Like most physician-scientists, David Avigan, M.D., leads a double life. On the one hand, he manages the care of patients undergoing some of the most intensive cancer treatments as the director of the Hematologic Malignancy and Bone Marrow Transplant Program at Beth Israel Deaconess Medical Center. On the other, he works assiduously in the laboratory as the director of BIDMC’s cancer vaccine initiative to find new ways to harness the human immune system to fight off those same malignancies. “There’s a real personal sense of accomplishment with helping people, not only by giving them medications but really supporting them through the course of their treatment. And there’s the excitement of sitting in the lab with our group trying to think of new scientific ideas,” says Avigan. “Those are both aspects of my life. But at the end of the day, it’s the struggle of integrating those things that is most meaningful to me and what I find most ennobling. I feel like we struggle every day to get it right.”

Avigan is aided in this struggle by the fact that the immune system—the body’s internal machinery for fighting off disease—provides a natural bridge between the clinical and research sides of his work. Interested in blood cancers like leukemias and lymphomas from early in his career, Avigan focused his initial training on bone marrow transplantation (BMT), which was one of the first ways physicians learned to exploit the immune system to target these cancers in a clinically meaningful way. Bone marrow is the spongy tissue in the core of our bones that gives rise to blood cells and other key players in our immune system.
response. In this risky procedure, recipients receive blood-forming stem cells harvested from healthy donors to restore the function of their bone marrow after having their immune system destroyed with massive amounts of chemotherapy or radiation. “Initially people thought of BMT as curing the disease with high doses of chemotherapy and then giving patients donor stem cells as just a way of helping them recover afterwards,” notes Avigan. “Then came the discovery that the immunologic relationship between the donor and the recipient actually played a critical role—perhaps the critical role—in preventing relapse, and it created this excitement about whether one could target a more specific immune response against the disease.”

For the last 15 years, Avigan has built an entire research program at BIDMC around this exciting concept. While colloquially called a cancer vaccine initiative, it is not based on our traditional notion of vaccination which centers on prevention. Rather than protecting against infection, Avigan’s vaccines are therapeutic, designed to train the immune system to recognize cancers as foreign and to attack them as it would any other disease or harmful invader. The initiative is making significant inroads in this type of personalized cancer treatment, and Avigan hopes that the stellar work of his team will get greater visibility as a result. “This is a signature program for us—we are now one of the leading vaccine centers in the world,” he says. “But I think it is a bit of a hidden jewel, even among the BIDMC community.”

The time appears to be ripe for drawing more attention to and investment in cancer vaccines. Clinical immunotherapy is a field coming into its own, and BIDMC’s vaccine group is right on the leading edge of discovery. Cancer is very effective at flying under the immune system’s radar, allowing it to run rampant through the body, but science and technology are now starting to catch on to how the disease performs its deadly covert operation. “The key to making an effective cancer vaccine is understanding the wiliness of the tumor cell and really trying to outsmart it,” says Avigan. “In the last 10 years, we have gained a much more sophisticated understanding of the relationship between the immune system and cancer, both what the cancer cells do to promote tolerance and diminish the immune system’s activity and how we might activate the immune system to selectively overcome that dynamic. I think there’s been a real revolution in that.”

One of the critical elements fueling this revolution has been the discovery of dendritic cells and the development of the science behind them. These cells are now recognized as powerful teachers of the immune system, responsible for educating the body on what belongs and what doesn’t belong within its confines. Avigan has seized on the idea of exploiting the capacity of dendritic cells to retrain the immune system so that it recognizes that cancer is something that absolutely shouldn’t be in the body while keeping intact all the things that should. “Much of the struggle we have with chemotherapy is that it doesn’t do a good job a lot of the time distinguishing normal, healthy tissue, particularly rapidly dividing normal tissue, from cancer cells,” says Avigan. “What we hope to do with a vaccine is to use the selectivity of the immune system to create a therapy that is not only effective against the cancer but less toxic to the person getting the treatment.”

As the first step in this process, Avigan’s team took cells from a patient’s tumor and blended them chemically with dendritic cells.
EATING AWAY AT HUNGER’S CAUSE

Although hunger is essential for survival, abnormal hunger can lead to obesity and eating disorders, widespread problems now reaching near-epidemic proportions around the world. For the past 20 years, BIDMC neuroendocrinologist Bradford Lowell, M.D., Ph.D., has been unraveling the complicated jumble of circuits in the brain that underlie hunger, working to create a wiring diagram to explain the origins of this intense motivational state. Most recently, his team made the surprising discovery that certain hunger-inducing nerve cells are located in a brain region long thought to cause satiety, or feelings of fullness.

Thanks to unrestricted donations to the BIDMC Annual Fund, the medical center has the resources to invest in researchers, like Lowell, who are on the leading edge of medical discovery. Be a part of the wonder and progress of medicine at BIDMC and support the Annual Fund today.

TO MAKE YOUR ANNUAL FUND GIFT

Go online: www.bidmc.org/givenow  Call: (617) 667-7330

Send a check (payable to BIDMC Annual Fund): BIDMC Office of Development 330 Brookline Avenue Boston, MA 02215

“Our goal is to understand how the brain controls hunger. Abnormal hunger can lead to obesity and eating disorders, but in order to understand what might be wrong—and how to treat it—you first need to know how it works. Otherwise, it’s like trying to fix a car without knowing how the engine operates.”

— Bradford Lowell, M.D., Ph.D.
Hi NICU team,

I have an interesting story that might offer some inspiration and support to the NICU families.

My twin sister and I were born at Beth Israel Hospital and spent time in the NICU receiving life-supporting care. Now, 30 years later, we are both physicians here at BIDMC in internal medicine. This story was actually featured on the BIDMC portal last year and received tremendous interest and support. To this day, people approach me in the halls and say, “You are the NICU twins!” My sister, Sarah, and I would love to share this story and give back to the very department that saved our lives 30 years ago.

I recently had a baby here at BIDMC named Noah, and he is very healthy!

Best,
Elizabeth [Housman, M.D.]

Dear Dr. Tabb,

I am writing to express my sincerest gratitude and appreciation for the members of your staff who care for me. When I was diagnosed with Parkinson’s disease in 2009, I started searching for the best doctors in the Boston area. Dr. Daniel Tarsy came very highly recommended by many, and boy, were those recommendations right!

I have received excellent care from Dr. Tarsy and his multidisciplinary team. The team that Dr. Tarsy has put together is exceptional. Not only do they know their own field in general, but they are also very knowledgeable in the various conditions brought on by Parkinson’s. Getting a diagnosis of Parkinson’s is shocking and upsetting, but Dr. Tarsy and his team members were so caring and understanding of the situation. They made me feel comfortable during a very difficult time and were always there to explain how things were going and what to expect. You couldn’t ask for better people.

Sincerely,
Sue D.

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While saying thank you can come in many forms, one of our favorites is receiving letters from our patients and their families. Many have shared uplifting and heart-warming stories of their time at BIDMC and the staff who cared for them. We are pleased to print some of these letters in Giving Matters and encourage you to contribute your own stories.

To share your story, e-mail us at development@bidmc.harvard.edu or write to “Mail that Matters” at the Office of Development, 330 Brookline Avenue (BR), Boston, MA 02215.

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Giving Matters is published by the Office of Development at BIDMC.

