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**12** A boon for B.C. babies – and their moms

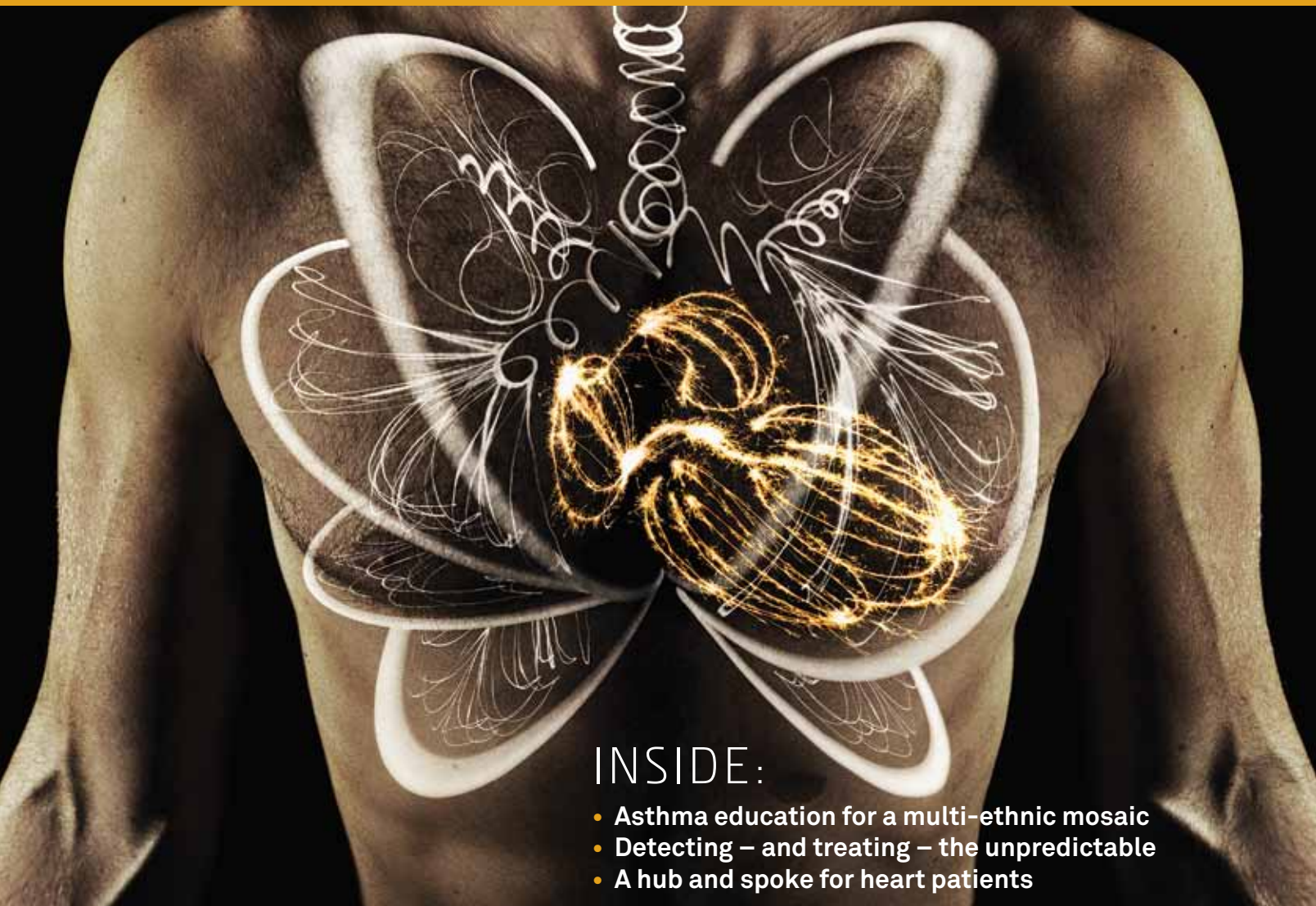


**16** Helping immigrant physiotherapists make the grade

# UBC MEDICINE

VOL 8 | NO 2 FALL 2012 THE MAGAZINE OF THE UBC FACULTY OF MEDICINE

## HEART, LUNGS AND HOPE



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- Detecting – and treating – the unpredictable
- A hub and spoke for heart patients



a place of mind

THE UNIVERSITY OF BRITISH COLUMBIA



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FACULTY OF MEDICINE

# UBC MEDICINE

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## MESSAGE FROM THE DEAN AND VICE PROVOST HEALTH

Among the medical success stories of the past half-century, our treatment and prevention of heart and lung disease is near the top. Canada's death rate due to respiratory diseases has plummeted – from 59 deaths per 100,000 people in 1960 to an estimated 38 in 2009. Mortality rates for ischemic heart disease between 1969 and 1999 decreased by 62 per cent and for acute myocardial infarction by 70 per cent.

That good news, however, must be tempered by some sobering realities. Canada's aging population, the prevalence of poor dietary habits, the sedentary nature of modern lifestyles, as well as the persistent scourge of smoking, mean that the heart and lung ailments will continue to be a major cause of illness and death.

Fortunately, this is a battle we are already primed to fight, and this issue of *UBC Medicine* illustrates just a few of the many ways the Faculty of Medicine is not only fighting – but winning.

Our efforts take many forms, whether it's developing biomarkers of heart and lung disease, standardizing heart failure care throughout the province, or finding new ways to communicate vital messages to asthma patients.

But just as Canada cannot declare victory on the basis of declining mortality rates from heart and lung disease, these stories should not lull us into complacency. Instead, they should inspire us to do more.

Sometimes, as in the case of the PROOF Centre's biomarkers projects, action springs from the realization that a problem can be overcome with enough talent, creative collaboration and tenacity. Sometimes, as in the case of BC's Heart Failure Network, it's driven by the conviction that the status quo is simply not good enough.

This continuous innovation and improvement are hallmarks of academic medicine, and there are many more opportunities in cardiology and pulmonology where we can apply it, with potentially significant results.

That is why the Faculty of Medicine has made heart and lung health one of its explicit research priorities in its strategic plan. We believe we can make a difference, and with something as serious and prevalent as heart and lung disease, every innovation and improvement has dramatically positive implications for the health of our population – in other words, longer, better lives for many more people.

*Gavin C.E. Stuart, MD, FRCSC  
Vice Provost Health, UBC  
Dean, Faculty of Medicine*

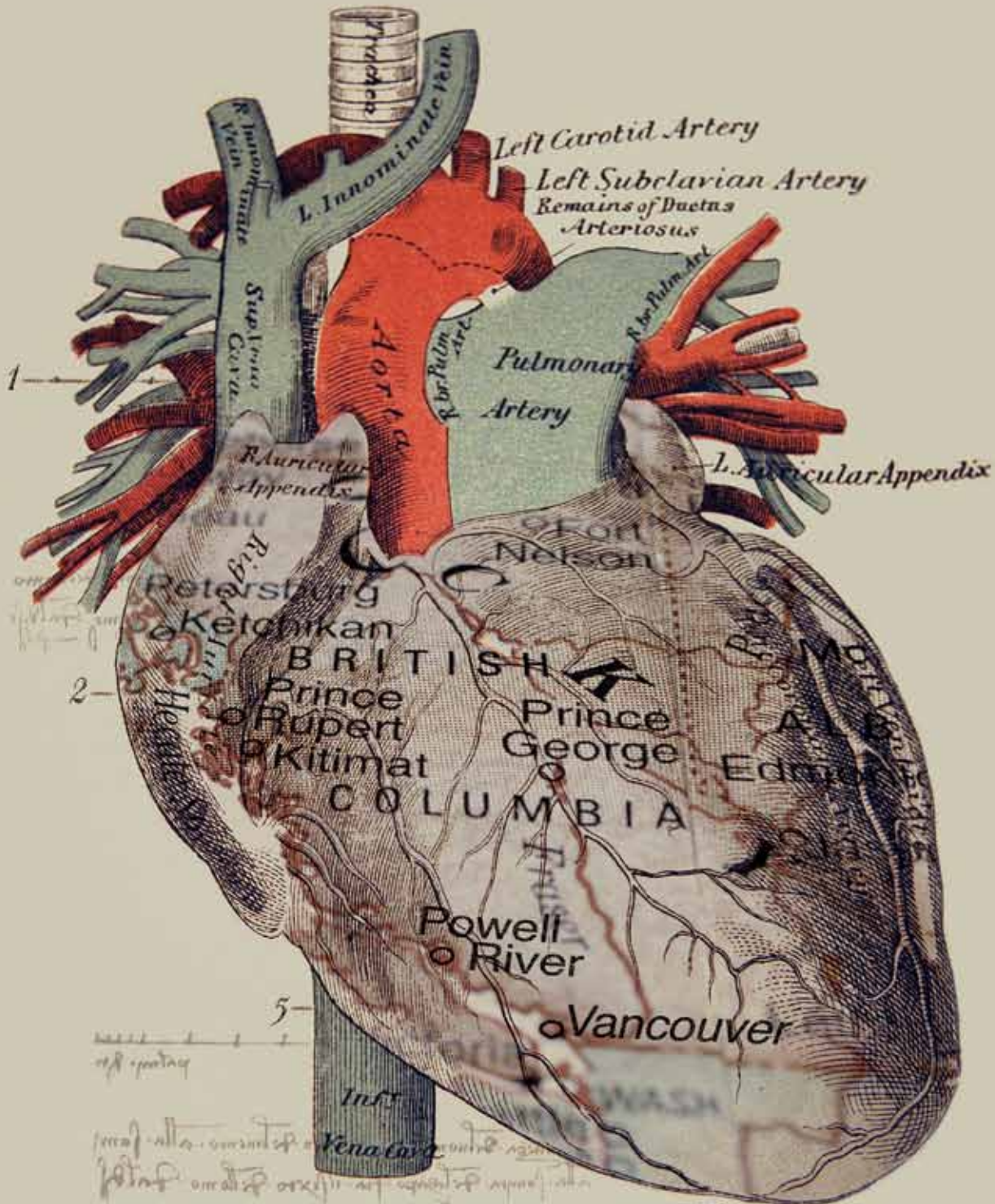


### ABOUT THE COVER

Illustrating the multi-dimensional talents of UBC's medical students, this issue's cover image was created by **Cyrus McEachern**, MD '12, who is currently doing an anesthesiology residency at McGill University. "I wanted to create a somewhat abstract expression of the beautiful anatomy and physiology at the core of all of us," he explains. "I drew shapes of light and overlaid them on a photographic self-portrait to illustrate the electrical conduction of the heart, the laminar and

turbulent airflow in the lungs, and the intimate relationship between these two vital organs." Dr. McEachern, who has done artistic work for BC Transplant, and whose medically-themed work is included in the collection in the 7th floor waiting area of the Gordon and Leslie Diamond Health Care Centre at Vancouver General Hospital, says, "I am passionate about art in medicine, and plan to make it a substantial part of my career."

# CLOSING THE GAPS IN BC HEART FAILURE CARE







L – R: Andy Ignaszewski and Bonnie Catlin. PHOTO CREDIT: BRIAN KLADKO

**Bruce Hobson, a family practitioner in Powell River, typically has a handful of patients in various stages of heart failure – one of the most serious conditions he must treat. But until recently, he felt very much alone in caring for them.**

Yes, he referred patients to internal medicine specialists when necessary. But when patients came back to him with a diagnosis and test results, he was often desperate for guidance.

