Dear Friends and Colleagues

Many forces are converging at this time and rapidly changing the health care environment and the practice of medicine. As one of America’s 141 medical schools and health sciences universities, the Medical College of Wisconsin is entrusted with the responsibility of navigating the challenges and providing the foundation for tomorrow’s health care.

We are committed to being a leader in thoughtful, fiscally responsible innovation as we carry out our missions of educating and training the physicians and medical scientists of tomorrow, pursuing research discoveries that translate into improved health, providing leading-edge care for patients, and meeting the health needs of communities.

In 2012, we launched significant initiatives in medical education, including a transformed curriculum designed to prepare outstanding physicians for the health challenges of the 21st century. Faced with the projected long-term shortage of physicians and other health care providers in Wisconsin, particularly in underserved rural and urban areas, we are moving forward in the development of community medical education programs in our state (see story next page). By leveraging our strengths as an academic health sciences center and collaborating with partners statewide, we can best serve Wisconsin’s need for more health providers.

Our faculty continue to compete successfully for federal research funding, reflecting the College’s national leadership in fields such as genetics and stem cell biology that have exciting potential for translating new knowledge into better prevention, diagnosis and treatments. The Medical College has established itself at the forefront of gene sequencing and its successful use in patient care. It heralds a future in which medical care is tailored to an individual’s unique genetic composition, promising more effective prevention and treatments. Our patients are already benefitting from new therapies made possible by advances in genetics.

To our thousands of donors, we extend our deepest gratitude for supporting our work. In particular, we recognize our largest donor, the MACC Fund (Midwest Athletes Against Childhood Cancer, Inc.), which has contributed nearly $34 million to the Medical College since 1976 for pediatric cancer and related blood disorders research. This year, we are especially grateful for the record number of new endowments established (see page 67), which provide permanent, stable support across all our missions.

Ultimately, all our work serves one purpose: to create a future of better health for people in Wisconsin and beyond. We are deeply grateful for your enduring partnership and belief in our missions.

Jon D. Hammes (Standing, center)
Chairman, Board of Trustees, Medical College of Wisconsin

John R. Raymond, Sr., MD (Seated, left)
President and CEO, Medical College of Wisconsin

Joseph E. Kerschner, MD (Seated, right)
Dean of the Medical School and Executive Vice President
Medical College of Wisconsin

G. Allen Bolton, Jr., MPH, MBA (Standing, right)
Senior Vice President and Chief Operating Officer
Medical College of Wisconsin

Ravi P. Misra, PhD (Standing, left)
Dean of the Graduate School of Biomedical Sciences
Medical College of Wisconsin
Meeting state’s need for more health providers

In the next 20 years, Wisconsin faces a significant shortage of physicians, particularly in primary care in rural and urban underserved areas, according to extensive studies by the Wisconsin Hospital Association, the Association of American Medical Colleges, and the Wisconsin Office of Rural Health.

“The Medical College of Wisconsin is deeply committed to developing a community medical education program that addresses the need for more primary care physicians and health care providers in underserved communities across Wisconsin,” said John R. Raymond, Sr., MD, Medical College President and CEO.

As envisioned, the program would employ an immersive teaching model in which medical students receive their education and training in Wisconsin communities, with the goal of students remaining in the communities to practice. The immersive model is a strong predictor of success in retaining physicians, according to data which shows that 80% of students from Wisconsin who complete both medical school and residency training in Wisconsin stay here to practice.

In 2012, Medical College leaders contacted more than 25 community medical education programs around the U.S., studied national models and best practices, and visited leaders of 21 Wisconsin health systems and academic institutions. Comprehensive feasibility analyses were conducted in regions of Wisconsin considered for establishment of a community-based program.

In June 2012, the Medical College selected Green Bay and Central Wisconsin as locations for the first two community medical education program campuses. Both regions possess strong health systems with outstanding physicians and established programs for student clinical experiences, quality academic institutions with a scientific program infrastructure, enthusiastic civic and business engagement, and a strong readiness to proceed.

The development phase of the program is now underway with funding from the Research and Education Program of the Medical College’s Advancing a Healthier Wisconsin endowment. The goal is to admit the first group of 15 medical students at each of the new campuses as early as July 2015. Collaboration is a centerpiece of the community medical education initiative, as the Medical College is engaging physician practices, county medical societies, academic and health system leaders, local government, and business and civic leaders in the Green Bay and Central Wisconsin regions to assist in planning the program. Collaboration is cost-effective, as start-up expenses are greatly reduced by sharing existing facilities and resources of the regional partners in lieu of new construction.

Milestones to be achieved include curriculum development, accreditation, funding, governance structure, faculty recruitment and development, creation of additional residency training positions, and formalization of agreements with local health care systems and academic institutions.

“This is a transformative program that will ultimately benefit the health of Wisconsin citizens for generations to come,” Dr. Raymond said.

Read frequently asked questions about the Medical College’s Community Medical Education Program at mcw.edu/FAQcommunity
The Rise of Targeted Therapies

A new understanding of cancer as a genetic disease, in which individual gene mutations drive cancer cell growth, is giving rise to a new type of treatment that holds great promise for cancer care. New targeted therapies focus on specific genetic abnormalities in individual patients and block signals needed for cancer cells to grow. The Medical College of Wisconsin’s Cancer Center offers more than 135 active clinical trials, the most cancer trials in the area, giving cancer patients access to the newest, most advanced treatments, including targeted therapies.

