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Reconstructive Surgery/ Plastic Surgery

One patient shares how she benefitted from OHSU's multidisciplinary approach to breast cancer treatment and reconstruction. Read her story and how local plastic surgeons are helping others overseas.

— pages 9–12

Medicare pays clinicians to discuss final care preferences

By Cliff Collins
For The Scribe

After previous failed efforts to gain Medicare coverage for paying providers to hold end-of-life discussions with patients, advocates won out:

Beginning Jan. 1, doctors, physician assistants and nurse practitioners can be reimbursed under two new billing codes for spending time talking with patients who request it about their wishes for care during the final stages of their lives.

Proponents such as Oregon Health & Science University's **Susan W. Tolle, MD**, predict that the change instituted by the **Centers for Medicare & Medicaid Services** will be received positively by both patients and health professionals.

"Open arms is how I think they will respond to this when the issue arises," said Tolle, professor of medicine and director of the **OHSU Center for Ethics in Health Care**. "This will make enormous sense for many patients and families."

According to the **Institute of Medicine**, 90 percent of American adults say they would prefer to receive end-of-life care in their home if they were terminally ill, but only about one-third of Medicare beneficiaries end up dying at home.

CMS introduced two new billing codes, as recommended by the **American Medical Association**, for advance care planning provided to Medicare beneficiaries. The provision allows billing for advance care planning as a separate service, beginning this month. The first code reimburses providers for the first 30 minutes spent talking with patients specifically about advance care planning. If sessions run longer, the second code can be used.

"… This is clearly putting the **patient at the center of care."**

—Susan W. Tolle, MD, OHSU professor of medicine and director of its Center for Ethics in Health Care

"Not every single patient is going to want a half-hour conversation," but for those who do, such as patients who have had a sudden change in their health status or who want to include family members to make sure they understand the patient's wishes, separate appointments can be made, if necessary, to accommodate the request, Tolle said.

According to a report by the **Kaiser Family Foundation**, the public supports having doctors discuss end-of-life care issues with their patients, and having Medicare and private insurance cover those discussions. A recent survey found that about nine in 10 adults said physicians should discuss end-of-life care issues with their patients, yet only 17 percent of adults say they have had such a discussion with their doctor or health care provider.

"Among adults ages 65 and older, the share is somewhat higher (27 percent)," the foundation noted. "Among all adults who said they had not had a discussion with their doctor or other health care provider about end-of-life care wishes, half said that they would want one. The majority of adults (81 percent) say Medicare should cover discussions between doctors and patients about end-of-life treatment options, comparable to the share (83 percent) favoring private insurance coverage for similar conversations."

A report by the Institute of Medicine endorsed reimbursement for holding these discussions as one of IOM's five recommendations for improving end-of-life care and shared decision-making with patients. Three directly related recommendations in the report, called "Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life," were:

- Develop quality metrics and standards for clinician-patient

*See **FINAL CARE,** page 8*

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New opioid prescribing guidelines create 'more clarity' for providers

By Jon Bell
For The Scribe

Between 2000 and 2013, more than 2,200 Oregonians died from overdoses of opiates. On average, two people a week in Multnomah County — and three a week across the state — die from the same cause and more than a dozen ambulance calls each week are in response to overdoses.

Unfortunately, according to the Oregon Health Authority, more of those deaths and overdoses are caused by prescription opioids than any other type of drug, including methamphetamine, heroin and cocaine.

But health care providers in the metro region are working to change that. In early December, hospitals and providers announced that they would be adopting new, safer guidelines for prescribing opioids.

"We felt like this was a safety issue for patients and we had to address it," said **Linda Cruz, MD**, Providence Medical Group-West's area medical director.

Spurred by an alarming rise in addiction and overdoses related to prescription painkillers such as OxyContin and Vicodin, county health departments, hospitals and Coordinated Care Organizations under the Healthy Columbia Willamette Collaborative began developing safer prescribing standards for chronic pain in 2014. The group expanded in 2015 to include other professional organizations and clinics. It released the new guidelines on Nov. 30.

The guidelines come at a time when addiction and overdoses from opioids have risen to an alarming level, particularly in Oregon. According to a recent county report called "Opiate Trends: Multnomah County, 2004-2014," half of all fatal overdoses in 2014 were associated with prescription opioids. Additionally, admissions for treatment of opioid addictions rose by more than 160 percent in Oregon between 2004 and 2013. What's more, prescriptions for opioids have ballooned in

*See **GUIDELINES,** page 8*

INSIDE THIS ISSUE

The joys of dance

OHSU resident Kunal Gupta has an affinity for ballroom dancing, which he began participating in as a youngster and continued during medical school.
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Advance HIPAA Compliance and OSHA Training

Feb. 3 at MSMP Conference Rooms

This course is recommended by the ONC, OCR and AHIMA, and includes both HIPAA and OSHA learning objectives. Discounted registration fee for MSMP members and their staff. For more information or to register, please visit www.MSMP.org.

Medical assisting review course

Feb. 10, 12, 17 and 19 at MSMP Conference Rooms

The New CMS Ruling: How do I become a Credentialed Medical Assistant? is presented by Medical Society Staffing. There are four opportunities to register for this review course, which is limited to 25 people per session. For more information or to register, please visit www.MSMP.org or contact Paula Purdy at paula@msmp.org.

Calling all doctor bands!

June 23 at Lola's Room at the Crystal Ballroom

MSMP is looking for outstanding bands to participate in our 3rd Annual Battle of the Doctor Bands! The only criteria for submitting an application is that one member of the band must be an MSMP member.

If you would like to battle with the best, please read and complete the application form now available at www.MSMP.org. The deadline to apply is Monday, April 11, and space is limited! Watch for more information about this event and where to buy tickets at www.MSMP.org. For more information, please contact Sarah Parker at sarah@msmp.org.

Save the dates

Mark your calendars for MSMP's 2016 events. Registration is required for all events, and more information will be posted soon at www.MSMP.org. Please e-mail amanda@msmp.org to learn about sponsorship opportunities for these events.

Annual Meeting, May 10 @ The Benson Hotel

Battle of the Doctor Bands, June 23 @ Lola's Room at the Crystal Ballroom

Scrub Rub, Aug. 13 @ St. Josef's Estate Vineyards & Winery

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THANK YOU!

Welcome new MSMP members!

Patricia Burford MD
Patricia Burford, MD, PC
5050 NE Hoyt St Ste 414, Portland, 97213
503-445-8080
Endocrinology
Univ. of Glasgow Faculty of Medicine, 1987

Barry Egener MD
Legacy Clinic NW
1130 NW 22nd St Ste 200, Portland, 97210
503-413-8988
Internal Medicine
Cornell University, 1979

Mark Kallgren MD
OAG Interventional Pain Consultants
1849 NW Kearney Ste 101, Portland, 97209
503-517-3785
Anesthesiology
Univ. of Arizona College of Medicine, 1989

Robert McKelvey MD
Robert S. McKelvey, MD
5520 SW Macadam Ave., Ste 265, Portland, 97239
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Child and Adolescent Psychiatry
Dartmouth Medical School, 1974

Billi Jo Nowak
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Internal Medicine
Case Western Reserve Univ. School of Medicine, 1974

John Wiest MD
Pacific Vascular Specialties
9155 SW Barnes Rd, Ste 321, Portland, 97225
503-292-0070
Vascular Surgery/Endograft
UCLA School of Medicine, 1979

OHSU student Honor Code fosters personal, professional development

By Melody Finnemore
For The Scribe

For **Mollie Marr**, the opportunity to participate in crafting the student Honor Code for Oregon Health & Science University's School of Medicine was an invaluable exercise because of its application to the students as individuals.

