Illuminations

The Magazine for the University of Utah School of Medicine Alumni and Friends

Volume 3 Number 1

Connecting With

University of Utah School of Medicine
2007 Medical Alumni Weekend
September 13-15
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Greetgmes medical alumni and friends! Greetings medical alumni and friends! Summer has found the Office of Alumni Relations and the School of Medicine’s Alumni Association Board in full swing preparing for Alumni Weekend, scheduled for September 13-15. (See page 8-9 for details). The weekend is being called “Connecting with U”, and includes not just former students, but also former house officers, and past and present faculty. We moved the date to the fall so we can include a U of U football game as part of the activities.

Along with our annual Medical Alumni Awards Banquet and 50-year class celebration on Thursday, September 13, and our class reunions on Friday, September 14, we are excited to begin a new tradition on Friday morning by inviting back alumni house officers to their respective departments. Six departments are hosting programs highlighting some new progress in their fields as well as updates on what the department is doing. It will be a great time for former medical students and residents to get together with other specialists in their specialty, renew old friendships, and reconnect with their mentors. Friday afternoon will once again find us duffers out on the links, this year with a scramble start at Stonebridge Golf Course. Friday evening, along with this year’s reunion classes, the new Half Century Club will be inaugurated, bringing together all graduates from the class of 1957 and earlier. The Department of Family and Preventive Medicine is hosting a reunion for graduates from all of their programs, and Biomedical Informatics is celebrating their 35-year anniversary of being part of the University of Utah School of Medicine.

Saturday morning, September 15, our CME conference, Unraveling the Message Within: The Physician’s Guide to Genetics in the 21st Century will feature five preeminent experts in the field of genetics. As many of you know, Utah is a world leader in genetic research. If you are like me, you are aware of some of the advancements in genetics, but don’t know many of the details and how this technology may impact us in the future.

Saturday afternoon we will have a tailgating party at the Alumni House on lower campus prior to the Running Utes and UCLA football game. A block of tickets has been reserved for those who are interested. It should be a very exciting game.

As always, all the classes involved in the reunion will be contacted by a class representative, as well as our alumni office for reservations. Detailed information is also on our Web site, www.utahmedalumni.org.

Finally, feedback from our last issue of Illuminations was very positive, and we are listening closely to your comments and suggestions. The magazine is a work in progress and we hope to address the concerns, accomplishments, and activities of all of the University of Utah School of Medicine Alumni. Please feel free to call or email and let me know what you think.

Fred Langeland, M.D., ’76
President, Alumni Board
reidlang@ucomission.com
(801) 408-5155

Alumni President’s Message

Personalized Medicine

Joyce A. Mitchell, PhD
Professor and Chair,
Department of Biomedical Informatics
School of Medicine, University of Utah

With the completion of the Human Genome Project in 2003, the world’s attention has focused on converting this vast storehouse of information into innovative health care solutions. The ultimate promise, assuming we know everyone’s genotype, is to ensure that every person has optimum health throughout his/her life. This promise has many parts, including optimum nutrition, clean air and water supplies, up-to-date immunizations and regular health screenings. The part of the promise to be fulfilled by knowledge and information stemming from genomics, proteomics and other “omics” is yet unfolding, but the first cautious steps are being taken and are called “Personalized Medicine”. Personalized Medicine implies that optimum health goes beyond the basics of clean air and water and takes advantage of the “omics” knowledge to allow the person and his/her clinicians to make therapeutic and lifestyle choices which take the “omics” into account.

Personalized Medicine does not have a crisp definition, but rather reflects a broad coalition of ideas brought to bear on the age-old notion of personalized care. The proud tradition of health care is to focus on every patient and to provide care that is cognizant of the person’s individual situation and values, but the situation rarely includes specific genetic/genomic information. The Personalized Medicine movement incorporates the use of molecular analyses and methods evolving from knowledge of genomics to better manage a patient’s disease or predisposition toward a disease. In the Genomics and Personalized Medicine Act of 2006, personalized medicine is defined as “…the application of genomic and molecular data to better target the delivery of health care, facilitate the discovery and clinical testing of new products, and help determine a patient’s predisposition to a particular disease or condition”. The belief of the scientific and health-care community is that knowledge of genomics will contribute to better health outcomes. The specific approaches are not yet fully developed but will include genetic/genomic screening programs, genetic/genomic risk analyses, and the use of diagnostic and therapeutic modalities that are still evolving but will be cost effective and efficacious. One success story is the target use of genetic testing for mutations in the EGFR gene to determine which group of patients will be responsive to gefitinib as a treatment for non-small cell lung cancer. Obviously this trend in health care has the potential to shift costs because of the increased use of expensive tests, but also has the potential to significantly improve outcomes and to avoid expensive treatment for those individuals who can be shown to have a non-responsive genotype.

With Personalized Medicine ultimately aims to adapt therapies to individual patients, the initial solution will divide patients into groups by genetic and other markers that predict disease progression and treatment outcomes. In this scenario, pharmacogenetics is at the center of the research and practice. Pharmacogenetics gives a partial explanation to the different responses of individuals to the same drugs. For example, the genetic variants for two genes (CYP2C9 and VKORC1) along with other patient data can explain a substantial portion of the variability seen in a person’s response to Warfarin, a powerful and frequently prescribed anticoagulant. The hope in the case of Warfarin is that the adverse drug reactions of excessive bleeding or clotting can be minimized by genetic testing to help predict in advance what is the optimal dose for a specific patient.