New treatment hits the target

A new cancer treatment that targets a genetic abnormality is giving life back to Joan Hubbard.

The treatment represents a new class of drugs, known as targeted therapies, which are reshaping the future of care for cancer and other conditions. Targeted therapies tailor treatment to a specific gene mutation underlying a patient’s disease and offer the potential to be more effective than traditional therapies. “Targeted drugs are the best development that’s happened in cancer care in the last 50 years,” said Medical College cancer specialist Ehab Atallah, MD, who is Joan’s physician.

Joan is a retired art teacher and metalsmith. She now works with precious metals and gems in her Menomonee Falls studio to create high-end jewelry, which she sells through her website. But for many years, pursuing her art was unthinkable.

In 1985, Joan was diagnosed with essential thrombocythemia, a rare and slow growing form of blood cancer marked by uncontrolled growth of platelets in the blood. After her husband died of cancer in 2002, Joan’s condition worsened. She was referred to Medical College cancer specialists at the Froedtert & The Medical College of Wisconsin Clinical Cancer Center who found that her cancer had developed into myelofibrosis, a disorder in which the bone marrow is scarred and unable to produce blood cells. In myelofibrosis, the spleen takes over blood cell production and becomes greatly enlarged, which compresses the stomach and limits food intake.
Previously, there was no effective treatment available for myelofibrosis. Patients would deteriorate from debilitating weight loss, fatigue and pain.

Advances in genetic research, however, have identified a specific mutation in a gene, known as the Janus kinase 2 gene (JAK2), linked to myelofibrosis. Following this discovery, the first drug to treat myelofibrosis was designed to block the action of the abnormal JAK2 gene. In December 2009, the drug was made available through a clinical trial at the Froedtert & The Medical College of Wisconsin Clinical Cancer Center and a number of other institutions around the country.

Joan enrolled immediately in the trial, thankful that she could stay at home for the duration of the three-year trial. At the outset, “I was skin and bones and in very bad shape. I had no energy and could hardly eat,” she said. Three months after starting the new therapy, her spleen shrunk to almost normal size, she returned to her normal weight, and her energy and overall quality of life improved. Joan was back in business, able to resume her jewelry work.

The drug used to treat Joan’s condition is now FDA-approved and similar drugs are now available in new clinical trials, including two trials at the Froedtert & The Medical College of Wisconsin Clinical Cancer Center.

Dr. Atallah sees a brighter future for Joan and other patients. “Targeted therapies are emerging as a means to managing certain cancers and maintaining an improved quality of life.”

Dr. Atallah is Assistant Professor of Medicine in Hematology and Oncology.

Clinical trials offer patients the newest, most advanced treatment options and are only available at select institutions around the U.S. Read more about the cancer clinical trials offered through the Medical College of Wisconsin Cancer Center at: mcw.edu/cancerclinicaltrials
The future of medicine is unfolding as advances in genetics are creating the ability to diagnose and successfully treat diseases that were untreatable in the past. Medical College of Wisconsin physicians and scientists are leaders in Wisconsin and the nation in developing new diagnostic capabilities and successful treatments tailored for individuals with genetic-based diseases.
New treatment gives life to young girl

Chloe Lundy is a lively four-year-old who loves to paint, play with other kids and swing to the sky on her swing set.

There was a time, however, when Chloe’s life was far from certain. Born with a rare genetic condition, Chloe is alive and thriving today because of a new treatment plan developed by Medical College of Wisconsin physicians based at Children’s Hospital of Wisconsin. She is now one of a handful of patients reported successfully treated in the world.

Chloe’s mother, Annie Lundy of Dousman, calls Chloe a “miracle”. In 2008, Chloe was born with potentially fatal complications, including enlarged heart, muscle weakness and respiratory problems. She was transferred to the neonatal intensive care unit at Children’s Hospital, where she was seen by Medical College genetics specialist David Bick, MD. Following DNA and enzyme tests, Dr. Bick’s diagnosis was Infantile Pompe Disease, a condition in which a gene mutation causes the lack of an essential muscle enzyme. In the past, this condition was untreatable and babies would not survive their first year.

But Chloe was in the right place at the right time. Infantile Pompe disease is one of a number of genetic diseases treated by Medical College genetics specialists at the Lysosomal Storage Diseases Clinic at Children’s Hospital, the only treatment program of its kind in Wisconsin. The physicians were ready with the first specific treatment for Pompe Disease, a synthetic enzyme that had been recently FDA-approved for patient use. At 16 days old, Chloe began infusions of enzyme replacement therapy.

There were more life-threatening complications for Chloe. She has a variant of Pompe disease, known as CRIM negative, causing her body to reject the synthetic enzyme. At that point, Medical College pediatric hematology-oncology specialists, led by David Margolis, MD, worked with other specialists to develop an individualized chemotherapy treatment plan to suppress Chloe’s immune response just enough to allow the replacement enzyme to work. Chloe was among the first three patients in the world and the youngest to start the new treatment. After 19 months, the chemotherapy had succeeded and the enzyme therapy was working.

Orchestrating her care were genetics physicians William Rhead, MD, PhD, and David Dimmock, MD, as well as genetics counselor Amy White, MS, and nurse practitioner Stephanie Offord, APNP. Chloe’s condition involved the collaboration of multiple teams of physician specialists and health care providers from the Medical College and Children’s Hospital, including from cardiology, pulmonary, gastroenterology, ophthalmology, physical therapy, neuropsychology, special needs, and otolaryngology. Having this depth of expertise and resources available, along with early diagnosis and treatment, were vital factors in Chloe’s success.