"There is a transformation from who you are when you come into medical school and who you are when you graduate," she said. "I wanted to have a role in what that looked like, and personally I wanted to have a role because I care deeply about social justice."

Marr, who would like to work with Doctors Without Borders when she graduates, said she looks forward to experiencing different – and often complicated – political and social situations when she begins practicing.

"To me, learning to be someone who is capable of working in those situations starts in school," she said.

> "There is a **transformation from who you are** when you come into medical school and who you are when you graduate. I wanted to have a role in what that looked like, and personally I wanted to have a role because **I care deeply about social justice."**
>
> —*Mollie Marr, MS1*

Marr developed the Honor Code with fellow students **Samuel Matz, Nattaly Greene, Sunil Joshi, Henry Norris, Amanda Irish** and **Chang Lee.** The Class of 2019's Honor Code ties into OHSU's YOUR MD curriculum by giving students the opportunity to participate in early self-reflection. From the very first weeks of school, students are encouraged to think about what kind of doctors they want to be, what values they want to carry into professional practice, and how they hope to relate to their patients, colleagues and self, according to the university.

The MD Class of 2019 is the third cohort to draft and sign such a code in the School of Medicine. **George Mejicano, MD, MS**, senior associate dean for education and a professor in the School of Medicine, worked with the students and said the Honor Code has evolved in several significant ways.

"In the first year we did it, I really had to sort of hold their hands through some of it and give them a sense of what it might look like. They created it, but it had some fits and starts and it took several months to create," he said. "This most recent one was totally student operated and was finished in 10 days."

In addition, the Honor Code emerged as a completely separate entity from the university's Code of Conduct, which is a more punitive-based system that requires students to abide by rules rather than encouraging them to strive for personal growth and achievement, Mejicano said.

"The Honor Code is more aspirational. It's more like, 'We should all try to achieve this,' as opposed to, 'The school is going to come after me if I don't,'" he said. "In a nutshell, the Honor Code says: 'On my best day doing my best work, this is what I look like.'"

The student team that developed the Honor Code printed it on a large foam board that other students could sign during a pizza party. Mejicano said he noticed many more signatures pledging to honor the code this year than last.

"The trajectory is absolutely in the right direction. I would hope this is something that eventually well over 90 percent of the students would sign voluntarily, and it would be an ideal to try to live by as opposed to a punitive set of rules," he said. "This is essentially creating a culture where people will want to do their very best."

Mejicano noted that a Google search of honor codes shows a lion's share at military academies that center around the idea of duty, such as a student doing their own work rather than cheating, for example. Traditionally, these codes are written by the institution and they remain static from year to year.

"The Honor Code really is a way to change the culture and foster how we think about what we should be doing as physicians," he said, adding OHSU is increasingly focused on teaching students about the myriad aspects of personal and professional development, including self-care and wellness, as well as inter-professional collaboration.

Marr helped craft the section of the Honor Code that addresses humanitarianism, and said she was elated to discover that many of her fellow students feel strongly about it as well.

"I was worried that I was going to have to fight to keep it in, but it was like I found my tribe. This is a group who gets me," she said.

"We thought this would be very difficult," Marr added, noting each person wrote a piece they were passionate about and then the group came back together to discuss what to keep. "We looked at it and there was this unanimous agreement about what we all wanted to include."

While Marr and other members of the team were a little worried about how many of their colleagues would actually read and sign a pledge of commitment to the Honor Code, they were pleasantly surprised during the signing event.

"I was really struck by how many people took the time to read it and sign it," Marr said. •


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Region light-years ahead in emergency preparedness, but challenges remain

By Barry Finnemore
For The Scribe

Since the Sept. 11, 2001 terrorist attacks, the Portland region is light-years ahead in its ability to deliver needed medical care in a major emergency, according to a pair of health-preparedness leaders.

"If something happens, we can immediately start responding without really thinking about it," said **Sherrie Forsloff**, emergency manager for **Oregon Health & Science University.**

Forsloff and **Kathryn Richer**, manager of the **Northwest Oregon Health Preparedness Organization (HPO)**, noted that among the reasons for the region's higher level of readiness today is the long-standing public-private collaboration between the region's hospitals, clinics, health departments, first responders and multijurisdictional preparedness entities. This collaboration has enabled the development of trauma, emergency, intensive care, and burn surge plans aimed at helping facilities treat the greater number of patients expected during a large-scale health emergency.

Hospitals in the HPO's Region 1, which includes Multnomah, Washington, Clackamas, Tillamook, Clatsop and Columbia counties (and close partnership with Southwest Washington), have surge plans in place to care for a 15 percent to 20 percent increase in patients, as well as mass fatality, evacuation and alternate care site plans. Also in place is a memorandum of understanding between hospitals and health systems to provide mutual aid during major emergencies.

The recent Ebola outbreak in West Africa, including the cases in the United States, took regional preparedness a step further, as area public health and medical experts focused on training and protocols for transporting, receiving, screening, and treating patients not only for Ebola, but also for other infectious diseases. "It was a tremendous job on so many levels," Richer said.

Another milestone was the development of a Regional Multi-agency Coordination Group to allocate scarce resources, develop policy recommendations, and ensure coordinated communications during a disaster or health crisis. The regional group was activated in the wake of the 2009 H1N1 pandemic. Work also included recommendations for improved communications with the region's various ethnic communities.

As better prepared as the region is, however, Richer and Forsloff said challenges remain. Attention now is being focused in part on identifying funding sources to develop a pediatric surge plan across area hospitals. The region's capacity to treat a sudden increase in sick and injured children and adolescents in an emergency falls well short of what is needed, they noted.

They also emphasized that another significant need is a system that can track patient movement during a disaster or crisis. Developing such a system is at least a five-year process, Forsloff said, noting that, given that patient tracking is so multifaceted, a system would need to be developed for use statewide and also work with those used in the federal and military arenas.

Forsloff said another critical component of emergency preparedness is encouraging statewide adoption of surge plans so that response is better coordinated across Oregon. She noted that the Burn Plan developed in Region 1 has been picked up across the state. The goal is that the Trauma Surge Plan would be embraced statewide as well. In Region 1, the Plan calls for hospitals that normally would not take trauma patients to do so during a mass casualty incident for as many as 72 hours until those individuals can be transferred to a trauma hospital for further treatment. The plan, among other things, outlines how providers would communicate with trained trauma staff at the region's two Level 1 trauma centers, Oregon Health & Science University and Legacy Emanuel Medical Center, and includes training on how to conduct trauma assessments.

Another challenge is the ongoing significant decline in federal funds for emergency preparedness, Richer said. Although regional planning has been a focus for years, Richer said she and her colleagues are working to gain efficiencies through even more of a regional approach to emergency planning. Regardless of the challenges, she affirmed her confidence that the region will continue its work towards fulfilling its vision of preparing and responding effectively and efficiently to serious large-scale health emergencies. •

... among the reasons for the region's **higher level of readiness today is the long-standing public-private collaboration** between the region's hospitals, clinics, health departments, first responders and multijurisdictional preparedness entities. This collaboration has enabled the development of trauma, emergency, intensive care, and burn surge plans aimed at **helping facilities treat the greater number of patients** expected during a large-scale health emergency.

Do you have story ideas for The Scribe?

We'd like to hear from you.

Descriptions of some of our regular features are below. We welcome your ideas on the people and issues in health care that we ought to feature in these pages.

Off Hours
A focus on how medical professionals spend their time away from the office.

Medical Student Perspectives
Essays from medical students and residents about their experiences, challenges and opportunities, as well as articles about issues and events that impact and involve students.

Physician Profile
A feature that explores the professional interests, pursuits and accomplishments of area physicians.

Please send story ideas to Scribe editors Barry and Melody Finnemore at Scribe@llm.com, or 360-597-4909. We look forward to hearing from you!