“I could look it up in a book or look it up online, but there was nothing that was really helpful to me when I was seeing a patient one-on-one,” Dr. Hobson says.

His sense of isolation was broken by BC’s Heart Failure Network, led by Clinical Professor of Medicine (Cardiology) **Andy Ignaszewski**, provincial clinical nurse specialist for heart failure **Bonnie Catlin**, Cardiac Services BC and the five provincial health authorities.

The network is working to ensure that all health care professionals are working from the most up-to-date evidence about heart failure, as well as ensuring that patients – no matter where they live in the province – receive the same quality of care and have equitable access to heart failure services.

The impetus for the network was motivated by gaps and discrepancies around B.C. Doctors didn’t know about certain tests, for example, or didn’t realize they could push up medication doses more quickly than they were accustomed to doing.

“Not to say some are wrong and some are better, but there was no consistent standard for care – in how people were diagnosed, in what patients were told to do, in the way patients were medically managed, and in dealing with end-of-life issues,” says Dr. Ignaszewski, a cardiologist at St. Paul’s Hospital. “If you asked me three years ago what happens to a heart failure patient in the province, I would know what happens in some cities, but I wouldn’t know in a lot of places.”

The catalyst for the network was a province-wide pooling of purchasing agreements with manufacturers of pacemakers and defibrillators. Dr. Ignaszewski and other physicians convinced the Provincial Panel for Cardiovascular Health – and ultimately, BC Cardiac Services – that standardizing heart failure care would be the best use of those savings.

A 35-member steering committee began organizing health care professionals around the province. A set of working groups were formed, devoted to such issues and tasks as tele-health, data collection, diagnostic imaging, creation of educational material for health professionals and patients, identifying

needs of special populations (Aboriginal, Chinese, South Asian, and the frail elderly) and improving palliative and end-of-life care.

The network adopted a hub-and-spoke service model, with St. Paul’s serving as the provincial hub supporting clinical excellence in advanced heart failure care, and each health authority having one or two regional hubs providing advanced diagnostic capacity and interventional care. Clinics and family practitioners, where the bulk of the care takes place, are the outermost spokes.

That collaboration has already resulted in the development of a heart failure algorithm for primary care physicians – step-by-step, diagrammatic instructions on caring for patients. The algorithm and related material are shared with primary care physicians through continuing medical education programs and the British Columbia Medical Association’s Practice Support Program, as well as a website ([www.bcheartfailure.ca](http://www.bcheartfailure.ca)) and a newsletter.

The network is now developing a pocket reference guide for community nurses when visiting heart failure patients, and is establishing competencies for nurses in specialized heart function clinics. It’s also forging agreement on standardizing echo-cardiogram referral forms and reporting standards. Currently, each hospital has its own echo reporting practices – for example, how they quantify the ejection fraction, or the volume of blood pumped by each beat – so primary care doctors often have a hard time making sense of the results that are sent back to them.

“The results are often not comparable with one another – some use a definitive percentage, some use a range,” Dr. Ignaszewski says. “The doctors tell me they don’t understand the results, which is a waste of time, money and resources.”

The network also has developed standardized education resources for health care professionals, patients and families. Dr. Hobson, an active member of the network, says he now approaches his heart failure patients with a much higher level of confidence – he not only knows more about what he should do, but also knows when and where to turn for more help. In other words, he feels he is part of an integrated system.

“Now that there’s standardization of care, better communication is going to result, and we will all have a clear direction for medication, education and complications,” he says. “It has made a big difference in my comfort level.”

## FOCUS ON: HEART + LUNG

*Andrew Krahn, the Sauder Family and Heart and Stroke Foundation Chair in Cardiology and Paul Brunes Professor in Heart Rhythm Disorders.*

PHOTO CREDIT: DON ERHARDT



# A SPECIALIST IN DETECTING – AND TREATING – THE UNPREDICTABLE

As sudden as cardiac arrest comes on, it's often a foreseeable event, arising from a confluence of risk factors – body weight, diet, diabetes, smoking and lack of exercise.

Some cardiac arrests, however, are not only sudden, but completely unexpected, striking down otherwise healthy individuals while they are exercising, playing chess, or even sleeping.

"This usually isn't grandpa," says **Andrew Krahn**. "This is the grandchild."

Dr. Krahn, the new Head of UBC's Division of Cardiology, has devoted much of his career to the daunting task of stopping such seemingly random events before they occur.

Recruited from the University of Western Ontario to lead cardiology research and education in B.C., Dr. Krahn is an internationally recognized expert in the genetic causes and management of cardiac arrhythmias, causes of loss of consciousness, and implantable heart rhythm devices.

Dr. Krahn's responsibilities for building cardiology research and teaching capacity, which he assumed in August, will extend across the entire province.

He also will treat patients – mainly through the implantation of heart rhythm devices and seeing patients in an emerging clinic devoted to inherited heart arrhythmia – and will pursue his own research into inherited arrhythmias.

Dr. Krahn's appointment was made possible by a confluence of funding sources, including the Heart and Stroke Foundation, the Sauder family, and the B.C. government, which provided the funds for the Sauder Family and Heart and Stroke Foundation Chair in Cardiology; and the Brunes family, the VGH & UBC Hospital Foundation and Cardiac Services BC, which provided funds for the Paul Brunes Professorship, named for a B.C. man who died suddenly of heart disease in 2010, at the age of 31.

One of the major attractions of the position for Dr. Krahn, who grew up in various towns around B.C., was the chance to create a province-wide network of clinics to diagnose and treat people with inherited arrhythmias – estimated to number about 7,000 in B.C.

In Ontario, Dr. Krahn undertook a national study funded by the Heart and Stroke Foundation that detected rare genetic conditions in children and adults who have experienced a sudden cardiac arrest, as well as their family members, who may appear perfectly healthy. Once a genetic condition, such as "long QT syndrome," is identified, a potentially fatal cardiac arrest can be prevented through medication (typically beta-blockers) or implantable defibrillators.

"When you diagnose long QT syndrome in an 18-year-old who recently fainted for no apparent reason, the parents are usually pretty wound up," says Dr. Krahn, the President of the Canadian Heart Rhythm Society. "It's rewarding to let them know that you've seen this before, you understand it, and you can treat it."

Now Dr. Krahn is working with **Laura Arbour**, a Professor of Medical Genetics, to create a similar, province-wide network that would refer individuals with inherited arrhythmia – and their relatives – to a clinic at St. Paul's Hospital or Royal Jubilee Hospital in Victoria, or use telemedicine technologies to provide remote examinations and counseling. Dr. Krahn and Dr. Arbour expect that for every individual identified due to an event, such as loss of consciousness, four more at-risk family members will be detected.

As head of Cardiology, Dr. Krahn will provide strategic direction with the approximately 50 cardiologists at Vancouver General Hospital and St. Paul's Hospital, with the goal of enhancing their educational programs and building research capacity.

"All of these things – my clinical, research and leadership roles – interact to make for a lot of balls in the air, which I enjoy," Dr. Krahn says. "I might be teaching a resident in the clinic about one of these genetic problems, and in so doing also enrol the patient in a research study to pinpoint the genetic cause, or to improve diagnostic and therapeutic approaches. If I needed any further motivation, the warm welcome I've received from the B.C. cardiovascular community, and its obvious commitment to excellence in patient care, research and teaching, has certainly done the job."



The Centre of Excellence for the Prevention of Organ Failure (PROOF Centre), a national Centre of Excellence for Commercialization and Research based at St. Paul's Hospital and UBC, has created a pipeline that scans thousands of blood samples for gene and protein expression signatures that correlate with particular diseases, especially of the heart and lungs.

Four years ago, a team of clinician-scientists led by Bruce McManus, a Professor in the Department of Pathology and Laboratory Medicine, galvanized around a compelling idea – developing definitive and scalable tests to answer questions that now depend on painful, invasive procedures or educated guesses.

**Acute rejection:** PROOF Centre's most advanced biomarker set indicates whether a transplanted heart is surviving the patient's immune system during the first year. If the test, based on the expression of eight genes and the presence of nine proteins, repeatedly comes back negative, a patient could be spared a painful, somewhat risky heart biopsy, now a standard procedure for anyone receiving a new heart. In a test of more than 200 samples across Canada and internationally, the test was 99 per cent accurate. PROOF Centre is now starting a larger, clinical study involving 1,000 samples.

**Predicting recurrent lung attacks:** When patients show up at hospital with acute breathing problems, or "lung attacks," it's difficult for physicians to know if the episode will turn out to be a rare flare-up, or the beginning of a downward spiral that requires more aggressive treatment, including daily exercise and respiratory therapy. PROOF Centre is analyzing clinical data and blood samples from 700 patients in the search for signals of the severity of a patient's lung attack.

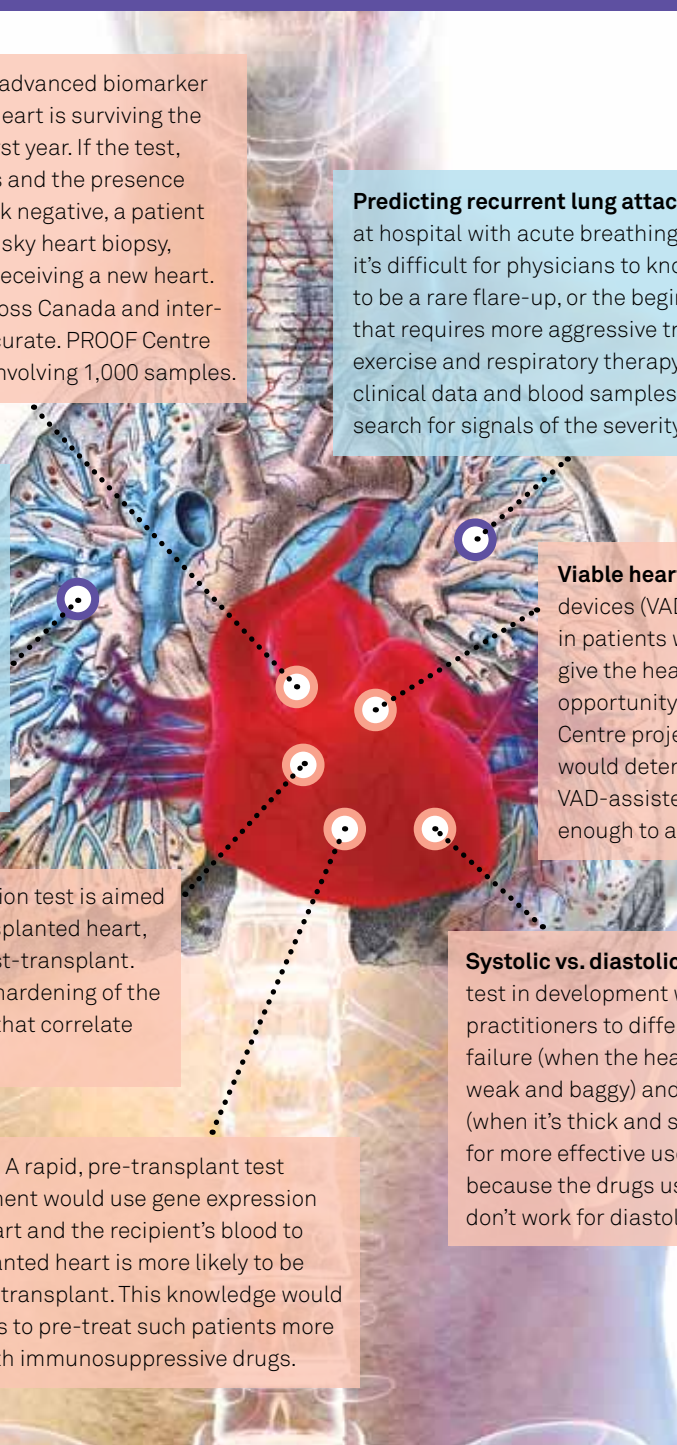
**Confirming lung attacks:** Lung attacks are not so easy to diagnose, and could be easily mistaken for a heart attack, gradual heart failure, or an embolism. PROOF Centre is exploring the possibility of a gene expression blood test – based on samples being collected from COPD patients who show up at St. Paul's – that would confirm in a short time whether it's indeed a lung attack.