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Letter From the Senior Vice President of Development

Dear Readers,

Our mission to provide compassionate, patient-centered care is supported not only by world-class education and research but also by strong leadership and a commitment to innovation. In the fall of 2013, two prominent leaders took on new positions at BIDMC. Pier Paolo Pandolfi, M.D., Ph.D., became director of the Cancer Center and the new Cancer Research Institute (page 12). In this role, Dr. Pandolfi will work to reinforce the connections between our cancer research initiatives and clinical care areas. Daniel Jick was named the sixth chair of the Board of Directors, which is responsible for maintaining the hospital’s financial viability, leading its strategic planning, and ensuring its delivery of quality health care (page 5).

With the goal of improving orthopedic care to more patients in the communities where they live and, ultimately, reduce its cost, BIDMC announced a joint venture with New England Baptist Hospital in February. This strategic alliance with the only orthopedic specialty hospital in the region will create a national destination for musculoskeletal care (page 6). The Gordon and Betty Moore Foundation recently awarded BIDMC a $5.4 million grant to help reduce preventable harm in the intensive care unit. The project will focus on improving patient-clinician communication through the use of technology (page 12).

We are grateful for the continued support of all our donors for making it possible to advance these, and many other, groundbreaking initiatives.

Sincerely,

Kristine C. Laping

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Dear Dr. Beach

[Primary Care Physician Jennifer Beach, M.D.]

You have been following a rough couple of years for me on the health front, especially the total hip replacement in the summer of 2012, so I wanted to share some happy news. I have managed to build my strength back up and actually won my division in the single sculls at the Head of the Charles Regatta. It is a testament to what is possible after such a surgery, and I wanted you to please share this news with my surgeon, Dr. [Ayeshia] Adebon, and the other doctors who worked with me. The picture attached was taken by a friend of mine at the awards ceremony.

Many thanks,
Catherine W.
Daniel J. Jick: The Hospital Experience

From the moment we are born to the day that we die, hospitals are, almost inevitably, a part of our lives. Managing the health care system, not only for ourselves but also for our family members and friends, becomes essential, but few of us have a window into how exactly medical institutions function.

For Daniel Jick, who recently became the sixth chair of the Board of Directors at Beth Israel Deaconess Medical Center, absorbing the intricacies of hospital operations as part of lay leadership over the past 30 years has been a valuable learning experience—one that he appreciates more every single day. “Of all the things that I’ve done in the non-profit world and in the community, health care is the most complex and intellectually interesting,” he says. “I think every person ought to be involved in a hospital in this town to understand how they work because, at some point, you are going to have to utilize their services.”

Needling hospital care was not the first thing on Jick’s mind when, as a young professional in the mid-1980s, he was encouraged by former CEO Mitchell T. Rabkin, M.D., and family friend George Katz, Jr., to get involved with Beth Israel Hospital, one of BIDMC’s founding institutions. (That would come later with the birth of his and his wife Elizabeth’s three children at BIDMC.) But it did offer him an entrée into the exciting world of health care management. “It was a unique opportunity to meet the doctors and senior executives of the hospital and to start to understand the intricacies of health care,” he recalls of the group to engage younger people from the community. “I walked away with an appreciation for how committed everyone is to delivering the highest quality care in a compassionate and very personalized way.”

Now, more than 30 years later, Jick is charged with leading the institution that earned his initial admiration. “It is not only an honor to be sitting in this seat, it is a responsibility,” he says. “I have known many of the chairs over the years and to follow in their footsteps is certainly an honor and a challenge.” Jick takes over the reins from Stephen B. Kay, who stepped down after four years as chair of the Board. It is not the first time he has succeeded Kay in a leadership role. In 1980, Kay hired Jick for a summer job at Goldman Sachs, where he ultimately worked for more than 20 years, including 11 as manager of the Boston office after taking over for Kay in 1993. “Steve certainly was a tremendous mentor for me,” says Jick, who left Goldman Sachs to co-found HighVista Strategies in 2005, “and over those 33 years I have seen him invest in many other people who went on to lead corporations and non-profit boards.”

Strong leadership may be more essential for non-profit medical centers than ever before. “We have reached a moment in time, perhaps a moment that will last for years, where strategic issues are front and center,” says Jick, who has served in several roles at BIDMC including most recently as vice chair of the Foundation, the standing committee of the Board of Directors charged with philanthropy. “The health care environment is changing rapidly, and we are going to have to be prepared to respond efficiently and effectively to the various challenges that come with that change, whatever they may be.”

He sees the role of the Board of Directors, which has an explicit fiduciary obligation, as being responsible for the strategic plan of the institution, supporting and evaluating the effectiveness of its president and CEO, maintaining its financial viability, and—in the case of a hospital—ensuring the quality of the health care it delivers. It’s both a daunting and exhilarating task. “Our ability to be nimble and responsive will have critical ramifications for how this institution positions itself to ensure clinical and financial success,” says Jick.

Jick also recognizes it’s the quality of the people at all levels of an organization, not just the management team, that makes it successful. However, attracting multifaceted talent as well as preserving the medical center’s three-pronged mission of providing exceptional care grounded in innovative research and teaching comes at a price. “There are projects that are never going to be fully funded by the government, projects that are critical to the future of health care,” says Jick, who recently provided support for the new Center for Mind–Brain Restoration. “We’re going to need private foundations and individual philanthropy to make sure that we can do them and do them well.”

Jick has learned that BIDMC has a history of doing things well, not only through his decades of volunteering his time and expertise to the medical center but also through his firsthand interaction with its unique brand of care for his immediate family members as he gets older. With that juxtaposition, he says he couldn’t imagine going anywhere else. “It is an amazingly positive experience to see these caregivers and their commitment to this institution,” he says. “It reinforces that Beth Israel Deaconess is truly a special place.”

Our ability to be nimble and responsive will have critical ramifications for how this institution positions itself to ensure clinical and financial success.”

—Daniel J. Jick
An Agreement with Backbone
BIDMC and New England Baptist Hospital Announce Strategic Relationship in Orthopedics

A new affiliation with NEBH will bolster BIDMC’s orthopedic expertise.

New England Baptist Hospital (NEBH)—known as the only hospital in New England specializing in orthopedic care—and Beth Israel Deaconess Medical Center—ranked nationally in a wide range of medical and surgical specialties—have agreed to form a strategic relationship to create one of the nation’s top destinations for orthopedics and musculoskeletal care. The relationship, which will be led and managed by NEBH and will include Harvard Medical Faculty Physicians at BIDMC, will capitalize on the complementary strengths of the hospitals and their medical staffs.

“This partnership is an exceptional opportunity to combine the expertise of our respective institutions and create greater value for consumers, employers, and payors,” says Trish Hannon, president and chief executive officer of NEBH. “Our two institutions share a common vision for a system of orthopedic care that leads the region and nation, and together we have the capability to ensure that it happens.”

The agreement brings together NEBH’s clinical expertise and brand as an orthopedic specialty hospital and BIDMC’s depth and breadth in clinical care, teaching, and research across a broad range of specialty services—as well as an expanding network of community hospitals and primary care and specialty physicians. During the initial phase of the joint venture, BIDMC and NEBH will develop a clinical integration strategy and plan for growth. Both organizations will remain independent institutions in the relationship, which is expected to expand over time.

“Powerful affiliations, in which combined strengths can be leveraged, are critical factors for our future success,” says Kevin Tabb, M.D., BIDMC’s president and chief executive officer. “We recognize the strength of the NEBH brand for orthopedics and believe that, working together, we will provide distinctly better care at lower cost, and in the longer term, significantly improve the health and mobility of all the people we serve.”