Overcoming the stress of malpractice litigation:

Solutions to help physicians stay healthy and engaged

By David P. Michelin, MD, MPH

Imagine the scene: You're in your busy office on a typical day when a letter arrives—a patient is suing you for malpractice.

If the lawsuit proceeds to trial, the process can be lengthy, dominating your personal and professional life for a year, two years, or more. But as I learned during my own litigation experience, there are steps you can take to ease the strain you're under, allowing you to continue to serve your patients and maintain healthy relationships with those around you.

Prepare thoroughly

First, take a deep breath—and then prepare. Approach the lawsuit simply as an unfortunate consequence of practicing medicine, the price of being a physician. In today's medical climate, a lawsuit is essentially inevitable, especially if you conduct procedures. Treat the litigation as another necessary part of your career, and take the same approach as you would toward other hurdles like a board exam. Be meticulous. Go over your chart. Familiarize yourself with every aspect of the case. Be ready for your meetings with your attorney, and take an active role in your defense. Above all, prepare for the witness chair by taking part in litigation education, especially a mock deposition.

Reach out

Although you can't divulge the clinical details of a current claim to family members, you can talk with them about how it is affecting you. By opening up to your spouse, children, and other family members, you can help prepare them and ease your own burden. Seek their input and advice. This can help you overcome the feelings of isolation that often accompany a malpractice claim. Doctors often have a tough, go-it-alone mentality. But this is the bottom line: Don't go into a shell. Talk to somebody.

To the everyday stresses of our profession, **add the stress of fighting a lawsuit** to defend your reputation—more than ever, **it becomes imperative that you take care of yourself.**

Make yourself a priority

Every profession has its stresses, but doctors' stresses are unique. Overwhelmed patients share with us their innermost thoughts and concerns. To the everyday stresses of our profession, add the stress of fighting a lawsuit to defend your reputation—more than ever, it becomes imperative that you take care of yourself. Don't hesitate to make yourself your first priority. Do whatever you need to do to unwind. This might be physical exercise like running or biking, or it might simply involve becoming more engaged in other personal interests. If you're not blocking out time to decompress, you're doing a disservice to yourself, your case, and your patients.

Rising above the challenge

Ultimately, after two trials spanning two-and-a-half years, I was completely exonerated by the jury. By adopting certain strategies, I was able to mitigate many of the negative effects so many doctors experience. You can still maintain your self-assurance, keep your relationships intact, and continue to provide the vital medical care on which your community relies. •

David P. Michelin, MD, MPH, is a gynecologic oncologist in Traverse City, Mich.

Contributed by The Doctors Company

FINAL CARE *from page 1*

communication and advanced care planning, with insurance reimbursement tied to performance on these standards
- Strengthen clinical training and licensing or credentialing requirements in palliative care
- Establish financial incentives for integrating medical and social services for people nearing the end of life, including electronic medical records that incorporate advanced care planning

The main reason the change was needed was that doctors already try to do the best they can in answering patients' questions and concerns about final care wishes, but these discussions usually had to be squeezed into appointments or visits where other medical topics were the main focus, Tolle explained. Establishment of the new billing codes "offers this wonderful opportunity to focus on those concerns," and will be of potential help to caregivers and family members in helping them understand and accept the patient's desires.

"It lifts the burdens on them," she said. "You sleep better month after month the more certain you are of what your loved one wanted. We do a great kindness to not just our patients, but also their loved ones" by holding voluntary discussions when asked.

The operative term is "voluntary," she stressed. No patient is required to participate in "Do Not Resuscitate" orders or fill out advance directives or POLST (Physician Orders for Life-Sustaining Treatment) forms, but these can be explained and used when patients ask for them.

"This is still a patient-driven choice," Tolle said. "There's no coercive element," but the intention instead is "to be sure you have the information you want to make informed decisions about end-of-life. It's shared decision-making, and paying for the time for shared decision-making. This is clearly putting the patient at the center of care."

Tolle predicts there will be more need and desire for training medical students and practicing health professionals about how to hold end-of-life conversations with patients. She said OHSU has several resources to help—including a video that can be used to answer patients' questions and an elective called Living with Life-Threatening Illness—and the school plans to add more half-day training sessions. •

GUIDELINES *from page 1*

Oregon. According to the Oregon Injury & Violence Prevention Section, almost one in four Oregonians received a narcotics prescription in 2013, and in 2012 more than 100 million opioid tables were circulating across the state.

The new prescribing guidelines set a morphine equivalent dose (MED) at 120 milligrams per day, an amount that physicians should not be prescribing above. Cruz said that dosage may still be too high, but it is a starting place. And since these are guidelines, there is still room for flexibility on a case-by-case basis.

"The 120 may be too high, but it's a good place to start when you're trying to change the culture," she said.

In addition to the new MED guide, the new guidelines also call for the development of comprehensive treatment plans before prescribing opioids, behavioral health evaluations for certain patients, referrals to addiction specialists for patients who may develop an addiction and, in some cases, prescribing naloxone kits. That drug is used to reverse drug overdoses and has been effective in Multnomah County as more people have learned how to use it. According to the county, more than 2,000 people were trained in the use of naloxone kits between July 2013 and October 2015; those trainers reported 1,060 overdose rescues using naloxone over the same timeframe.


LINDA CRUZ, MD

Even before the new guidelines, most hospitals and health systems already had prescribing guidelines in place. Cruz said Providence, for example, has its own guidelines that already cover most of what the new ones do. Having a community standard, though, is helpful in getting everyone closer to the same page.

"I think a lot of these are things you'd already expect providers to do," she said, "but this brings a little more clarity."

"I think it does unify the entire health system more, and it helps solidify the conversation," said **Melissa Weimer, DO**, an assistant professor at Oregon Health & Science University and medical director at the addiction treatment provider CODA Inc. "It's a very important step for us to acknowledge that this is now a community standard."

Weimer, who chaired the work group that developed the new standards, noted that physicians will likely face some challenges as they shift away from a heavier reliance on prescribing opioids. For starters, they will be required to spend more time with patients talking about not only the risks of painkillers, but also what other treatment methods may be available.

Weimer said "active modalities," including exercise, water therapy, yoga and physical therapy, are often the most effective at treating chronic pain. That's in large part because patients who have chronic pain tend to become less active, which leads to de-conditioning, which then begets even more pain.

Other more passive approaches to pain relief, including acupuncture and massage, can be beneficial as well. In part as a response to the opioid crisis, the Medicaid program in Oregon is expanding its coverage of physical therapy, which Weimer said will be an important step.

Another concern with the new guidelines is the very real possibility that, as providers are prescribing fewer painkillers, some patients who are addicted to opioids may resort to heroin instead.

"There's definitely an easy transition from one to the other," Cruz said. "We need to make sure we are aware of that and support patients and providers the way they need to be supported."

Along the same lines, Weimer said patients need to know that just because there are new guidelines does not mean that their physicians are going to completely cut their prescriptions off.

"We are certainly aware of that fear and we acknowledge it," she said. "We are going to help people understand that. We don't want to create a heroin epidemic in our community."

Accompanying the new guidelines will also be some targeted trainings and an awareness campaign to help spread the word on reducing opioid misuse.

"I'm glad we were able to come up with these," Weimer said. "It's a really difficult area, but really we're trying to help both providers and patients." •

> "I think it does **unify the entire health system** more, and it helps solidify the conversation. It's a very important step for us to acknowledge that this is now a community standard."
>
> — *Melissa Weimer, DO*, OHSU assistant professor, CODA Inc. medical director and chair of the work group that developed the Portland region's new opioid prescribing guidelines

'Her prognosis is excellent'

Patient benefits from OHSU's multidisciplinary approach to breast cancer treatment, reconstruction

By John Rumler
For The Scribe

In the first week of December 2015, **Reme DeBisschop**, a breast cancer/surgery patient at **Oregon Health & Science University**, received a clean bill of health from her oncology team. For the 44-year-old Portland woman, the North American media director for Wieden+Kennedy, it was an early Christmas present.