Today, Chloe is very active and the weekly enzyme infusions continue to save her life. This fall, she started kindergarten, marking another milestone.

Dr. Bick is Professor and Chief of Pediatric Genetics at the Medical College and Medical Director of Genetics at Children’s Hospital. Dr. Margolis is Professor of Pediatric Hematology-Oncology at the Medical College and Program Director of Bone Marrow Transplant at Children’s Hospital. Dr. Rhead is Professor of Pediatric Genetics. Dr. Dimmock is Assistant Professor of Pediatric Genetics.
The practice of medicine is changing, responding to rapid advances in science and technology and changing dynamics in society and health care delivery. The Medical College has launched the innovative Discovery Curriculum to prepare medical students for the health care environment of the future. Our commitment remains the same: to prepare outstanding physicians for the people of Wisconsin and beyond. About one-third of Wisconsin’s physicians are graduates of the Medical College of Wisconsin.

In the fall of 2012, first-year medical students embarked on the new Discovery Curriculum at the Medical College of Wisconsin. This transformation of the educational model addresses the rapidly evolving practice of medicine and is designed to prepare outstanding physicians for the health care challenges of the 21st century.

“The new curriculum features greatly expanded clinical experience in the first two years, deeper integration of basic science and clinical education, innovative interactive learning methods, and individualized learning opportunities,” said José Franco, MD, Discovery Curriculum Director.

“Curriculum change is ongoing nationwide. The new curriculum is aligned with the highest standards and best practices among medical schools in the U.S.,” said Kenneth Simons, MD, Interim Senior Associate Dean for Academic Affairs.

In the years ahead, physicians will increasingly use the tools of genetics to tailor care based on each patient’s unique genetic composition. Greater emphasis will be placed on wellness, quality improvement and patient safety, and caring for an aging population. “These major threads cross all disciplines and are incorporated throughout the new curriculum,” said Dr. Franco.

In the past, the first two years of medical school focused on basic science education, followed by two years of clinical education. “There wasn’t much integration between basic science and clinical,” said Dr. Franco. “The new curriculum provides significant clinical education in the first two years, enabling students to connect basic science with
patient experiences. Students also benefit from more time to learn and practice clinical skills.”

Entering students begin a foundational first year of basic science education. In parallel, clinical education starts in the very first week, when students commence learning and practicing the skills, communications, and professional conduct required for patient care. By second semester, students begin a year-long Clinical Apprenticeship, where “students are seeing real patients in a real clinic, and learning different portions of the physical exam under the supervision of their faculty mentor,” said Dr. Franco.

In the second year, basic science material progresses to complex biomedical problem-solving in organ-based units, such as heart, kidney and lung. Clinical experience is synchronized, so while students are learning the science underlying lung diseases, they are learning to do a lung exam in the clinic.

Throughout the four years of medical school, quality improvement and patient safety are taught as a lifelong practice. “Students learn that beyond continuous improvement in their own individual practice, they need to continually look to improve the systems of health care,” said Dr. Franco.

To customize their education, students choose a concentration in one of five pathways: Clinician Educator, Global Health, Physician Scientist, Urban and Community Health, and Quality Improvement and Patient Safety. Active Learning is a hallmark of the curriculum, which provides student interactions in small groups, preparing students for team-based care.

The Discovery Curriculum focuses on the future, preparing outstanding physicians to care for people in Wisconsin and beyond in the 21st century.

Dr. Franco is Discovery Curriculum Director, Professor of Medicine and Pediatrics, and Director of Hepatology. Dr. Simons is Interim Senior Associate Dean for Academic Affairs, Associate Dean for Graduate Medical Education and Accreditation, and Professor of Ophthalmology and Pathology.

Read frequently asked questions about the Discovery Curriculum at mcw.edu/FAQcurriculum
The complex medical questions of tomorrow will require a new generation of scientists with the skills to discover knowledge that enhances human health. The Medical College’s Graduate School of Biomedical Sciences leverages the expertise of dedicated faculty mentors in an environment that supports innovative thought to train the researchers and scholars who will create the tools, technologies and treatments of the future.
Biomedical sciences student learns by doing

Max Cayo may be a future physician-scientist, but he is already a productive researcher. Midway through his third year of PhD studies in the Medical College of Wisconsin’s Graduate School of Biomedical Sciences, Max has accomplished the rare feat of obtaining a National Institutes of Health (NIH) grant as a student, and with his mentor, Stephen Duncan, DPhil, is advancing translational research to improve treatments for cardiovascular diseases.

Max is working toward a dual MD-PhD in the College’s Medical Scientist Training Program. He brings a background in medicine, cell biology and drug discovery to the laboratory of Dr. Duncan, a nationally recognized innovator in stem cell and developmental biology. Dr. Duncan is a lead investigator for a $9 million NIH grant awarded this year to use stem cells to study the genetics of cardiovascular disease. Max aspires to blend their approaches for the greatest impact on human health.

"Dr. Duncan has been extremely open with and supportive of my ideas, which he has strengthened, shaped and sharpened," Max said. “His guidance, leadership and mentoring have completely shifted the trajectory of my career and enabled a whole array of opportunities that wouldn't have otherwise been available.”

