficial to our patients’ recovery process. Over the last few years we have learned a lot about the predictors and facilitators of brain repair, and the more we understand these critical components, the more we can try to specifically target brain repair mechanisms and harness the power of restorative therapies.

How important are donor gifts to your work?

The support we get from donors allows us to continue our research on stroke recovery but also facilitates our ability to test new approaches and innovative ideas, venture into new research areas, and obtain preliminary data that can be used to apply for other sources of funding. For example, with support from The Nancy Lurie Marks Family Foundation, we are currently applying the techniques of MIT to non-verbal autistic children. In this group, we found an under-development of one of the language tracts, the arcuate fasciculus, particularly on the left side of the brain, that is similar to non-fluent stroke patients. This tract is very important in learning to speak and controlling vocal output. We adapted MIT to develop a new intervention, Auditory Motor Mapping Therapy, which combines singing of words and phrases with hand-tapping of pitched drums to encourage vocal communication in these non-verbal children. The autistic children learn to map sounds to articulatory actions and increase vocal output through that process. Without private foundation support we would not have been able to develop and test this promising and successful experimental treatment.

LET’S TALK ABOUT SEX

Director of the BIDMC Prostate Care Center, Martin Sanda, M.D., led a new research study, published in the Journal of the American Medical Association, which found that physicians are now better able to predict a man’s recovery of sexual function after prostate cancer treatment, making candid conversation between doctor and patient a critical part of pre-treatment planning.

Thanks to unrestricted donations to the BIDMC Annual Fund, the medical center has the resources to invest in physicians, like Sanda, who are improving the quality of patients’ lives. Be a part of the wonder and progress of medicine at BIDMC and support the Annual Fund today.
Ease of access to high-quality health care is the first step in providing a first-class patient experience. In this era of health care reform, the solution for many is to move appropriate care out of the city and into the community where access is more convenient for the patient. BIDMC and Beth Israel Deaconess Hospital–Needham (BID–Needham) are committed to the idea of providing the right care in the right place. As a result, they are partnering to build a new three-story, 30,000-square-foot building on the Needham campus that will consolidate BIDMC’s existing west suburban cancer services and enhance BID–Needham’s surgical facilities. “This center enables us to improve our services to our community,” says BID–Needham President and CEO John M. Fogarty, FACHE. “Patients who previously had access to just our medical oncology services will now have additional access to radiation oncology and the full scope of services that the cancer center will bring. Also, it will enable us to move forward on the next phase of planned expansion of this campus—our OR suites.”

Philanthropic support of the $20 million capital project, which is slated to open in spring 2014, is critical. The multifaceted center is expected to include a new medical oncology clinic with chemotherapy infusion bays, a radiation oncology suite with a state-of-the-art linear accelerator and advanced imaging systems, as well as an ambulatory specialty suite and expanded surgical services. Two floors will be dedicated to cancer services, while the top floor will provide space for new operating suites for various uses, including orthopaedic and oncologic surgery. “We want to act on the principle that an academic medical center–level of care can be delivered and replicated for many cancer types in a much more commuter-friendly and low-key environment,” says Lowell Schnipper, M.D., clinical director of the Cancer Center at BIDMC. “The facility will be designed with the highest caliber of patient service in mind and staffed with BIDMC faculty so the product delivered is second to none.”

Unlike other independent community cancer centers, the Needham center will combine the high-quality care and leading-edge research of a Harvard-affiliated medical center with the convenience and comfort of a community hospital. “We want to have our cancer care coordinated,” says Mary Ann Stevenson, M.D., Ph.D., chief of the BIDMC Department of Radiation Oncology. “We want medical oncology and radiation oncology in the same building so patients have the convenience of shared proximity, but also with the support of the larger hospital for pathology, general medicine, radiology, and surgery.” The medical center will still play an important role for initial diagnosis, treatment planning, and access to clinical trials, but the actual delivery of treatment for many cancer patients can be done in Needham. For more complex conditions and surgeries, care can be provided downtown. “We really need to be mindful of the medical as well as social issues confronting cancer patients because they are on treatment for a long time,” Stevenson says. “We really want to make sure the patient experience is absolutely the best we can provide.”

While capital investments can enhance a property’s overall value or use, making improvements and additions to the physical infrastructure of a medical facility has the added importance of ensuring that patient care is delivered in the best way possible. With new construction projects from Boston to Needham, Beth Israel Deaconess Medical Center (BIDMC) is expanding patient options, consolidating clinical services, and advancing biomedical research.