**Viable heart tissue:** Ventricular assist devices (VADs), small pumps implanted in patients with acute heart failure, give the heart a break and create the opportunity for recovery. One PROOF Centre project, still in the discovery stage, would determine if the heart muscle in a VAD-assisted patient has bounced back enough to allow for removal of the device.

**Chronic rejection:** Another heart rejection test is aimed at detecting chronic rejection of a transplanted heart, which would take place after a year post-transplant. Because chronic rejection is a type of "hardening of the arteries," the test includes 18 proteins that correlate with the degree of blockage in vessels.

**Systolic vs. diastolic heart failure:** A blood test in development would enable general practitioners to differentiate systolic heart failure (when the heart muscle becomes weak and baggy) and diastolic heart failure (when it's thick and stiff). This would allow for more effective use of medications, because the drugs used for systolic failure don't work for diastolic failure.

**Predictive test:** A rapid, pre-transplant test under development would use gene expression in the donor heart and the recipient's blood to see if a transplanted heart is more likely to be rejected after a transplant. This knowledge would allow physicians to pre-treat such patients more aggressively with immunosuppressive drugs.



## FOCUS ON: HEART + LUNG



# A “BLOCKBUSTER” INTERVENTION FOR A MULTI-ETHNIC MOSAIC

**THE SETTING:** The dining room of a Punjabi family home, somewhere in B.C.

**THE CHARACTERS:** A half-dozen middle-aged and senior Punjabi men and women, catching up with one another.

**THE ACTION:** One of the older men begins coughing and becomes short of breath. Someone fetches him some water and a friend starts rubbing his back.

**FRIEND 1:** “Should I give him my medication? I brought one from India.”

**FRIEND 2:** “No, listen, your medication is just for yourself, and everybody is different.”

**FRIEND 1:** “Give this medication to him, he will be OK. It works very well for my asthma.”

**FRIEND 3:** “These medications will do nothing. I spent 30 years in the army and I found herbal medication made from ginger and honey is very helpful in this condition, and one teaspoon will alleviate all the symptoms.”

The scene, one of several videos produced by UBC and Vancouver Coastal Health, may not make for riveting entertainment.

But **Mark FitzGerald**, a Professor in the Department of Medicine and the videos’ “executive producer” of sorts, wasn’t looking to win accolades at Cannes or Sundance. He was hoping to adapt education about asthma self-management – what he calls a “blockbuster drug” – to a multi-ethnic community.

Compared with other chronic ailments, asthma can usually be controlled through proper behaviour and medication adherence. But getting people to use their medications, use them properly, engage in healthy behaviours and avoid irritants is not as simple as it sounds.

Patients are typically given two different types of medication. Inhaled corticosteroids maintain asthma control on a day-to-day basis but also prevent “lung attacks.” A second puffer provides symptom relief by relaxing airway muscles; ideally, well-controlled asthma patients should not have to use this medication regularly. Unfortunately, the more effective controller medication is more expensive than the symptom reliever. Patients, even if they are willing to pay for and use the controller, don’t always grasp its importance and can over-rely on the reliever.

In addition, patients often don’t quite understand how to coordinate breathing in from the inhaler.



“It’s a huge problem,” says Dr. FitzGerald, the Head of the Division of Respiratory Medicine and Co-Director of the Institute for Heart and Lung Health.

Simply translating existing material into other languages isn’t enough, Dr. FitzGerald says.

The messages also must take into account

the attitudes and perspectives of the audience, which are sometimes quite different from those of the medical professionals who create the material.

Dr. FitzGerald and Senior Health Evaluation Scientist

**Iraj Poureslami** set about creating new material through “community based participatory research” – interviewing focus groups of various ethnic groups to discover what should be communicated, and how best to do so. They learned, for instance, that Chinese people are more likely to quit smoking if they believe it’s harming a loved one, and that Punjabis are often inclined to hide their asthma because it’s associated with tuberculosis, which carries a stigma in that culture.

Armed with those insights, they created brochures and videos in Punjabi and Cantonese. In addition to the typical “doctor explains all” type of videos, they produced “community videos,” often starring participants from the focus groups acting out scenarios that convey lessons about asthma management.

Among the messages conveyed:

- › The risks of sharing inhalers, relying on alternative therapies, smoking, and certain types of home furnishings.
- › The importance of taking preventive medication, even in the absence of symptoms.
- › Taking an active role in one’s health – not just accepting illness as one’s destiny.
- › De-stigmatizing asthma, so that patients won’t hesitate to use medication in front of others, and won’t needlessly expose themselves to irritants (like smoke-filled rooms).

Dr. FitzGerald and Dr. Poureslami, in a randomized controlled trial funded by the Canadian Institutes of Health Research, found that Punjabi and Chinese asthma patients who watched the videos significantly improved their knowledge of asthma and inhaler skills, and were more inclined to adhere to medications.

“We’re not wasting their time with medical mumbo-jumbo,” Dr. FitzGerald says. “We need to speak in the patients’ own languages – not just linguistically, but culturally.”



## SEEKING A CURE FOR “CHEMO BRAIN”

**Scenery Slater** went to pick up her mail in the lobby of her West Vancouver apartment building one day, but when she got back into the elevator, she forgot what floor she lived on.

She would try to turn off lamps in her home with a wall switch, only to realize that she had to use the lamp switch.

She would make Yorkshire pudding for herself and her father, determined to halve the recipe, and wind up doubling it instead.

At first, Slater didn't think any of this had anything to do with her chemotherapy for breast cancer. Then she heard about “chemo brain” – a decline in cognitive function experienced while receiving a powerful cocktail of anti-cancer drugs.

“You don't hear about chemo brain before starting treatment,” says Slater, 49, who is on leave from her job as an officer with the Canada Border Services Agency. “You get all this information about the drugs you'll be taking and the possible side effects, and no one mentions that. But when I talk to people who have had chemotherapy, I've only come across one who hasn't experienced some sort of cognitive interruption to some degree or another.”

Now a UBC researcher is trying to determine if there might be a simple remedy – exercise.

**Kristin Campbell**, an Assistant Professor in the Department of Physical Therapy, is seeking breast cancer patients for a first-of-its-kind experiment: one group of randomly chosen women engage in a cardiovascular workout four times per week for six months, while another group of women maintain their usual lifestyle.

At the beginning and at the end of their participation, the women take tests of working memory, learning and problem-solving. While they perform simple tasks, they also have their brain function assessed using functional magnetic resonance imaging and electroencephalograms. The study is receiving support from the Canadian Breast Cancer Foundation BC/Yukon chapter.

A growing body of research, some of it by Dr. Campbell's colleague in Physical Therapy, Assistant Professor **Teresa Liu-Ambrose**, has demonstrated that exercise can improve cognitive function in older adults.

“Exercise and cognition is an emerging field,” Dr. Campbell says. “There's a consensus that there's something there. But why, and what type of exercise is most important, hasn't been answered.”

The chemo brain phenomenon gained attention in the 1990s as a result of advocacy by cancer survivors, says **Tim Ahles**, a behavioural psychologist at Memorial Sloan-Kettering Cancer Center in New York.



L – R: Kristin Campbell guides Scenery Slater through an exercise regimen.  
PHOTO CREDIT: MARTIN DEE

### Can exercise counteract the cognitive side-effects of cancer treatment?

“The survivors kept telling us, ‘This is a real problem. It's not just depression,’” Dr. Ahles says. “It can affect the ability to return to work or to school, quality of life, and activities of daily living.”

Some people improve after months or a year, Dr. Ahles says. Others never fully regain their cognitive abilities.

Slater, who completed her chemotherapy in the fall of 2010, is still grappling with what she perceives to be diminished mental acuity. Although she doesn't know how she fared on Dr. Campbell's tests, she is confronted almost daily by a situation or question that temporarily stumps her. Before cancer and her treatment, she could plow through a novel on a day off; now she has trouble concentrating on anything longer than a paragraph.

But the study led her to discover other benefits of exercise. She is more energetic and sleeping better. Long after her participation ended, she continues to work out on the treadmill in her apartment building, three times a week.

Anyone interested in participating in the study should contact research coordinator Tiffany Moore at [td.moore@ubc.ca](mailto:td.moore@ubc.ca) or 604.827.1914. More information on the study can be found at <http://cepl.rehab.med.ubc.ca>

# INVESTIGATIONS & BREAKTHROUGHS

## 01 | Reversing cognitive decline through resistance training



Pumping iron – or some variant thereof – might reverse cognitive decline in older women.

That was the widely-reported finding by researchers at the Faculty of Medicine and Vancouver Coastal Health, led by **Teresa Liu-Ambrose**, an Assistant Professor in the Department of Physical Therapy, and Canada Research Chair in Physical Activity, Mobility, and Cognitive Neuroscience. Published in the *Archives of Internal Medicine*, it was the first randomized controlled trial to compare the efficacy of both resistance and aerobic training to improve executive functions – such as self-regulation, problem-solving and decision-making – that are necessary for independent living.

Dr. Liu-Ambrose, a principal investigator with the Centre for Hip Health and Mobility and the Brain Research Centre, showed that such exercise improved executive functions and associative memory, all robust predictors of

conversion from mild cognitive impairment to dementia.

The study team, which included researchers from the Department of Psychology, the Division of Geriatric Medicine and the University of Iowa, assigned senior women with probable mild cognitive impairment to one of three types of exercise, conducted in twice-weekly sessions: resistance training, outdoor walking (aerobic exercise), or balance, stretching and relaxation exercises (a control group).

Over six months, their cognitive abilities were measured with a series of tests, and their brain plasticity was assessed using functional MRI. While the resistance training group exhibited significant improvements in the various criteria, those engaged in aerobic training did not. (Previous studies of healthy older adults have demonstrated a positive effect for aerobic exercise.)

This work builds on the same research team's Brain Power Study, also published in *Archives of Internal Medicine*, which demonstrated that 12 months of once- or

twice-weekly progressive strength training improved executive functions and functional brain plasticity in healthy women aged 65- to 75-years-old and led to lasting benefits, including less use of health care resources.

"Exercise is as attractive as a prevention strategy for dementia as it is universally accessible and cost-effective," says Dr. Liu-Ambrose, a Michael Smith Foundation for Health Research Scholar and a CIHR New Investigator scholar.

## 02 | Beating back diabetes with stem cells



A Faculty of Medicine scientist and his industry partner have successfully reversed

diabetes in mice using stem cells, paving the way for a breakthrough treatment for a disease affecting nearly one in four Canadians.

The lab of **Timothy Kieffer**, a Professor in the Department of Cellular and Physiological Sciences, and scientists from the New Jersey-based BetaLogics, a division of

Janssen Research & Development, LLC, were the first to show that human stem cell transplants can successfully restore insulin production in mice that are already afflicted with diabetes. Their findings were published in the journal *Diabetes*.