Genomic, proteomic or functional genomic biomarkers (features that are associated with the course of a disease) can help to define subtypes of diseases such as cancers that have previously been treated as single entities. This reclassification leads to new diagnostic and therapeutic procedures that hopefully can be shown to be cost effective and efficacious. One success story is the target use of genetic testing for mutations in the EGFR gene to determine which group of patients will be responsive to gefitinib as a treatment for nonsmall cell lung cancer. Obviously this trend in health care has the potential to shift costs because of the increased use of expensive tests, but also has the potential to significantly improve outcomes and to avoid expensive treatment for those individuals who can be shown to have a non-responsive genotype.

Every component of the scientific community will play a part in making the promise of Personalized Medicine a reality, but the field of Biomedical Informatics is especially critical to making the vision come alive. The enormous quantity of complex data poses a daunting challenge to the use of this data in our traditional healthcare system. Biomedical Informatics is a field that
specializes in analyses of such data and the development of techniques to bring focus to the interpretation of these data sets. Almost 1000 public biological databases are available to researchers and health professionals on the web, including gene sequences, proteomes, metabolomes, etc., and can be used for basic data and as reference sets. Almost 1400 genetic tests associated with diseases [http://www.genetests.org] can be obtained by any healthcare practitioner (some tests can even be ordered by individuals over the internet without going through their physicians); there are over 20,000 genes and so the number of new genetic tests will continue to grow. This enormous quantity of information could be brought into play for a single individual if the cost of a full genome sequence were affordable and the scientific and healthcare community understood the implications of the results of such a large battery of genetic tests. But we are a long way from this. The cost for a full genome analysis is prohibitive at this time and will be for the next decade or so, although the NIEHS is giving grants to individuals who can work toward a full-genome sequence test for $1000.

It will take quite some time to create a synthesis of all of the genes and proteins and regulatory elements for any specific human, and it will take a very long time to make this synthesis understandable to all concerned. It is likely that the result will be a set of probabilities and risks for specific scientific healthcare problems, a set of lifestyle recommendations (for example, avoid smoking if you have the Z allele of the SRPSK N gene) and an expanding list of diagnostic tests and therapies. The recommendations will almost certainly include a set of instructions that the person should avoid and another set of medications that would be more appropriate for his/her use; all of this would be based on the disease-specific genome family history as well as the data from other tests and healthcare experiences, likely pulling from an analysis of data in the Electronic Medical Record (EMR).

The brave new world of Personalized Medicine is already emergent, but the complexities of the situation mean that the full blossoming will take years to arrive. To use this data effectively, the worldwide community must define semantic and logical standards that represent genotype-phenotype data so they can exchange information reliably about genetics, patients and health-related conditions. The understanding of the implications of specific tests is moving so rapidly that we need to be in a set of guidelines that are updated regularly and are readily available from a trusted source. Healthcare providers cannot be expected to remember recommendations for the permutations of this large data set, and so it makes sense that computer systems will be called into play. Ultimately the genomics (and other omics) information on a patient would be linked to or stored as a component of the Electronic Medical Record. Decision support systems acting upon standard defined data items and guideline or protocol algorithms would process the data and dynamically send alerts or recommendations to the health care providers. The patients would have access to their lifetime medical data and the same genome; and an expanding list of diagnostic tests and therapies via a Personalized Health Record. The public would have access to systems on the Internet to explain the implications of various diseases, risks and tests in a language that was understandable for all concerned. The Genomics Home Reference (http://www.genhome.med.utah.edu) was created by the National Library of Medicine specifically to help consumers navigate the complex issues of genetic diseases from patient questions to the specifics of research data. The University of Utah has expertise and resources that promise many contributions for the journey towards Personalized Medicine.

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A mong the most important challenges of medical research in the coming decade is the development of an effective, “disease modifying” treatment for Alzheimer’s Dementia. Alzheimer’s Dementia affects between 4.5 and 5 million Americans and exacts a tremendous human and economic toll. By conservative estimates, the number of individuals affected in this country alone could reach 10 million over the next 25 to 30 years. Despite these sobering statistics, it appears that advancements in our understanding of the pathophysiology of Alzheimer’s Dementia may yield practical treatments for the condition within the next several years. The characterization of the Alzheimer’s disease process as a disorder of amyloidogenic (beta) protein deposition in the brain has clarified the etiology and pathogenesis of this disease, and provided targets for possible inter- vention. Presenting research to the Alzheimer’s Association 2006 San Diego Annual Meeting, researchers included agents that enhance AB removal and those that reduce the clearance of amyloid protein or its aggregation. Two major ongoing studies represent these two approaches. The first study involves the creation of a vaccine that produces antibodies against AB. Immune agents, such as cytokines, are considered the most likely to affect the removal of the vaccine product and alter the clearing location. Shorter peptides, which are non-damaging, become more likely products of this clearance step. R-flurbiprofen may therefore be a selective amyloid B-42 lowering agent. Not all non-steroidal anti-inflammatory drugs have the same effect and r-flurbiprofen itself must be given at doses substantially above the traditional anti-inflammatory doses. The use of the R enantiomer may make the risk of bleeding and ulcer less likely than racemic flurbiprofen at equivalent dosages. Interestingly, it now appears that the possible benefit of some anti-inflammatory agents for Alzheimer’s Dementia may be primarily related to their influence on protein clearing rather than by altering inflammation. In transgenic “Alzheimer’s” mice, flurbiprofen appeared to protect learning and memory function. Subsequent evaluations of brain histology showed marked reductions in amyloid deposits. In phase 2 human testing of flurbiprofen, individuals with mild dementia appeared to show decreased rates of cognitive loss vs. placebo. Some individuals showed relative stabilization or mild improvement in cognitive testing. These studies and the high degree of leakage of this medication must await the conclusion of the Phase 3 testing and FDA review which is expected to occur in about a year. The efficacious and safety of this medication will await the conclusion of Phase 3 testing and FDA review which is expected to occur in about a year. Individuals with the highest plasma drug levels also seemed to have the best response. The true efficacy and safety of this medication will await the conclusion of Phase 3 testing and FDA review which is expected to occur in about a year.