Max’s grant, specifically from the NIH’s National Institute of Diabetes and Digestive and Kidney Diseases, is to investigate the use of stem cell-derived liver cells to study a common, inherited disorder named familial hypercholesterolemia, which is marked by elevated LDL cholesterol. The disease affects about one in every 500 people. Cardiovascular and metabolic diseases, which are closely linked with lipid and cholesterol levels, are the leading causes of illness and death in humans, are extraordinarily expensive to treat and manage, and are growing rapidly in the developing world as populations become more prosperous.

By applying techniques honed in the Duncan lab, Max can collect a small sample of skin cells from a patient with hypercholesterolemia and transform them into “induced pluripotent stem cells,” which have the potential to become any type of cell in the body. The research team then influences the stem cells to develop into liver cells. Max hypothesizes that these induced liver cells will carry the same disease characteristics as the patient’s actual liver cells. This would allow researchers to test the effectiveness of new drugs and therapies on liver tissue in the lab, eventually leading to improved treatments for familial hypercholesterolemia.

The biggest challenge in the research is directing the stem cells to become the tissue type wanted, but that is where Dr. Duncan’s counsel is particularly valuable. He is an international authority on generating liver tissue from human stem cells. As a mentor and leader, Dr. Duncan is preparing Max for a promising future as a scientist and physician.

Dr. Duncan is the Marcus Professor of Human and Molecular Genetics; Professor of Cell Biology, Neurobiology and Anatomy; and Director of the Medical College’s Program in Regenerative Medicine and Stem Cell Biology.

Read more about Dr. Duncan’s grant to investigate the genetics of cardiovascular disease at mcw.edu/CardioGrant.
Advances in the prevention, diagnosis and treatment of disease and injury result from novel biomedical research in basic, clinical and translational sciences. As the future unlocks new directions for study in emerging fields like genetics, personalized medicine, stem cell biology and imaging, the Medical College of Wisconsin is well-positioned to generate the knowledge that drives improvement in health care and health sciences.
Research making impact on concussions

The experiences of soldiers and athletes have made concussions a topic of national discussion in recent years. The condition’s immediate symptoms and long-term deleterious effects make concussion research critical for the present and the future.

An integrated team led by Medical College of Wisconsin neuropsychologist Michael McCrea, PhD, has conducted several large-scale studies over the last 20 years that have significantly advanced the scientific understanding of concussion. Their work has contributed to new standards for concussion management in competitive sports. Their newest project will apply data from athletics to identify the best way to assess concussion and recovery, which could lead to better care for U.S. troops.

Supported by a $2.2 million grant from the Department of Defense’s U.S. Army Medical Research and Material Command, Dr. McCrea’s team seeks to determine which of four concussion screening tools is the most valid and reliable. Accurate testing of cognitive function is important both for measuring an injury’s effect and for guiding clinical decisions about a patient’s readiness to return to duty or activity.

An estimated 3.8 million Americans sustain a traumatic brain injury each year. About three quarters of these are concussions, and many more go unreported. Concussion is common among athletes in contact sports and is recognized as the signature wound of the conflicts in the Middle East. Concussion management research is key to improving outcomes, particularly because resuming activity too early—on the battlefield, on the game field or in the workplace—is fraught with risk. Short term, there is a greater likelihood of repeat injury with worsening symptoms, longer recovery or even catastrophic injury. Repeat events can lead to post-concussion syndrome, often marked by headaches and cognitive symptoms. Long term, concussions appear to increase risk for depression, mild cognitive impairment, dementia and chronic traumatic encephalopathy.

In the Medical College study, Dr. McCrea’s team aims to conduct baseline tests on 2,100 Milwaukee area high school and college athletes. If and when any of these athletes sustains a sports-related concussion, the group is notified to perform an immediate assessment as well as several follow up tests. This way, results from the four tools can be compared to determine the validity of these tests for assessing concussion and determining recovery. The team will additionally collect data from patients treated for concussion in hospital emergency departments.

Since a comparable study would be nearly impossible to conduct in a military setting, this research offers the best opportunity to inform U.S. military policy regarding the optimal tool for assessing concussion and measuring a soldier’s fitness to return to duty. In turn, the knowledge benefits the public through direct application to sports medicine and civilian care to improve assessment and treatment methods, decrease complications, reduce disability and improve outcomes for individuals affected by concussion.

Dr. McCrea is Professor of Neurosurgery and Neurology and Director of Brain Injury Research.

Neurosurgery Program Manager Jennifer Hill and Dr. Michael McCrea are collecting concussion data from local high school and college athletes to investigate the best tools for assessing concussion and recovery.

Learn about a related study sponsored by a grant from the NCAA at mcw.edu/concussion
Device designed to keep reflux in check

A new device designed by Medical College of Wisconsin researchers may alleviate the symptoms of severe acid reflux in patients while they sleep.

Fifteen million people in the U.S. suffer from extraesophageal acid reflux disease (EERD), in which stomach contents are regurgitated beyond the esophagus and into the throat, windpipe and lungs, most often during sleep. The disease can cause serious conditions, including asthma, sleep apnea, pneumonia and voice disorders. Current therapies include medication, behavior modification and surgery. The economic health impact in the U.S. is estimated at $54 billion.

