

The Alumni NEWSLETTER

*News from the
Lahey Clinic
Medical Center
Alumni Association*

Spring 1999

A New Wave of Research

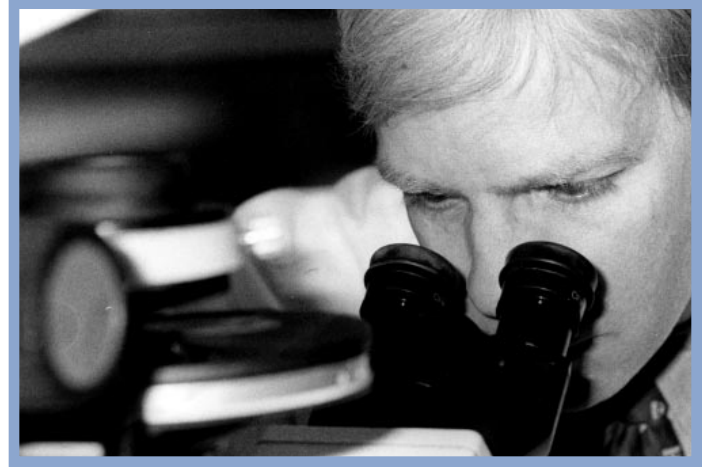
In the last five years the number of physicians involved in research at Lahey Clinic has tripled. Today, more than 100 doctors in departments throughout the Clinic are delving into exciting new areas of medical science.

"The number of research studies is at an all-time high," says Ian Summerhayes, PhD, executive director of research, who came to Lahey from Harvard Medical School two years ago. "More than 200 research projects are currently underway."

"The growth of research is important because it allows patient access to more novel treatments that are not yet FDA approved," says Sarkis Soukiasian, MD, chair of the Clinic's Institutional Review Board, which reviews all research protocols to safeguard patients. "Research offers new and possibly better therapies and, at times, an

alternative when no other is available."

While past research at Lahey often focused on innovative surgical techniques, areas of study now range from basic science, such as exploring genetic causes of disease, to clinical trials evaluating new procedures and drugs, including tamoxifen and sildenafil (Viagra). Recent research at Lahey has documented the relationship between smoking and impotence, helped prove that lowering diastolic blood pressure below 90 mmHg can reduce the risk of heart attack and stroke, and verified



David Bryan, MD, of the Department of Plastic and Reconstructive Surgery, is investigating nerve regeneration.

the benefits of COX 2 Inhibitors in treating arthritis. About 40 percent of research at the Clinic is cancer related.

Lahey's active research program is supported by the Department of Research Administration, which trains

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Lahey Clinic Announces New CEO

David M. Barrett, MD, a Mayo Clinic physician/administrator, will be Lahey's new leader. He will assume his responsibilities as Chief Executive Officer on September 1, 1999.

"Dr. Barrett comes to Lahey with impressive credentials as a world-class physician and respected administrator at Mayo Clinic," says Bernard M. Gordon, chair of Lahey's Board of Trustees, who led the nationwide search. "He has an understanding of and commitment to the multispecialty group concept of practicing medicine, an operational model shared by Mayo and Lahey."

"Dr. Barrett's outstanding qualifications, experience and style mesh well with Lahey Clinic's search for a leader who will continue its 75-year tradition of excellence and compassion for patients," says John A. Libertino, MD, who will be stepping down as CEO in favor of returning to surgery and medical research full time.

A member of Mayo Clinic's staff since 1975, Barrett has extensive administrative experience, having served as a trustee, governor and clinical department chair. A urologist, he is an authority on urologic oncology, urinary incontinence and bladder reconstruction.

In addition, he has served on the faculty of the Mayo Medical School since 1975 and has held the rank of Professor of Urology since 1986. He is the author of four books and more than 160 professional articles. He earned his medical degree from Wayne State University of Medicine in Detroit. ■



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*deceased

On the Web

Want to look up someone in Lahey Clinic's physician directory? Want the latest on continuing medical education courses and upcoming events? You can find it all on Lahey's Web site at www.lahey.org.