BIDMC neurologist Steven Schachter, M.D., was one of two 2013 World Changers named at the National Epilepsy Foundation’s World Changers: Art of Innovation Gala in Washington, D.C., on December 6. Schachter was recognized for developing new therapies, using art created by those with epilepsy for his book covers, and changing the stigma associated with epilepsy.

The Robert Wood Johnson Foundation committed an additional $2.1 million to support the expansion of OpenNotes, a pioneering project in transparent health care that provides BIDMC patients with online access to the notes that doctors, nurses, and other clinicians write after an appointment. The first hospital in Massachusetts to adopt this approach, BIDMC is working to make inpatient notes available this year after successfully implementing the program in all outpatient specialties.

BIDMC’s annual Community Caring Gift Card Drive brought in more than $5,300 in Target and Stop & Shop gift cards from BIDMC staff to support those in need in Boston’s Bowdoin-Geneva neighborhood. In all, 106 families, including 244 children, benefited from the gift card drive.

Bowdoin Street Health Center received the 2013 Mayoral Prize for Innovations in Primary Care in a Workplace Setting for the overwhelming success of its Workplace Wellness Challenge, which helped staff adopt healthier lifestyle habits both at home and at the office.

The annual A Reason to Ride bike-a-thon this past fall raised $80,000 to support cancer care and research at BIDMC, including the work of Eric Wong, M.D., director of neuro-oncology and co-director of the Brain Tumor Center. The event’s success can be attributed to the hard work and enthusiastic commitment of its founder, Tom DesFosses, a grateful brain tumor patient who credits Wong and the BIDMC staff with saving his life.

Congratulations to the BIDMC Heart Walk team, which helped raise $150,606 for the American Heart Association’s research, education, and emergency programs. Nearly 800 walkers on 59 teams came out for the Heart Walk, which Kevin Tabb, M.D., BIDMC’s president and CEO and chair of the city-wide event, noted as “a great example of the team spirit that makes Beth Israel Deaconess one of Boston’s most extraordinary institutions.”

Bits & Pieces
Little updates on big happenings in the BIDMC community.

Want to learn more or share one of your own? E-mail development@bidmc.harvard.edu.

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ASK THE EXPERT: with Arun Ramappa, M.D.

Q. Major League Baseball pitchers can miss valuable time during the season for troublesome shoulder injuries. What are we doing to better understand and treat these problems?

A. When it comes to baseball, shoulder injuries result in a significant number of days on the disabled list. The powerful, repetitive pitching motion puts an intense stress on one part of the player’s body. While pitching injuries are not necessarily the next public health menace, shoulder pain and dysfunction do not affect Major League pitchers only—they can impact our entire society and our entire economy. If we can glean insight on the mechanics of pitching, we can further understand how these injuries occur and ultimately influence our clinical decision-making strategies to protect against shoulder injury or provide better care to reduce pain, improve function, and get people, including pitchers, back to work.

In 2007, Major League Baseball provided a grant to fund our research in this area. Along with my colleagues Ara Nazarian, Dr.Sc., and Joseph DeAngelis, M.D., as well as a number of students and research fellows, we have conducted a variety of computer-modeling experiments on shoulder motion using cadavers. We use high-speed cameras to capture motion of Major League pitchers and everyday activities and develop a trajectory of how the arm moves based on these data. We then use a computer-controlled system to replicate these motions in upper extremities of the cadaver. From there we can investigate a number of problems including the role of the shoulder blade, or the scapula, and contact pressure around the rotator cuff, the group of muscles and tendons which connects the shoulder blade and the upper arm. We found that scapular protraction, or forward tilting of the shoulder blade, can cause an abnormal position of the humeral head, or the large rounded part of the upper arm bone. This misalignment can cause irregular contact in the shoulder and ultimately result in shoulder pain. It also creates stress on the shoulder joint, which can affect the movement of the rotator cuff and influence velocity and the ability to throw certain pitches. These results, which we published last year, have clarified the importance of scapula position in shoulder function. With this knowledge, we are able to focus our preventive measures on maintaining proper form in pitchers, especially younger athletes, to protect their shoulders. This research is also applicable to those of us who aren’t professional pitchers—those of us who may play catch with our kids on the weekends, the weekend athletes, or anyone who uses their arms at work. Anybody can be affected by shoulder problems. You may not be dependent on your arm to win the World Series, but you want to get a good night’s sleep and function well in everyday life. Using this model, we can study shoulder separation injuries or collar bone fractures. Interestingly, our model can be useful in testing workplace ergonomics. We are hunched forward over our computers all day, and it is causing all kinds of stress on our shoulders. We are currently studying contact pressures around the rotator cuff. The information that we get from these studies can really be useful in helping all of us.

Shoulder injuries are incredibly common and take a tremendous toll on our economy when a patient is out of work. We are using high-tech methods to collect these data, but this is a cost-effective way of mining data to support our clinical strategies. Philanthropic support, like a recent anonymous $100,000 gift to the Sports Medicine Research Fund, will help us continue these studies and extrapolate the data to a larger population of patients.

Louise Levingston is supporting BIDMC’s mission in so many ways… but we never got the chance to thank her.

An accomplished trumpet player and former USO entertainer, Louise Levingston spent most of her life sharing her love of music with students as a public school music teacher. Upon her death last June, the BIDMC community learned that she also shared a soft spot for our mission, having pledged the bulk of her estate to support the medical center’s work.

With Louise’s generous unrestricted support, BIDMC continues to make groundbreaking advances in clinical care, biomedical research, and medical teaching. But because she never let us know of her intentions, she never realized the full extent of our gratitude.

So, for all your gift has done and continues to do:

THANK YOU, LOUISE.

If you have named BIDMC in your estate plans, please let us know so we can express our appreciation properly through membership in our Lunn Society, outreach events, and more, by calling (617) 667-7330 or writing gmorgan@bidmc.harvard.edu.

To learn more about making a gift to the medical center in your estate plans, visit www.bidmc.org/plannedgiving.
breast cancer, the BreastCare Center at BIDMC is committed to providing comprehensive, compassionate care from imaging through surgery, treatment, reconstruction, and support services. “The kindness, compassion, close follow-up, and collaboration are so much part of the culture and the fabric of care at BIDMC, especially in breast cancer,” says Michael Wertheimer, M.D., chief of breast surgery and director of the BreastCare Center.

Today, with more than 700 patients treated each year, breast cancer is one of the most prevalent cancers at BIDMC. “It has always occupied 18 to 20 percent of the cancer cases that we see,” says Lowell Schnipper, M.D., clinical director of the BIDMC Cancer Center and chief of the Division of Hematology and Oncology. “Not only because, unfortunately, it is a common disease, but also because we have always been seen as a leading organization in treating it properly.” In 2012, the BreastCare Center was awarded a three-year accreditation from the National Accreditation Program for Breast Centers (NAPBC), which has established standards of excellence for breast centers. BIDMC achieved a perfect score for all 27 standards of excellence and was the first academic medical center in Boston to earn this distinction. At the renewal visit in March 2014, the BreastCare Center again received a perfect score from the NAPBC. “It validates our high quality, our excellence, our commitment to patient-centered care,” Wertheimer says.

Beth Healey was mourning the sudden and tragic loss of her 18-year-old son, Matthew, only two months earlier when she came to Beth Israel Deaconess Medical Center in November 2009 for her regular mammogram. She had a history of six benign fibroadenomatas—solid, non-cancerous masses—so she was conscientious about her appointments. BIDMC breast surgeon Mary Jane Houlihan, M.D., and the breast imaging staff had carefully managed these benign growths in Healey’s left breast over 18 years. This time, however, it was different. The radiologist spotted something more suspicious, now in the right breast. The biopsy revealed it was breast cancer. Healey, who has received her care at BIDMC for more than 27 years, began treatment immediately and, thanks to the early detection, was cancer free a year later. “They took unbelievable care of me,” she says. “Not only was the medical care I received top notch, but I was treated with such compassion. That made such a difference in how I dealt with my breast cancer diagnosis and how my family dealt with it. They made a very difficult time a little bit easier.”