Understanding the Loss of Understanding

Mark A. Johnston, M.D. ’90
Adjunct Associate Professor, University of Utah School of Medicine

The Genesis of Wilderness Medicine at the University of Utah, School of Medicine

Richard Ingebretsen ’93, M.D., Ph.D.,
Associate Professor Wilderness Medicine University of Utah, School of Medicine

In 1993, as a new medical school graduate, Richard Ingebretsen, MD, PhD, had two experiences that changed his future and eventually the future of many other physicians in the intermountain area. While hiding in the mountains near Salt Lake City he witnessed a serious mountain bicycle accident. The young rider hit his head on the ground and was knocked unconscious. Then, a week later, while rafting with Boy Scouts on the Colorado River, one of the participants lacerated his leg. Dr. Ingebretsen realized that both times he felt unsure of himself, and of how he could help someone injured in the back country, away from modern medical equipment. He knew that wilderness medicine instruction was not offered in most medical schools and the majority of physicians did not receive this type of training in medical school, as a doctor, and an active hiker, biker, and river runner, he knew that people would turn to him for guidance if they were injured in a remote area and felt he needed to be prepared. He contacted the Wilderness Medical Society (WMS) to see what he would need to do to be trained in wilderness medical care. This Society was formed in 1983 by three California physicians. Paul Auerbach, MD, EdGehr, and Ken Keiter, to institute sound principles of medical practice in wilderness settings. Through association with the WMS he began to study wilderness medicine while in residency. In 1998 as a faculty member of the University of Utah’s medical school, he approached the curriculum committee about teaching a course to Utah medical students. At the program developed Dr. Ingebretsen worked on setting up a testing process where students could learn standards and protocols and achieve what became known as Advanced Wilderness Life Support (AWLS) certification. Today AWLS has achieved national certification status for medical professionals studying wilderness medicine. Fortunately, for Dr. Ingebretsen, the University of Utah already had several exceptional physicians on its faculty who had done extensive work in wilderness medicine. Colin Grierson, Mark Eilert and Scott McElrath were knowledgeable in avalanche dangers, and high altitude diseases and medicine. DeVon Hale was an expert on travel medicine in third-world countries. Bill Mackie was knowledgeable about treating chest pain in the back country. Jane Bowman had designed treatment protocols for women-specific issues in the back country. Wayne Askew had developed the science of wilderness nutrition, and Paul Schmidt, DDS, had done groundbreaking work in back country dentistry. Along with those faculty members there were numerous medical students with broad knowledge of rescue and evacuation guidelines. Working as a team they formulated backcountry medical protocols and wrote the AWLS textbook. One of the earliest discoveries in designing the wilderness medicine course was that there were a lot of misconceptions among the general public and medical professionals as to how back country injuries should be treated. For example, many people thought that making an incision in a snake bite with a knife and trying to extract the venom from the wound was standard protocol. Actually, there are no effective methods for treating snake bites in the wilderness and it is crucial to evacuate the patient to a hospital as soon as possible. Appropriate evacuation was another issue. Evacuation is often dangerous, costly and difficult, and if someone does not need to be taken for definitive care, then it should not be risked. There were no guidelines to follow. So in 2001 several enterprising medical students began a literature search, spoke with numerous specialists and developed the first guidelines to help back country medical providers decide if a patient needed to be evacuated. Another early concern was what to include in a first aid kit. Medical student, now radiologist, Matthew Thomson took on this challenge. He developed an algorithm to help people determine what first aid kits would be best depending upon the number of people, the length of the trip, as well as the location of the adventure. It is now the industry standard. The course quickly became the most popular medical school elective among AAMC medical schools. Currently 80 University of Utah medical students and 50 students from other medical schools attend the University of Utah’s wilderness medicine course yearly. Utah’s School of Medicine is now the preeminent medical school in the country for wilderness medicine. The program received a boost five years ago when the US Army decided to require all emergency medicine residents certify with the AWLS certificate. The army remains actively involved with the School of Medicine in developing the program further. Then, two years ago, the “father” of wilderness medicine, Paul Auerbach from Stanford University, joined the AWLS team of doctors. Each year over 1000 medical professionals study wilderness medicine with the AWLS program. Offshoots of the program include an active Wilderness Medicine Interest Group (WMIG) that teaches and certifies all back country guides in the state of Utah. Money they make teaching these courses gives them a salary and helps support research and educational opportunities in wilderness medicine. Another program, Basic Wilderness Life Support (BWTLS, www.bwls.org), trains non-medical professionals in wilderness first aid. So now anyone interested can receive training, be tested, and obtain certification. This program has made a difference to the general public, with scouting programs, as well as other back country adventurers in preventing traumas, training injured people and helping people be safe in the back country. For those interested in learning more about wilderness medicine programs at the University of Utah School of Medicine please visit www.awlsmedstudents.org