From the home page, you can connect to "For Patients," "Treatment Centers," "For Physicians," "Education," "Media Center" or "Vital Information." Clicking on "For Physicians," for example, will take you to the Lahey Clinic physician directory, job opportunities, information about residency and fellowship programs, and a listing of the Clinic's medical ethics lectures.

If you go to the "Media Center," you'll find a number of on-line publications, including the *Alumni Newsletter*, *Lahey Clinic Magazine* and the *Quality Report*. (Note: To read a publication, you need Adobe Acrobat Reader, which you can download for free following the directions given.)

In addition to the Web, don't forget you can reach the Alumni Office via e-mail at LCMC.Alumni@Lahey.org. ■

The Alumni Association

LAHEY
CLINIC
MEDICAL
CENTER

The Alumni Newsletter is published semi-annually by the Alumni Association of the Lahey Clinic Medical Center.

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Noteworthy

Good Housekeeping Seal of Approval

Good Housekeeping magazine named three Lahey Clinic doctors in its list of Top Cancer Specialists for women, which appeared in the March issue.

Ranked tops for their work in colon cancer were surgeons John A. Collier, MD, Patricia L. Roberts, MD, and David J. Schoetz, Jr., MD, of the Department of Colon and Rectal Surgery.

Good Housekeeping touts the list as an "exclusive guide to the country's most renowned experts for lung, breast and colon disease." ■

Winner of Urology Award

Mathieu Massicotte, MD, a resident in the Department of Urology, is the winner of the 1998 Pfizer Scholars in Urology Award presented to Lahey Clinic. The award recognizes Dr. Massicotte as "an outstanding physician who has advanced the science of urology and improved patient care through his hard work and dedication." Pfizer, Inc., awarded a \$2,000 grant to the Clinic's Department of Urology in Dr. Massicotte's name. ■

International Alumni Survey

Alumni living outside of the U.S. were recently sent a survey to help the Clinic analyze its international patient population. Conducted in conjunction with Babson College, the survey is designed to determine where patients are coming from, why, and what dietary or other needs they may have when visiting. Results from the survey will be used to develop a strategy to increase Lahey's base of patients from abroad and to evaluate the need for telemedicine. ■

clinical research associates (CRAs) to assist the principal investigators. Currently, Lahey has 18 CRAs, who coordinate patient participation in studies, ensure strict adherence to protocols and interact with sponsors and the FDA.

"We understand that the time constraints on physicians are tremendous," says Mary Oster, director of Research Administration. "So we've taken on the administrative burden and created an infrastructure with data coordinators, data managers and nurses."

Research offers new and possibly better therapies and, at times, an alternative when no other is available.

SARKIS SOUKIASIAN, MD, CHAIR OF LAHEY'S INSTITUTIONAL REVIEW BOARD

Growing New Nerves

Physician-scientist David Bryan, MD, FACS, of the Department of Plastic and Reconstructive Surgery, is working in one of the hottest areas of research today—tissue engineering. In collaboration with research partners in biotechnology and academia, Bryan is exploring cellular and molecular components of nerve regeneration. His ultimate goal is to construct artificial nerve conduits that would restore muscle function and skin sensation after injury. While his investigations now focus on the peripheral nervous system, he hopes to apply knowledge gained to the central nervous system.

Today, even with the best microsurgical repairs, regeneration of damaged nerves is limited. "Only about 50 percent of the axon fibers will regenerate from the proximal nerve across the injured area to the distal nerve," says Bryan. "So that has led us to try to design an environment in which the nerve can recover better than what is possible with traditional surgery."

In a series of pioneering experiments, Bryan's Tissue Engineering Lab-

oratory has demonstrated that Schwann cells, which enwrap and insulate nerves, play a critical role in nerve regeneration. When added to nerve guides (wires or biomaterial), Schwann cells enable the regenerating nerve axon to close the gap between the proximal and distal nerve.