In February 2014, DeBisschop was coughing with a nagging cold when she accidentally discovered a small, hard lump on her left breast. Several weeks later, a mammogram and biopsy confirmed that she had an aggressive, triple-negative, invasive carcinoma that had spread to her lymph nodes.

A diagnosis of triple-negative breast cancer means that the three most common types of receptors known to fuel most breast cancer growth—estrogen, progesterone and the HER-2/neu gene—are not present in the cancer tumor.

Occurring in about 10-20 percent of diagnosed breast cancers, triple-negative cancer can be more aggressive and difficult to treat. Fortunately, chemotherapy is often an effective option, especially in the early stages.

"I wouldn't say I was shocked, but it took a minute or so for me to digest the news," DeBisschop said. She researched breast cancer on the Internet and took some time exploring her options.

In a single visit to OHSU's Comprehensive Breast Cancer Clinic, DeBisschop, like the approximately 150 other recently diagnosed breast cancer patients treated annually, met with all the members of her oncology team: surgical, medical, radiation, plastic surgery and genetics.

The team reviewed her case together, presenting all options and crafting an individualized treatment plan to optimize her care. In recent years, breast cancer surgery options have dramatically improved, said **Arpana Naik, MD**, a surgical oncologist with the OHSU Knight Cancer Institute.

> "[Reme DeBisschop] is a great example of how a **patient can benefit** from a true multidisciplinary team approach."
>
> — *Arpana Naik*, MD, OHSU

"No longer are options viewed in terms of black and white—either the removal of the whole breast, mastectomy, or taking out the tumor, lumpectomy. We now have other options to offer patients."

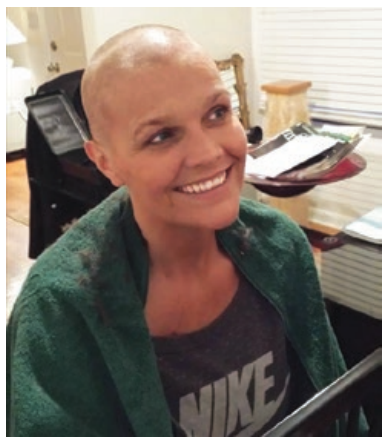
One of those options used with increasing frequency is oncoplastic breast surgery, which brings together breast surgeons and reconstructive plastic surgeons to offer patients a more cosmetic approach to their cancer surgery.

In DiBisschop's case, many surgeons would have immediately recommended a mastectomy, explained Naik. "However, given this particular tumor biology and her access to clinical trials at OHSU, we were able to pre-treat Reme's tumor prior to surgery with a novel combination of chemotherapy."

In DeBisschop's chemotherapy, a combination of Paclitaxel, Doxorubicin and Cytoxan was effective. One of the big advantages of neoadjuvant therapy is that in many cases like DeBisschop's the chemotherapy dramatically shrunk her tumor—initially the size of a golf ball —allowing her to opt for a less invasive lumpectomy and preserving her breast.

"Post-chemotherapy, I walked into my consultations thinking I would get a mastectomy," DeBisschop said. "It's important to investigate what's going to work for you, and not just make assumptions based on what is popular with other people or a celebrity."

"The increased use of neoadjuvant chemotherapy has been helpful with many patients. In some cases it can shrink tumors so effectively that it can convert a patient into a candidate for breast conservation surgery instead of a mastectomy," Naik said.



REME DeBISSCHOP

Photo courtesy of Reme DeBisschop

Because a lumpectomy performed without any immediate reconstruction can cause significant breast asymmetry, DeBisschop's team used an oncoplastic approach: The lumpectomy was performed in conjunction with reconstruction, achieving the additional benefit of breast symmetry in a single operation.

The lumpectomy, including node sampling and breast reduction on both sides, took about four hours.

When patients first start thinking through their options upon diagnosis, elective surgeries like reconstruction can be viewed as non-essential, explains **Juliana Hansen, MD**, chief of plastic surgery and reconstructive surgery at OHSU.

"This was an opportunity to give Reme a breast reduction while cosmetically reshaping her breasts. Our team here at OHSU tries to remind our patients of their options and that it's not superficial to think of their long-term happiness."

Noted Naik: "Reme has made a full recovery and her prognosis is excellent. She is a great example of how a patient can benefit from a true multidisciplinary team approach."

DeBisschop said she appreciated OHSU's holistic, team approach and is more than satisfied with the results of her surgery.

"I loved the way the whole team approached my care from the minute I walked in. I'm also really happy with the end result. There's a little bit of scarring, but my breasts definitely look better than they did before." •

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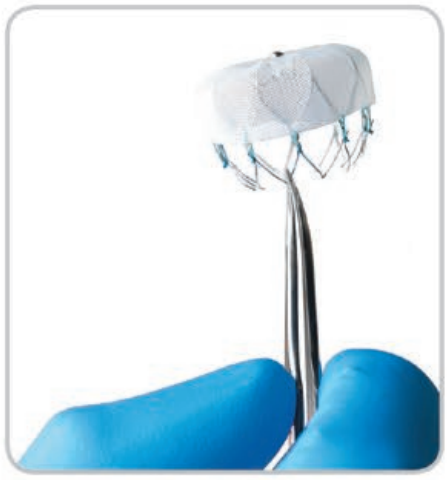

National leader in the procedure

Amish Desai, M.D., Director of the Structural Heart Program at Legacy Medical Group–Cardiology, is a national leader in the technology, having performed the procedure since 2005. His team is the only one in Oregon currently offering this service.

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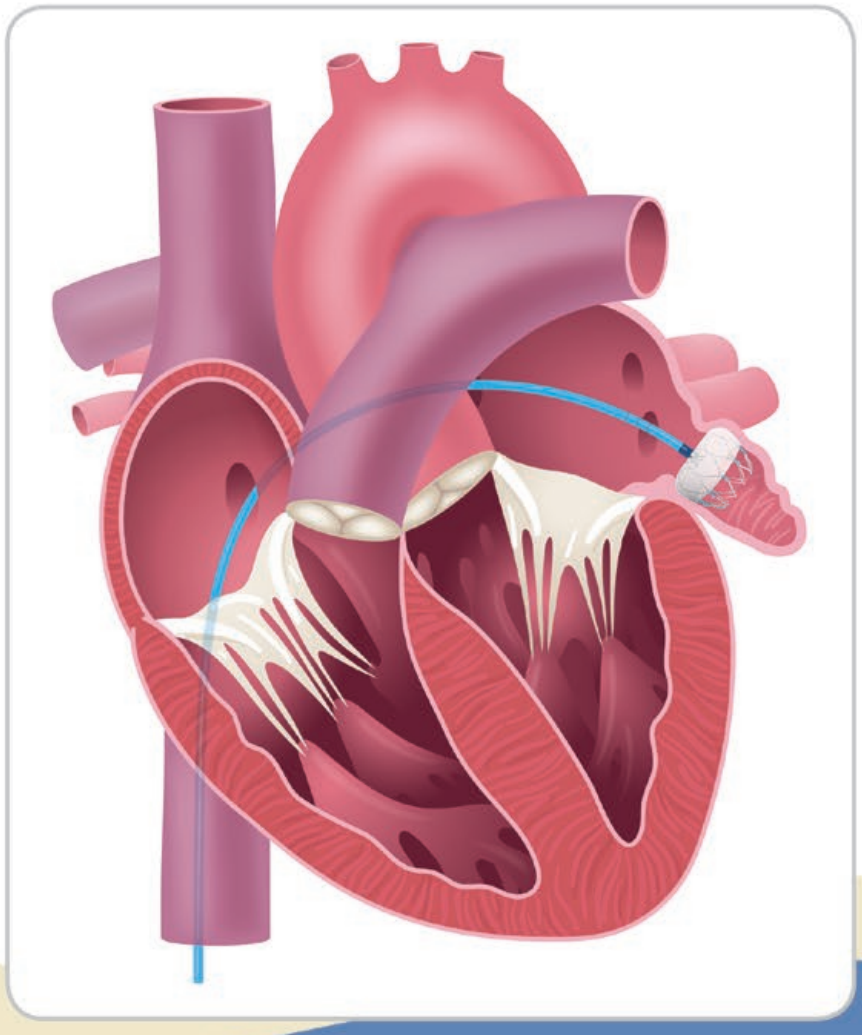