Crucially, they re-created the "feedback loop" that enables insulin levels to automatically rise or fall based on blood glucose levels. After the stem cell transplant, the diabetic mice were weaned off insulin, and three to four months later, the mice were able to maintain healthy blood sugar levels even when being fed large quantities of sugar. Transplanted cells removed from the mice after several months had all the markings of normal insulin-producing pancreatic cells.

Regular injections of insulin are the most common treatment for the type 1 form of this disease, which often strikes young children. Although experimental transplants of healthy pancreatic cells from human donors have shown to be effective, that treatment is severely limited by the availability of donors.





“We are very excited by these findings, but additional research is needed before this approach can be tested clinically in humans,” says Dr. Kieffer, a member of UBC’s Life Sciences Institute. “The studies were performed in diabetic mice that lacked a properly functioning immune system that would otherwise have rejected the cells. We now need to identify a suitable way of protecting the cells from immune attack, so that the transplant can ultimately be performed in the absence of any immunosuppression.”

### 03 | Combination of blood thinning drugs shown to be ineffective as stroke preventer

A UBC and Vancouver Coastal Health neurologist has found that a tantalizing combination therapy of aspirin and clopidogrel won’t live up to its promise in preventing recurrence of a common type of stroke – and might even pose serious risks.

**Oscar Benavente**, a Professor of Neurology and research director of VCH’s Stroke and Cerebrovascular Health Program, sought to determine if the combination of clopidogrel (known commercially as Plavix) and aspirin would be more effective at preventing lacunar strokes, which result from the narrowing of small blood vessels.

Dr. Benavente is leading a \$66-million international study funded by the U.S. National Institutes for Health seeking to reduce recurrence of lacunar strokes – also known as small subcortical strokes – and to minimize the consequences.

Such strokes usually strike a person repeatedly, tend

to occur at a younger age than other strokes, and are particularly frequent in Hispanics. They usually cause mild disability but are the leading cause of cognitive impairment and dementia.

The study involved 3,020 patients from 82 sites in North America, Latin America, and Spain who were followed for several years. The results, published in the *New England Journal of Medicine*, found that dual antiplatelet therapy did not significantly reduce the risk of recurrent stroke, and significantly increased the risk of bleeding and death, compared to people who were taking aspirin alone or aspirin combined with a placebo.

The trial, which was ended prematurely because of the possible harm and lack of efficacy, was monitored by an independent data and safety committee selected by the U.S. National Institute of Neurological Disorders, which funded the study.

“It’s a finding that supports the hypothesis that the role of platelets and thrombosis – the formation of clots in blood vessels – may not be the same in different types of strokes,” said Dr. Benavente, a member of the Brain Research Centre of UBC and the VCH Research Institute. “The results of our research support the current guidelines for secondary stroke prevention: the use of either aspirin or clopidogrel, or the approved combination therapy of aspirin and dipyridamole [known commercially as Persantine].”

Additional results are expected later this year, which will help determine the optimal combination of blood pressure control and anti-clotting therapy.



### 04 | Predicting the risks of childhood cancer treatments

The development of effective therapies for childhood cancer is one of oncology’s true success stories in the past few decades. Although the numbers are small compared to adult cancer, 82 per cent of these children now survive their disease.

But the treatments have consequences – the children often develop multiple, serious, and sometimes fatal, health effects, sometimes many years later, as a result of their cancer treatments. The long-term damage includes hearing loss, kidney failure, blood clotting problems, and a specific form of tissue rejection called chronic graft-versus-host disease after hematopoietic transplantation.

A team led by **Kirk Schultz**, a Professor in the Department of Pediatrics and Director of Childhood Cancer and Blood Research of BC Children’s Hospital and the Child & Family Research Institute, has received \$4.3 million from the Canadian government and six leading cancer organizations to explore how biomarkers can identify children and adolescents who are at risk of adverse effects of cancer treatments.

The research, to be conducted at eight pediatric centres across Canada and 20 others in the U.S., could lead to preemptive and timely therapies to minimize or eliminate the adverse effects.

04

Kirk Schultz



## A BOON FOR BC BABIES – AND THEIR MOMS

The University of British Columbia's Midwifery Education Program – bolstered by increased funding from the province of British Columbia – will double in size over the next five years.

Starting this fall, first-year spaces in the Midwifery Program will grow from 10 to 20. Once the expansion is complete, the number of students in the four-year bachelor's degree program will total 80.

Midwives assist women with low-risk deliveries in hospitals, clinics and homes, and provide pre-natal and post-partum care. The Ministry of Advanced Education worked with UBC and the Ministry of Health to determine the number of midwife graduates that are needed to help meet the need for greater access to such services.

UBC will receive \$1.9 million in one-time funding, and an increase of \$833,920 in ongoing operating funding for the phased expansion.

"This enhanced funding, by allowing us to educate more students, will enable mothers and their families in British Columbia to have better access to pre-natal care and childbirth services, and provide them with a wider range



L – R: Midwifery instructor Patrice Latka leads students Danika Surm and Meghan Price in a clinical skills lab. PHOTO CREDIT: ROB SHAER

of health care options," says **Elaine Carty**, Interim Director of the Midwifery Education Program. "I know educators like to use the word 'investment' when discussing funding for educational programs, but this example truly lives up to that name – 90 per cent of our graduates are still actively caring for pregnant women and delivering babies."

The Midwifery Program was created 10 years ago, a few years after the province recognized midwives as primary care professionals and began regulating the profession. The program, part of the Faculty of Medicine's Department of Family Practice, is one of only four midwife training programs in Canada.

"The Faculty of Medicine is grateful that the province has expanded funding for our midwifery program," says **Gavin Stuart**, Dean of the Faculty of Medicine and UBC's Vice Provost Health. "Not only will it grow the ranks of this much-needed profession, but the hiring of additional faculty will augment midwifery's potential to contribute through research to the health of our population."

Midwifery students in the program take foundational courses in the basic sciences, counseling, lactation support, pharmacology and research methods. In addition, they spend approximately 15 months working alongside registered midwives and three months with physicians and other health professional instructors. All are required to attend a minimum of 60 births during their program, with most attending at least 100.

The program is highly competitive – in the most recent year, 161 people applied for the 15 slots. That cohort includes students with academic backgrounds in social work, law, women's health care research and many of the sciences.

"I would like to say that having twice as many slots will make the task of selecting new classes easier," Carty says. "But the applicant pool is just too good and too deep, and getting better and deeper all the time. Thanks to this funding, we'll be able to harness more of that ambition."



ENDINGS



## A NEW OPPORTUNITY TO LEARN FROM OTHERS' LAST DAYS

A once empty plot of land on UBC's Vancouver campus will soon become a haven for those in their last days of life – and a place for faculty, medical residents and health professions students to learn more about palliative care.

The land, across from the UBC Botanical Garden and Thunderbird Stadium, will become home to the St. John Hospice, which will provide end-of-life care for 14 patients at a time – and will be the only free-standing academic hospice in Canada.

Ground was broken in May for the \$4.5-million, two-storey wood frame building, which is expected to be finished in the fall of 2013. In addition to fully-furnished bedrooms with en suites, it will provide communal living and dining space, a family room, a garden courtyard and a quiet room for residents and their families.

Three rooms have been set aside for research, in addition to a room for teaching, equipped with videoconferencing equipment.

The Order of St. John Palliative Care Foundation raised approximately \$4.5 million for the project, including \$3.5 million in private donations from individuals and \$1 million from the Province of British Columbia.

UBC provided the land for the hospice and supported the planning process, with two people – **Stephen Owen**, the former Vice President for External, Legal and Community Relations, and Professor **David Hardwick**, the Special Advisor to the Dean for Space Planning and Utilization – playing key roles in moving the project forward.

Vancouver Coastal Health will provide annual funding for operations and will manage the facility.

"The foundation is delighted to see the project underway so that we can meet the demand and serve those in need of palliative care," says **John Norton**, chair of the Order of St. John Palliative Care Foundation, which promotes, advocates for and provides hospice palliative care throughout B.C. "St. John Hospice will

welcome people from all backgrounds, faiths and income levels."

Hospice staff, in conjunction with the Faculty of Medicine, will use the most up-to-date evidence from current research to provide best practices in palliative care. New insights from research conducted at the hospice will be disseminated to health care providers around the province, helping to improve the quality of many British Columbians' final days.

This hospice also will help teach future health professionals about the special treatment and needs of those in palliative care. While participation in research is optional for hospice residents, most are eager to do what they can to improve palliative care for others in the future.

"The St. John Hospice will provide a valuable venue for the education and training of health professionals in palliative and end-of-life care, which is rightly assuming a greater place in our curriculum," says **Gavin Stuart**, Dean of the Faculty of Medicine and UBC's Vice Provost Health. "It will also provide significant new opportunities for research by our faculty members, from multiple disciplines and departments at UBC, who are eager to enhance our knowledge of pain and symptom management, psychosocial and spiritual care, determinants of quality of life, and grief and bereavement therapies."



A rendering of the St. John Hospice, now under construction on UBC's Vancouver campus.

# ENHANCING EXCELLENCE

NEW ARRIVALS TO THE FACULTY OF MEDICINE



**GOAL** To promote the integration of anatomy within the different years of the medical undergraduate curriculum, with great emphasis on interprofessional settings.

**GOAL** To improve the health of residents who live in rural communities.



## GEOFFREY NOEL

**AGE:** 31 **POSITION:** Instructor, Department of Cellular & Physiological Sciences (teaching first- and second-year MD students)

**EDUCATION:** Licence in Cell Biology and Physiology, Université Paris VI Pierre et Marie Curie; master's degree in Neurosciences, Université Lyon I Claude Bernard; magistère in Biology-Biochemistry, Ecole Normale Supérieure Paris-Ulm; Ph.D. in Anatomy and Cell Biology, UBC.

**PREVIOUS POSITION:** Lecturer, Department of Anatomy and Cell Biology, and Associate Member of Centre for Medical Education and Faculty of Dentistry, McGill University.

**DISTINCTIONS:** Dr. Laura G. Jasch Memorial Prize, UBC; Edward Squires Memorial Scholarship, UBC; University Graduate Fellowship, UBC; Honour Award-Studentship, Ministère de l'Éducation Nationale de l'Enseignement Supérieure et de la Recherche (France).

"Through lifelong learning, I am constantly renewing my passion for the human body and increasing my understanding of it. Either on my own or during great discussions with colleagues, I'm always challenging my own ideas with new knowledge and integrating my expertise in anatomy with new and upcoming imaging and surgical techniques. This in turn helps me to develop new teaching strategies, and to share my amazement for anatomy. Being an eternal learner is also a great way for me to stay connected to my students. It helps me understand how students learn within the ever-evolving society, and enables me to use new and popular technologies to help students more efficiently grasp the complex organization of the human body. Anatomy is the oldest form of science and art. From interprofessional case-based learning to hands-on activities, I want to share our oldest heritage and reinforce anatomy as the cornerstone of every health care profession."



## ROBIN ROOTS

**AGE:** 42 **POSITION:** Instructor, Department of Physical Therapy

**EDUCATION:** Bachelor's degree in environmental studies, Trent University; bachelor of health sciences degree in physical therapy, McMaster University; master's degree in rehabilitation sciences, UBC.