Breast cancer is the number one cancer diagnosis among the female population and can affect women of any age, young or old. “Breast cancer is seen in women ages 20 to 100,” says Houlihan, who also notes that occasionally men can develop breast cancer. “For younger women, it can happen when they are most busy raising their family, managing a career, and caring for extended family members.” As any patient wrestles with the normal fear and anxiety that accompany a breast concern ranging from benign lumps to invasive breast cancer, the BreastCare Center at BIDMC is committed to providing comprehensive, compassionate care from imaging through surgery, treatment, reconstruction, and support services. “The kindness, compassion, close follow-up, and collaboration are so much part of the culture and the fabric of care at BIDMC, especially in breast cancer,” says Michael Wertheimer, M.D., chief of breast surgery and director of the BreastCare Center.

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CONSTRUCTING CARE
Renovation project puts BIDMC breast cancer patients at the center of the best medicine

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“This new space will allow for more cohesive flow for the patients and improve workflow for the radiologists and the technologists.”

— TEJAS S. MEHTA, M.D.

BUILDING ON A FOUNDATION

In an effort to further improve the care provided to this population of patients, the BreastCare Center will undergo an intensive facility renovation over the next two years. The BreastCare Center renovation project, which was designed with input from a diverse committee of patients and staff, will enhance coordination between the BreastCare Center’s breast surgery clinic, on the fifth floor of the Carl J. Shapiro Clinical Center, and the screening and diagnostic imaging service on the fourth floor. “We want to provide the best level of service for our patients,” says Tejas S. Mehta, M.D., M.P.H., chief of breast imaging and co-director of the BreastCare Center. “We want to make them as comfortable as they can be given the circumstances, and we want to provide the best equipment and best resources for the radiologists and the clinicians to do the job that they need to do.”

The $6.2 million project, which has been in a planning stage for the last three years, is expected to be completed in 2016. “This could not happen without philanthropy,” Wertheimer says. “The hospital has contributed a portion of the overall funds, but we need to fundraise the remaining to complete the vision of a fully integrated, patient-centered breast care program. A world-class program deserves a world-class facility.” Last fall, longtime BIDMC donor Thelma Linsey pledged the lead gift to the BreastCare Center Capital Fund to ensure the project moved forward. “That was the difference between a green light and a red light for this project,” Schnipper says. “Our success is dependent on the assistance of donors like Thelma and others who have been mighty generous in giving us the opportunity to grow.” BIDMC still needs to raise $1.6 million to complete the renovations.

At BIDMC, a multidisciplinary approach to breast cancer is nothing new. But the process and technology required for providing that top-level care has changed over the last two decades. The physical space needs to be updated to create a more convenient, private, and calming environment for patients. “I think our multidisciplinary programs in breast cancer far ante-date the advent of this new project,” Schnipper says. “But this project is designed to foster increased interchange between the departments and between the doctors who team up to care for patients.”

Currently, the imaging unit on the fourth floor of the Shapiro building is split into two physically separate areas for screening and diagnostic imaging. In the new space, Mehta hopes to combine these efforts to create a unified area where all the imaging equipment needed to care for a patient—from mammography to ultrasound to MRI—is in close proximity to one reading room which would offer easier collaboration and consultation. “This new space will allow for more cohesive flow for the patients and improve workflow for the radiologists and the technologists,” Mehta says. The renovations will also expand the space in the BreastCare Center on the fifth floor to include additional exam rooms and waiting areas. With these improvements, the project is aiming to streamline care for all patients whether they are arriving for a screening mammogram, following up on a breast concern, involved in ongoing screening due to a strong family history, or dealing with a new cancer diagnosis. “Through planning ahead and working in a collaborative fashion, the breast imagers and breast clinicians hope to develop workflow patterns that will be personalized, sensitive, and more efficient, paying attention to women’s busy lives and schedules,” Houlihan says.

In anticipation of the upcoming renovations, BIDMC has already made a few changes to improve the patient experience. “As we are going through the process, the bricks and mortar will take time,” Mehta says. “But there are other key elements that are important to patient care.” One of the major concerns for patients was the hospital gowns. In response, the BreastCare Center recently ordered new robes—short pink ones and long white ones to accommodate different preferences and needs. There is also a roll out for a new admission form that can be shared by radiologists and the clinical staff in both locations so that the patient only has to fill out the paperwork once.

For any patient who develops breast cancer, the goal is to optimize interactions between all members of the patient’s care team and augment the multi-disciplinary programs already in place. “Breast cancer care is interdisciplinary,” Wertheimer says. “If the clinicians don’t work together, if the systems aren’t well integrated and collaborative, the patient suffers.” The new Center will also be easier for the patient to navigate with an environment that is welcoming, comforting, and respectful of the patient’s time and privacy. “We have looked at many other breast cancer centers around the country to find the optimal way to integrate our services, eliminate duplication, and offer patients the most ideal patient experience,” Wertheimer says.

CONTINUED ON P. 10

Multidisciplinary care teams assigned to each breast cancer patient upon diagnosis include a medical oncologist, like Lowell Schnipper, M.D., clinical director of the BIDMC Cancer Center and chief of the Division of Hematology and Oncology.
COORDINATING COMPASSIONATE CARE

For women, screening of a potential mass and the initial biopsy represent the beginning of a journey. “A good breast program starts with a good screening program,” Mehta says, noting that BIDMC is a Breast Imaging Center of Excellence as designated by the American College of Radiology. BIDMC and its community affiliates conduct more than 50,000 diagnostic and screening mammograms each year. For convenience, the medical center offers walk-in exams and exam times before and after work hours. One of 10 expert radiologists who are dedicated solely to breast imaging reads the images. For screening mammograms, this occurs within two to three days. If the radiologist detects an abnormality, the patient receives a phone call with detailed follow-up instructions and a quick appointment. For diagnostic mammograms, patients receive results at the initial visit, and the radiologist offers a same-day biopsy if one is needed. “If you are diagnosed with something that is frightening on a mammogram or ultrasound, the idea of being able to deal with it as soon as possible is an unbelievably wonderful gift to give to a woman,” grateful patient Healey says. “It’s a very stressful time for a woman, but it is such a huge thing to be able to be seen right away by somebody to get information, see friendly faces, and be reassured.”

Last year the BreastCare Center upgraded to the most modern imaging technology. In addition to traditional digital mammography and ultrasound, the Center is utilizing tomosynthesis, or 3-D mammography. This latest technology allows the radiologists to dissect a three-dimensional image of superimposed tissues at different angles to determine if there may be cancer or if it is just normal breast tissue. Other upgrades in equipment include the ability to do contrast enhanced subtraction mammography, which uses an intravenous dye to highlight specific areas of concern in higher risk women.

In addition to its first-rate imaging program, BIDMC has a number of systems in place to best manage breast cancer, especially for high-risk patients. The BreastCare Center program aims to identify those women with strong family histories of breast and other cancers as well as certain ethnic backgrounds that might make them more prone to the disease. Women shown to be at high risk get referred to the Cancer Risk Evaluation Program, led by Nadine Tung, M.D. This program utilizes genetic research to determine patients’ likelihood of developing breast cancer and then offers them the appropriate types of counseling and management options. “We have learned enough about cancer with BRCA mutation to know that they have specific vulnerabilities,” Schnipper says. “Dr. Tung runs clinical trials that are specifically tailored to take advantage of weakness in the cancer cell and are an important piece of the BreastCare Center.”