A Decade of Eye Care Missions in Africa

Utah Ophthalmologists Continue Tradition of Journeys to Ghana

F or the past ten years, ophthalmologists from the University of Utah’s Department of Ophthalmology and Visual Sciences have been traveling to Ghana, West Africa to provide life-changing and often life-saving eye surgery. Their journeys take them to a country that has less than 50 ophthalmologists and a population of 23 million people. Dr. Alan Cranford ’73, Robert Hoffman ’80, Geoff Tabin, and mission team members began their latest trip on March 29th. They spent their days in an eye clinic from 8 a.m. to 2 p.m. followed by nonsurgical surgeries that continued until midnight. Over the years they have helped more than 2,000 people improve or regain their sight.

Dr. Cranford explains the need for establishing a sustainable eye care infrastructure in countries where medical care is scarce: “Individualls in Ghana develop cataracts as a result of exposure to corneal scarring from metal splinters, toxins, and more—often at a young age. Without surgery, many lose their sight. It is common for the blind to be shunned as non-productive members of society. Left to fend for themselves, they commonly die an early and tragic death as a result of starvation, disease and accidents. To people in this region, the miracle of modern cataract surgery means not only a restoration of sight, but also the gift of life.”

Team members of the Ghana mission donate their time and pay for their own travel and expenses. Donations of equipment and supplies are provided by the Moran Eye Center, The Eye Institute of Utah, Alcan, Allergan, AMO, Bausch & Lomb, the Himalayan Cataract Project and Becton-Dickinson.

Dr. Tabin explains the need for trained volunteer optometrists to cover up.

To cover up. • Snake bites should not be treated in the field at all. Quick evacuation is the key. • You can treat insect bites and scorpion bites with ice effectively, but treating a snake bite with ice would make it worse. • All spider bites are poisonous but only three spiders really affect humans, the black widow, the hobo and the brown recluse. • The brown recluse spider is not found in Utah and rarely bites humans. • Most trauma that occurs in the wilderness is a result of high velocity sports like skiing and biking. • Sunscreen prevents sun burns but does not prevent skin cancer. The only effective method to prevent skin cancer is to cover up.

nent to their local area such as parasitic and infectious diseases. Another area of focus is on neonatal eye disease. We plan to bring one of their ophthalmologists here for a visiting international fellowship as one more step in bringing quality eye care to the children of Ghana.” Team members of the Ghana mission donate their time and pay for their own travel and expenses. Donations of equipment and supplies are provided by the Moran Eye Center, The Eye Institute of Utah, Alcan, Allergan, AMO, Bausch & Lomb, the Himalayan Cataract Project and Becton-Dickinson.
Thursday  SEPTEMBER 13

Evening Medical Alumni Awards Banquet at the Little America Hotel

Presentation of Distinguished Awards

Elizabeth Hammond, M.D., Distinguished Alumni Award
Professor of Pathology and Adjunct Professor of Internal Medicine at the University of Utah School of Medicine, past chairman of the Department of Pathology at LDS Hospital, and current member of Intermountain Healthcare Board of Trustees.

Jay Jacobson, M.D.
Distinguished Service Award
Professor of Internal Medicine and Infectious Diseases and Chief of the Division of Medical Ethics and Humanities at LDS Hospital and the University of Utah School of Medicine.

Celebration of 50 Years!
Presentation of Medallions to the Class of 1957.

Friday  SEPTEMBER 14

Friday Morning, September 14
School of Medicine Department Events
7:30 a.m. - 10:30 a.m.
We welcome current or former faculty, house staff, and reunion class members to attend one of these departments for a morning of information, instructional lectures, and gathering of colleagues. Following the department events, gather together in Alumni Hall for a chat with the Dean. Site and speakers are detailed in your registration packet coming in July.

Participating Departments:
Department of Biomedical Informatics
Department of Obstetrics & Gynecology
Department of Pathology
Department of Surgery

Dean David J. Bjorkman, M.D. - Medical School Update
11:00 a.m.

Friday Afternoon
Alumni Open - Stonebridge Golf Course
12:30 p.m. lunch, 1:30 p.m. shotgun start
Connect with your classmates and colleagues with an afternoon of golf! Join them at the Johnny Miller designed Stonebridge Golf Course for lunch and 18 holes.

University of Utah School of Medicine
2007 Alumni Weekend
Connecting With U - September 13-15, 2007

Our weekend celebration promises to be a great gathering of the U of U SOM friends, colleagues, and classmates. Registration material mailed in July or go online at www.utahmedalumni.org.

Reunion Evening
Little America Hotel, downtown Salt Lake City
General reception first, then individual classes and groups will dine together in private rooms.

MD Class of 1977: Private home
MD Class of 2002: Family picnic

Half Century Club: MD graduates, emeritus faculty and former house staff associated with the medical school between 1926 and 1957 will have a wonderful evening of reminiscing and reconnecting.

Family and Preventive Medicine programs: This multidisciplinary department is gathering for an evening of friendship and connection. Come join your current or former colleagues for a grand meal and lively conversation.

Biomedical Informatics: Celebration Time! We are celebrating 35 years as a department. Along with an evening of toasting our achievements - we will enjoy the knowledge of our guest speaker Don Derr, President and CEO of the America Medical Informatics Association.