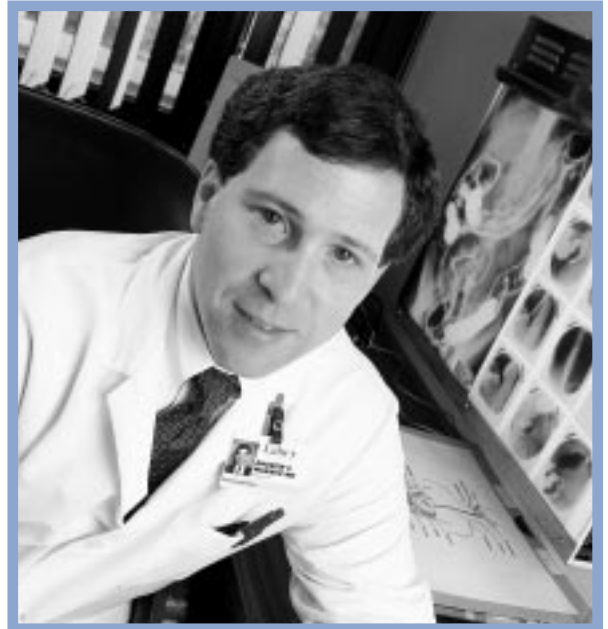
"By using tissue engineering techniques—growing Schwann cells outside of the organism in bioresorbable guides and then reinserting them in the organism after being expanded in tissue culture—we demonstrated that we could improve nerve regeneration," explains Bryan.

Bryan also established that laminin, a glycoprotein, acts as a chemical cue for nerve regeneration. And, in a study just completed (and soon to be published in the *Journal of Reconstructive Microsurgery*), he demonstrated that adding human recombinant growth factor enhances nerve cell regeneration.

In collaboration with Ian Summerhayes, PhD, as well as scientists and engineers at Cambridge Scientific, Inc., Bryan is currently trying to answer such questions as: How do Schwann cells migrate? How can Schwann cells best be grown and transformed within engineered tissue? What effect does adding genetically altered Schwann cells have on nerve regeneration?

In an NIH-sponsored Small Business Innovative Research project, involving a consortium of scientists, he has been able to grow Schwann cells on gold microfibers, approximately the size of axons. Placing these gold microfibers within the nerve guide can facilitate electrical conduction to the distal muscle even before nerve regeneration is completed.

Bryan believes this research is very encouraging and that a breakthrough in nerve regeneration is close at hand. This holds promise for individuals who are partially or totally paralyzed by spinal or other nerve injuries.



Andrew Warner, MD, of the Department of Gastroenterology, is studying a "designer drug" for Crohn's disease.

Relief for Crohn's Disease

Researchers at Lahey Clinic participated in an international study testing the first drug specifically designed for Crohn's disease, an inflammatory disease most often affecting the ileum and colon. Andrew Warner, MD, a Lahey gastroenterologist, was the principal investigator for the year-long clinical trial of infliximab, known by the brand name Remicade.

Research subjects included patients with moderate to severe Crohn's disease and with enterocutaneous fistulas related to Crohn's disease. All of the patients had failed to respond to conventional therapy, consisting of corticosteroids and other immunotherapy.

The study, says Warner, was "highly successful" and resulted in FDA approval of the drug. The medication reduced symptoms, such as pain, diarrhea, weight loss and anemia, and overall, increased the patient's quality of life, according to Warner.

Derived by molecular techniques, infliximab is a monoclonal antibody that blocks the activity of tumor necrosis factor (TNF), an inflammatory agent. Overproduction of TNF may be to blame for both Crohn's disease and rheumatoid arthritis.

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"Infliximab is called a 'designer drug,' because it targets a specific inflammatory protein," says Warner. "This mechanism works, and in the future, I think we'll see more drugs like this." Warner is now involved in a Phase III clinical trial testing infliximab in various doses as a maintenance drug.

Is Tamoxifen Enough?