**PREVIOUS POSITION:** Physiotherapist, Northern Health Authority.

**DISTINCTIONS:** Arthritis Health Professions Association's Carolyn Thomas Award; Physiotherapy Association of B.C.'s Scientific Poster Competition Award; UBC College of Health Disciplines Celebrating Interprofessional Research poster competition 2nd place; UBC Rehabilitation Medicine Alumni Jane Hudson Scholarship; Canadian Arthritis Network Research Trainee Award; Physiotherapy Foundation of Canada Dominion of Canada General Insurance Scholarship.

**DID YOU KNOW?** In 2008, I competed in the Yukon River Quest, a 750-km canoe race, and finished 11th overall in a time of 47 hours 23 minutes! Crazy, fun, exhausting, and beautiful all rolled into one!

"Working as a physiotherapist in a number of rural community hospitals in British Columbia, I came to appreciate first-hand the complexity of rural health and the need to address the recruitment and retention of rehabilitation professionals in rural B.C. The expansion of physiotherapy training to northern and rural B.C. through UBC's partnerships with the University of Northern British Columbia and Northern Health presents an exciting opportunity to influence practice education for physiotherapy students, support the continuing education of practicing physiotherapists, and ultimately to improve health services in rural communities through recruitment, retention and the linking of education to practice. In my current role as Coordinator of Clinical Education, Northern and Rural Cohort, I have the opportunity to contribute to the development of curriculum that focuses on rural health issues and innovative programming to expand placement capacity in rural communities."





# NEWLY PUBLISHED



**GOAL** To improve treatments for patients with gastrointestinal cancers.



## DANIEL RENOUF

**AGE:** 34 **POSITION:** Assistant Professor, Division of Medical Oncology, Department of Medicine

**EDUCATION:** Bachelor's degree (honors) in molecular genetics, and MD with special training in research, University of Alberta; internal medicine and medical oncology residencies at UBC and BC Cancer Agency; fellowship in early drug development and gastrointestinal oncology, Princess Margaret Hospital and University of Toronto; master's of public health, Harvard School of Public Health.

**PREVIOUS POSITION:** Medical oncologist, B.C. Cancer Agency.

**DISTINCTIONS:** American Society of Clinical Oncology Merit Award; Novarits Oncology Young Canadian Investigator Award; Canadian Association of Medical Oncology 1st place abstract (2008 and 2009); G.B. John Mancini Award for research achievement during residency.

**DID YOU KNOW?** During marathons, I've stationed family members at strategic points along the course with my nutritional supplement of choice – Oh Henry bars.

“Most of the patients I see are diagnosed with cancer at an advanced stage, and to make matters worse, gastrointestinal cancers are often resistant to many of the traditional drugs available today. These diseases are complex, difficult to treat, and many patients don't survive the first year after diagnosis. We will collect our patients' treatment and tumour samples to build a wealth of information. I intend to use this data, and collaborate with the B.C. Cancer Agency's vast expertise in genome sciences, to better understand, detect and treat gastrointestinal cancer more effectively. Through an improved understanding of the genetic changes of these cancers, along with the development of new targeted drugs, we aim to develop improved treatment strategies and increase survival for patients with these cancers.”



### Brukner & Khan's Clinical Sports Medicine, 4th edition

*Authors:* Karim Khan, Professor, Department of Family Practice; Peter Brukner, Associate Professor in Sports Medicine, University of Melbourne.  
*Publisher:* McGraw-Hill

This new edition has over 200 new images and 13 new chapters, including “Integrating evidence into clinical practice,” “Principles of activity promotion,” and “Medical emergencies in sport,” and access to online video instruction. It has 40 per cent new material over and above the award-winning previous editions and its international reputation is based on the clinical relevance and practical tips for students and practitioners. It contains contributions from 13 UBC faculty members and UBC creative media artist Vicky Earle, who has again added key visual elements. This edition was one of only five finalists in the 2012 British Medical Association Book of the Year Awards.



### Technology Enabled Knowledge Translation for eHealth

*Editors and contributing authors:* Kendall Ho, Professor, Department of Emergency Medicine and Director, eHealth Strategy Office; Sandra Jarvis-Selinger, Assistant Professor, Department of Surgery and Assistant Dean, Faculty Development;

Helen Novak-Lauscher, Assistant Director, Research, eHealth Strategy Office; Jennifer Cordeiro, Senior Researcher, eHealth Strategy Office; Richard Scott, Associate Professor, University of Calgary Faculty of Medicine. *Publisher:* Springer

Technology-enabled knowledge translation (TEKT) is opening up numerous arenas for improving access to care, upgrading quality of care, advancing health education and reducing health inequities. This book surveys the major TEKT projects and their potential contributions, in areas such as bioinformatics, youth e-mentoring and electronic communities of practice. It updates technological concepts in training, record-keeping and quality control; provides extended examples of virtual collaboration; explores TEKS as a means of improving health outcomes in disadvantaged populations; demonstrates applications of social media in qualitative research; reports on TEKT projects in Mexico, China and Brazil; and applies TEKT at the policy level.



# HELPING IMMIGRANT PHYSIOTHERAPISTS MAKE THE GRADE

Despite the doubling of UBC's Physical Therapy enrolment over the past five years, British Columbia continues to grapple with a shortage of physiotherapists.

At any one time, the province has 100 to 200 openings, according to the Physiotherapy Association of B.C. And as retirements in the field accelerate, that shortage won't abate anytime soon.

But B.C. does have another resource to draw on – its ability to attract immigrants from abroad.

Internationally-educated physiotherapists (IEPs), if they have the proper credentials, must undergo a national written and clinical competency examination before being allowed to practice in B.C. But IEPs have a significantly lower pass rate on both exams than those educated in Canada.

The Department of Physical Therapy, with initial development funds from the province, is helping to close that gap.

Under the leadership of **Alison Greig**, Associate Head of the Master's of Physical Therapy Program, UBC has rolled out an exam preparation program, perhaps the only one of its kind in Canada. It combines online documents (including practice exams) and interactive, multimedia "virtual patient cases" with in-class discussions and workshops on campus.

At least 32 IEPs are accepted each year into the written exam preparation program, and at least 20 students a year for the clinical exam preparation program. Much of the program is available online, enabling would-be immigrants to prepare for the first, written stage of the exam before even moving to Canada.

"This program was really developed to assist people through the exam process – physiotherapists who have the academic qualifications and adequate preparation, but who may be challenged by the type of exam process Canada has in place," Dr. Greig says. "There are some people who have never taken an objective structured clinical examination before. This program identifies their possible weaknesses, and points out where they might need to brush up."

Since the program began in 2008, 79 students have completed the written program, with 66 per cent passing the exam, and 94 have completed the practical program, with 84 per cent passing. In all, the program can claim credit for helping 71 new physiotherapists now working in B.C.

The program's 23 virtual patient cases harness the power of technology to help IEPs understand the clinical management expected of a physiotherapist in Canada. They are walked through clinically authentic scenarios, including a 32-year-old man recuperating from anterior cruciate ligament surgery, and a 65-year-old woman with multiple sclerosis who has suffered several fall-related fractures. As they view photographs and documents and listen to audio, students are asked questions that assess their clinical reasoning skills, before moving on to the next step.

"With the online cases, I could see how a Canadian physiotherapist would think," says **Paula Portnoi**, who moved to Vancouver from Sao Paulo, Brazil this year.

The program's development was supported by the Ministry of Jobs, Tourism and Skills Training, and has since moved to a cost-recovery model, with participants paying \$1,250 for the written program, and \$1,750 for the clinical program.

The program also has appeal for physiotherapists trained in Canada, whether they are students preparing to take the exams for the first time, or Canadian physiotherapists who need help to maintain their licensure through the College of Physical Therapy of B.C.'s continual competency assessment process.

**Helen Uittenbosch** of Abbotsford, who worked as a physiotherapist in Hamilton for 15 years before exiting the profession to raise four children, enrolled in the IEP program so she could brush up on her knowledge and skills and re-gain her certification. Without it, she would have had no guidance beyond the reams of facts contained in her pile of thick textbooks.

The virtual cases, she said, "helped bring a lot of things together, because I hadn't seen patients for a long time. Just reading out of a textbook, it all seemed a little overwhelming. But when you see a virtual patient and someone interacting with them, I realized, 'I can do this. I've done this before.'"

*Facing page: Internationally educated physiotherapists and their instructors during a recent clinical skills lab. PHOTO CREDIT: DON ERHARDT*







# FORGING CLOSER TIES WITH THE WORLD'S BIGGEST HEALTH CARE SYSTEM

The Faculty of Medicine now has 24 agreements with international institutions in 11 countries, but the country that looms largest among all – accounting for half of those partnerships – is China.

The Faculty's emphasis on China reflects that country's prominence in UBC's international strategic plan, which calls for increasing the intensity of connections with top Chinese universities and increasing the number of China Scholarship Council students – considered to be the country's most promising graduate and post-doctoral students – at UBC.

But beyond that institutional imperative, academic medicine in China provides numerous opportunities to enhance the Faculty's activities, and the Faculty has an array of expertise that is proving useful to China's researchers and health system managers.

"The world is changing – research is international," says **Weihong Song**, a Professor of Psychiatry and Special Advisor to the UBC President on China. "You need to seek out what you don't have, because disease is disease – irrespective of borders, political systems or cultures."

The activity has gained intensity in recent years, with **Gavin Stuart**, Dean of the Faculty and Vice Provost Health, signing three agreements during a single trip in March, including comprehensive agreements at Fudan University and Peking University Health Sciences Centre, covering research, education and student exchange.







Left: Geoff Cundiff, Head of the Department of Obstetrics & Gynaecology, signs a memorandum of understanding in February 2012 with the Women's Hospital School of Medicine of Zhejiang University in Hangzhou. Right: Associate Professor Maureen O'Donnell (kneeling) helping to assess a child with cerebral palsy at Guangzhou Women's and Children's Medical Centre in 2011.

On that trip, Dr. Stuart and others also visited the World Health Organization Collaborating Centre for Health Education and Health Promotion in Shanghai, to nurture the Faculty's ongoing efforts with that organization in the areas of health promotion, public education and e-health, and the Shanghai Pudong New Area Health Bureau, which the Faculty will assist with short-term training of primary care and public health professionals.

The agreements typically encompass exchanges of students, post-doctoral fellows and faculty members; exchanges of scholarly information, including research papers, indices and books; and joint meetings and reciprocal invitations to scholarly and technical meetings at each other's institutions. Usually the agreements are high-level, and lead to more specific agreements in particular fields.

The Faculty's projects in or with China include:

- A massive birth cohort study targeting 100,000 pregnant women and their newborns in Guangzhou. UBC researchers, led by **Charles Larson**, a Clinical Professor of Pediatrics, are helping to manage and design the Guangzhou-funded investigation, which will test specific hypotheses about the interplay of genetics and environment in causing several serious diseases. The large sample size will enable the study to make firm conclusions about relatively uncommon diseases or infrequent exposures.
- A collaborative research endeavor in reproductive medicine with Zhejiang University in Hangzhou. **Peter Leung**, a Professor of Obstetrics & Gynaecology, has been working with **Hefeng Huang**, president of Women's Hospital School of Medicine of Zhejiang University, in biomedical research and has provided co-supervision of graduate students and residents in reproductive endocrinology for several years. **Robert Liston**, during his term as Head of the department, participated in an academic exchange visit, facilitated exchange visits among faculty members and encouraged further shared research initiatives. **Geoff Cundiff**, the current Department Head, has advanced this collaboration to include clinical education exchanges for students and faculty members.
- The Canada-China Joint Centre for Translational Medical Research in Child Development and Alzheimer's Disease, led by Dr. Song and Chongqing Medical University, which boasts a 2,000-bed children's hospital. The centre provides a platform for faculty and student exchange, collaborations on medical education and resident training, joint graduate student training, and joint research projects, including one that focuses

on the link between Down syndrome and Alzheimer's disease, in the search for early diagnostic markers and novel targets for dementia drugs.