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FACES' model of volunteer service extends far beyond surgery

By John Rumler
For The Scribe

FACES (Foundation for the Advancement of Cleft Education and Services) is a Portland-based 501 (c)(3) with a mission to provide a model of comprehensive care for indigent, medically isolated cleft lip/palate patients, beyond surgery alone and in a locally sustainable fashion. It was founded in 2001 by **Thomas Albert, MD, DMD**, and **Jeffrey Israel, MD.**

Albert, the current president of FACES Foundation, is an associate professor of otolaryngology, head and neck surgery, and professor emeritus of oral and maxillofacial surgery at Oregon Health & Science University, where he is a 38-year faculty member.

Albert previously worked in China for nearly 20 years with Project HOPE. In 2006, he turned his attention to providing cleft-related care in northern Peru, where there is great need because of the economic conditions and a lack of access to health care for low-income families. In the last decade, FACES has provided cleft-related surgical care and follow-up care for more than 450 patients.

Myriam Loyo, MD, one of five FACES team members who traveled to Peru last November to conduct screenings on potential cleft surgery patients, speaks fluent Spanish and says hearing stories about how the surgeries improve the lives of children and their families makes her want to serve even more.

FACES sent a 5-member team to Peru this past fall, where they screened 62 potential cleft palate surgery patients. The mission will resume at the end of January, with a larger team returning to perform about 50 surgeries.

Volunteers include four surgeons, one fellow, one resident, four anesthetists and two anesthetist fellows, and more than a dozen other ancillary specialists.

"Our goal is that every child and family dealing with a cleft lip/palate deformity obtains the highest quality of comprehensive care in spite of any financial, social or geographic barriers," Albert said. "Ideally, everyone deserves the same level of care that we would want for our own children. Obviously this is a great challenge even in this country."

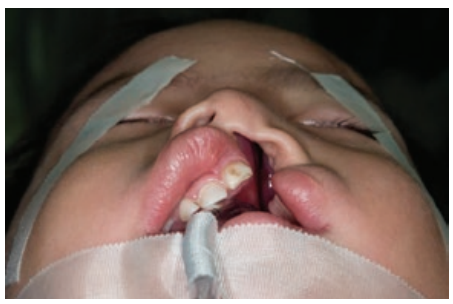
What separates FACES from most other surgical mission groups is trying to provide needed services beyond the surgery alone by helping to develop locally sustainable resources. Its efforts include working with groups such as Lions Clubs, Regional Ministry of Health, local medical schools, Café Femenino, the Catholic Church and physician groups, among others.

"We work with local service groups forming friendships and building trust, and we get to know the different children and their families," Albert said. "Surgery is the easy part. Making it sustainable, that's the bigger challenge."

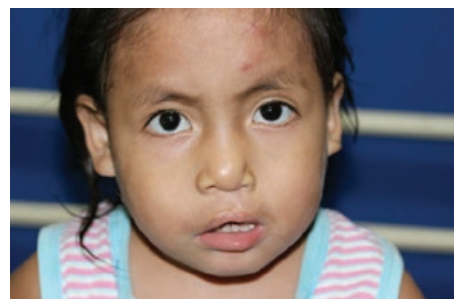
After providing cleft surgery, FACES' holistic-minded follow-up includes nutrition, social services, dental care, orthodontia, speech therapy over the Internet, and other general health care and family support. The end goal is making sure the patient and families have the support needed to successfully integrate into school and life and no longer be marginalized.

From left, Thomas Albert, MD; Lizandro Castillo Bancallan, a Peruvian Lions Clubs partner; Kelly Jensen, FACES Foundation vice president of international relations; and Dana Smith, MD, attend a surgical conference in Peru last August. Partnerships with local service groups like the Lions Clubs, as well as with physicians and health organizations are crucial to the FACES Foundation's comprehensive approach to providing care.

A recent trip including **Dana Smith, MD**, and **Myriam Loyo, MD**, screened 62 potential cleft surgery patients. A larger surgical team of approximately 30 members, including surgeons, a pediatric anesthesiologist, nurses, interpreters and others, will operate on some 50 patients in two hospitals, allowing for management of some more medically compromised patients.



Before surgery



After surgery

Smith, director of the Kaiser Cleft/Craniofacial Multidisciplinary Clinic in Portland, has been to Peru 10 times. Last August, he gave presentations on cleft lip and palate surgery at the Hospital Regional in Chiclayo, where FACES does many surgeries, and also in November at a national plastic surgery conference in Lima.

Children with cleft lip and palate surgery require several operations over almost two decades, Smith explained, so establishing an infrastructure which allows longitudinal follow-up is essential.

"It's important to collaborate with the local surgeons and community leaders, and it takes time to develop relationships in such settings. After going there for several years, we are still discovering new opportunities and developing new connections," Smith said.

Without local partnerships, FACES' mission would be nigh-on impossible. For example, the Lambayeque Women's Lions Club finds surgery candidates, often in remote and isolated locations. Then they help transport the patients and their families to the hospital and arrange housing, meals and support all through the process. Then they help with follow-up care.

"It's a gradual evolution to gain community support, and to be seen as helpers and friends and not as outsiders," Smith said.

Another FACES strength is utilizing technology in innovative ways. After a cleft lip and palate surgery, patients often need speech therapy to learn how to move their tongue and lips properly.

"Because the patients are indigent and live in rural parts of Peru, we developed the FACES Connectivity Model to solve this challenge," Albert explained. "Using 3G, 4G and WiFi technology, we connect with our patients using laptops and webcams, and our Portland-based speech therapists provide speech therapy."

Loyo, a faculty member in OHSU's facial plastic and reconstructive surgery department, has participated in a mission to Rwanda—where the entire country had only one qualified plastic surgeon—and on several epidemiological missions to northern Mexico. Loyo also joined the FACES screening trip to Peru and looks forward to returning.

"Having a cleft lip and palate impacts how people are perceived. It impacts their social life, school, getting a job, their marriage, all those things, and fortunately surgery can change all that," Loyo said.

In addition to their partnership in Lambayeque, FACES is working with Lions Clubs in the Portland area to create a regional sight and hearing screening and referral program in northern Peru. The Portland Lions have donated upwards of 4,000 pairs of glasses to Peru to date.

"FACES' ultimate goal in Peru," Smith said, "is to develop a successful program for cleft lip and palate care, then transition it to a self-sustaining model run entirely by the local medical professionals supported by the local community leaders. We realize that this will be a long process over a number of years."

Loyo, who speaks Spanish fluently, gets to hear the many poignant stories of the people in Peru when they explain how the surgeries improve their lives and the lives of their children.

"Listening to what a difference we are able to make for these people, who would otherwise never get this kind of help, gives me an even stronger sense of duty and deepens my desire to serve even more," Loyo said. •

FACES is looking for volunteers to join its team. For more information, please visit www.facesfoundation.org.