Kevin S. Hughes, MD, of the Department of General Surgery and director of the Lahey Clinic Breast Center, is heading a national study to find out whether tamoxifen can replace radiation therapy in women over 70 who have had lumpectomies for breast cancer. In this randomized trial, all women receive tamoxifen, while half receive radiation, and half do not.

"Cancer therapy is two things: One is making sure that patients get enough treatment for their cancer, but the other part is making sure they don't get too much treatment," says Hughes, who also took part in the study that showed tamoxifen can reduce the incidence of breast cancer. "Standard treatment is to give radiation. We don't think that is necessary and want to see if we're correct."

Researchers have successfully reached their accrual goal—enrolling 630 women nationwide in the study. Subjects are women 70 or older with carcinoma of the breast two cm. or less in diameter, estrogen or progesterone receptor positive and clinically node negative. Thirty Lahey patients were able to enter the study through the combined efforts of the research department, oncologists and radiation therapists, notes Hughes.

More than 250 hospitals are participating in the study, which is supported by the Cancer and Leukemia Group B, a cooperative group funded by the National Cancer Institute. "While leading this effort, I have received tremendous support and help from many individuals in the group," says Hughes.

As the study chairman, Hughes will be analyzing and publishing the results, which he says should be available in the next year or two. The con-

Cancer is two things: One is making sure that patients get enough treatment for their cancer, but the other part is making sure they don't get too much treatment.

KEVIN HUGHES, MD, DIRECTOR OF THE LAHEY CLINIC BREAST CENTER

clusions should determine whether radiation therapy is truly necessary for these women.

Lasers in the Heart

A new laser treatment of the heart may help angina sufferers lead less painful and more active lives. In this investigational procedure, an interventional cardiologist uses a catheter-based laser to create millimeter-long channels in the inner portion of the heart wall. The goal is to promote angiogenesis and thus improve blood flow to the oxygen-starved muscle. Leading Lahey's clinical trial of this technique, known as percutaneous transluminal myocardial revascularization or PTMR for short, is Andrew C. Eisenhauer, MD, director of the Cardiac Catheterization Laboratory and Interventional Cardiovascular Medicine.

Candidates for the study, in which 20 hospitals across the country are participating, have one totally blocked blood vessel that cannot be revascularized using standard techniques. Patients, who are still being recruited, fall into two subgroups: those with blockages in other arteries that can be treated by stents and those without. (Other institutions are conducting PTMR protocols designed for patients who have exhausted all other forms of treatment.)

"Fifteen percent of patients [with angina] get somewhat better when treated with almost any technique," says Eisenhauer. "We want to be sure we have enough patients and enough improvement, so the naysayers won't say it's just the placebo effect."

The procedure, which is performed in the Cardiac Catheterization

Laboratory, requires only local anesthesia. The cardiologist threads a laser-transmitting catheter up the femoral artery to the left ventricle of the heart. There the laser is used to place 10 to 30 channels inside the heart wall.

While it does not give instant relief, PTMR seems to be effective so far. "I believe this will be a very good and very safe technique for managing people's chest pain," says Dr. Eisenhauer. "We haven't seen and don't anticipate any long-term negative effects."

In the future, he believes, all sorts of patients with occluded blood vessels, including those who are not good candidates for bypass surgery because of pulmonary disease or other medical conditions, could benefit from PTMR.

Prostate Cancer Gene

In 1997, approximately 41,800 men died from prostate cancer. At Lahey, researchers are trying to find out what causes this deadly disease. By comparing DNA from prostate tumors with normal DNA from the same patients, investigators hope to find genetic changes responsible for the cancer's development.

A research team, headed by John Libertino, MD, CEO and chair of the Department of Urology, is studying sporadic prostate cancer, the most commonly occurring form of the disease. (He also heads a separate, smaller study focused on familial prostate cancer as well as two dozen other urology-related studies at the Clinic.) In addition to Libertino, Ian Summerhayes, who is a molecular and cell biologist, and two third-year urology residents are involved in the painstaking analysis of DNA samples.