- A training program for clinical staff in the diagnosis and treatment of children with cerebral palsy and epilepsy in Guangzhou, with the aim of bringing greater clinical expertise to the city's non-specialized hospitals. Led by Dr. Larson, Clinical Associate Professor **Mary Connolly** and Associate Professor **Maureen O'Donnell**, the program – funded by the Fu Tak lam Foundation and an anonymous donor – brings Guangzhou health professionals to BC Children's Hospital, and has sent teams of Canadian and international trainers to Guangzhou Women's and Children's Medical Centre. Related goals include improving Guangzhou's information systems for better follow-up of such patients, and developing ways for more affordably providing specialized equipment.
- A public, bi-national forum in Guangzhou in March that explored diabetes prevention and management through the lenses of Western and Eastern medicine. The Canadian delegation included **Kendall Ho**, a Professor in the Department of Emergency Medicine and Director of the Faculty of Medicine's eHealth Strategy Office, and **Kwang Yang**, a Clinical Assistant Professor in the Department of Family Practice and founder and president of the Canadian Health Awareness Society. The event, sponsored by Health Canada through its International Health Grants program, drew 150 people.



L – R: Bob Armstrong, former Head of the Department of Pediatrics, Clinical Professor Charles Larson and Zhibin Li, a neurologist at Guangzhou Women's and Children's Medical Centre, discuss the roll-out of training programs in non-specialized, regional hospitals of Guangzhou city and Guangdong province.



L – R : Peter Black. PHOTO COURTESY OF VCH RESEARCH INSTITUTE, Mehdi Moradi. PHOTO CREDIT: BRIAN KLADKO

## AN R&D ENTHUSIAST INVESTS IN UROLOGIC SCIENCES

**Jason Ko**, president of Richmond-based Viva Pharmaceutical Inc., knows the value of research and development. He has also come to appreciate, as a patient, the expertise of UBC's Department of Urologic Sciences.

So when he decided to direct some of the profits from his natural health products company to philanthropy, it wasn't difficult for him to identify the department's research activities as a worthy cause.

His company donated \$1 million to the Faculty of Medicine for three key areas: robotic research, bladder cancer and stones.

"Our company is firmly committed to research and development to make sure we meet the needs of our customers," Ko says. "I personally benefitted from British Columbia's high-quality urology care, and wanted to show my appreciation by giving back to the research enterprise that was there for me when I needed it."

Assistant Professors **Chris Nguan**, **Peter Black** and **Dirk Lange** are among the clinical and research scientists whose work will benefit from this boost in funding. Dr. Nguan, working in the clinic, is developing novel robotic technologies to improve kidney surgery. In the laboratory, Dr. Black is investigating gene expression and signalling pathways in bladder cancer, while Dr. Lange is exploring the role of bacteria in causing and treating urologic disease, particularly recurrent kidney stone disease.

"External funding is critical to our success," says **Larry Goldenberg**, Professor and Head of the Department of Urologic Sciences. "It fuels our research, builds B.C.'s vibrant biotechnology sector, and most importantly, ensures our community receives the very best care for urological disorders."

To support urologic sciences, please contact Sarah Roth at 604.827.0569.

## COLLABORATION BEGETS COLLABORATION IN PROSTATE CANCER TECHNOLOGY

By pooling their generosity into a \$300,000 donation, a trio of B.C. men have enabled two seemingly disparate parts of UBC to jointly recruit a promising biomedical engineering scientist.

**Mehdi Moradi**, a specialist in imaging technologies, was hired by the Department of Electrical and Computer Engineering using the donation to the Department of Urologic Sciences.

"This donation is a win-win-win situation – for the two faculties and for B.C. men," says **Larry Goldenberg**, Professor and Head of the Department of Urologic Sciences and Director of Development at the Vancouver Prostate Centre. "If it weren't for partnerships within UBC and support from the community, these kinds of collaborations would remain beyond our reach."

Teaming up with scientists in the two departments and the Vancouver Prostate Centre, Dr. Moradi is working on a method that combines magnetic resonance, ultrasound and genetic analysis to allow for more targeted prostate cancer treatment. Since starting at UBC in May 2012, Dr. Moradi has already published a journal article on creating cancer "probability maps" from magnetic resonance imaging for better detection and grading of prostate tumours.

The goal is to integrate these diagnostic and prognostic maps with the field of view surgeons see during robotic surgery of the prostate gland.

"My goal is for surgeons to see the radiological and genetic signatures of prostate cancer so they have a patient-specific plan before they decide to proceed with invasive, life-changing surgery," says Dr. Moradi, who was lured back to UBC from Harvard University. "The technologies I apply to prostate cancer are constantly evolving, but my goal remains the same – improving the quality of life for men with this disease."

To support urologic sciences, please contact Sarah Roth at 604.827.0569.





L – R: Eleanor Reimer, a Clinical Professor in the Department of Anesthesiology, Pharmacology and Therapeutics, and Dagmar Moulton, a resident and trainee of the Branch for International Surgery, prepare a Ugandan child for surgery.

PHOTO CREDIT: GARETH EESON

## A PHYSICIAN’S EXPLOITS SUMMON AN OUTPOURING OF SUPPORT

**Rick Hodes** tends to some of the most deformed, sick and destitute people on the planet. Over the course of more than 20 years of living in Ethiopia, he has treated people suffering from heart disease, cancer, scoliosis and tuberculosis of the spine, helping thousands of them live longer and better lives.

Now, thanks to the initiative of Vancouver philanthropists **Gary** and **Nanci Segal**, more medical residents in the Faculty of Medicine’s Branch for International Surgery will be able to emulate Dr. Hodes’ global commitment.

After witnessing his extraordinary work in Ethiopia, the Segals organized “An Evening to Bring Back Hope,” a gala fundraiser held in Dr. Hodes’ honour in April.

“The more we got to know Rick, the more we wanted to introduce his inspiring story to others, and engage new and wider support for his life-saving work,” Gary Segal says. “We believe a local academic connection with the UBC Faculty of Medicine will multiply his contributions, by introducing new knowledge and new physicians to the practice of international surgery.”

Of the event’s proceeds, \$180,000 was directed to the Branch, led by its founder and director, Clinical Associate Professor **Robert H. Taylor**. The infusion of funding will enable the Branch to develop two new postgraduate courses focused on surgical care for global disability and humanitarian disaster response, explore sustainable partnerships with Ethiopian surgical teaching institutions, and offer scholarships for surgical residents to conduct academically rigorous clinical research in Ethiopia with Dr. Hodes.

“Our deepened partnership with Dr. Hodes will enrich training and research opportunities for our residents,” Dr. Taylor says. “Together, we will prepare tomorrow’s global health leaders to continue delivering life-changing surgical care for the poor and marginalized in Ethiopia and around the world.”

To support global health, please contact Laura Ralph at 778.994.8941.

## WATER FOR THE SEEDS OF LIFELONG COMMITMENT

Twenty-five years after **Karim Damji** volunteered in a clinic in a poor mountain village of Sierra Leone, the ophthalmologist and frequent international volunteer is leading the Class of 1987 to establish the Faculty of Medicine’s first global health travel award.

Dr. Damji, his classmates and friends have donated more than \$49,000 to endow the Travel Award in Global Health, which will help cover travel costs of fourth-year medical students participating in global health electives.

“When it came up to our 25th anniversary, I thought it was time to give back,” Dr. Damji says. “Students need financial support to avail themselves of global health encounters and opportunities. For me, it’s all about the ethic of global citizenship, of sharing, caring and learning, and passing it on to the next generation. It’s part of who I am as an Ismaili muslim.”

“The award will recognize students who dedicate a great deal of their own time to organizing global health projects, conducting research, advocating for low-resource and vulnerable populations and fund-raising for project-related costs,” says **Videsh Kapoor**,

an Assistant Clinical Professor and Director of the Division of Global Health. “These students are contributing to and impacting how UBC engages in global health, while empowering communities to address issues that affect their health outcomes.”

**Hillary Quinn**, a family medicine resident who traveled to rural India in both her second and fourth years of medical school at UBC, says the travel award will encourage more students to get involved in global health.

“I spent time in India before medical school, and by going back, I was able to stay inspired,” says Dr. Quinn, who graduated this spring. “I needed to see how my skills could bring about clear and apparent change.”

To support the Travel Award in Global Health, please contact Laura Ralph at 778.994.8941.



Karim Damji in 1985, during one of his volunteer efforts as a medical student in Sierra Leone.



Oscar Benavente PHOTO CREDIT: MARTIN DEE

## TESTING OF STROKE STRATEGIES GETS A BOOST FROM A LONG-TIME PARTNER

When blood flow to the brain is interrupted or blood vessels in the brain rupture, neurons start dying within minutes. By then, the damage of stroke is already done. The best way to protect people from the suffering and decline that follow is to prevent it from happening at all.

That basic truth spurred the Heart and Stroke Foundation to donate \$500,000 to the Faculty of Medicine to create a clinical trials unit for stroke prevention and recovery in the Djavad Mowafaghian Centre for Brain Health, now under construction on the Vancouver campus.

“The stroke clinical trials unit will quickly turn good ideas from research into prevention strategies that people and clinicians can use,” says **Diego Marchese**, Chief Executive Officer, BC & Yukon, of the Heart and Stroke Foundation.

A long-time supporter of the Brain Research Center, the Foundation has funded a chair held by Professor **Yu Tian Wang**, who focuses on the fundamental mechanisms of stroke, and a professorship held by **Philip Teal**, a Clinical Professor who specializes in acute stroke.

The clinic will build on the work already being done by UBC clinician-scientists on the warning signs of stroke and innovative approaches to rehabilitation. The unit will create a coordinated hub for designing, conducting and analyzing clinical trials, and training junior investigators.

“The Foundation’s renewed commitment to stroke research at UBC will expand our capacity in prevention and recovery,” says Neurology Professor **Oscar Benavente**, Research Director of the Stroke and Cerebrovascular Health Program of Vancouver Coastal Health. “Approaching stroke from all angles will protect more people and families from its devastating effects.”

To support stroke research, please contact *Fatima Hassam* at 604.822.8079.

## BAYER INC. COMMITMENT GIVES RISE TO THE UBC BLEEDING DISORDERS COLLABORATORY

Bayer Inc. is providing financial support to the Faculty of Medicine to expand research into bleeding disorders and to foster greater sharing of hematology knowledge among basic and clinical scientists.

The \$750,000 commitment will enable the creation of the UBC Bleeding Disorders Collaboratory, comprised of a pediatric section based at BC Children’s Hospital, an adult section at St. Paul’s Hospital and a Centre for Blood Research (CBR) section on UBC’s Vancouver campus.

“Bleeding disorders such as hemophilia can mean significant limitations on a child’s ability to take part in the everyday things most children take for granted – like playing with friends or family,” says **Doug Grant**, Senior Vice President, Corporate Affairs, Bayer Inc. “Long-term effects can restrict adult patients’ abilities to lead active, healthy lives. With patients of all ages in mind, we’re especially proud to support the UBC Bleeding Disorders Collaboratory.”