However, capital investments are just that—investments, and often come with a hefty price tag. Non-profit academic medical centers like BIDMC must rely on philanthropic funding to bring essential building plans to fruition. Here are a few of the most important capital projects taking place currently at the medical center. We hope you will be inspired to make a gift toward these efforts to provide all patients at BIDMC and their families the level of care they deserve.

For more information or to make a donation, contact the BIDMC Office of Development at 617-667-7330.

Thank you for your support!
ENSURING TESTING MAKES THE GRADE

The days and weeks leading up to a surgery can be a stressful, overwhelming time for patients and their families. To alleviate some of this anxiety and ensure that patients are well prepared for their procedures, BIDMC is building a new Pre-Procedure Assessment and Testing Center (PAT) on the first floor of the Stoneman Building, optimally designed using Lean principles to provide patients with the best, most streamlined pre-operative experience possible. The $3 million capital improvement, scheduled to begin construction this winter, is focused on process improvement, future innovation, and accommodating an increasing number of patients. “The new PAT Center is going to impact how we effectively and efficiently take care of patients and improve their experience, communicate with their primary care physician, and plan their recovery,” says Brett Simon, M.D., Ph.D., chair of the Department of Anesthesiology, Critical Care, and Pain Medicine. “It’s the definition of health care reform.”

The PAT Center will be the first stop for pre-operative patients to gather their medical information, blood work, and laboratory tests as well as to undergo pre-anesthesia evaluation, consult specialists, and determine post-operative care. The Center, which will serve nearly half of the 25,000 surgical patients BIDMC treats each year (approximately 50 to 60 patient visits per day), will include nine examination rooms and space for interpreters and other support services. The new layout will also separate patient circulation from clinician workflow. Plans include innovations such as incorporating geriatric or pain management specialist evaluations for appropriate patients during a single visit and setting up post-operative care plans for complex patients in advance. In addition, the Stoneman space will include a bright and comfortable waiting area for the family members of patients having surgery in the Feldberg ORs, along with a concierge desk and private consultation rooms for family meetings with surgeons. Fundraising for the project will help offset the upfront costs as well as support additional enhancements such as implementing tracking technology to record patient flow to ensure they are seen in a timely manner and allow for continuous process improvement.

GIVING THE BEST IN BREAST CARE

When Michael D. Wertheimer, M.D., joined the BIDMC BreastCare Center as director and chief of breast surgery last year, he arrived with some valuable previous experience: creating centers and obtaining national accreditations. In an effort to integrate the existing center, Wertheimer has been collaborating with colleagues and patients to consolidate its processes and renovate space to provide better, more efficient patient care. The project, which is still in the pre-design phase, will enhance coordination between the BreastCare Center’s breast surgery clinic, currently on the fifth floor of the Carl J. Shapiro Clinical Center, and the diagnostic imaging service on the fourth floor. The project is estimated to cost at least $4 million, more than half of which still needs to be raised before construction begins.

“We are doing a business transformation assessment where we have defined the idealized patient experience, which includes easy access and state-of-the-art information systems, so that things are efficient, well-coordinated, and easy to manage,” Wertheimer explains. The goal is to combine processes to eliminate unnecessary steps for a seamless patient experience across the two floors and eventually incorporate advanced technology systems and tools to remain on the leading edge of high-quality care. Thanks to Wertheimer’s leadership, the BreastCare Center was recently awarded a three-year accreditation from the National Accreditation Program for Breast Centers with a perfect score on all 27 standards of excellence. BIDMC is the first academic medical center in Boston to earn this distinction.
Medical oncologist John V. Frangioni, M.D., Ph.D., has a plan to bring cancer down to size. Director of BIDMC’s Center for Molecular Imaging, Frangioni has made it his mission to find innovative ways to detect malignancies when they are at their tiniest so as to diagnose and treat them before they wreak havoc on the body. Current technology only allows for detection of tumors at about one billion cells, the size of a spinning dime—which is often too late for effective treatment. By expanding our repertoire of specialized targeting agents and refining current imaging technologies, Frangioni believes we can identify cancers at the million cell level, about the size of a pencil tip. “A cubic millimeter of tumor, which is about a million cancer cells, is a critically important stage because that’s right around the size when malignant tumors develop their own blood supply and learn how to metastasize,” he says. “So if we’re able to push technology to this limit, we expect to have a huge impact on the diagnosis and treatment of cancer.”