During the past five years, 700 men undergoing prostate surgery have participated in the sporadic prostate cancer study. "The goal is to find out some of the molecular biology and mechanisms that cause prostate cancer then eventually translate that into a clinical application," says Jerilyn Latini, MD, one of the residents who works with Libertino.

Funded by Lahey's Urology Institute and a Bernard Gordon Fellowship,

... continued on page 5

the research should yield results within several years, according to Libertino. Identifying genes responsible for prostate cancer may lead to early detection and treatment.

“This research is of major significance in the diagnosis of prostate cancer and the development of gene therapy,” says Libertino.

Improving Care Through Research

Caring for patients remains Lahey’s central focus, and all research is directed toward improving that care. Even basic science studies are conducted with an eye to eventual clinical applications.

“The strength of the Clinic is patient care,” says Soukiasian. “The majority of research is clinical research assessing new treatments for patients.”

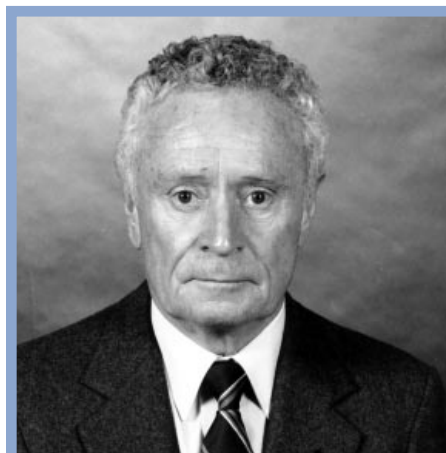
At the same time, research provides continual learning for staff members and training for young medical investigators. For example, Antonia Holway, a research associate who works closely with Summerhayes and Bryan in the Tissue Engineering Laboratory, is learning research basics, such as how to ask a question, define an experiment to answer that question and analyze results. She hopes her experience will help her choose a field to pursue in medicine.

Urology residents are particularly involved in research—spending four days a week during their third year at the Clinic working in the lab. “This year has been extremely valuable,” says Latini, “not only in contributing to the greater medical good, but in learning specific techniques for analyzing research data that will allow me to look critically at other people’s work.”

The research being done at Lahey today will influence medical care tomorrow. “It is clear that molecular analysis of tumor progression will provide great opportunities in the next five years impacting the diagnosis, prognosis and therapeutics of cancer,” says Summerhayes. “Lahey leadership has made a strong commitment to this research area by involving our residents, who represent part of the future of medicine.” ■

In Memorium

Two long-time Lahey Clinic staff members, known for giving their patients high quality and compassionate care, have died this spring.



F. WARREN NUGENT, MD, a member and consultant to the Department of Gastroenterology for more than 40 years, died on March 13 after a long illness at Lahey Clinic in Burlington. He was 75.

Nugent came to Lahey Clinic from his native Canada as a fellow in 1953 and learned gastroenterology from the renowned Sara Jordan, MD. He was appointed to the medical staff in 1954 and became an international expert on gastrointestinal diseases. From 1973 to 1984, he served as chairman of the Department of Gastroenterology.

A pioneer in inflammatory bowel disease, Nugent developed one of the first centers with a team approach to the condition and authored more than 100 articles on the subject. He was active in numerous professional organizations and was president and a member of the board of trustees of the American College of Gastroenterology.

A graduate of St. Francis Xavier University, Nugent received his medical degree from McGill University, Montreal in 1947. He served his internship and a residency in pathology at Montreal General Hospital.

After his retirement in 1995, Nugent continued to work as a consultant to Lahey. He also enjoyed time with his family, fly fishing, playing tennis, golfing and skiing.

He is survived by his wife Joan, five children and many grandchildren.

JOSEPH D. DOWD, MD, who joined the Lahey staff in 1960, died on April 9 at the age of 74. A dedicated physician, he served as chair of the Department of Urology from 1970 until his retirement in 1991.