The pediatric section plans to investigate such areas as rare inherited bleeding disorders, the transition of older pediatric patients to adult care, and improving vascular access for infants. The adult section will focus on research into orthopaedic physiotherapy, novel use of technology to individualize patient care, and a pilot program to care for aging bleeding disorder patients. The CBR section will fund summer studentships, expanded slots for graduate students and post-graduate fellows, Vancouver-wide theme meetings and international seminars.

“The UBC Bleeding Disorders Collaboratory will help integrate pediatric and adult care, expand research at clinical sites, and foster more intensive networking among basic scientists and clinical scientists,” says **Howard Feldman**, the Faculty of Medicine’s Executive Associate Dean, Research. “Bayer Inc.’s support will yield tremendous improvements in our ability to treat people with hemophilia and other bleeding disorders.”

To support blood research, please contact *Stephanie Huehn* at 604.218.0275.



L – R: Shannon Jackson, Clinical Assistant Professor, Division of Hematology; Shiera Stuart, Manager, Government Affairs, Bayer Inc.; Ed Conway, Professor in the Division of Hematology and Director, Centre for Blood Research; Doug Grant, Senior Vice President, Corporate Affairs, Bayer Inc.; Sarah Mink, Business Relations Manager, Bayer Inc.; Jan North, Scientific Affairs Liaison, Bayer Inc.; John Wu, Clinical Professor, Department of Pediatrics.

## A NEED EXPRESSED, AND HEARD

When it came time to expose their students to the latest technology, the School of Audiology and Speech Sciences used to improvise – borrowing equipment from speech clinics around Vancouver or sending students out to the clinics for practice.

Now, they will have that sensory and imaging equipment – in their own, on-campus laboratory.

The Rotary Hearing Foundation of the Rotary Club of Vancouver has donated \$132,700 to the School to purchase state-of-the-art equipment used by speech language pathologists to diagnose and treat speech and voice disorders. Located in the Clinical Speech Technology Teaching Laboratory, which will be named in honour of the foundation, the equipment can be easily accessed by students for practice, projects and research.

“Frequent, in-depth practice with the profession’s advanced equipment is essential,” says **Valter Ciocca**, Professor and Director of the School. “Students need every opportunity to hone their skills as they prepare to effectively care for their patients.”



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PHILANTHROPY

L – R: Students Allison Mackey and Moko Chen, using a video otoscope.

Ultrasound, video imaging and acoustic analysis tools help clients visualize their progress, which is particularly important for people who are deaf or hard-of-hearing and who are unable to hear changes in their own speech. Ultrasound, for example, shows patients an image of their own tongue position, and of the tongue position they are trying to emulate, to help them produce the desired sound.

“The hard-of-hearing benefit greatly from innovative speech therapy techniques,” says **Jack Zaleski**, President of the Rotary Hearing Foundation. “Our investment in BC’s future speech language pathologists will go a long way toward helping people who would otherwise face difficulty expressing themselves all their lives.”

To support the School of Audiology and Speech Sciences, please contact Stephanie Huehn at 604.218.0275.

## A FAMILY RAISED ON GIVING

The **VanderHoek** family of Langley took a day off work and school in September to present cheques totalling \$32,013 to the Faculty of Medicine for diabetes research.

The gift was the product of a family fund-raising project inspired by its youngest member, 10-year-old Paige, who suffers from Type 1 diabetes. “Diabetes affects our whole family,” Bryan, the father, says. “It’s Paige’s disease, but we all live with it and help her manage it.”

Each member of the family pitched in with the fund-raising. Bryan and his wife, Christie, organized three golf tournaments with the help of their children, Tyler, 18, Joel, 16, Lucas, 14 and Paige. Some of the proceeds sponsored Tyler to undertake two fund-raising cycling trips across B.C. – Cyclebetes and CYCLE4: What Matters.

“I went for it to help my sister,” Tyler says.

The children made up for the day off school with a different type of science class. They toured the diabetes research laboratory in the Life Sciences Institute with post-doctoral fellow **Jennifer Bruin**, a member of the research team led by Professor **Timothy Kieffer**. (See article on Dr. Kieffer’s recent discovery on p. 10.)

“I like what we’re doing together,” says Paige, who was diagnosed at age 5. “It makes me happy.”

To support diabetes research, please contact Leanne Denis at 604.803.7633.

## PART OF THE COMMUNITY, PLANNING FOR THE FUTURE



A resident of Kelowna for 20 years, **Lillian Halberg** has donated \$50,000 to the Faculty of Medicine to create a new bursary for students in any year of the Southern Medical Program.

The need for her community to attract and retain new doctors inspired her to help local students in the newest site of the distributed MD undergraduate program. Knowing that many students incur substantial debt while in medical school, she wanted to help ease the burden.

The Lillian Halberg Southern Medical Program Bursary will support two \$5,000 bursaries for five years.

The second, 32-member class of the Southern Medical Program started classes in September.

To support the Southern Medical Program, please contact Adrienne Skinner at 250.807.9924.



Seven doctoral students in the UBC Faculty of Medicine have received Vanier Canada Graduate Scholarships from the Government of Canada:

**Anna Chudyk**,  
Experimental Medicine

**David Knapp**,  
Experimental Medicine

**Gareth Mercer**, MD/PhD

**Julia Pon**, MD/PhD

**Mali Poormasjedimebod**,  
Experimental Medicine

**Jacob Rozmus**, Pathology  
& Laboratory Medicine

**Yicheng Xie**, Neuroscience

Vanier scholars receive \$50,000 annually for up to three years to support their graduate studies, and are selected through a competitive process administered by Canada's three research granting councils, including the Canadian Institutes of Health Research.

Two members of the Faculty of Medicine – a faculty member and a student – received Women of Distinction Awards from the YWCA of Metro Vancouver.



**Dianne Miller**, an Associate Professor in the Department of Obstetrics and Gynaecology, was recognized in the Science, Research and Innovation category for her work battling ovarian cancer, and for her role in creating the B.C. Ovarian Cancer Research initiative (OvCaRe).



**Alison Lee**, an MD student (Class of 2013) and this year's "Young Woman of

Distinction," has organized more than 120 international exchange opportunities for Canadian medical students, volunteers as an oncology research assistant and at Canuck Place Children's Hospice, and co-founded the Learning Buddies Network, which pairs struggling readers and math students with high-school or university reading "buddies."

**Peter von Dadelszen**, a Professor in the Department of Obstetrics and Gynaecology, received the 2012 Knowledge Translation Award from the Canadian Institutes of Health Research.

A world authority on diagnosing and treating pre-eclampsia, he has received \$7 million from the Bill and Melinda Gates Foundation to test a battery of new strategies for monitoring, preventing and treating the condition in the developing world. The project is unfolding in 11 countries in Africa, South Asia, Asia-Oceania and Latin America.

Aboriginal eMentoring BC received the J.W. McConnell Family Foundation Award as the top entry for post-secondary education in the Changemakers Initiative: Inspiring Approaches to First Nations, Métis and Inuit Learning competition.



Led by **Sandra Jarvis-Selinger**, Assistant Professor in the Department of Surgery and

Associate Director of the eHealth Strategy Office, eMentoring connects Aboriginal youth in grades 7 through 12 with post-secondary health science students in institutions across B.C.



**Philip Hieter**, a Professor in the Department of Medical Genetics, has been elected to the American

Academy of Arts and Sciences. Dr. Hieter studies the molecular genetics of proteins that are required for proper transmission of chromosomes during cell division, with the goal of relating his work in yeast to human cancer.

Two Faculty of Medicine members received awards from Life Sciences British Columbia:



**Neil Cashman**, Professor in the Division of Neurology and a Canada Research Chair in

Neurodegeneration and Protein Misfolding Diseases, received the Genome BC Award for Scientific Excellence.



**Bruce McManus**, Professor in the Department of Pathology & Laboratory

Medicine, the former Director of the UBC James Hogg Research

Centre at St. Paul's Hospital, Co-Director of the Institute for Heart + Lung Health, and Director of the NCE CECR Centre of Excellence for Prevention of Organ Failure (PROOF Centre), received the 2012 Milton Wong Leadership Award.



**Natalie Strynadka**, Professor in the Department of Biochemistry & Molecular Biology,

received a Senior International Research Scholar award from the Howard Hughes Medical Institute.

Dr. Strynadka studies the molecular details and function of membrane protein assemblies that play key roles in antibiotic resistance and bacterial pathogenicity. Her goal is to use this information to guide design of novel antibiotics and vaccines to treat bacterial infections.



**Sam Sheps**, Professor in the School of Population and Public Health and the Director

of the School's MSc and PhD programs, received the 2011 George Elliot Award for lifetime contribution to public health in B.C.

**Danuta Skowronski**, Clinical Professor in the School of Population and Public Health and a Physician Epidemiologist at B.C. Centre for Disease Control, received the 2011 James M. Robinson Award for significant contributions to public health.

## MAKING A MARK: ACHIEVEMENTS & AWARDS

**Shafik Dharamsi**, an Assistant Professor in the Department of Family Practice, has received the Peter Wall Institute for Advanced Studies Visiting Scholar Abroad Award.

Dr. Dharamsi will work with medical faculty at Nepal's Patan Academy of Health Sciences, which focuses on the health of socioeconomically vulnerable citizens in rural areas who have little or no access to care.

Three faculty members have received Awards of Excellence in Medical Practice from the College of Physicians and Surgeons of British Columbia:

**Clive P. Duncan**, Professor in the Department of Orthopaedics

**Gary Jackson**, Clinical Instructor in the Department of Obstetrics and Gynaecology

**Dianne Miller**, Associate Professor in the Department of Obstetrics and Gynaecology



Two members of the Child & Family Research Institute – **David Speert**, a Professor in the Department of

Pediatrics, and **Jan Friedman**, a Professor in the Department of Medical Genetics – have received the Distinguished Medical Research Lecturer Awards from the Faculty of Medicine.

Dr. Speert's research focuses on the innate immune system and the control of inflammation in health and disease.

Dr. Friedman's research has led to seminal advances in improving the diagnosis of neurofibromatosis by enumerating the complex and variable spectrum of its clinical features.