Frangioni’s vision received a boost from a National Institutes of Health American Recovery and Reinvestment Act grant, which enabled him to launch the Translational Cancer Imaging Facility (TCIF), currently under construction. However, correctly identifying, visualizing, and creating the targeting agents at the heart of his strategy requires some of the most advanced equipment in medicine today, much of which is not covered by government funding. Frangioni hopes with the help of additional philanthropic support to bring the TCIF to its fullest potential. “We’re not interested in curing cancer in mice, we’re interested in curing patients,” he says. “So this facility, in a relatively compact space, would let us go from an idea all the way into human testing. That’s what’s unique—all parts of the drug development process in one unified infrastructure. We are trying to get it done right.”

GIVING A CHILDHOOD CANCER VACCINE A SHOT
St. Baldrick’s Foundation Gives $100K to Support Epstein-Barr Virus Research

Although Joyce Fingeroth, M.D., initially trained in adult medicine, a rotation during an infectious disease fellowship with pediatric cancer patients would change the course of her career. “I did a complete about-face,” the BIDMC physician–scientist recalls. “And I decided to do research because it was obvious to me that new approaches were sorely needed in this area. Although these weren’t common problems, they were terrible problems.”

Fingeroth decided to apply her expertise in infectious disease to the puzzle of childhood and adolescent cancers by studying tumor viruses, particularly Epstein-Barr virus (EBV), which was first discovered in a child with Burkitt’s lymphoma. Now with a recent $100,000 grant from the St. Baldrick’s Foundation, a volunteer-driven charity dedicated to raising money for childhood cancer research, she is one step further in her mission to create a vaccine that could limit or even prevent EBV infection.

Fingeroth’s efforts are centered around using a virus-like particle as the backbone for her vaccine, a strategy that has been successful against other, albeit less-complex, cancer viruses like hepatitis B and human papilloma virus. “We’ve had some interesting preliminary data with our vaccine candidate, and I’m just really grateful to the St. Baldrick’s Foundation for giving us some funding to help move our work faster,” she says. “It’s an ongoing struggle to get funded in these diseases because they aren’t often on the top of priority lists.”

But even though EBV-related pediatric cancers like Burkitt’s lymphoma and childhood Hodgkin’s disease may not be the most commonplace, a functional vaccine against the virus could have widespread implications. Although these diseases are much more prevalent in the developing world, Hodgkin’s lymphoma remains the most common cancer of adolescents and young adults in the United States; and it is often preceded by acute infectious mononucleosis or “mono,” an EBV-related disease that might also be prevented by such a vaccine. In addition, EBV causes adult diseases like nasopharyngeal carcinoma, certain epithelial tumors, and lymphoma in bone marrow transplant recipients (which is what brought Fingeroth to BIDMC).

“There’s probably a lot we don’t know,” says Fingeroth, “and it may well be that viral pathogens are responsible for more tumors than we currently understand. So there are lots of avenues to explore if we make an effective vaccine.”

If your corporation or foundation is interested in supporting Fingeroth’s work or other cancer vaccine research at BIDMC, please contact Marybeth Howard at (617) 667-4591 or mehoward@bidmc.harvard.edu.
It is the leading cause of kidney failure, non-trauma-related lower-limb amputations, and new cases of blindness among adults in the United States. It is a major cause of heart disease and stroke and is the seventh leading cause of death in this country. “It” is diabetes—and, while there are many treatment options, very few are fully successful in preventing the complications for the 25.8 million people living with the disease.

Obesity and type 2 diabetes have reached “epidemic” proportions: as rates of obesity increase, they lead to corresponding increases in the prevalence of diabetes. “Understanding how obesity and diabetes interact may lead to the design of better drugs or better therapies,” says Eleftheria Maratos-Flier, M.D., professor of medicine at Harvard Medical School (HMS), director of the Office of Academic Careers, and a member of the Division of Endocrinology, Diabetes, and Metabolism at BIDMC, which is on the leading edge of investigations into the pathogenesis of type 2 diabetes.

Maratos-Flier and division colleague Barbara Kahn, M.D., vice chair for research strategy in the Department of Medicine and George R. Minot Professor of Medicine at HMS, are two of five principal investigators on a nationwide collaboration of metabolic research projects funded by The JPB Foundation. They were each awarded a one-year grant of $450,000 to support their work on understanding the link between diabetes and obesity in order to find new preventive strategies, treatments, or biomarkers. “The JPB Foundation is dedicated to funding new and important diabetes research, including novel concepts that may not be ready for NIH funding,” Kahn says. “The foundation is very broad-minded and is interested not only in very basic research but also in getting diabetes and nutrition education to underserved people in the community.”