Photos courtesy of the FACES Foundation

Waldorf finds overseas volunteerism 'enormously rewarding'

By John Rumler
For The Scribe

The owner of the Waldorf Center for Plastic Surgery in Southwest Portland, **Kathleen Waldorf, MD, FACS**, has participated in overseas surgical missions with Women for World Health (WWH) since 2010, when she joined a team that went to Makeni, Sierra Leone.

The four-hour drive from the airport to Makeni was jarring and dusty, over rough dirt roads, with the group running into roadblocks with armed guards.

"At the time, we were one of the first cleft teams to go to the city of Makeni and the conditions were extremely primitive," Waldorf recalls. "There was no electrical grid, no tanked gas; all that was provided was a power generator. We brought all our own monitors and surgical equipment."

The team, consisting of two plastic surgeons, two anesthesiologists, a pediatrician, six nurses and several support staff, stayed for eight days and performed 84 reconstructive surgeries.

A second trip to Sierra Leone in 2012 was similarly successful, with 86 surgeries, and there was regional electricity due to the presence of Dutch and Chinese copper mining companies. A third trip last spring was canceled due to an Ebola outbreak.

Denise Cucurny, president and co-founder of WWH and an anthropology professor at California State University, said that in Sierra Leone children with cleft lips often are stigmatized and subject to violence and worse.

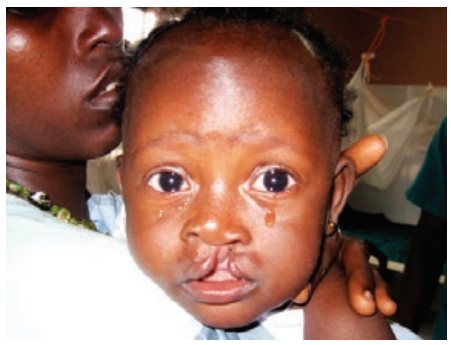
"When Kathy heard that she said, 'I will not let these kids be hurt or killed.' She was fiercely determined to help as many kids as she could, and she worked in the operating room until at least 9 p.m. every night," noted Cucurny, describing Waldorf as an "excellent surgeon with a huge heart."

Other children born with facial deformities often are cast off by society. In Sierra Leone, volunteers who worked to bring WWH there have found abandoned babies in the jungle and old wells, Waldorf said. "An operation that takes about an hour to perform can be not only life changing but life saving in these cultures."

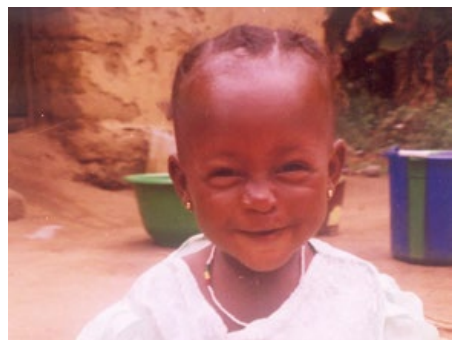
In addition to cleft lip/palate surgeries, Kathleen Waldorf, MD, FACS, has performed reconstructive surgery on patients like the young man pictured here, who was burned next to an open cook fire in Sierra Leone.
Photo courtesy of Women for World Health

Kathleen Waldorf, MD, FACS, volunteers her time and expertise to perform cleft lip/palate and other reconstructive surgeries, including several in Sierra Leone, as part of Women for World Health missions.
Photo courtesy of Women for World Health

The WWH team also has done numerous burn contracture releases and skin grafts, and has removed extra fingers and toes as well as tumors, among an array of emergency treatments. In Sierra Leone, Waldorf participated in a successful penis reconstruction on a 12 year old, normalizing appearance and function. Waldorf also participated in amputating the foot of a boy who'd been hit by a car and had gangrene. "The amputation saved his life, and his parents were immensely grateful," Cucurny said.



Before surgery



After surgery

In yet another case, a woman who had been in a car accident was brought in for treatment. "Her face was shredded, her nose smashed and she was going to lose her right eye," Cucurny said. "Kathy worked for hours patiently repairing the woman's face. The 'after' pictures are stunning. Her nose looks great, the scarring is minimal and Kathy saved her eye."

Waldorf also has been on teaching missions to Ecuador and Romania, where the equipment and surgical techniques are often outdated, working with local pediatric surgeons and residents and showing them current techniques. She recalled a particularly rewarding experience in South America. "An adult male that I operated on in Ecuador announced after his surgery, looking in the mirror with a big smile on his face, 'Now I can go find a wife.'"

Waldorf, who completed her undergraduate studies, medical school and general surgery training at Georgetown University, has also served as the primary cleft surgeon at Randall Children's Hospital at Legacy Emanuel since 1994. She says she definitely plans to continue volunteering for missions. She tentatively plans to join a WWH surgery mission to Peru this spring.

"Working as a plastic surgeon on these trips is enormously rewarding, but it can be stressful and physically and emotionally demanding. It can be expensive, too, as you leave your practice and often pay your own way. But I enjoy it immensely and highly recommend it to others.

Waldorf said she appreciates the range of surgeries she has the opportunity to do. "Whether it be a facelift on an aging person, improving their self confidence and empowering them, or repairing a cleft lip on a baby in a developing nation, I love it all." •

For more information about WWH, visit www.womenforworldhealth.org.

Medical Student Award nominations needed

The Medical Society of Metropolitan Portland is pleased to introduce our Second Annual Medical Student Award, paying tribute to a medical student who embodies our mission to create the best environment in which to care for patients. We are looking for a student who displays professional knowledge, skill, judgment, mentorship and compassion, strong community involvement and strives for wellness to meet the highest standards of service.

If you would like to recognize a student member who has shown these attributes, please visit the www.MSMP.org Student Section and complete a nomination form. Nominations must be submitted by April 15.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OMA

Neurosurgery resident waltzes through joys of ballroom dance

By Jon Bell
For The Scribe

There may be a joke out there somewhere about how ballroom dancing is hardly brain surgery, but **Kunal Gupta** isn't likely going to be the person to make it.

Instead, Gupta, a native of the United Kingdom, is actually someone with an affinity for and a connection to both brain surgery and ballroom dancing.

Kunal Gupta has an affinity for and a connection to both brain surgery and ballroom dancing. He began dancing as a youngster in England and continued during medical school. He also has competed in ballroom dancing, including with his wife, E. Jolanda Muenzel.

Photos courtesy of Kunal Gupta

Now in his fourth of seven years as a neurosurgery resident at Oregon Health & Science University, Gupta, MBChB, PhD, grew up in Birmingham, England, where he took a fair amount of acting classes. To complement those, his parents also enrolled him in a few dance classes at a local recreation center. Though he never fully dove into the pastime as a youngster, the exposure to dance did leave an impression.

"It was just one of those experiences that kind of stuck with me," said Gupta, now 32.

In fact, it stuck with him so much that when he arrived at the University of Cambridge for medical school, Gupta decided to try out for the Cambridge University Dancesport Team. The team represents the university at national competitions across the country, competing in five ballroom dances — waltz, quickstep, foxtrot, Viennese waltz and tango — and five Latin American dances, including jive, samba, rumba, paso doble and cha cha. Gupta didn't make the first team on his first try, but a year later he did, which set the stage for his enjoyment of competitive ballroom dancing to take off.

"It's not so much fun when you're a 12-year-old kid," Gupta said, "but it gets much more interesting when you're an adult."

As part of the team at Cambridge, Gupta built up his dancing deftness and moved his way up in the ranks. While studying for a time in Edinburgh, Gupta wanted to keep his dancing sharp and needed to find a partner. He found one in a young researcher and dancer who also happened to be studying in Edinburgh just two labs away from Gupta. The two began dancing together and, eventually, they married.