Saturday  SEPTEMBER 15

Continue Medical Education - 7:30 a.m. - noon

Unraveling the Message Within: The Physicians Guide to Genetics in the 21st Century
The mission and objective of the School of Medicine Alumni Conference is to help the health care professional understand the science and application of human genetics in 2007.

Attend this prestigious gathering of the best of University of Utah researchers, professors and investigators in the field of Human Genetics and receive 4 CME credit hours AMA Category 1.

Raymond F. Gesteland, Ph.D.,
The DNA Revolution
Distinguished Professor and Vice President for Research,
In addition to his important administrative contributions to the University of Utah, he studies “recoding”, which is an essential mechanism in controlling gene expression.

Mario R. Capracci, Ph.D.,
Genetics and Medicine in the 21st Century
Distinguished Professor and Co-chairman,
Developed key animal models for the study of genetics’ role in many important diseases including cystic fibrosis, atherosclerosis, hypertension and cancer.

FOOTBALL! FOOTBALL! FOOTBALL!
Tailgating Party - Alumni House 1:00 p.m.
Make your plans now for an afternoon of food, fun and football! Join us for our pre-game festivities at the Alumni House where parking is free and the BBQ is hot! Then take the short walk over to the Rice Eccles Stadium where your west side seat (with a back) is waiting. Time, cost and everything else you need to know will be in your registration packet or go to our Web site.

University of Utah vs. UCLA
Rice Eccles Stadium 3:00 p.m.
This is the premier game of the 2007 season and you will want to be part of the hullabaloo and rumpus! The SOM Alumni Association has a block of seats reserved but we have to order the number of seats we want by August 1. To help us estimate the number of tickets needed we are asking everyone who plans to attend to send an e-mail to mary.j.hare@hsc.utah.edu to get your name on the ticket list as soon as possible.

Your registration packet will be mailed to you in July. A registration form is also available on-line at: www.utahmedalumni.org where locations, fees and more details are available. Questions? (801) 581-8591

WEEKEND SPONSORS:

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Accreditation: The University of Utah School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Designation: The University of Utah School of Medicine designates this educational activity for a maximum of 4.8 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

ADA: The University of Utah complies with the Americans with Disabilities Act by providing qualified individuals with disabilities access to the University program, services and activities. A request for accommodation can be made by calling (801) 581-8991. Reasonable prior notice is required.

Raymond F. Gesteland, Ph.D.,
The DNA Revolution
Distinguished Professor and Vice President for Research,
Degree of Doctor of Medicine 2007 - Match Day

University of Utah students matched in 86 programs in 86 states.

NEUROLOGY

Juliann Winsch Allen University of Utah Affiliated Hospitals, Neurology Program, Utah

OBSTETRICS-GYNECOLOGY

Clay Olavi Andelin University Hospitals, Obstetrics-Gynecology Program, Ohio

ERICA BADEN

DENTISTRY

Dentus Cade Anderson Medical College of Wisconsin Affiliated Hospitals, Pediatrics Program, Wisconsin

Marcos Kim Blackburn University of Utah Affiliated Hospitals, Pediatrics Program, Utah

Christopher Eugene Dandy Miami Children’s Hospitals, Pediatrics Program, Florida

Alison Elaine Edmunds Virginia Commonwealth University Health System, Pediatrics Program, Virginia

Jessa Kovac University of Utah Affiliated Hospitals, Pediatrics Program, Utah

NICOLE FRANKLIN

GENERAL SURGERY

James Robert Ballard Oregon Health and Science University, General Surgery Program, Oregon

D. Anderson Millar University of Utah Affiliated Hospitals, General Surgery Program, Utah

Joseph G. Nigita University of Florida-Jacksonville, General Surgery Program, Florida

Brandon Berg Park University of Utah Affiliated Hospitals, General Surgery Program, Utah

ANESTHESIOLOGY

Brad Nolen Brown University of Utah Affiliated Hospitals, Anesthesiology Program, Utah

Morgan Marie Fusco-Berard Hershey Medical Center, Anesthesiology Program, Pennsylvania

Jennifer Kiyoko Hansen Cleveland Clinic Foundation, Anesthesiology Program, Ohio

Amie Lee Homenbeck Strong Memorial, Anesthesiology Program, New York

Everett Mark Peterson University of Florida Programs, Anesthesiology Program, Florida

MEDECINE

Malwina Cheng Medicine Program Candidate

Lisa Todyh Tsvitaentu Rasius Medicine Program Candidate

Christopher John Dava University of Utah Affiliated Hospitals, Medicine-Medical Physics Program, Utah

ERICA BADEN

DERMATOLOGY

Brooke Albert Balsen University of Southern California, Dermatology Program, California

Adam Real Taitner Medical College of Wisconsin Affiliated Hospitals, Dermatology Program, Wisconsin

Dermatology Program, Utah

Cale Warren Robinson Strong Memorial, Anesthesiology Program, New York

Heather Taylor Oregon Health and Science University, Anesthesiology Program, Oregon

Erica Danielle Wiese Mayo School of Graduate Medical Education, Anesthesiology Program, Minnesota

Radiology Diagnostic

Devotee Nelson Burton Ingraham Baptist Medical Center, Radiology-Diagnostic Program, Oklahoma

Karyn Louise Everest Duke University Medical Center, Radiology Diagnostic Program, North Carolina

Luke Easter Linnett Barrow-Jewish Hospital, Radiology-Diagnostic Program, Missouri

Nicholas John Sarianovich University of Utah Affiliated Hospitals, Radiology-Diagnostic Program, Utah