Kahn and her team have a long track record of important discoveries regarding the molecular mechanisms underlying obesity and type 2 diabetes. “Usually people think production of lipids is a bad thing metabolically,” Kahn explains. But her lab recently demonstrated that synthesizing fatty acids in adipose tissue is beneficial in terms of preventing diabetes. “One important difference is whether the lipids are being produced in fat or in the liver. If you produce the fatty acids in the adipose tissue, it keeps them out of muscle and liver and it drives the glucose into the fat so it is not building up in the blood.”

Because fatty acids are often thought to be detrimental metabolically, her team investigated what types of lipids were being made in mice they genetically engineered. Kahn established a collaboration with chemists at Harvard University and together they discovered a novel family of lipids elevated in insulin-sensitive mice and also present in humans. Kahn is now investigating the process of producing lipids in fat, the structure and biological functions of the novel lipids, and which of those lipids are favorable in terms of preventing or treating diabetes.

Meanwhile, Maratos-Flier, who also has extensive experience in the field, worked on the specific effects of diet composition on metabolism looking at both high-fat/high-sugar western style diets and very low carbohydrate diets. Using this model, her team discovered that protein FGF21 has several important metabolic roles, including driving oxidation of fatty acids in the liver and thus limiting liver lipid content. In addition, her group explored the role of FGF21 in the conversion of white fat, which stores calories, into brown fat, which generates heat.

The research team compared the responses of normal mice and mice without FGF21 to cold exposure. They found that the deficient mice were not effective in converting white fat into brown fat. Treatment with FGF21 at normal temperatures mimicked cold exposure and led to conversion of white fat to brown fat. “That could make FGF21 an amazing therapeutic for both weight loss and possibly type 2 diabetes,” says Maratos-Flier, who is investigating the molecular determinants of that process. She is also investigating the incidence of FGF21 in the acinar pancreas and its relation to the islet cells, which produce insulin. “We know FGF21 lowers blood sugar,” Maratos-Flier explains, “but whether it is acting on islets to lower blood sugar is not really particularly well known.”

Eleftheria Maratos-Flier, M.D., (left) and Barbara Kahn, M.D.
ON THE SCENE

THE JANE C. AND BRIAN CROWLEY INTERNATIONAL LECTURESHP IN ADVANCED ENDOSCOPY RECEPTION AND DINNER
OCTOBER 6, 2011

Members of BIDMC’s Division of Gastroenterology and guests gathered for a reception and dinner celebrating the inaugural Jane C. and Brian Crowley International Lectureship in Advanced Endoscopy. The lectureship was made possible through the generosity of the Crowleys to honor Ram Chuttani, M.D., director of interventional gastroenterology and endoscopy at BIDMC. This year’s lecturer was Michael Bourke, M.D., director of endoscopy at Westmead Hospital in Sydney, Australia.

1 Ram Chuttani, M.D., Jane C. Crowley

SVEN PAULIN’S 85TH BIRTHDAY CELEBRATION
OCTOBER 6, 2011

The Department of Radiology celebrated their former chief Sven Paulin, M.D., with a dinner in honor of his 85th birthday at the Harvard Club of Boston. More than 25 guests attended including family members and physicians Paulin hired and mentored during his tenure at the medical center. The following day, Visiting Professor Albert deRoos, M.D., Ph.D., presented the fifth annual Sven Paulin Lecture at BIDMC entitled, “MRI in the Metabolic Syndrome: Heart, Kidney, Brain.”

2 Per Eldh, M.D., Sven Paulin, M.D.
3 Viveca Paulin-Ferrell, Magnus Paulin, Susanne Portanova, Helena Paulin-Pintoff
4 Birgit and Sven Paulin, M.D.

INNOVATION IN PROSTATE CANCER CARE
NOVEMBER 1, 2011

With the generous support of honorary event chair Garth Greimann and his wife, Lindsay, BIDMC hosted this panel discussion on prostate cancer led by Marc B. Garnick, M.D. The discussion focused on leading-edge developments in diagnosis and treatment and included BIDMC clinicians: Steven P. Balk, M.D., Ph.D., Glenn Bubley, M.D., William C. DeWolf, M.D., Elizabeth Genega, M.D., Irving D. Kaplan, M.D., Frank L. McCaffrey, LICSW, OSW-C, Martin G. Sanda, M.D., and Andrew A. Wagner, M.D. Close to 250 people attended this public event.