"It's funny, but it's how I met my wife," Gupta said.

In addition to his wife, Gupta danced with many different partners while he competed at Cambridge and in a few amateur competitions. He described the competitions as "these amazing round robins" where 20 different couples all dance and are judged at the same time.

"You spend half the time trying to dance and half the time trying not to trip over or run into everyone else around you," he said. "It's really fun."

Gupta also said he enjoys the music that accompanies ballroom dancing — plenty of big band music from the 1920s and 1930s — and the social interaction that dancers share. In addition, he said that at Cambridge, many of the dancers were in fields more closely related to science than, say, the humanities, so there has been that connection for him as well.

"There are a lot of technical steps involved to do it right, so I think that is very appealing," Gupta said.

When he was competing, Gupta and his partners did fairly well, winning some competitions or at least making a solid showing. At the more advanced level, however, Gupta said it's hard to compete against people who have been dancing seriously since they were children.

"You can't compete with that," he said, "but it's an honor to be dancing beside people who are that good."

Though Gupta and his wife, **E. Jolanda Muenzel, MD, PhD**, a post-doctoral fellow in neuroscience at OHSU, still dance occasionally, they have found that their time is monopolized these days by work and study. Gupta, who has a bachelor of medicine and a bachelor of surgery and also a PhD from Cambridge, is at a point in his residency where he is taking care of critical patients and assisting surgeons. He is also gaining more autonomy in the operating room as he works toward ever more complex surgical procedures.

While his earlier research focused, according to an OHSU bio, on "the novel discoveries he made around glial-neuronal interaction under molecular paradigms of traumatic brain injury, using a human stem cell platform," Gupta's main interest these days is in epilepsy, as it is an affliction where a strong case for surgical treatment, rather than pharmaceutical treatment, can be made. He said he plans to use his sixth year of residency for epilepsy research, followed by his seventh and final year of surgery.

After that, Gupta, who also enjoys tennis, skiing and snowboarding, is hopeful that eventually his schedule may free up time for a little more dancing.

"I'd love to because it really is a lot of fun," he said. "Maybe when I have more control over my schedule." •

Early cancer detection focus of collaboration

Cancer Research UK, one of the world's largest funders of cancer research, and **Oregon Health & Science University's Knight Cancer Institute** have formed a collaboration to accelerate research in the early detection of cancer, it was recently announced.

The goal is to fill the urgent need for better methods to find lethal cancers as they form so they can be treated more effectively. A patient's chance of survival increases significantly if the disease is diagnosed and treated at an early stage, OHSU noted.

The collaboration also seeks to accelerate progress by identifying and tackling the barriers for scientists, including:

- A lack of research models for the earliest stages of the disease
- A shortage of tissue samples available for research, especially samples from higher risk patients
- Limited funding for this type of research
- The need for a better understanding of the biology of early cancer and appropriate technologies to detect its features

The collaboration will host an annual international conference series with participants that will include current leaders in early detection as well as top scientists and thought leaders in other aspects of cancer research and bioengineering that are relevant to advancing the field. In 2016, the conference will be titled Cancer Research UK and OHSU Knight Cancer Institute present the Sondland-Durant Early Detection of Cancer Conference, in recognition of support from the Gordon D. Sondland and Katherine J. Durant Foundation.

The conference series will enable Cancer Research UK and the OHSU Knight Cancer Institute to develop a global network of experts dedicated to collaboratively accelerating discovery, according to a press release.

New space debuts

Image courtesy of Legacy Health

Legacy Good Samaritan Medical Center recently opened a new combined urgent care/emergency department that is open 24 hours a day, seven days a week, and accepts most forms of insurance. In addition to replacing the former emergency department, Legacy's $10-million capital project also included a redesign of the façade on Northwest 23rd Avenue; transformed the former layout of the emergency department into a more flexible, multifaceted space; and created what Legacy called the West Coast's only "senior care pathway."

Festival of Trees' record donations to benefit children

A focus on children led to a record-breaking year for **Providence Festival of Trees'** 33rd anniversary in Portland. The event's sold-out gala and auction, which hosted more than 1,000 donors to support expansion of pediatric developmental health services, raised a record $1.1 million, according to Providence Health & Services.

The event included two donations of $50,000 during the special appeal—one from Bob and Sharon Miller and another from Ron and Tammy Witcosky—a $50,000 commitment from local pediatric providers, and an auction bid of $25,000 for a Starbucks-themed tree.

"The amount of engagement by donors and the public has been amazing," said **Resa Bradeen, MD**, regional medical director of Children's Services with Providence. "Most people know someone who is caring for a child with special health needs and understand the level of support that families need."

One in five children has special health needs, developmental delays or disabilities, and the community lacks the resources to care for them all. Providence said it provides specialized evaluation, treatment, education and support for children facing challenges such as autism, cerebral palsy, complex ADHD, Down syndrome or sensory processing disorder. "Our goal is to double the number of children we serve (in 2016), and the tremendous outpouring of support will allow us to take our program to the next level," Bradeen said.

During the Festival of Trees gala, Bradeen announced that the Providence Neurodevelopmental Center for Children will be renamed Providence Children's Development Institute, reflecting Providence's vision to become a center of excellence for children with special health care needs. Providence Children's Health is committed to reversing a state and national trend of limited access to care for these children and their families. As a beneficiary of the 2015 Providence Festival of Trees, Providence said it will be able to begin expanding developmental, behavioral and neurological services.

The 2015 Providence Festival of Trees in Portland raised $1.1 million, but Providence noted that as of early to mid-December donations were continuing to come in. Providence's two other festival celebrations in Seaside and Medford generated a combined total of more than $600,000 in contributions for programs in those communities, the health system said.

Grant to support Clackamas clinic

Clackamas Volunteers in Medicine—**The Founders Clinic** recently was awarded a $15,000 community grant from the William Swindells Sr. Memorial Fund of the Oregon Community Foundation. The clinic has also received additional support of this project from the Cabana Fund of the Oregon Community Foundation, the Oregon City Rotary Foundation and in-kind donors.

The clinic said the grant will provide updated equipment/technology, enabling it to continue to grow and provide better services to more patients. It will also allow it to better track and enlarge the 200-plus volunteers and donor base.

Since February 2011 the Clackamas Volunteers in Medicine—Founders Clinic, the first free clinic in the county, has provided medical services to financially qualified uninsured and underserved residents there.

Submit your nominations for the Rob Delf Honorarium Award

MSMP is seeking nominations for the Rob Delf Honorarium Award, the annual award the Medical Society's Board of Trustees created in recognition of Rob Delf's long service to the organization.

The award is given to a person or persons who exemplify the ideals of the Medical Society within the community where members practice. This can be demonstrated by work projects or activities that improve community health or the practice of medicine in arenas including, but not limited to, the practice of medicine; educating new members of the medical community; educating the public about health, medicine and health public policy; improving public health and emergency preparedness; advocacy in health public policy; or other community activities related to health care and policy.

The award may be given to members of the medical community, the health education community or the general public. Please visit www.MSMP.org or www.MMFO.org to submit your nomination. The deadline for nominations is March 10.

$3M grant aims to advance TB vaccine research

Project to expand on previous OHSU breakthroughs in cell, immune system discovery

Oregon Health & Science University researchers have been awarded a $3 million grant from the Bill & Melinda Gates Foundation to study whether a particular group of infection-fighting T cells may be viable for developing a vaccine to combat the global tuberculosis epidemic.

The funds were awarded to **David Lewinsohn, MD, PhD**, in the **Papé Family Pediatric Research Institute at OHSU Doernbecher Children's Hospital**.