Paul David Sungnong University of Wisconsin Hospital and Clinics, Radiology-Diagnostic Program, Wisconsin

Nicole S. Winkler University of Utah Affiliated Hospitals, Radiology-Diagnostic Program, Utah

Joshua Munz Victor University Hospitals, Radiology-Diagnostic Program, Utah

Anesthesiology Program, Ohio

Matthew Howe Stewart UC San Diego Medical Center, Internal Medicine Program, Utah

John William Limdahl University of Colorado-Denver, Internal Medicine Program, Colorado

Elizabeth Anne Middleton University of Utah Affiliated Hospitals, Internal Medicine Program, Utah

Kimberly Morley University of Utah Affiliated Hospitals, Internal Medicine Program, Utah

Zachary Rand Williams University of Utah Affiliated Hospitals, Internal Medicine Program, Utah

EMERGENCY MEDICINE

Nathan Thomas Gilmore UPMC Medical Education Program, Emergency Medicine Program, Pennsylvania

Trevor Waldroup Grubb University of Louisville School of Medicine, Emergency Medicine Program, Kentucky

Cory Patrick Huddlenger Allergy General Hospital, Emergency Medicine Program, New York

Joan K.R. Leong Massachusetts General Hospital, Emergency Medicine Program, Massachusetts

Choo M-C Cabe New York Hospitals-Queens, Emergency Medicine Program, New York

Adam L. Sharp Indiana University, Emergency Medicine Program, Indiana

Melanie Anne Silverton University of Utah Affiliated Hospitals, Emergency Medicine Program, Utah

Logan Cole Sundrop Ohio State University Medical Center, Emergency Medicine Program, Ohio

Lindsey Grace Tanner Indiana University, Emergency Medicine Program, Indiana

Joshi Maneeya Vatsawat SONY Upstate Medical University, Emergency Medicine Program, New York

FAMILY MEDICINE

Maria Susan Geisel Family Medicine Program Candidate

Karyn Elizabeth Gibson University of Utah Affiliated Hospitals, Family Medicine Program, Utah

Brad Mohsin Gravan Bull Memorial Hospital, Family Medicine Program, Indiana

Mindy Hopfenbeck St. Mark’s Hospital, Family Medicine Program, Utah

Tamara Lynn Paunic Family Medicine Residency of Idaho, Family Medicine Program, Idaho

Michael John Sanderson St. Joseph Regional Medical Center, Family Medicine Program, Indiana

Matthew Stephen Spencer McKee-Dox Hospital, Family Medicine Program, Utah

ORTHOPEDIC SURGERY

Wes Young Mansel Strong Memorial, Orthopedic Surgery Program, New York

PLASTIC SURGERY

Jason Hudon McMillen University of Utah Affiliated Hospitals, Plastic Surgery Program, Utah

PATHOLOGY

Jared Marc Osmek Mayo School of Graduate Medical Education, Pathology Program, Minnesota

NEUROSURGERY

Christina Meiko Suyama University of Utah Affiliated Hospitals, Neurosurgical Surgery Program, Utah

UROLOGY

Jonathan Nicholas Warner Mayo Clinic-Scottsdale, Urology Program, Arizona

Bryan M. Whitney University of Florida, Urology Program, Florida

OTOLARYNGOLOGY

Matthew Allen Wilson University of Utah Affiliated Hospitals, Otolaryngology Program, Utah

Christopher Dandy ‘07 Receives Alumni Association Award

Christopher Dandy, ’07 was recognized at the Dean’s Reception, receiving a plaque and a $500 gift. The Alumni Association Award was established in 1990 by the Alumni Board of the School of Medicine. Each year the Board presents an award to one individual who has, in the opinion of their classmates, demonstrated academic achievement, leadership ability, and community concern representation of an exemplary physician. Nominators wrote about Chris’ outgoing, positive attitude and his expansive volunteer work. His freshman year he organized a chapter of the Hope Alliance, an organization which provides medical and economical assistance to impoverished people in the developing world. Later he coordinated a medical mission to Peru, and also worked through-out medical school with local youth organizations as a guidance counselor and mentor. Chris is pursing a residency in Pediatrics at Miami Children’s Hospital.
U of U Public Health Program & Hispanic Business Leadership Foundation Collaborate to Enhance Endowment for Hispanics

The University of Utah, School of Medicine, Department of Family and Preventive Medicine, Public Health Program, and the Utah Hispanic Business Leadership Foundation (UHBLF), announced a partnership to provide ongoing funding for the Senate Pete Sanou Memorial Endowed Hispanic Scholarship in Public Health. The UHBLF will contribute $5,000 per year for the next three years to the endowment. The scholarship was originally launched in January 2002 with a five thousand dollar gift from the Hispanic Festival Committee, with matching funds provided by Dr. G. Masden Blanch, President of Megadyne Medical Products, Inc., Dr. Carl Kjeldberg, President and CEO of Associated Regional University of Pathology (ARUP), Lucy Cardenas, owner, Red Iguana Restaurant, and Dr. & Mrs. Stephen D. Wood. Other donors include the Clark and Christine Ivory Foundation and Regence BlueCross Blue Shield of Utah. The Public Health Program hopes the endowment will eventually fund two full-ride scholarships for Hispanic graduate students in public health.