5 Marc B. Garnick, M.D.
6 Lindsay and Garth Greimann
7 Elizabeth Genega, M.D.
RESEARCH INNOVATION SERIES: UP CLOSE AND PERSONALIZED
NOVEMBER 9, 2011

BIDMC kicked off its Research Innovation Series with *Up Close and Personalized: A firsthand look at our innovative approach to curing cancer*, which attracted attendees from the biotech and venture capital worlds. Hosted by Trustee Advisory Board member Matthew Botein, the event included remarks from BIDMC cancer researchers Lewis Cantley, Ph.D., Antoine Karnoub, Ph.D., John V. Frangioni, M.D., Ph.D., and Lowell Schnipper, M.D., as well as a question and answer session moderated by Vikas Sukhatme, M.D., Ph.D., BIDMC’s chief academic officer. The event was designed to garner support for BIDMC’s new Research Innovation Fund, which was launched to accelerate discoveries from bench to bedside through innovation and collaboration.

9 Vikas Sukhatme, M.D., Ph.D., Gunther Winkler, Ph.D.
10 Harriet Taqgert, Veronica Jordan, Ph.D.
11 Allen Krantz, Ph.D., Lowell Schnipper, M.D.
12 Matthew Botein, Lowell Schnipper, M.D., John V. Frangioni, M.D., Ph.D., Jim Dougherty, Lewis Cantley, Ph.D., Vikas Sukhatme, M.D., Ph.D., Antoine Karnoub, Ph.D.

NEEDHAM GALA
NOVEMBER 18, 2011

More than 400 people attended the 13th annual Beth Israel Deaconess Hospital–Needham Gala hosted by event co-chairs Kimberly and Michael Lombard and Krista and Stephen Vanourny together with John M. Fogarty, FACHE, BID–Needham’s president and CEO. Celebrating 100 years of service to the Needham community, the event raised more than $300,000 for the hospital through ticket sales, sponsorships, raffles, and auctions. The event also formally introduced the plans for a new state-of-the-art cancer center and surgical suite on the Needham campus, slated to open in the spring of 2014 (see page 8).

13 Seth Medalie
14 Kevin Tabb, M.D., Michael and Kimberly Lombard, John M. Fogarty, FACHE, Billy Costa, Krista and Stephen Vanourny
15 Carol Bolton Kappel, Dana Kappel, Jonathan Kappel
Autism, which only 10 years ago was at the periphery of psychology and pediatrics and not a popular subject for scientists, is a developmental disorder that appears in the first three years of life and affects the brain’s normal development of social and communication skills. Within the last five to eight years, diagnoses and awareness of the complex disorder have skyrocketed. “The autism spectrum became a common place to put a lot of somewhat diverse conditions which share these behavioral traits: impaired communication, reduced social interaction, and increased repetitive behaviors,” says Anderson. Today the Centers for Disease Control and Prevention estimates one in every 88 children and one in 54 boys in the United States is autistic.

Early in his career as a scientist, Matthew P. Anderson, M.D., Ph.D., director of neuropathology at Beth Israel Deaconess Medical Center, was searching for a research field off the beaten path. “I saw this emerging childhood disease of the brain, and there was just very little known about it,” he recalls. “Many of the people that I trained with in neuropathology and neurology probably thought at the time that I was a little bit crazy. It just didn’t exist. There was no field.”

Anderson, who works in both the Department of Neurology and the Department of Pathology at BIDMC, is on the leading edge of the relatively new and extremely active research field to understand the genetic components of the debilitating social disease. Last year he made a major breakthrough when he developed and published his work on a genetically engineered mouse model for autism, which comes closer to mirroring all of the core symptoms of the disorder in humans than any before. “We have some quite intriguing genes that we are looking at now,” he says. “We are looking at a variety of genes that are copy number variations in autism, and we think it is going to provide insight into the evolution of the human brain.”

Philanthropic foundations and grassroots organizations are at the heart of support for investigational research into novel disorders, like autism. With this groundwork, Anderson’s laboratory has grown into a multi-dimensional force in the field, focused on genetically engineering mice, recording behavior measurements, studying neurocircuits, and, now, molecular work to understand pathways involved in gene regulation. “We have some quite intriguing genes that we are looking at now,” he says. “We are looking at a variety of genes that are copy number variations in autism, and we think it is going to provide insight into the evolution of the human brain.”