Following a biopsy of a new mass or imaging abnormality, a team of clinicians collaborates to review the imaging and pathology. If cancer is diagnosed, a multidisciplinary team, which includes the breast surgeon, radiation oncologist, medical oncologist, social worker, radiologist, and breast pathologist, develops a woman’s care plan based on the imaging, pathology, and evidence-based guidelines as well as the age and current health of the patient. “We are fortunate to have a world-renowned breast pathology group and outstanding breast imagers to help the clinicians,” says Houlihan, one of four BIDMC surgeons dedicated to breast cancer care. She adds that details about the tumor at the microscopic level as well as the gene profile of a tumor help the team to better understand how an individual tumor might behave in the future.

The surgical options for the management of breast cancer range from breast conservation, with or without radiation therapy, to therapeutic mastectomy with an option for breast reconstruction. A risk-reducing mastectomy is an option for breast cancer mutation carriers, women who have a risk profile of a mutation carrier, or high-risk women with breast cancer who are undergoing a therapeutic mastectomy. Immediate or delayed breast reconstruction options are available for women undergoing mastectomies. “Breast surgery may not be as complicated as pancreatic surgery or neurosurgery from a technical standpoint, however, from a decision-making perspective, the field has become much more complex,” says Houlihan. “Helping a woman decide on her surgical choices is often not easy. Our impact on women, their families, and their relationship is quite significant.”

Currently breast conserving surgery with radiation therapy is the standard of care for most women with breast cancer and over the last three decades, the ability to preserve the breast has improved. “Based on our group’s surgical experience and outcomes data from the past 30 years, our goal is to remove the tumor and leave women with a good cosmetic result,” Houlihan says. The surgeons collaborate with the radiation oncologist regarding a recommendation for radiation therapy and the medical oncologists for medicines to help reduce the risk of a breast cancer recurrence in another part of the body.

Breast cancer mortality rates have decreased over the last two decades, and most of that comes as a result of increased use of screening. But there are still a large number of women who are unsuccessful in their treatment. “We have much unfinished business in breast cancer,” says Schnipper. “A nucleus like this gives us a real opportunity to see what works, to identify what doesn’t, and then work with our scientific collaborators to solve this problem for our patients.”
Predictions of the Heart
Researcher receives $4 Million NIH grant to help identify patients at risk for cardiac complications

Saumya Das, M.D., Ph.D., would like to be able to predict the future. While many of us might long for this useful skill ourselves, it would come in particularly handy for Das who, as an electrophysiologist in BIDMC’s CardioVascular Institute, deals with patients whose outcomes are notoriously hard to project. Each year, complications from heart attacks contribute to more than half a million cases of heart failure, when the heart loses its ability to adequately pump the blood, and 300,000 cases of sudden cardiac arrest, when the heart suddenly stops. However, determining who will suffer from these complications and who won’t remains elusive. “After initial treatment for a heart attack, there’s a waiting period to see how patients will do,” says Das. “We simply don’t know until they actually start to develop symptoms, and current strategies used to identify the highest risk patients have often been inaccurate.”

Now Das thinks he may have a promising lead for filling this void using a specific type of genetic material called microRNAs. The National Institutes of Health (NIH) thinks so too; they recently awarded him a five-year, $4 million Common Fund grant as part of a newly formed program on extracellular RNA communication. Once considered nothing more than genomic “junk,” microRNAs, which exist both in the cell and in the blood and other tissue fluids, have since gained scientific acceptance as playing a key role in cellular function. “We think that a blood test that makes use of microRNA biomarkers could replace existing diagnostic strategies and more accurately predict which patients might experience poor outcomes and would most benefit from frequent monitoring and medical care,” says Das. “At the same time, we hope to be able to better predict which individuals are at lower risk of complications and thereby spare them unnecessary and costly procedures.”

Using patient plasma samples from extensively characterized patients who have suffered heart attacks, Das’s multi-institutional scientific team will first identify which specific microRNAs are related to adverse cardiac changes following a heart attack. They will then use cell culture and animal models of heart disease to further prioritize which microRNAs play a functional role in disease progression. Finally, the investigators will validate these prioritized microRNAs as prognostic markers for poor health outcomes after heart attacks in a large prospective clinical trial. “Even with all our modern-day treatments, heart failure is one of the worst diagnoses you can get, with a mortality rate approaching that of cancer,” notes Das. “Clearly this is an area where we need to diagnose disease earlier to prevent progression and find therapeutic tools to treat patients who haven’t responded well to medications and devices. That would not only be cost-saving for society but would be an improvement in current care.”

On His Own Merit
Rheumatology chief receives prestigious NIH award to extend longstanding lupus research

George Tsokos, M.D., chief of rheumatology at BIDMC, will soon have a little more of this valuable commodity to spend on his pioneering investigations into the autoimmune disorder systemic lupus erythematosus (SLE). The funding from the MERIT award, which Tsokos received from the NIH’s National Institute of Allergy and Infectious Diseases, will support his project, Gene Transcription in SLE. “It is an honor that the leaders of the NIH recognize the importance of our work and its potential high impact,” says Tsokos. “The grant is very important to me because it will allow me and my colleagues to plan riskier experiments to hopefully advance the field even more.”

MERIT stands for Method to Extend Research in Time, and these awards are presented at the discretion of the NIH to outstanding scientists who have demonstrated a stellar record of research accomplishments during the course of their careers. Fewer than 5 percent of investigators are selected to receive these prestigious grants. Bestowed independently of an application process, they are designed to give scientists who make “consistent and excellent contributions to scientific knowledge” long-term support without the burden of continuously devoting time and staff resources to apply for new funding. “My first thought was that I will not have to write a competitive renewal grant in five years and can spend more time doing the real work,” says Tsokos. Tsokos’s real work consists of characterizing biochemical and molecular events that lead to decreased interleukin-2 production in patients with SLE, commonly known as lupus. Interleukin-2 is a signaling molecule that is vital to the functioning of the immune system, including immunoregulation and defense against infections. With the extended support from the MERIT award, Tsokos and his team are learning why lupus patients have lower levels of this critical protein and how it leads to the dysregulation of their immune system. Tsokos says these studies are expected to reveal approaches to correct this pathway and reverse disease progression, which potentially opens up other important avenues for philanthropic support. “This particular project has generated a number of insights with translational possibilities,” says Tsokos. “All our research, no matter how basic it sounds, has only one aim—to help patients with lupus.”
Giving Matters  Beth Israel Deaconess Medical Center

The maxim to “first, do no harm” has been an underlying ethical concept in medicine since ancient times, but more recently the phrase has taken on new meaning with a modern-day, worldwide effort to improve patient safety. Beth Israel Deaconess Medical Center’s renowned leadership in this area, predicated on its 2007 publicly asserted goal to eliminate all preventable harm, has now received a major boost with a $5.4 million grant from the Gordon and Betty Moore Foundation. The foundation’s generous support will launch a unique initiative to address all kinds of harm in the intensive care unit (ICU), including the loss of dignity and respect, through information technology and systems science along with methods to more fully involve patients and their families in decision-making. “Beth Israel Deaconess has a long and distinguished history in patient and family engagement,” says Paul Gray, interim president of the Gordon and Betty Moore Foundation and member of its Board of Trustees since 2008. “This commitment, coupled with the medical center’s nationally recognized innovations in technology, aligns with our Patient Care Program and the vision of our founders.” With this new grant, BIDMC will join only three other hospitals nationwide in the Moore Foundation’s ICU Consortium, a group that will examine how to redesign the health care system to eliminate the burden of preventable harm and unnecessary costs in this complex critical care setting.