"This grant from the Gates Foundation represents a continued commitment toward the **eradication of TB.** We are excited to be a part of it."

— *David Lewinsohn, MD, PhD*, professor of pulmonary and critical care medicine and pediatrics in the OHSU School of Medicine, and a staff physician at the VA Portland Health Care System

Lewinsohn will expand on previous findings that revealed a population of TB-recognizing T cells known as mucosa associated invariant T (MAIT). Because of their reliance on a common antigen recognition system, and their abundance in the human lung, researchers believe that MAIT cells may be harnessed as unconventional TB vaccine targets, OHSU said.

According to the World Health Organization's 2015 global report, TB claimed 1.5 million lives the year prior – 140,000 of whom were children – making it the leading cause of death worldwide. TB, a contagious airborne disease caused by the bacteria Mycobacterium tuberculosis, generally attacks the lungs, though it may spread to various parts of the body such as the kidneys, spine and brain.

"Improved TB vaccines will require an understanding of the mechanisms by which T cells recognize other cells infected with Mtb, particularly in the lung," noted Lewinsohn, a professor of pulmonary and critical care medicine and pediatrics in the OHSU School of Medicine, and a staff physician at the VA Portland Health Care System. "This grant from the Gates Foundation represents a continued commitment toward the eradication of TB. We are excited to be a part of it."

The research approach focuses on a combination of T cell biology, mass spectrometry and protein chemistry to define the molecular structure of MAIT cell antigens, a substance that causes the immune system to respond. The objective is to create stable immunogens, or antigens capable of creating an immune response, which will be suitable for vaccination in nonhuman primates and, eventually, humans, OHSU said. Lewinsohn's team will use flow cytometry as well as mass spectrometric cytometry to define the full spectrum of MAIT cell characteristics in both nonhuman primates and humans that will enable future vaccine studies. The grant also will allow development of high-quality mouse models for future testing of MAIT cell vaccines.

The three-year research project involves OHSU, the University of Chicago, the University of Oklahoma Health Sciences University, Colorado State University, La Jolla Institute of Allergy and Immunology, and Stanford University. •

Do you have story ideas for The Scribe? We'd like to hear from you.

Please send story ideas to Scribe editors Barry and Melody Finnemore at Scribe@llm.com, or 360-597-4909. We look forward to hearing from you!

Brody Borlaug professorship to be endowed at Doernbecher

The **Brody Borlaug Foundation (Team Brody)** announced in December that a recent anonymous donation means it will be able to fully endow an immunology professorship at Oregon Health & Science University's **Doernbecher Children's Hospital**, creating the first dedicated Pediatric Immunology Program in Oregon and southwest Washington. The donation brought Team Brody over the $1 million fundraising mark, the minimum required to endow the professorship, representing the beginning from which a world-class Pediatric Immunology Program can grow, according to a press release.

"Our support system has helped us create a solid foundation, but now more than ever we'll be relying on their help as we embark on this next phase," said **Jeff Borlaug**, Team Brody founder and executive vice president of the Doernbecher Children's Hospital Foundation's Board of Directors. "We are excited about what the future holds for Team Brody as we launch the first dedicated Pediatric Immunology Program in Oregon and southwest Washington."

Jeff Borlaug founded Team Brody with his wife **Tracy** after their son Brody passed away at age 3 from complications of primary immunodeficiency. The press release said that throughout his 18-month battle of multiple invasive procedures, Brody persevered, reminding everyone that he was more than a patient — he was a child who played, laughed and spread joy. A delay in diagnosis, along with complications while enduring a bone marrow transplant, proved too much for his young body.

"What resulted from Brody's tragic story was a dedication unseen in most. Team Brody's commitment will help us provide the children of our region early diagnosis and access to close-to-home, state-of-the-art immunological services," said **Dana Braner, MD, FAAP, FCCM**, interim physician-in-chief with Doernbecher and professor and interim chair of the Department of Pediatrics at the OHSU School of Medicine. "Together we'll be able to build a new Pediatric Immunology Program at OHSU Doernbecher thanks to this important first step in endowing the professorship."

Established in 2011, Team Brody holds the all-volunteer Brody Borlaug Memorial Golf Tournament & Benefit Dinner, which has raised nearly $340,000 over four years. The support of the OHSU Doernbecher community at large has also been instrumental in Team Brody's success, along with key partnerships garnered through Jeff Borlaug's commercial real estate career, according to the release. •

Brody Borlaug

"What resulted from Brody's tragic story was a **dedication unseen in most.** Team Brody's commitment will help us provide the children of our region early diagnosis and access to close-to-home, state-of-the-art immunological services."

—*Dana Braner*, MD, FAAP, FCCM

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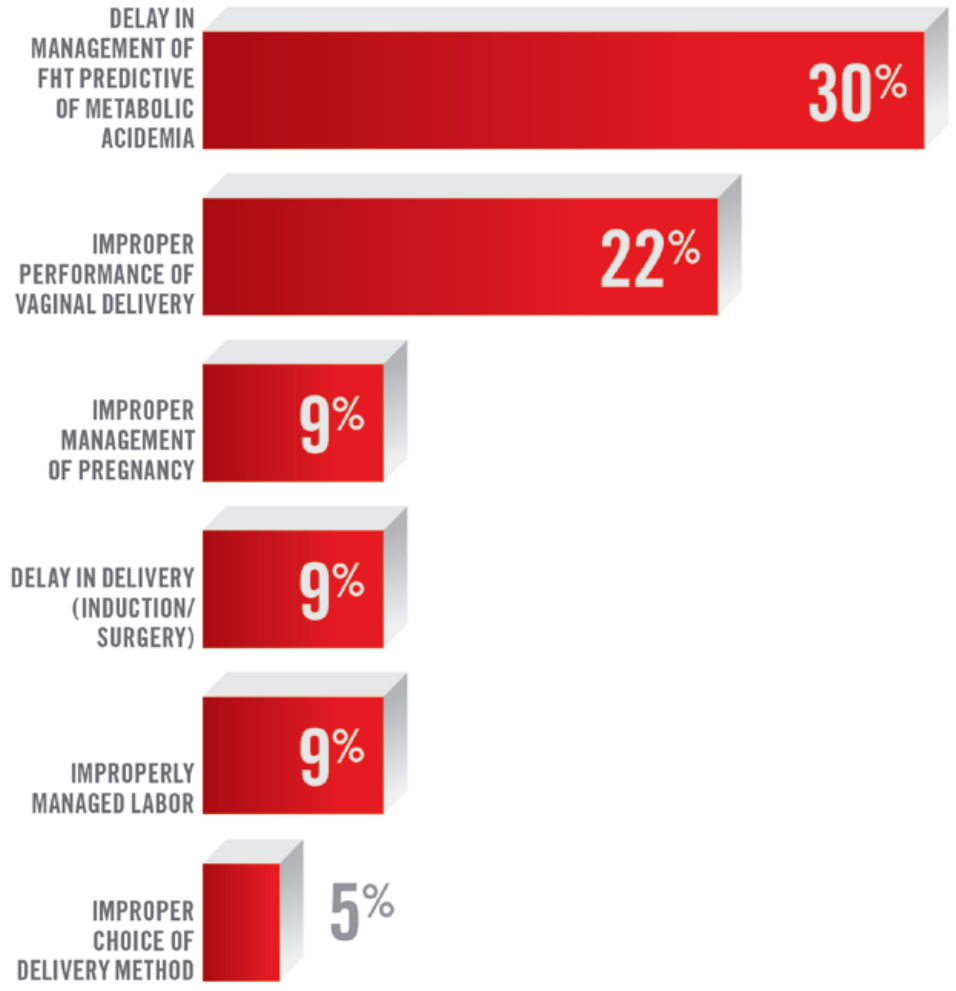

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