The new device, named the Reza-Band™, is a non-invasive solution that has been shown in two preliminary Medical College studies to prevent the reflux of stomach contents into the throat. The patent-pending device has been licensed to Wisconsin-based Somna Therapeutics, LLC, for further development and marketing, and clinical trials are underway to gain FDA approval.

The Reza-Band™ is founded on research conducted over 20 years by gastroenterologist Reza Shaker, MD. “EERD leads to a spectrum of health problems,” Dr. Shaker said. “With the Reza-Band™, these patients can minimize or eliminate their symptoms. In addition, patients will benefit from improved sleep, lower health care costs and diminishing or avoiding the need for acid-reducing drugs.”

Research benefits people when discoveries are tailored into new treatments and tools available to practicing physicians. Known as technology transfer, the process of developing patient care applications from ideas born in the laboratory and validated through clinical trials is rigorous but also future-oriented. The Medical College of Wisconsin provides its faculty with resources and expert support in bringing new discoveries and inventions to market every year.

Angie Mauz of the Clinical and Translational Science Institute of Southeast Wisconsin helps Dr. Reza Shaker demonstrate how his invention, the Reza-Band™, uses external pressure to prevent the symptoms of extraesophageal reflux disease.
EERD is the result of a dysfunctional upper esophageal sphincter, a muscle that maintains a certain level of pressure to prevent reflux. This muscle relaxes during sleep, but in patients with EERD, the muscle relaxes too much, allowing regurgitation to enter the throat. The Reza-Band™ is worn around the neck at night and adjusts to apply a slight, external pressure on the upper esophageal sphincter area, just below the Adam’s apple, to compensate for the lack of adequate pressure within the muscle.

The Reza Band™ exemplifies translational research, in which scientific study yields practical solutions to treat diseases.

The synergy among partners in the Clinical and Translational Science Institute (CTSI) of Southeast Wisconsin was an asset in the development of the device and transfer of the technology. Dr. Shaker directs the CTSI, which includes the Medical College and seven other area academic and health care institutions as members. The Medical College’s Office of Technology Development helped match the project with investors.

Following FDA clearance and completion of clinical trials, Somna Therapeutics anticipates the Reza-Band™ may be available to hospitals, physician clinics and home health care agencies by the fall of 2013.

Dr. Shaker is the Joseph E. Geenen Professor and Chief of Gastroenterology and Hepatology, Senior Associate Dean for Clinical and Translational Research, Director of the Clinical and Translational Science Institute of Southeast Wisconsin and Director of the Digestive Disease Center.
Partners Expedite Progress

The Clinical and Translational Science Institute (CTSI) of Southeast Wisconsin in 2010 was designated part of a national consortium of 61 top medical research institutions dedicated to accelerating medical advances to improve health through research and education. The CTSI joins the Medical College of Wisconsin (MCW) with Milwaukee School of Engineering (MSOE), University of Wisconsin-Milwaukee (UWM), Marquette University (MU), BloodCenter of Wisconsin (BCW), Froedtert Hospital (FH), Children’s Hospital of Wisconsin (CHW) and Zablocki VA Medical Center (VA) to create a borderless, complementary and synergistic research environment to achieve its goals.

Pilot grants help launch new research initiatives

In 2012, the Clinical and Translational Science Institute (CTSI) of Southeast Wisconsin announced funding for 19 collaborative pilot projects in research, training and novel technology development designed to improve the future of clinical practice and community health. The projects (with partner institutions abbreviated in brackets) are:

- **Schizophrenia** is a chronic mental disorder for which there is a lack of effective medication. Collaborators have identified a signaling mechanism in the brain to explore for treatment of schizophrenia symptoms, with an ultimate goal of developing drug candidates for clinical testing. [MU, Concordia University, Rogers Memorial Hospital]

- Identifying early **prostate cancer** is challenging, as current diagnostic imaging methods have poor sensitivity for detecting the disease. Collaborators are investigating the effectiveness of thermoacoustic imaging as a potential new tool in diagnosing prostate cancer. [UWM, MCW, FH]

- **Multiple myeloma** is a blood cancer with an average survival prognosis of only three to five years. Using animal models, collaborators are working to determine the optimal combination of immune therapies, which activate the body’s immune system to destroy tumors and prevent relapse. [MCW, CHW, FH]

- The type of bacteria in the lower human intestine is believed to play a role in **overweight and obesity**. Collaborators are studying the feasibility and effectiveness of combining prebiotics and calcium treatments with a diet and physical activity educational program to treat obesity in school-age children. [MU, MCW, CHW]

- **Cyclic vomiting syndrome** (CVS) is a disorder marked by episodic nausea and vomiting with no consistently effective therapies or preventive measures available. Collaborators are studying the relationships between stress, endocannabinoid concentrations in the body and CVS as an avenue for new therapies. [MCW, FH]

Support for the Pilot Award Program comes from the NIH, the John and Jeanne Byrnes CTSI Award, MCW’s Advancing a Healthier Wisconsin program and MCW’s Biotechnology and Bioengineering Center.
• **Stroke** survivors have difficulty gripping with their hands, which diminishes their ability to perform activities of daily living. Collaborators are studying sensory feedback in hand motor control, with a long-term goal of optimizing stroke rehabilitation. [UWM, MCW, VA, MU]

• Understanding how patients perceive and evaluate the quality of their prosthetic and orthotic devices could factor into better engineering design. Collaborators seek to improve the design of lower limb prosthetics and orthotics so patients are more accepting of the devices. [MU, MCW, FH, VA]