Led by Kenneth Sands, M.D., M.P.H., chief quality officer at BIDMC, and Daniel Talmor, M.D., acting chair of the Department of Anesthesia, Critical Care and Pain Medicine at BIDMC, the new 30-month project will create a host of innovations designed to make clinicians better at identifying and managing safety risks, and to build engagement between clinicians, patients, and families. For example, the project sees an opportunity to improve upon the currently popular trend to improve safety through the use of checklists. “While checklists may be spectacularly effective in improving a single, specific process, when scaled to try to prevent all harms they may actually cause harm by overwhelming providers,” says Sands. “We want to give our physicians and nurses the most effective tools so they can get the right information for the decisions immediately at hand for each patient.” A key component of the project is to develop an interface that will provide clinicians with patient-specific risk data in real time. Knowing that the provision of appropriate and respectful care for ICU patients also requires a full understanding of their wishes regarding health care decisions, a separate interface that relies on easy-to-understand language will also facilitate patient–clinician communication. “These innovations will enable open, real-time discussions between care providers, patients, and family members in an environment where, due to its complexity, this type of information has traditionally been available only to providers,” says Talmor. “We are so grateful to the Moore Foundation for partnering with us to more fully leverage the patient/family role in achieving true transformation in health care quality and safety.”

Internationally Renowned Scientist Named Director of BIDMC Cancer Center

Pier Paolo Pandolfi, M.D., Ph.D., a world-renowned researcher on the genetics and biology of cancer, has been named director of the Cancer Center and the new Cancer Research Institute at BIDMC. Pandolfi is credited with curing acute promyelocytic leukemia, a once-deadly form of blood cancer, and is at the core of some of the most promising breakthroughs in the race to prevent, treat, and cure cancer. For his scientific contributions to cancer genetics, Pandolfi received the 2011 Pezcoller Foundation–AACR International Award for Cancer Research, perhaps the most prestigious award in the field; several Pezcoller Award recipients have gone on to win the Nobel Prize in Physiology or Medicine. At BIDMC, Pandolfi is leading a revolutionary project to replicate individuals’ cancers in mouse models to hasten drug development and personalized treatment. He is also making groundbreaking advances in how certain previously unexplored pieces of genetic material, called non-coding RNA, “talk” and contribute to disease development. In his new role, Pandolfi will further strengthen the link between cancer research and clinical care.

For more information, visit www.bidmc.org/cancercenter.
Sidney R. Baer, Jr., lived a lifetime with major mental illness. Despite facing overwhelming challenges during a 64-year battle with schizophrenia, he found incredible financial success and chose to use that success to help others like him who struggled. In 1999, he established the Sidney R. Baer, Jr. Foundation, which supports mental health care programs, education for those with mental illness, and basic and clinical research in mental illness. “It’s really important for people to understand that somebody, who could be as troubled as Sidney was, could also do something so fabulous as to help mankind,” says George Handran, co-trustee of the foundation.

The Sidney R. Baer, Jr. Foundation is hoping to help change the way clinicians are trained to manage complex mental health cases so that patients like Baer, Jr. receive proper care. The foundation recently provided a five-year, $1.2 million grant to create the Sidney R. Baer, Jr. Fellowship in Clinical Neurosciences at Beth Israel Deaconess Medical Center. The program is a joint effort between the neurology and psychiatry departments at BIDMC to ultimately integrate faculty across Harvard Medical School and train the next generation of research and clinical leaders in this new field. “This is the single most important application we have ever received,” Handran says. “This fellowship is the first of its kind in the world. There is nothing more important that we can do than fund this idea to integrate psychiatry and neurology and help the bigger picture of treating mental illness.”

A member of a well-known midwestern family who founded the Stix Baer & Fuller department store chain, Baer, Jr. suffered his first schizophrenic break in 1938 and battled the disease, stereotypes, and lack of appropriate health care until his death in 2002. During that time, he was dismissed from Yale University, discharged from the Army, and disowned by his family before living the rest of his life as a recluse in the Copley Plaza Hotel. “He was very bright and talented,” Handran says. “He was clever in everything he did. If he had been supported and he had received medication earlier, I think he could have easily finished college and taken over the company.”

The fellowship is based on the idea that symptoms of neurological and psychiatric diseases, while traditionally considered separate in modern medicine, both result from changes in brain networks and synapses, the connections between brain cells; and that successful care for patients demands a multidisciplinary approach that integrates these disciplines. “The more we learn about psychiatric and neurologic disorders, we realize that we are dealing with disorders of the same fundamental biology and we should be working closer together,” says Alvaro Pascual-Leone, M.D., Ph.D., director of the Berenson-Allen Center for Noninvasive Brain Stimulation and author of the unique grant proposal to the foundation. “The bridge between psychiatry and neurology needs to be established and that requires training. The idea behind this fellowship is to empower people to gain that knowledge.”

The grant supports a three-year fellowship for five post-doctoral fellows with neurology or psychiatry training, and will include both clinical and research mentoring and education. Also, each year an international leader in neurology and psychiatry will be invited to BIDMC as the Sidney R. Baer, Jr. Visiting Professor to share the latest advances in the field. “My hope is that these fellows can eventually go into practice and provide aid to somebody who is suffering the way Sidney was,” Handran says. Two fellows are already in place, and more than 40 candidates applied for the additional positions, which start in June. “I am very grateful that the Sidney R. Baer, Jr. Foundation, and specifically George Handran, saw the potential of this vision and understood the need to give these fellows enough time to develop,” Pascual-Leone says. “With this grant, we are able to create a new way to bridge these fields and ultimately benefit all patients.”

Keeping a Mission in Mind
$1.2 Million Foundation Grant Creates Unique Neuroscience Fellowship that Honors Founder’s Legacy
For patients like Langer and their families, there are often too many questions and too few answers. “I think the only way to take full care of patients is to attempt to answer these unanswered questions,” Freeman says. “It is also intellectually exciting. Whenever I have done anything, either in my outside interests or in research, I try to look below the surface and understand things at a deeper level.”

As the director of the Autonomic and Peripheral Nerve Laboratory at Beth Israel Deaconess Medical Center, Freeman took that approach when he looked just below the surface of the skin for a potential clue to better diagnose Parkinson’s disease (PD) and similar disorders. Building on a technique established by his group and others, he—along with colleagues Christopher Gibbons, M.D., and Ningshan Wang, Ph.D.—recently discovered elevated levels of alpha-synuclein in the skin of PD patients. Alpha-synuclein is a protein regularly found throughout the nervous system and is also the primary component of protein clumps known as Lewy bodies, which are considered the hallmark of PD. Their results, which were published in Neurology in October 2013, offer the first potential diagnostic biomarker to enable clinicians to identify PD with a simple skin biopsy well before it reaches an advanced stage. “This research is on the verge of making a real difference for patients,” says Freeman, acknowledging that there is plenty of work to be done to replicate the study and investigate the results across various stages of the disease. Parkinson’s disease, which affects nearly one million individuals in the United States, is the most well known in a group of similar neurological disorders that feature the deposition of alpha-synuclein, called alpha-synucleinopathies. “We have a group of alpha-synucleinopathies that we know so little about,” Freeman says of the list that includes multiple system atrophy and pure autonomic failure. “We don’t know the natural history, we don’t know the risk factors that cause patients to progress slowly or to progress rapidly, and I think my group may have the tools to answer those questions.”