He was active in the American Urological Association and served as its president in 1988. He was previously president of its New England Section in the 1970s. In 1992, he received the Ramon Guiteras Award, the highest honor in the field of Urology.

A native of Somerville, Dowd received his bachelor’s degree from Boston College and medical degree from Tufts University School of Medicine. He served his internship at St. Elizabeth’s Hospital and his residencies in surgery and urology at the Veterans Administration Hospital in Boston. He worked in private practice for several years before joining the Clinic.

Dowd was on the board of directors of the Boston College Alumni Association. He was active in the Second Helping Program, and he founded the Boston College Institute of Learning, a resource for continuing education for seniors.

He is survived by his wife, Mary, two sons, a daughter and two grandchildren.



1998 Alumni Contributions

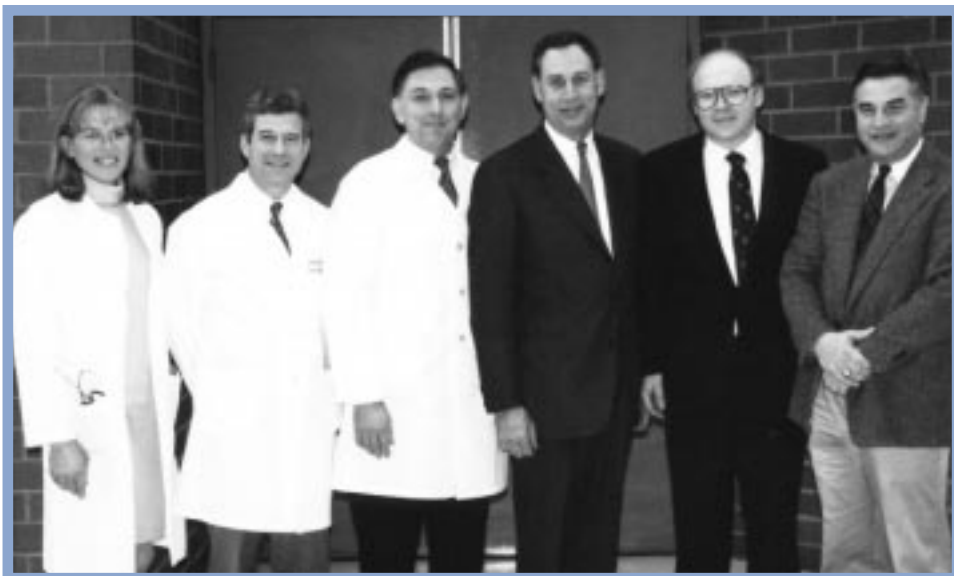
Edgar Achkar (GE '68) Pepper Pike, OH	Daniel J. Dillon (GS '61) Pittsburgh, PA	Heidi Kummer (AN)* Carlisle, MA	Michael Rosenblatt (CCM, GS)* Lincoln, MA
Luis M. Albuerne (DR '85) Houston, TX	James A. Dolphin (ORS '57) Hingham, MA	Edward H. Laughlin (GS, CRS '62) Huntsville, AL	Paul L. Schmitz (IM '60) Miami, FL
Leonard S. Anderson (CVS '91) Binghamton, NY	Michael H. Entrup (AN)* Wayland, MA	Benjamin B. Lee (AN '56) Ocean City, MD	Francis J. Selman, Jr. (U '71) Pascatoula, MS
Teresita L. Angtuaco (DR '79) Little Rock, AR	Luis Fernandez-Herlihy (IM, RHU)** West Newton, MA	Thomas J. Lescher (CRS '79) Fort Lauderdale, FL	Joseph C. Snow (GS '59) Barnstable, MA
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Carl C. Bartels (IM, CD '48-84)** Sarasota, FL	Robert J. Fitzgibbons, Jr. (GS '79) Omaha, NE	Martha G. Lovell (IM '54) Atlanta, GA	Leonard S. Staudinger, Jr. (GS '54) Palm Beach Gardens, FL
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Daniel E. Boyle (U '93) Chesapeake, VA	Gilbert C. Freeman (GS '46) Irvine, CA	Robert D. Meyers (PD)* Etna, NH	Charles E. Strachan (IM '52) Paradise, CA
John W. Braasch (GS)** Lincoln, MA	N. Kenneth Furlong (IM, PUD '55) Arvada, CO	Stanley Mirsky (IM '56) New York, NY	Cary S. Straton (DR '90) Petersburg, VA