George White, Jr., PhD, MSPH, PA-C Named “Best of State College/University Teacher”

George White, Jr., Director of the University of Utah’s Public Health Program was named “Best College/University Teacher” at the 2007 Best of State Competition held on May 19. The Best of State Awards recognizes outstanding individuals, organizations and businesses in Utah. Dr. White received the award in recognition of his academic excellence, selfless community service, student advocacy, scholarly productivity, and classroom instruction.

Dr. White has an extensive 29-year academic background, the past twenty at the University of Utah. Over the last eight years he has been instrumental in graduating over 350 Public Health students as well as helping them secure employment. He has established ten endowed student scholarships in Public Health and seven research and service-learning endowments. Under his guidance the Public Health Program has reached national recognition as one of the top 10 Community-based Public Health Programs listed in the U.S. News and World Report’s America’s Best Graduate Schools.

Dr. White is a graduate of the prestigious National Public Health Leadership Institute and is the second holder of the T.F.H. Morton MD Endowed Chair in Family and Preventive Medicine. He has served for five years as the Chair of the Utah Health Advisory Council, advising the Director of the Utah Department of Health and the Governor regarding issues affecting the health and safety of Utah citizens.

Dinner Kicks-off Society to Support Leadership in Internal Medicine

In response to a generous gift of one million dollars from Charles Nagler, M.D., the Department of Internal Medicine formed the Society Supporting Leadership in Internal Medicine (SSLIM). The original gift honors Maxwell M. Wintroub, M.D., Ph.D., the first chairman of the Department of Internal Medicine, for his legacy of excellence in education, research, patient care, and mentoring of leaders.

SSLIM’s mission of investing in tomorrow’s leaders today, provides an opportunity for those who have been inspired by previous leaders in Internal Medicine to insure that the University of Utah’s Department of Internal Medicine continues to thrive. The money raised will support recruiting and training future leaders in Internal Medicine, will bridge the gap between funding cycles for teaching and research, and will provide scholarship support for outstanding students and trainees.

SSLIM’s Executive Committee, consisting of Drs. Hilmon Castle (chairman), Jack Athens, Hip Kuida, DuWayne Schmidt, Gerald Rothstein, and Basil Williams, plan to engage over 100 founding members and additional sustaining members of SSLIM over the next two years. Founding Members’ names will be prominently displayed on a donor ‘Wall of Honor’ in the Department of Internal Medicine. Additionally, members will receive the benefits that accrue to members of the University of Utah Presidential Club. Annual meetings will be held at the site of medical alumni reunions.
Connecting With U-The Mentor Program

Thanks to our great volunteer physicians, 128 first and second year medical students were matched to physicians this year. During the year the students and physicians spend five to fifteen hours together, on hospital wards, in clinic, on surgery or surgery rotations, visits, over meals, and during other medical related activities. The goal of the mentor program is for students to see the practice of medicine first hand, while learning more about a specific field of medicine from a practicing physician. The following testimonials from our students show the great success of this program:

“Mentor was awesome. He is a great teacher, educator and mentor. I felt he added to my learning on how to interact with patients as well as eye health and disease.” - Krista Rouse

“I had a phenomenal mentor who was willing to answer any questions and allowed me to come to his clinic and surgery at any time. I really appreciate this program and the work that goes into it.” - Jana Elam

“My experience with the mentor program has provided me with more than I had ever expected. My mentor made a tremendous effort in assisting me with my academic goals and helped me find a research mentor for the summer.” - Ritu Shastri

“My first year of medical school I spent two weeks working with him in clinic and the OR while I was on break and spent in contact with him during my second year. I have worked on two different research projects with him. I could not have chosen a better mentor for me.” - Chad Turner

“He is not only an excellent role model for my medical school education, but also one of my best friends. I can’t wait to work with him during my Family Medicine rotation this winter. I know there is much more I can learn from him about the practice of medicine.” - Andrew Coelho

Would you like to become a mentor? If you are interested in finding out more about this program please phone 801-581-8591, or apply on our Web site, www.utahmedalumni.org/pages/volunteer.

Barry M. Stults, M.D., (House Staff, ’78) Receives 2007 Distinguished Teaching Award

Barry Stults, M.D. (H.S. ’78), Clinical Professor in the Department of Internal Medicine received the 2007 Distinguished Teaching Award at main campus graduation on May 12. The award honors faculty with eight or more years of service at the U for outstanding teaching, innovative pedagogy, concern for students, and exemplary contributions to the educational process outside the classroom.

1946

Alma (Kelly) Kelch Hanson, M.D. After completing her degree in March of 1946, Dr. Hanson went to a Wesley Memorial Hospital in Chicago and then went to medical school and the Surgical Air Force Base from 1946-1947. She returned home to practice general medicine in Lewiston until 1952 when she opened a full time orthopaedic rhinology practice at the University of Iowa. She is still in practice and has two daughters living in Salt Lake City.

1948

John E. Meyers, M.D. Retired Brigadier General John E. Meyers, M.D. entered the Coast artice Navy as a Medical Officer in 1944 helped thousands of patients as a peacetime orthopaedic surgeon at Bushnell General Hospital in Brigham City and overseas in the orthopaedic section of the Station Hospitals in Regensburg, Germany. Dr. Meyers helped me decide to become an orthopaedic surgeon, and I’ve never regretted it!” says Dr. Ballard. “I have been fortunate in my entire life, and now I want to give back to the School of Medicine for the training I received there which enabled me to pursue a career I loved.