When Freeman set out to find answers to better diagnose these neurodegenerative disorders, he had the support of a family who understood the value of those efforts. “The Langer Family Charitable Foundation really put this on the map,” Freeman says. “It would not have happened without their support.” In response to the care Freeman provided to Langer during his battle with multiple system atrophy, the foundation has contributed a large grant to support this research. “Dr. Freeman and his colleagues are doing such important work to help to understand these devastating illnesses,” Rob’s wife, Carol Langer, says. “Our family supports his work in hopes that we can save another family from the debilitating effects of neurodegenerative illness.”

Currently, PD is diagnosed only through clinical examination, often when symptoms are pronounced and advanced. Freeman says even expert clinicians can misdiagnose the disorder 20 percent of the time, particularly in the early stages of the
Dr. Freeman and his colleagues are doing such important work to help to understand these devastating illnesses. Our family supports his work in hopes that we can save another family from the debilitating effects of neurodegenerative illness.”

— Carol Langer

“Dr. Freeman and his colleagues are doing such important work to help to understand these devastating illnesses. Our family supports his work in hopes that we can save another family from the debilitating effects of neurodegenerative illness.”

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Dr. Freeman and his colleagues are doing such important work to help to understand these devastating illnesses. Our family supports his work in hopes that we can save another family from the debilitating effects of neurodegenerative illness.”

— Carol Langer
“We thought that with the combination of autonomic involvement in PD, the presence of autonomic nerves in the skin, and the accessibility of the skin, why not look for the hallmark Parkinson’s pathology—alpha-synuclein—there?”
— Roy Freeman, M.D.

Thanks to techniques Freeman and others developed over the last decade, researchers can now use the skin as a window to see what is happening in the nervous system. “The skin has many components of the nervous system,” says Freeman. In addition to sensory nerves, the skin has nerve fibers that control the autonomic nervous system such as vasomotor nerves, which stimulate the blood vessels; pilomotor nerves, which activate the hairs on the skin; and sudomotor nerves, which stimulate sweat production. “We thought that with the combination of autonomic involvement in PD, the presence of autonomic nerves in the skin, and the accessibility of the skin, why not look for the hallmark Parkinson’s pathology—alpha-synuclein—there?” he recalls.

Freeman and his colleagues studied skin biopsies and motor and autonomic function testing from 20 patients with Parkinson’s disease and 14 control subjects. They focused on the sensory, pilomotor, and sudomotor nerves and found a significantly higher deposition of alpha-synuclein in the pilomotor and sudomotor nerve biopsies of the PD patients. The results also revealed a relationship between the amount of the protein in the skin and the severity of the PD and physiological measures of autonomic function, such as blood pressure and heart rate control.

Now the team is hoping to assess the validity of the alpha-synuclein biomarker as a predictor of Parkinson’s disease. “It is clear what needs to happen next,” Freeman says. “We know the experiments that need to be done. The biggest challenge for us is the funding.” Freeman and his team are expanding on these preliminary results by investigating biopsies of patients at an earlier stage of PD and patients with other alpha-synucleinopathies, like multiple system atrophy. They recently received grant support from The Multiple System Atrophy Coalition for this work. With support from the Michael J. Fox Foundation, Freeman and his team are also investigating the post-mortem tissue of patients who had a confirmed autopsy diagnosis of PD to look for similar levels of alpha-synuclein in the skin compared to what they found in their recent study. “Parkinson’s disease is a devastating illness,” Freeman says. “There is still much work to be done, but this is a first step to find an accessible biomarker to confirm a diagnosis very early in the course of the disease.”

In Memoriam
Jane Fialkow, 1927–2013

With sadness, the BIDMC community reports the loss of Jane Fialkow on January 23, 2013 at the age of 86. A longtime friend of BIDMC, she was the loving wife of Jay Fialkow, a BIDMC trustee emeritus and former member of the Trustee Advisory Board.

Born in New Haven, Conn., to the late Belle and Julius Maretz, Fialkow met her future husband when she was a student at Emerson College in Boston and he was studying at Harvard College. They resided for most of their lives in Newton and Key Biscayne, Fla., before settling in at NewBridge on the Charles in Dedham for the past three years.

Beloved by many, her 86th birthday party included 250 of Jane’s family and closest friends celebrating the theme of “Everybody Loves Jane.” Along with her philanthropic support of the medical center, Fialkow graciously donated her time as a BIDMC volunteer. She was also actively involved with numerous organizations in the greater Boston community, including Jewish Family & Children’s Service and Combined Jewish Philanthropies.

“Jane, who had such a kind, caring, and generous spirit, will be remembered for her empathy and for the way she always looked out for others,” says Kristine Laping, senior vice president of development at BIDMC. “She was beloved by many and an inspiration to all of us, and is greatly missed.”

Fialkow is survived by her husband, Jay; daughter Linda Sternberg, a BIDMC overseer; daughter Debra Zabluidowski and her husband, Dan; and son David, also a BIDMC overseer, and his wife, Nina. She also leaves behind six grandchildren and her brother, Fred, of Boca Raton, Fla.
Senior Support
Grateful patient donates $250K for geriatrics renovation project

Three years ago, John Halpern worked out daily at his local YMCA. He could stand with his knees straight and place his palms on the floor—a feat he attributes to practicing Hatha Yoga for more than 60 years. “I could bench press 120 pounds,” the 82-year-old retired physicist says. “Then suddenly, I couldn’t lift 10 pounds worth of groceries.” Halpern had recognized the importance of proper health care as he faced the inevitable consequences of aging, and eight years ago started seeing Suzanne Salamon, M.D., associate chief for clinical programs in the Division of Gerontology at Beth Israel Deaconess Medical Center. “Her patients absolutely love her, and I trust her with my life,” he says.

The largest growing segment of the population is over age 85 and requires specialized care. The Division of Gerontology has been one of the nation’s leaders in caring for elderly patients since its creation more than 35 years ago. Its approach to care is well-integrated with many areas of medicine to manage the various challenges that can impact quality of life such as memory loss, instability, and multiple medications. Geriatricians, like Salamon, provide routine preventive care and can serve as a liaison to more specialized treatment for conditions like Alzheimer’s disease or stroke. When Halpern faced a variety of conditions in combination with his advancing age, Salamon guided his treatment at BIDMC.

In response to Salamon’s outstanding overall care, Halpern recently donated $250,000 to the Senior Health Support Fund in her honor. The gift is the lead contribution to the $1.1 million project to renovate the geriatrics unit on the first floor of the Lowry Building. “When a patient goes out of their way to show gratitude or appreciation, it just makes it all worthwhile,” Salamon says. “John has really gotten the ball going on this project, so we are really very grateful to him.”

The current space, which was originally a restaurant before it was remodeled, is in need of a facelift to create an environment commensurate with the type of care it provides.

Elderly patients, who often attend appointments with caregivers or family, struggle to navigate its narrow hallways and small exam rooms. “We are proposing wider halls so that people can pass each other in wheelchairs or walkers, and so that they can turn the wheelchairs out of the exam rooms,” Salamon says.

“The exam rooms will be enlarged, and we are expanding from three to five rooms.” The renovation project is in the preliminary stages, and all funds must be raised through philanthropy.