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Matthew P. Anderson, M.D., Ph.D.
The advances in autism research are coming fast thanks to improvements in modern technology. Recent implementation of microarray hybridization technology, which provides the ability to look at the whole genome simultaneously on a chip, enabled scientists to identify deletions and duplications in the linear structure of our genome. “What they found were these micro duplications and deletions are present in these autistic kids,” Anderson says of previous research. “These are things you couldn’t see with the standard cytogenetic method they had before. That’s why we can see these now suddenly.”

In developing his mouse model, Anderson focused on isodicentric chromosome 15 or idic (15), a chromosome abnormality that had been linked to traits of autism. “We focused on a region of the chromosome that was duplicated or triplicated in autistic kids, which is 15q11-13,” he says. Three percent of all cases of autism are associated with mutations in this region, making it the most abundant genetic form of classic autism.

With approximately 40 genes to investigate, Anderson and his team had a clue where to look. “Ube3a is a gene that we suspected might be responsible,” he explains. Deletions and mutations of this particular gene are associated with Angelman Syndrome, a disorder in children characterized by intellectual disability, epilepsy, and intriguingly, excessive laughter, smiling, and personal engagement—the opposite traits of autistic kids. “We thought too little might cause an overly social child, while too much might suppress social interaction,” Anderson says. He introduced extra copies of the Ube3a gene into the mice and showed problems with social behavior that mimicked autism in humans. “We were able to recreate impairments of verbal communication, social interaction, and repetitive behavior,” he says. Anderson admits even he was skeptical when they first planned to record social behavior in mice, but it turns out they are extremely social animals. “We saw that if you put two mice together that have never seen each other, they will talk to each other,” he explains. “If you put two female mice together, they talk more than two male mice. So we focused on females, and we found with the extra copies of the gene, their communication was impaired.” They investigated social behavior, and

"Matt Anderson brings to autism research not only an impressive background in molecular biology but a rare and much-needed biomedical perspective. This enables him to carry out incisive experiments that bridge genomics data with the subtle and varied observations of physicians and neuroscientists."

Clarence Schutt, Ph.D., Director and Chief Scientific Officer, The Nancy Lurie Marks Family Foundation
IDMC gastroenterologist Alphonso Brown, M.D., believes the phrase, “I can be a doctor” should be in every kid’s lexicon, regardless of personal circumstances. Inspired by the teaching method he learned at Harvard Medical School while enrolled in the New Pathway curriculum, Brown has created a dynamic, multi-faceted mentoring program built around case-based teaching and an academic medical curriculum. Called the ICAN Medical Scholars Program, his brain-child is a free community-based educational course targeted at high school students from socioeconomically disadvantaged backgrounds. “My desire for the program is to give kids another option, providing them with the skill set and confidence to pursue a career in medicine,” says Brown.

ICAN provides participants with a structured introduction to clinical medicine, medical ethics, and community-based health services research. Students sign up for three to four years, during which they study human anatomy, physiology, and disease pathophysiology. “ICAN is very interactive,” says Brown. “Students see patients, conduct interviews, and play games that reinforce what they’re learning. This varied approach to the material has proven to increase retention and gets students very excited.” Participants are also paired with a Harvard Medical School faculty mentor while in the program.

In ICAN’s inaugural year, 11 students are attending class every other Saturday morning for close to four hours. While many come from the local Bowdoin/Geneva neighborhood, others come from as far away as Rhode Island. “Students are so engaged that they do not want to take breaks during the session,” comments Brown. “And why not? It’s like being a detective—you see a patient, figure out what’s wrong, and develop a treatment plan.” One of Brown’s students, ninth grader Ben O’Sullivan is now convinced he wants to be a doctor. “Being part of this program, I know for sure that I really like the field of medicine,” says O’Sullivan. “I’m learning so much and have been so inspired.”

To learn more, visit www.icanscholarsprogram.com.

Anderson genetically engineered mice to recreate the three defining characteristics of autism: impairments of verbal communication, social interaction, and repetitive behavior. Anderson and his team have already used these autistic mice to investigate potential circuit malfunctions in the brain. "We found that there was a selective impairment of glutamatergic synaptic transmission, which is the main excitatory neurotransmitter of the brain," Anderson says. "We don’t yet know that the defect is the cause of their problem. There is much more work to be done, but as we get these clues, then we can guess at what treatments might help to make the system work better." And as they move this and other lines of research forward, they have a robust mouse model to work with and test potential treatments.