• Patients using the **blood-thinning medication** heparin are at risk of heparin-induced thrombocytopenia, which can cause injury and death. Collaborators aim to define the role of antibodies believed to trigger the condition so as to improve laboratory diagnosis and management. [MCW, BCW, FH]

• **Traumatic brain injury** presents a broad spectrum of symptoms and disabilities and has no effective therapy. Collaborators are studying the capacity of stem cells derived from bone marrow to assist in healing injured brain tissue. [MCW, VA]

• Emerging evidence suggests certain wavelengths of blue light kill **methicillin-resistant staphylococcus aureus** (MRSA), a bacterium responsible for difficult-to-treat infections. Collaborators aim to optimize the bacteria-killing effect of blue light on MRSA and determine a therapeutic protocol for human MRSA cases. [UWM, MCW, CHW]

• Patients with an **upper-limb amputation** rely heavily on their intact arm for activities previously performed by the amputated limb. Collaborators will use functional MRI to examine brain activity during intact limb movement to gain a better understanding of that functionality. [UWM, MCW, FH]

• Children who undergo surgery for congenital heart disease have a high incidence of **acute kidney injury** (AKI). Collaborators will investigate risk factors and disease indicators in AKI with a goal of allowing clinicians to identify AKI more quickly and develop therapies for rapid treatment. [MCW, CHW, FH]

• In half of patients with **heart failure**, the left ventricle of the heart still contracts normally, but because the ventricles are stiff, less blood flows through the heart. Because there is no effective treatment, collaborators seek to identify biomarkers that contribute to cardiac dysfunction in these patients, which could allow for diagnosis and intervention before irreversible cardiac damage occurs. [MCW, FH]

• **Bone marrow transplantation** is the most effective therapy for some cancers, but certain patients are at higher risk of relapse. Collaborators plan to use immunotherapy approaches to refine the transplantation process to reduce the likelihood of relapse in patients with solid tumors. [MCW, CHW, BCW]

• A treadmill activity will help collaborators examine the contribution of parent-child interaction to both the motor and communicative responsiveness of toddlers with Down syndrome. The long-term goal is to develop a model of early intervention in which parent-child interaction is the primary developmental stimulation for children with **global developmental delays**. [UWM]

• **Glioblastoma multiforme** is the most common **malignant brain tumor**. Collaborators are studying mechanisms of blood vessel growth in this cancer to understand why effectiveness of the drug bevacizumab, used to control progression of the recurrent tumor, varies widely among patients. [MCW, FH]

• Transcranial magnetic stimulation, which alters the activity of neurons in the brain, is thought to have potential as a therapy for certain **neurological and psychiatric disorders**. Collaborators are using computational models to predict and visualize the effects this non-invasive therapy would have on individual patients. [MCW, MU]

• Through genetic manipulation, optogenetics enables targeted brain cells to be stimulated or inhibited by laser light pulses, while functional MRI is a powerful tool for analyzing brain function and diagnosing disease. Collaborators seek to design, assemble and test a system integrating optogenetic brain stimulation and functional MRI to demonstrate its clinical use in identifying causal relationships between sites in the brain. [MCW, UWM]

• To increase **access to medical care** and reduce costs without foregoing quality, collaborators are proposing a computer-based approach to health care delivery in which a “real” patient avatar, embodying a person’s health information, could interact in real time with a physician avatar in a virtual doctor’s office. Such encounters could serve patients in remote areas or who have difficulty traveling to appointments while avoiding costs associated with bricks and mortar offices. [UWM, MCW, FH, Ashland University]
Working together, the Medical College of Wisconsin and partners in the community are addressing leading health risks and creating a healthier future for children, adults and the elderly. More than 150 Medical College faculty and staff are engaging with more than 200 diverse community groups to strengthen the capacity of the community and individuals to improve health.
Curbing obesity in city children

A partnership between the Medical College of Wisconsin and the United Neighborhood Centers of Milwaukee is working to increase healthy eating and physical activity for the city’s children. Their efforts aim to prevent obesity and create the foundation of good health for the future.

The Milwaukee Childhood Obesity Prevention Project began with funding from the Medical College’s Healthier Wisconsin Partnership Program. The project is now being expanded through funding from the Robert Wood Johnson Foundation.

Recent surveys report up to 44% of Milwaukee children as overweight or obese. Of concern is that obesity predisposes children to a number of chronic diseases, including high blood pressure, diabetes, heart disease and stroke.

The United Neighborhood Centers of Milwaukee (UNCOM) is a collaborative group of eight agencies serving Milwaukee’s most economically distressed areas. “Families in low-income neighborhoods have less access to healthy foods and safe places to play. Many schools have reduced physical education and recess time, fewer children are walking or riding bikes to school, and screen time consumes more hours than in past generations,” said Sarah O’Connor, the project’s manager from UNCOM.

Working collaboratively with these community centers, this project is shaping policy and programming aimed at healthy eating, weight and activity. “These are not one-size-fits-all programs. Each neighborhood center finds what works for the individual needs of their community,” said David Nelson, PhD. Dr. Nelson and John Meurer, MD, MBA, are the project’s key partners from the Medical College. Dr. Meurer established the Medical College’s childhood obesity prevention partnership with UNCOM. Dr. Nelson now directs the project for UNCOM.