In Memoriam
Austin L. Cable, 1920–2013

The BIDMC community mourns the loss of Austin Cable, a longstanding supporter of BIDMC, who died on February 13, 2013. He was 92. Cable’s giving to BIDMC spanned several decades, supporting programs such as cardiovascular research and radiology. His family’s recent generosity allowed the medical center to purchase a state-of-the-art digital mammography unit, which has significantly enhanced patient care and improved the lives of countless women at the BreastCare Center.

“Austin was a loyal and dedicated friend of BIDMC for so many years, and his contributions have had a clear and lasting impact on patient care here at the medical center,” says Kristine Laping, senior vice president of development at BIDMC. “We are grateful for the legacy of Austin’s remarkable life, which will benefit the BIDMC community for generations to come.”

A 1942 graduate of the Wharton School of the University of Pennsylvania, Cable began his career in the family-owned garment business, Cable Industries, Inc., and served as the company’s president for more than 30 years until the firm was sold in 1980. He pursued a parallel interest in real estate investing, formally founding Liberty Companies in 1980, and was a pioneer in the Boston real estate market with notable firsts, including the first retail condominium conversion project, the Boston Jewelers Exchange, and other redevelopment projects that helped to revitalize downtown Boston. A former college lacrosse player, Cable also was part owner of the Boston Cannons, a Major League Lacrosse team, and served on the team’s operating group.

The son of the late Robert and Fannie Cable, Austin Cable is predeceased by his wife of 62 years, Marcia (Nickowitz), and sister, Leila (Cable) Perlmuter. He is survived by his children: Pat Cable; Stuart Cable, a member of the BIDMC Board of Overseers and former trustee, and Stefanie Cantor; Andrew (Nickowitz), and sister, Leila (Cable) Perlmuter. He leaves behind five grandchildren.
ON THE SCENE

ANNUAL MEETING OF THE BOARDS AND STEPHEN B. KAY CELEBRATION
OCTOBER 9, 2013

In the fall, another extremely well-attended Annual Meeting welcomed new Board members into the BIDMC community and recognized existing leadership for their efforts over the last fiscal year. President and CEO Kevin Tabb, M.D., gave a keynote speech about BIDMC’s extraordinary response to the tragic events at last year’s Boston Marathon, and three exceptional early-career researchers—Mark Andermann, Ph.D., Zoltan Arany, M.D., Ph.D., and Daniel Leffler, M.D.—were honored with the inaugural Dvorak Young Investigator Awards. The event was also an opportunity to welcome Daniel J. Jick as the new chair of the Board of Directors (see page 5), and the evening was capped off with a wonderful celebration for his predecessor, Stephen B. Kay, to recognize him for his four years of service in the role and his longstanding leadership.

1 Carl Sloane, Ted Ladd, Stephen Kay, Daniel Jick, Alan Rottenberg, Lois Silverman Yashar
2 Stephen Kay, Daniel Jick
3 Mark Andermann, Ph.D., Vikas Sukhatme, M.D., Ph.D., Zoltan Arany, M.D., Ph.D.
4 Caron and Kevin Tabb, M.D., Stephen Kay and Lisbeth Tarlow

THE THANK YOU PARTY
OCTOBER 29, 2013

On October 29, BIDMC brought together more than 200 members of its donor community to express its gratitude for their support of the landmark State-of-the-Art Humanity campaign. With their generous contributions, the campaign came to a resoundingly successful conclusion, raising more than $301 million to build on the medical center’s strengths of advancing medicine, enhancing compassionate care, and reducing disease in Boston and beyond. Event attendees enjoyed a stunning performance by Judith Hill, a finalist on NBC’s The Voice, and an inspirational program that included the story of grateful patient Laurel Fontaine’s incredible journey to regain her ability to speak.

5 Kevin Tabb, M.D., Lois Silverman Yashar, Judith Hill
6 Avram J. and Carol R. Goldberg, Mitty and Harold Solomon, M.D.
7 Ginny MacDowell, Ashley Bernon, Deborah Goldberg
8 Cathy Fontaine, Andrea Norton, Laurel Fontaine
9 Richard Rosenberg, Susan Rosenberg, Leon V. Rosenberg
DREAM BIG: THE GREAT GATSBY GALA FOR BETH ISRAEL DEACONESS HOSPITAL—NEEDHAM
NOVEMBER 2, 2013

In November, more than 800 guests gathered at the Putnam Club at Gillette Stadium in Foxborough for BID–Needham’s annual gala fundraiser to support its new Cancer Center and Surgical Pavilion. Hosted by event chairs Heidi and Scott Schuster and a 67-person event committee, the evening featured a live auction with Billy Costa from NECN’s TV Diner and Kiss 108 FM and dancing to the music of The Black Tie Band. Attendees took the attire recommendations of “decadent, dapper, and debonair” to heart, dressing in their best Gatsby garb. The event raised more than $650,000 through sponsorships, live and silent auctions, and a raffle.

10 Leslie Medalie, Mary Petrini
11 Billy Costa, Kristine Laping, John Fogarty
12 Heidi and Scott Schuster
13 Lauren Fryberger, Carrie Verville, Heather McKeon

PALM BEACH CELEBRATION
JANUARY 21, 2014

In January, more than 150 guests gathered at The Breakers hotel in Florida for BIDMC’s annual Palm Beach gala, which was co-chaired by Helaine B. Allen, Cynthia and Ted Berenson, and Carolyn and David Brodsky. This year, the event, entitled “Rethinking the Brain,” showcased the medical center’s expertise in neuroscience. Emceed by longtime WCVB-TV anchor Susan Wornick, a panel of distinguished specialists—including Ron Alterman, M.D., Alvaro Pascual-Leone, M.D., Ph.D., Clifford Saper, M.D., Ph.D., and Veronique VanderHorst, M.D., Ph.D.—discussed groundbreaking advances in using the brain’s adaptability to treat and prevent neurological disease and improve brain health. Following the panel, former BIDMC Board member and grateful patient Edward Rudman shared his experience battling Parkinson’s disease.

14 Caron Tabb and Kevin Tabb, M.D., Susan Wornick, Carolyn and David Brodsky, Helaine B. Allen, Cynthia and Ted Berenson
15 Martin and Dena Trust
16 Edward and Carole Rudman
17 Alvaro Pascual-Leone, M.D., Ph.D., Ron Alterman, M.D., Susan Wornick, Clifford Saper, M.D., Ph.D., Veronique VanderHorst, M.D., Ph.D.
MAJOR LEAGUE NETWORK

Fred Lynn, centerfielder for the Boston Red Sox from 1974 to 1980, made a special appearance at BIDMC’s “Community Connections” reception at Fenway Park this past fall. Lynn, who was the first player to win the Most Valuable Player and Rookie of the Year awards in the same season, was on hand to mix and mingle with the record-breaking 250 physicians and administrators in attendance. The annual event is hosted by the medical center’s Network Development group, which is responsible for the development, growth, and maintenance of external relationships with both physician groups and community hospitals. BIDMC has become increasingly well known for these types of strategic partnerships under the leadership of President and CEO Kevin Tabb, M.D.

giving matters

BETH ISRAEL DEACONESS MEDICAL CENTER
SPRING/SUMMER 2014

TEAM BIDMC
TREAD STRONG

ON APRIL 21, THE 70 MEMBERS OF OUR GROWING BOSTON MARATHON TEAM committed to improving health in the long run. On the one-year anniversary of the marathon bombings, your support helped them go the distance.

It’s not too late to make a donation to an individual runner or one of their many BIDMC causes. To learn more, visit: bidmctreadstrong.org.