CONTINUED FROM P. 15

Destined to be a Doctor
Bowdoin Street Program Develops a Can-Do Attitude
A Will and a Way
$1M Bequest Sweetens the Pot for Diabetes Research

In 1967 Gerald Stepner, Sc.D., was rushed to New England Deaconess from Lynn Hospital with serious internal bleeding. He survived day-long surgery with 17 pints of transfused blood and spent the next 68 days in the Boston hospital. “I was going to change my ZIP code,” he jokes. Gerald, also known as Jerry, returned to the Deaconess in 1982 when his late wife, Ty, underwent triple bypass surgery. “They were so wonderful to her that we decided that we had to show our gratitude somehow so that other people could benefit from the facilities,” Jerry says.

This fall Jerry and his new wife, Clara Duplessis-Stepner, bequeathed $1 million from their estate to Beth Israel Deaconess Medical Center for diabetes research. Estate gifts, also known as bequests, are made by will and are one of BIDMC’s most enduring sources of individual support. In memory of Jerry’s parents, Samuel and Rose, and their late spouses, Ty and Bill, a plaque that recognizes their gift adorns the information desk in the lobby of the Farr building, where Jerry received his care. “It just seemed the right thing to do,” says the former co-owner of three community pharmacies on the North Shore of his planned gift. “Diabetes affects a wide range of people. I felt that I might be able to reach more people if what I do bears fruit. This is a way to help and give back.” Ty and Bill both struggled with the disease, and Bill had both his legs amputated as a result. “You just have to look around,” Jerry explains. “You go to the mall. You go anywhere, and you see the extent of obesity. I feel that diabetes is going to be a plague in the future, and I feel that something has to be done.”

Bequests allow BIDMC to build new facilities, launch important research projects, sustain innovative clinical programs, and expand departments by adding new staff and equipment—all of which are vital to the success of the medical center. Consider leaving your own legacy at BIDMC. For more information, please contact Michelle Kovach at (617) 667-7354 or mkovach@bidmc.harvard.edu.

The Charitable Gift Annuity—an annual income for life!

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

**Sample Income Benefits and Charitable Deductions for a $10,000 Gift*** (One-Income Beneficiary)

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

Benefits of a Charitable Gift Annuity

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

For more information, please contact:
Michelle Kovach, Director of Planned Giving
(617) 667-7354
mkovach@bidmc.harvard.edu
www.gratefulnation.org/plannedgiving

Gerald Stepner, Sc.D., and his wife, Clara Duplessis-Stepner, bequeathed $1 million from their estate for diabetes research.
GRATEFUL NATION EVENTS

Since the launch of Grateful Nation, BIDMC’s fundraising program centered around gratitude, we have brought more than 7,000 people together through various events, raising close to $900,000. Sponsored by grateful patients and their friends and family members, all of our fundraisers support the great work of BIDMC.

FRIENDS OF EMILIA CONCERT
DECEMBER 3, 2011

Friends of Emilia—which was founded by Danyelle and Chris Di Guardia in honor of their late daughter, Emilia Marie, to support the Klarman Family Neonatal Intensive Care Unit (NICU) at BIDMC—hosted their second “Calling All Angels” concert in December. The event raised more than $1,000 and featured Mary Bichner of local band Box Five. Friends of Emilia organizes fundraisers throughout the year and to date has raised close to $14,500 to benefit the NICU. Plans are in the works for another fundraising event this spring; visit www.friendsofemilia.org to learn more.

1  Mary Bichner
2  Sarah Korval, Katie Puzo, Ashley Willard
3  Friends of Emilia bracelets sold to raise money in support of the BIDMC NICU.
4  Danyelle and Chris Di Guardia

POOR HISTORIANS CONCERT
DECEMBER 22, 2011

After a year-long hiatus, the Poor Historians rock band, made up of six BIDMC medical residents and one medical intern at Carney Hospital, held their third concert to benefit BIDMC’s Haiti Relief Fund. More than 70 people gathered at the Middle East in Cambridge to enjoy a playlist that included the band’s own original music and covers of rock– and blues–influenced songs by the Allman Brothers, Jimi Hendrix, Prince, and U2. To date the band has raised close to $2,500 to help the people of Haiti.