At the Agape Community Center, which offers a dinner program that serves more than 14,500 adults and children annually, project members engaged Agape’s staff and volunteers in changing the menus to healthier food. Meals now emphasize fresh vegetables and fruit, salads, lean proteins, and whole grains. Vending machines with unhealthy snacks and beverages were removed.

Local colleges and universities have been key collaborators. Marquette University exercise students, Mount Mary College dietetic students, University of Wisconsin-Milwaukee nursing students, and Medical College pediatric residents and medical students conduct wellness, exercise and nutrition programs.

Now through the Robert Wood Johnson Foundation funding, the partnerships and programs have expanded to involve the resources and expertise of many other organizations, including: Milwaukee Public Schools, Children’s Health Education Center, Milwaukee Area Technical College, Badgerland Striders, City of Milwaukee Health Department, Boys and Girls Clubs, Milwaukee Bicycle Works, Milwaukee County Parks, Walnut Way, UW School of Medicine and Public Health, Sixteenth Street Community Health Center, YMCA of Greater Milwaukee, Planning Council, Playworks Milwaukee, Zilber Initiative, Y-Eat Right, Active Across America, and the Wisconsin Milk Marketing Board.

Sarah O’Connor is Project Manager of the Milwaukee Childhood Obesity Prevention Project with the United Neighborhood Centers of Milwaukee. Dr. Meurer is Professor of Pediatrics and Director of the Medical College’s Institute for Health and Society. Dr. Nelson is Assistant Professor of Family and Community Medicine.
Throughout Wisconsin, the Medical College of Wisconsin is building partnerships with local communities to identify and address the most critical health needs of people. The Medical College’s Advancing a Healthier Wisconsin endowment, which includes the Healthier Wisconsin Partnership Program, is dedicated to improving the health of Wisconsin residents. Advancing a Healthier Wisconsin has awarded funding to more than 295 projects focusing on health promotion and disease prevention in Wisconsin communities.

Fighting cancer in American Indians

The land of the Red Cliff Band of Lake Superior Chippewa Indians is nestled along the scenic shores of Lake Superior in northern Wisconsin. There a unique partnership, funded by the Medical College of Wisconsin’s Healthier Wisconsin Partnership Program, is working to build the capacity of Wisconsin’s American Indian communities to improve cancer prevention and the health and quality of life of cancer patients and survivors.

Cancer is the second leading cause of death among American Indians over the age of 45. Moreover, American Indians continue to have one of the poorest survival rates from all cancers combined.

A major barrier to better cancer care and prevention among American Indians stems from inaccurate and incomplete reporting of the incidence, treatments and outcomes of cancer among Indians. Wisconsin’s tribal health clinics are primary care facilities that refer patients with suspected cancer to specialty treatment facilities elsewhere. Several Wisconsin studies have documented that reporting systems routinely misclassify American Indians, and diagnostic and treatment information are often not reported back to the tribal clinics. Based on these findings, the Red Cliff community expressed interest in improving cancer reporting as a means to identifying specific tribal needs for cancer prevention and care.

“When local communities have the data, then action is taken to address those needs. For example, our community health nurse is getting calls from cancer patients we didn’t know about, and we may not have the right support services in place for them,” said Patricia Deragon-Navarro, Health Administrator, Red Cliff Community Health Center.
This project has three key aims: to assess the Red Cliff community’s knowledge and communications about cancer; to develop an accurate, reciprocal reporting process for the Red Cliff health clinic and the Wisconsin Cancer Reporting System; and to train local staff to implement the reporting process.

“Through this project, we hope to empower tribal communities to accurately identify which cancers impact their community the most, how many new cases of specific cancers they might see per year, and track how those numbers are changing over time. Tribes need such data to promote the best screening and treatment measures,” said Patricia Deragon-Navarro.

“Tribal members are participants and decision makers in every step of this project. Our goal is to develop a strong and sustainable partnership that will benefit American Indian communities in Wisconsin,” said Elaine Drew, PhD. Dr. Drew and J. Frank Wilson, MD, are project partners from the Medical College of Wisconsin.

Project partners include the Red Cliff Community Health Center; the Great Lakes Inter-Tribal Epidemiology Center; the Wisconsin Cancer Reporting System; the Spirit of Eagles, University of Wisconsin Carbone Cancer Center; the Wisconsin Cancer Council; and the Medical College of Wisconsin.

Dr. Wilson is Chairman and Bernard & Miriam Peck Family Professor in Radiation Oncology. Dr. Drew is Assistant Professor of Family and Community Medicine.
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<td>Managing Partner</td>
<td>Journal Communications</td>
<td>Fiduciary Management,</td>
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<td>Inc.</td>
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<th>Joseph E. Kerschner, MD</th>
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<td>Mason Wells, Inc.</td>
<td>Medical College of Wisconsin</td>
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<th>Gale E. Klappa</th>
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<td>Managing Director</td>
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<td>Wisconsin</td>
<td>Energy Corporation</td>
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<tr>
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<th>Curt S. Culver</th>
<th>Paul F. Knoebel</th>
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<tr>
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<tr>
<td>Stephen Roell</td>
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<td>Partner</td>
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<td>Johnson Controls</td>
<td>Mead Witter Foundation, Inc.</td>
<td>Quarles &amp; Brady LLP</td>
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<th>Secretary</th>
<th>Philip B. Flynn</th>
<th>Wayne C. Oldenburg</th>
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<td>President and CEO</td>
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<td>Associated Banc-Corp</td>
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<th>Secretary</th>
<th>Joseph E. Geenen, MD</th>
<th>Agustin (Gus) A. Ramirez</th>
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<td></td>
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Unrestricted Revenues*  
Fiscal year ended June 30, 2012  
Total All Funds  
($ in thousands)  
Net patient revenue ** $557,642  
Affiliated hospital contracts ** 125,148  
Grants and contracts 153,306  
Tuition and fees 34,299  
Investment income 16,866  
Contributions 13,081  
Other 28,187  
Total unrestricted revenues $928,529  

* Excludes nonoperating revenue and expense, including realized and unrealized gains and losses on investments.  
** Includes adult and pediatric revenues.