Carl D. Brannan (GS '52) Tampa, FL	John M. Gawoski (PTH)* Watertown, MA	Max E. Moravec (IM, GE '46) Greenville, SC	James J. Tenn (IM '67) Manchester, NH
Robert J. Carey (IM)** Arlington, MA	Robert R. Gialanella (IM, GE '60) Belleville, NJ	Nick Mucciardi (PUD '84) North Dartmouth, MA	Jack E. Thompson (AN '55) Tucson, AZ
Richard B. Clark (AN '61) Little Rock, AR	Gerald S. Harris (IM)* Lexington, MA	Homer S. Musgrave (AN '50) Albuquerque, NM	Jose N. Tord (IM, GE '59) Indianapolis, IN
Donald M. Clough (GS '51) Bangor, ME	C. Douglas Hawkes (NS, N '44)+ Marco Island, FL	Gerwin Neumann (NS '69) Boston, MA	Norman M. Wall (IM '47) Heathrow, FL
Thomas W. Coleman (PTH '91) Mobile, AL	Mark K. Hirschhorn (U '94) Kennebunkport, ME	Morris J. Nicholson (AN)** Sun City, AZ	Joseph F. Walsh (GS '50) Eureka, CA
Bradley E. Copeland (PTH '60) Cincinnati, OH	Paul C. Houston (GS '52) Middletown, RI	Peter Nieh (U)* Andover, MA	Charles L. Ward, Jr. (IM '60) Concord, NH
Edward H. Copenhaver III (GYN '59-88)** South Yarmouth, MA	Richard Iorio (ORS)* Boxford, MA	William W. Old, III (GS '54) Lexington, VA	Neil J. Weiner (HEM)* Wayland, MA
Juan L. Correa, Jr. (IM, GE '56) Panama, Republic of Panama	David B. Kelley (IM)** Olympia, WA	Robert B. Orr (AN '47-'76)** Sanibel, FL	Bruce Whitesell (GS '52) Maplewood, NJ
Roger W. Countee (NS)** Watchung, NJ	Howard D. Kelley (GS '51) Homer, NY	Soong-Kook Park (GE '74) Taegu, Korea	Robert C. Williams (DR '70) Wellesley, MA
Frederick M. Curtiss (GS '52) Chapel Hill, NC	Amir M. Khazei (GS '62) Bedford, NH	A. Seymour Parker, Jr. (IM '40-'47)** Needham, MA	Michael Zelig (GE '94) Palm Harbor, FL
Donat P. Cyr (HEM '42-'82)** Westborough, MA	David G. King (OTO)** Needham, MA	M. D. Phelps, Jr. (IM, CD '58)**+ Jamestown, KY	
	Antoinette S. Kirtland (AN '52) Los Angeles, CA	Maria Ramirez-Nieto (N '90) Houston, TX	
		Patricia L. Roberts (CRS '87)* Lincoln, MA	

* Current Staff
** Former Staff
+ Deceased

Boyd Lecture

A large crowd turned out for the 12th Annual David P. Boyd Lecture in Cardiac Surgery featuring Delos M. Cosgrove, MD, chairman of the Department of Thoracic and Cardiovascular Surgery at the Cleveland Clinic. His topic was "Cardiac Valve Repair or Replacement: Choices and Minimal Invasive Results."