1  Mike Andreoli, M.D., Jason Choi, M.D., Matt Niemi, M.D., John Mafi, M.D., Ian McCormick, M.D., Rob Stavert, M.D., Kevin Selby, M.D.

To learn more about attending our upcoming events or even starting one of your own, visit www.gratefulnation.org/events.
Playing Hard Ball Against ALS

Walter Bentson did not get much sympathy when he started to show signs of slowing down. As a competitive athlete in his mid-40s, his peers thought it was about time his age caught up to him. A few months later he was diagnosed with primary lateral sclerosis (PLS), in the same family as amyotrophic lateral sclerosis (ALS), a progressive, fatal, neurodegenerative condition otherwise known as Lou Gehrig’s disease. Fortunately for Bentson, his PLS diagnosis progressed much slower than the ALS counterpart. The average ALS patient lives three to five years after diagnosis; Bentson, a patient at BIDMC’s ALS Clinic and a major supporter of social programming, has survived 13 years in January. While the disease has slowed him down, it has not completely controlled him. “I still have it probably as easy as anyone,” he says. “I walk with a cane. I work full time. I am still far better off than most of the patients who are in the clinic, so I need to be their voice. And if we can do anything that can help them, I try to make sure we get it done.”

The former interscholastic, collegiate, and amateur baseball umpire called balls and strikes for seven batters as part of the 100 Innings of Baseball Spectacular at midnight on October 8, 2011 to benefit the ALS Clinic at BIDMC. The eighth annual event, which boasted 100 straight innings of baseball and lasted 30 consecutive hours, raised more than $18,000 to support the BID–Needham South Wing Expansion project. “I thought the quality of care was excellent, and I wanted to support that,” Al says. “They did a terrific job building the new space in Needham—bright and well-organized.”

The capital campaign dramatically improved many areas of the campus, including building a new emergency department, inpatient unit, and MRI facility. The Tangers’ gift named two nursing stations in the new space. “The improvement has had a substantial impact,” Brenda says. “And the hospital is working hard to provide the best service to this community.”

For more on BID–Needham’s latest improvements, please see page 8. To support the hospital’s projects and programs, please contact David Hyman at (617) 667-4552 or dhyman@bidmc.harvard.edu.

Tangible Results
Tangers Expand Giving to Support Needham Enhancements

Alexander and Brenda Tanger have long been committed to generous support of programs and scholarships at Beth Israel Deaconess Medical Center (BIDMC). But last year, they extended their giving even further with a contribution to capital improvement at Beth Israel Deaconess Hospital–Needham (BID–Needham). “This is a long-standing tradition in our family,” Brenda says of her family’s dedication to medical philanthropy. “We believe that hospitals are the most needy among charities.”

The appeal of BID–Needham, where a patient can expect the same high-quality care as BIDMC but closer to home, became particularly relevant a few years ago when Alexander, known as Al, was referred to the community hospital for treatment. With a much easier commute for a senior citizen, he was able to see the same physicians in Needham that he saw downtown. “My experience in Needham was an extension of BIDMC,” Al says. “I was moved by the seamless care and the comfortable atmosphere.”

As a result of Al’s experience, the Tangers, who are the major benefactors behind the Be Well! Tanger Center for Health Management and sponsor the Alexander and Brenda Tanger Nursing Scholarship at BIDMC, donated $200,000 to support the BID–Needham South Wing Expansion project. “I thought the quality of care was excellent, and I wanted to support that,” Al says. “They did a terrific job building the new space in Needham—bright and well-organized.”

The capital campaign dramatically improved many areas of the campus, including building a new emergency department, inpatient unit, and MRI facility. The Tangers’ gift named two nursing stations in the new space. “The improvement has had a substantial impact,” Brenda says. “And the hospital is working hard to provide the best service to this community.”

For more information, visit www.bostonbaseball.com/100innings.php or to make a donation, visit http://www.gratefulnation.org/100innings.
GOING...GOING...GOING...GREAT!
Billy Costa, host of NECN’s TV Diner and co-host of Kiss 108’s Matty in the Morning radio show, took on the role of auctioneer for the 13th Annual Beth Israel Deaconess Hospital–Needham Gala, which celebrated 100 years of service to the community. The live auction along with quickie boards, ticket sales, sponsorships, and raffles raised more than $300,000 for the hospital. Costa, himself, generously donated two “15 Minutes of Fame” packages for the event, the winners of which were invited to review a restaurant on his popular cable show, TV Diner.