Unrestricted Expenses*  
Fiscal year ended June 30, 2012  
Total All Funds  
($ in thousands)  
Salaries and fringe benefits $644,097  
Supplies and expense 189,877  
Other operating 60,123  
Total unrestricted expenses $894,097  
Excess of unrestricted revenues over expenses $34,432  

* Excludes nonoperating revenue and expense, including realized and unrealized gains and losses on investments.

Externally Funded Sponsored Programs  
July 1, 2007 to June 30, 2012  
Total Externally Funded Expenditures for Research, Teaching and Training, and Related Purposes ($ in millions)*  

<table>
<thead>
<tr>
<th>Year</th>
<th>Expenditures ($ in millions)</th>
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<tr>
<td>07-08</td>
<td>$147.1</td>
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<td>08-09</td>
<td>$157.0</td>
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<td>09-10</td>
<td>$160.9</td>
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<tr>
<td>10-11</td>
<td>$175.1</td>
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<tr>
<td>11-12</td>
<td>$166.3</td>
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* In Fiscal Years 2011-2012 and 2010-2011, research, teaching and training amounted to $158.1 and $167.1 million, respectively, of the total Externally Funded Sponsored Programs.
The Advisory Boards of the Medical College of Wisconsin play a critical role in increasing community awareness of the College’s major programs and raising private funds. The Advisory Boards include Wisconsin’s top business, professional and civic leaders who are committed to advancing medical research at the College.

Medical research is the necessary step to discovering improved methods to diagnose, treat and ultimately cure and prevent diseases. Private support is more important than ever as competition increases for federal grant support.

The fundraising efforts of Advisory Board members have supported:

- Seed funding, which allows researchers to develop a track record to compete for and leverage long-term federal funds. Seed funds have led to and will continue to lead to larger federal or private agency grants that have the potential to result in breakthrough treatments and cures for disease.
- Bridge funding for researchers while they renew grants.
- Advanced training for physicians and scientists.
- The purchase of research equipment.
- Fellowships for conducting research.

## Cancer Center Board

<table>
<thead>
<tr>
<th>Chair</th>
<th>Founding Co-Chairs</th>
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</thead>
<tbody>
<tr>
<td>Wm. O. Steinberg</td>
<td>† Melodie Wilson Oldenburg</td>
</tr>
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<td>† Frank J. Pelisek</td>
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Director

Ming You, MD, PhD

## Digestive Disease Center Board

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<td>Bruce E. Jacobs</td>
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The Medical College of Wisconsin Council was founded in 1976 under the direction of the late Robert Uihlein, Jr., then Chairman and CEO of Schlitz Brewing Company. Council members meet three times a year to learn about current medical topics, health issues and Medical College research.

The interaction among the more than 250 Council members — who are prominent in and outside of Wisconsin — and the Medical College has facilitated important connections to Wisconsin’s top business, professional and civic communities.
The Medical College of Wisconsin Technology Innovation Council

The Medical College’s Office of Technology Development convenes the Technology Innovation Council to discuss the patenting, marketing, licensing and development of early stage biomedical technologies. The Council’s meetings and work sessions bring together technology analysts, intellectual property experts, business leaders, venture capitalists, entrepreneurs, as well as scientists and engineers who share the common goal of promoting the translation of discoveries made at the Medical College into new drugs, diagnostic tests and medical devices.

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The Medical College of Wisconsin Consortium on Public and Community Health (MCW Consortium), provides oversight for the Healthier Wisconsin Partnership Program and serves in an advisory capacity for conversion funds allocated to research and education at the College. The MCW Consortium is composed of four members selected from nominees provided by statewide and community health care advocacy organizations, four members who represent the medical school and one member selected by the Insurance Commissioner.

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Women In Science

Women researchers and physicians at the Medical College of Wisconsin are making discoveries that are saving lives and improving treatments for patients with injuries and complex diseases. The mission of Women in Science is to showcase outstanding research and provide financial support for women scientists at the Medical College of Wisconsin.

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The Friends of the Medical College of Wisconsin is an organization of volunteers from the College, affiliated institutions and the community. The Friends’ activities support the charitable, educational, scientific and community service activities of the Medical College and its affiliates. Since its inception, the Friends have contributed more than $1 million in monetary gifts and equipment to the Medical College and its affiliates.

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The Planned Giving Council collaborates with area professional advisors to explore and develop mutual client and prospective donor relationships. The Council’s goal is to mutually benefit the client/donor, the professional advisor’s practice and organizations and the missions of the Medical College.

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Amy S. Kiiskila, JD, CPA
Susan U. Ladwig, JD
Pat Mehigan
Dianne Ostrowski
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International Center