These annual lectures in honor of the late David P. Boyd, MD, are made possible through an endowment fund established in 1987 by a gift from Myles Edwin Lee, MD, (TS, CDS '75). Dr. Boyd joined the Clinic staff as a thoracic surgeon and served as chairman of the Department of Thoracic and Cardiothoracic Surgery for many years. ■



Outside the Alumni Auditorium with Dr. Cosgrove (third from right) are: Drs. Christina Williamson, David Shahian, Richard D'Agostino and Lars Svensson, of the Department of Thoracic and Cardiovascular Surgery, and John Libertino, Lahey Clinic's chief executive officer.

Fund Drive Finale

The Alumni Association's campaign to establish a Resident and Fellow Education Fund is coming to a close. The fund, which began in 1995, is nearing its goal of \$20,000.

Proceeds from the endowment fund will support specific educational projects in departments throughout Lahey Clinic Medical Center. By allowing the purchase of such items as departmental literature and computer software, the fund will help enrich the learning experience of the approximately 100 residents and fellows who train at the Clinic each year.

"Our thanks to Alumni who have already contributed to the Resident and Fellow Education Fund directly or through the purchase of Alumni chairs," says Neil Weiner, MD, Alumni Association Executive Director. ■

Continuing Education Courses

Interventional Pulmonology

May 20 - 22

Course Director: John F. Beamis, Jr., MD

Location: Lahey Clinic Medical Center,
Burlington, Massachusetts



10th Annual Symposium

Cardiovascular Disease: State of the Art 1999

June 20 - 23

Course Directors: William Gaasch, MD, and
Roy M. John, MD

Location: Ocean Edge Resort
and Conference Center

Brewster (Cape Cod), Massachusetts

Topics in Internal Medicine

October 2 - 3

Course Director: John F. Beamis, Jr., MD

Location: Sheraton Harborside
Portsmouth, New Hampshire



Neurology for the Primary Care Physician

October 9 - 11

Course Director: Paul T. Gross, MD
Ocean Edge Resort and Conference Center
Brewster (Cape Cod), Massachusetts

*For more information, please call the
Office of Continuing Medical Education (781) 744-5238*

Upcoming Alumni Events

Alumni are invited to the following events sponsored by the Alumni Association and Lahey Clinic. For further information, please contact Charlotte Melillo of the Alumni Office at (781) 744-8764 or by E-mail at LCMC.Alumni@Lahey.org.

Tenth Postgraduate Recognition Day

June 9, 1999, 7:30 - 9 a.m.

Lahey Clinic Alumni Auditorium

Continental Breakfast

Presentation of Papers and Recognition Awards

Departments of General Surgery, Colon and Rectal Surgery, and Vascular Surgery

Reception at the meetings of the

American College of Surgeons

October 10 - 15, 1999

San Francisco, California

(Details to be announced)

New Alumni Chairs



Captain's Chair

The Lahey Clinic Alumni Association is now offering laser-engraved insignia chairs. Choose a black, solid maple hardwood Boston rocker or captain's chair (with arms and crown in a cherry finish). You may also choose either the Lahey Clinic logo or Lahey Clinic Alumni Association logo.

A chair can be yours for only \$228 plus a \$19 shipping charge for a total of \$247. The cost of each chair includes a tax-deductible gift of \$50 for the Resident and Fellow Education Fund. The chairs are shipped via UPS fully assembled (except for the rocker runners, which are easily attached).

Allow 12 weeks for delivery.

Send your order and check payable to Alumni Association, LCF, to:

*Alumni Association, Lahey Clinic Medical Center
41 Mall Road, Burlington, MA 01805*



Boston Rocker

Lahey
CLINIC



Please send:

_____ Captain's Chair(s) @ \$247

_____ Boston Rocker(s) @ \$247
(unassembled)

Total \$ _____ (includes shipping and handling)

Choose either:

_____ Lahey Clinic Logo

_____ Lahey Clinic Alumni Association Logo

Ship to: (please print)

Name _____

Business Address (preferred) _____

Home Address _____

City _____ State _____ Zip Code _____

Office Phone _____ ext. _____ Home Phone _____