Paul Larsen ’78 Receives Outstanding Teaching and Instructional Creativity Award

Dr. Paul Larsen ’78, Professor of Pediatrics and Neurological Sciences, Division Chief of Pediatric Neurology in the Department of Pediatrics at the University of Nebraska College of Medicine was recently honored with an Outstanding Teaching and Instructional Creativity Award from the school. He was honored for his work as an outstanding physician and neurologist, clinician, researcher, and an exceptional teacher. Along with inspiring and engaging students he lectures internationally and has produced a series of Pediatric Neurology video lectures. Recently he developed a world renowned Web site for neurology students and practicing physicians.

1994

Dr. Robert H. and Dorothy Cannon Ballard, September 1942

Bernadine’s Hospital in San Bernardino to open the Ballard Center Intensive Care Unit. He served as the California State Co-Chairman for the Orthopaedic Research and Education Foundation and in many state and national orthopaedic specialty organizations in various capacities. He also enjoyed teaching as an Assistant Clinical Professor of Orthopaedic and Rehabilitative Surgery at Loma Linda University School of Medicine and serving as the Medical Director of the Robert H. Ballard Center for Rehabilitation. He received numerous awards for his contributions including the San Bernardino County Medical Society’s Outstanding Contribution to Community Award in 1988 and the Outstanding Contribution to Medicine Award in 1991.

Born and raised in Utah, Dr. Ballard completed medical school at the University of Utah in 1944. After an internship at Wesley Medical Center in Connecticut, his specialty training was one year of surgery at Holy Cross Hospital in Salt Lake City followed by three more years as the second orthopaedic resident trained at the University of Utah. Five years of his training were in connection with military service with the Army Reserve while in school and then from 1945-1947 on active duty. “My contact with many excellent surgeons at Bushnell General Hospital in Brigham City and overseas in the orthopaedic section of the Station Hospitals in Regensburg, Germany helped me decide to become an orthopaedic surgeon, and I’ve never regretted it!” says Dr. Ballard. “I have been fortunate in my entire life, and now I want to give back to the School of Medicine for the training I received there which enabled me to pursue a career I loved.

In his 40-year career as an orthopaedic surgeon Dr. Robert H. Ballard, Class of 1944 helped thousands of patients as a peacetime orthopaedic surgeon at Bushnell General Hospital in Brigham City and overseas in the orthopaedic section of the Station Hospitals in Regensburg, Germany. Dr. Ballard also enjoyed teaching as an Assistant Clinical Professor of Orthopaedic and Rehabilitative Surgery at Loma Linda University School of Medicine and serving as the Medical Director of the Robert H. Ballard Center for Rehabilitation. He received numerous awards for his contributions including the San Bernardino County Medical Society’s Outstanding Contribution to Community Award in 1988 and the Outstanding Contribution to Medicine Award in 1991.

Dr. Robert H. and Dorothy Cannon Ballard, September 1942

14

15
Richard J. Olson, M.D.
Dr. Olson is a pediatric ophthalmologist at the University of Iowa Hospitals and Clinics.

David L. Tanne, M.D.
Dr. Tanne is a pediatric radiologist at Children's Hospital Boston. He and his wife, Stephanie, were married in 2005 and have a daughter.

Kanseen Kiugg, M.D.
Dr. Kiugg currently lives in Portland, Oregon where she is the Gastroenterology Fellowship Director at the Oregon Health and Science University. She is also the American College of Gastroenterology Governor for the Oregon Region, and the Assistant Medical Director, Inflammatory Bowel Disease Clinic at OHSU.

David A. Bickel, M.D.
Dr. Bickel is a clinical pathologist at St. Mark's Hospital in Salt Lake City, Utah. He is married and has 6 children.

Matthew Frank Harris, M.D.
Dr. Harris is board certified in Emergency Medicine and a member of the American College of Emergency Physicians. He is happily married with 6 children, 3 of whom are triplets.

Brett Heath, M.D.
Dr. Heath practices family medicine in Hamilton, Montana. He has 6 children. He is an avid fly fisherman and hunter and skiier.

Bryan Jackson, M.D.
Dr. Jackson is a clinical pathologist at ARUP Laboratories in Salt Lake City, Utah.

Mary D. Tipton, M.D.
Dr. Tipton is practicing internal medicine and pediatrics at Coppercept Medical Center and Jordan Valley Hospital. She has 1 son, Joshua. She trained her dog to be a service and therapy animal while she was in a wheelchair with a broken leg.

Brian Jackson, M.D.
Dr. Jackson is a clinical pathologist at ARUP Laboratories in Salt Lake City, Utah.

Jeffrey Hansack, M.D.
Dr. Hansack will be starting a fellowship with the University of Utah Pediatric Hematology/Oncology Department in 2008.

Holly Casey Wall, M.D.
Dr. Wall practises plastic surgery for the Willard Center in Louisiana with her husband and father-in-law. She and her husband have 2 children.

Jason Todd Ipson, M.D.
Dr. Ipson is the Director of the Ear Nose and Throat Surgery Center in Salt Lake City and a delegate to the American Medical Association. He is the father of 4 children and enjoys swimming, traveling and skiing with his children.

Van G. Christiansen, M.D.
Dr. Christiansen has a family practice at the Canyon View Ogden Clinic. He and his wife, Down, have 5 children.

Brian Jackson, M.D.
Dr. Jackson is a clinical pathologist at ARUP Laboratories in Salt Lake City, Utah.

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Celebrate The Tradition-Connecting Through the Generations!


Please visit our updated Web site www.utahmedalumni.org