Six faculty members were elected Fellows by the Canadian Academy of Health Sciences this year:



**Jan Friedman**, Professor in the Department of Medical Genetics and Acting Associate

Dean, Research, Children & Family Research Institute

**William Honer**, Professor and Head of the Department of Psychiatry and Director of the Institute of Mental Health

**Andrei Krassioukov**, Professor in the Division of Rehabilitation Medicine

**Christian Naus**, Professor in the Department of Cellular & Physiological Sciences and Director of the Life Sciences Institute

**Weihong Song**, Professor in the Department of Psychiatry

**Eric Yoshida**, Professor and Head of the Division of Gastroenterology at UBC and Vancouver General Hospital

## 2012 FACULTY OF MEDICINE AWARDS:

### Bill and Marilyn Webber Lifetime Achievement Award:



Max Cynader

**Max Cynader**, Professor in the Department of Ophthalmology & Visual Sciences and Director of the Brain Research Centre and the Djavad Mowafaghian Centre for Brain Health

### Awards for Excellence in Mentoring Early Career Faculty:



Aslam Anis

**Aslam Anis**, Professor in the School of Population and Public Health and Director of the Centre for Health Evaluation & Outcome Sciences

**George A. Mackie**, Professor in the Department of Biochemistry & Molecular Biology

**Mieke Koehoorn**, Associate Professor in the School of Population and Public Health

### Clinical Faculty Award for Career Excellence in Clinical Teaching:

**Louis Wadsworth**, Clinical Professor Emeritus in the Department of Pathology & Laboratory Medicine

### Clinical Faculty Award for Excellence in Clinical Teaching:

**Edmond Chan**, Clinical Assistant Professor in the Department of Pediatrics

**Joseph Lam**, Clinical Assistant Professor in the Department of Pediatrics

**Andrew Travlos**, Clinical Associate Professor in the Department of Medicine

### Clinical Faculty Award for Excellence in Community Practice Teaching:

**Warwick Evans**, Clinical Instructor in the Department of Surgery, Northern Medical Program

**Michael Kenyon**, Clinical Instructor in the Department of Medicine, Island Medical Program

**William MacEwan**, Clinical Associate Professor in the Department of Psychiatry, Vancouver Fraser Medical Program

**Andrew McLaren**, Clinical Instructor in the Department of Family Practice, Island Medical Program

### Distinguished Service to CME-CPD Award:

**G.B. John Mancini**, Professor in the Department of Medicine

### Innovation in CME-CPD Award:

**Rivian Weinerman**, Clinical Associate Professor in the Department of Psychiatry

### UBC Killam Teaching Prizes:

**Karen Bartlett**, Professor in the School of Population & Public Health

**Gary Brayer**, Professor in the Department of Biochemistry & Molecular Biology



Sue Murphy

**Steven Jones**, Professor in the Department of Medical Genetics

**Sue Murphy**, Senior Instructor in the Department of Physical Therapy

### Applegarth Staff Service Award:

**Cheryl Niamath**, Administrative Manager at iCORD

**Joanne Wouterse**, BMLSc Program Assistant in the Department of Pathology & Laboratory Medicine

### DISTINGUISHED ACHIEVEMENT AWARDS:

#### Excellence in Education:



Kevin Eva

**Jehannine Austin**, Assistant Professor in the Department of Psychiatry

**Kevin Eva**, Associate Professor in the Department of Medicine

#### Excellence in Basic Science Research:

**Michael Kobor**, Associate Professor in the Department of Medical Genetics

**Richard Harrigan**, Associate Professor in the Department of Medicine

#### Excellence in Clinical or Applied Research:

**John Mark Ansermino**, Associate Professor in the Department of Anesthesiology, Pharmacology & Therapeutics

**Stuart Peacock**, Associate Professor in the School of Population and Public Health

#### Award for Service to the University and Community:

**Kendall Ho**, Associate Professor in the Department of Emergency Medicine and Director of the eHealth Strategy Office

**Mieke Koehoorn**, Associate Professor in the School of Population and Public Health

#### Award for Overall Excellence:

**Michael Brauer**, Professor in the School of Population and Public Health

**Janice Eng**, Professor in the Department of Physical Therapy

#### Award for Outstanding Contributions by a Senior Faculty Member:

**Pieter Cullis**, Professor in the Department of Biochemistry

**Marco Marra**, Professor in the Department of Medical Genetics

**Clive Duncan**, Professor in the Department of Orthopaedics



L – R: Aboriginal MD students Todd Alec, Nathan Teegee and Lara Deroches. PHOTO CREDIT: DON ERHARDT

## AT 10-YEAR MARK, FACULTY'S ABORIGINAL OUTREACH SHOWS ITS STRENGTH

A decade ago, the Faculty of Medicine had just two Aboriginal students in its MD undergraduate program. When the newest crop of first-year students matriculated in August, there were 30.

That growth didn't just happen on its own. It was the result of a sustained effort that succeeded beyond the expectations of its creators.

Through a set of programs that cultivated interest in medical careers among First Nations students and walked them through the process of becoming medical students, the Faculty is well on its way toward hitting the goal of graduating 50 Aboriginal students by 2014 – six years ahead of its own schedule. Right now, the total is 35.

Last year's contingent of a dozen Aboriginal MD graduates was not only a high-water mark for the Faculty, but the highest number of graduates among Canada's 16 medical schools.

The Faculty's success in Aboriginal admissions was celebrated this fall with a traditional celebration feast at the UBC Longhouse, an event that included Coast Salish dancers, Metis musicians and a salmon feast.

But instead of declaring "mission accomplished," the Faculty of Medicine and UBC are now looking for ways to raise the bar higher.

A university-wide working group is exploring strategies to support more developments in this area, including increasing representation of Aboriginal students in other health professional programs, supporting training of all UBC health professional students in working effectively and respectfully with Aboriginal peoples, and focusing research on issues of importance to Aboriginal communities.

The effort is led by **Martin Schechter**, Professor and former Director of the School of Population and Public Health; **Kamal Rungta**, a Clinical Professor of Psychiatry and Senior Advisor to the Executive Associate Dean, Education; and **Linc Kesler**, an Associate Professor in the First Nations Studies Program and Senior Advisor to the UBC President on Aboriginal Affairs.

The dividends of such an investment are not hard to see. More aboriginal students in health professions programs will likely translate into more health professionals working in, or closely with, Aboriginal communities. Already, there are examples that give reason for hope, such as **Jennifer Parker**, a Cree Metis member of the Northern Medical Program's first class, who is now caring for several Aboriginal patients as a family practitioner in Fort St. John.

### “We want to give back to our community.”

**Todd Alec**

Aboriginal first-year MD student

And there are more to follow. **Nathan Teegee**, of the Takla Lake First Nation, and **Todd Alec**, of the Nak'azdli First Nation, may have just begun their medical education, but both of them – friends from their days at Prince George Secondary School – are fairly certain they will return to the region where they were raised.

“There is a real need for Aboriginal doctors in those communities, because they need people who understand the culture,” Alec says. “We want to give back to our community.”

Although they were determined to go to medical school since their high school days, the Faculty's outreach program, they say, ensured that they didn't lose interest – or hope.

“It just solidified what we wanted to do,” Teegee says, “and clarified what we had to do to get here.”





# FALL 2012: MEDICAL ALUMNI NEWS

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MEDICAL ALUMNI ASSOCIATION  
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**OBJECTIVES**

To support the Faculty of Medicine and its programs directly and through advocacy with the public and government;

To ensure open communication among alumni and between the alumni and the Faculty of Medicine;

To encourage and support medical students and residents and their activities;

To organize and foster academic and social activities for the alumni.

The Medical Alumni News is published semi-annually and this edition was produced by the UBC Faculty of Medicine. We welcome your suggestions, ideas and opinions. Please send comments, articles and letters to:

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## RE-ESTABLISHING OUR CONNECTIONS

## PRESIDENT'S REPORT



**It is an honour to serve as your Medical Alumni Association President for the next two years. I would like to thank Dr. Marshall Dahl, Past President, and the Board and staff for their support and mentorship.**

As I reflect on my first message to my Alumni colleagues it is with gratitude that I connect to my own roots with the UBC Faculty of Medicine from which I graduated 36 years ago. Like most, if not all of us, the challenges of completing medical school, applying for a residency position, completing our national examinations and starting a medical practice consumed our energy and time. Our family journey, complete with juggling schedules for our loved ones, raising our children and assisting with and supporting them in their school and extracurricular activities occupied what little remaining time we had.

We become fully engaged and absorbed with our individual striving to be happy, creative,

balanced within ourselves and committed to our patients and medical practice. As a consequence, we lose track of our greater community of life, including our connection with our medical school classmates, teachers, mentors and our medical school. In short, we become isolated and disconnected from our roots.

With time, the chance to reflect and look back on our professional careers, and the sense of maturity that naturally comes with age, some of us have rediscovered the joy of connecting with our UBC medical school again. We've become re-engaged with medical students, residents, colleagues in practice and the University. We've reconnected to the larger community which shaped our medical careers and we have rekindled the joy of becoming mentors and giving back to our noble profession. I marvel at how our medical students and residents utilize our Medical Student and Alumni Centre (MSAC) at West 12th and Heather Street – for study, videoconferencing with classmates in other parts of B.C., exercising in the gym, socializing over pizza with friends, participating in an endless array of organized events or just simply hanging out. This is their community and it is also ours, as alumni. MSAC serves as a venue for all of us.

During the next two years, my challenge is to engage students, faculty and community alumni in the broader medical community which is filled with the ripeness of knowledge, experience, camaraderie, and the willingness and eagerness to share and give back to our students and the medical school. The distributive UBC medical school sites require similar medical student and alumni centres. The Medical Alumni Association will continue to play a very important role in assisting with reestablishing our medical community of inclusiveness and encouragement. Whether we are completing our training, starting our medical careers, or already long established alumni, let's become engaged and committed to giving back to our wonderful medical school and to those who have followed us! The cost of membership is small but the rewards and enrichment of our collective medical community are enormous. Let's reconnect to our roots!

Best wishes,  
**Jack Burak, MD '76**

*President*  
*Medical Alumni Association*





L – R: L. Collins, MD '68;  
M. Schonfeld, MD '72

PHOTO CREDIT: VARUN SARAN PHOTOGRAPHY

## WALLACE WILSON LEADERSHIP AWARD

MARK SCHONFELD, MD '72

**It is wonderful to be here today, surrounded by colleagues and friends, some of whom I have known for 20, 30, or 40 years. But most importantly, I am happy to be here today to present a Wallace Wilson Leadership Award to my good friend, Dr. Mark Schonfeld.**

Dr. Schonfeld and I worked together as general practitioners and then as members of the BCMA board. I found him to be a man who is a father, a gentleman, a scholar, and very importantly, a very fine physician. His patients still recall a depth of knowledge and understanding that he exhibited on a daily basis.

As a leader, he has been involved in virtually everything associated with medicine in the last 20 to 30 years, whether it is economics, the solution to the Relative Value Guide, or areas that are not widely known. He has been definitive and helpful in sorting out the relationships between clinical faculty and

UBC, solving issues between the sections, and has been able to work with the government at times when others were much less kind with their feelings and attitudes.

A personal memory for me was when I sat on the UBC Admissions Selection Committee and a prospective student came forward with recommendations from Dr. Mark Schonfeld and Dr. John Anderson. I recall arguing hard at a committee meeting for that student because I thought that he must be very special to be supported by two leading physicians in British Columbia.

Dr. Schonfeld has shown that he will act, speak and care for physicians who are having problems and I know that there are members of the BCMA who are very grateful for his actions on their behalf.

---

*Presented by  
Larry Collins, MD '68*

“I found him to be a man who is a father, a gentleman, a scholar, and very importantly, a very fine physician.”



L – R: M. Schonfeld, MD'72; D. Jones, MD70  
PHOTO CREDIT: VARUN SARAN PHOTOGRAPHY

Larry Collins, MD '68, the presenter of Dr. Schonfeld's award, passed away on July 24, 2012. He was a caring physician and mentor to all those who knew him. The MAA extends their condolences to his family and colleagues.



L – R: D. Hardwick, MD '57; P. Ballem, MD '78 PHOTO CREDIT: NANCY THOMPSON

## WALLACE WILSON LEADERSHIP AWARD

PENNY BALLEM, MD '78

**It was a great pleasure to nominate Penny Ballem for a Wallace Wilson Leadership Award and I am happy to have the honour of presenting this to her today.**

Penny is a graduate of the UBC MD Class of '78.

She was extremely bright and very hard working throughout medical school and following graduation completed a fellowship in internal medicine clinical hematology. Her career began with the position of Deputy Medical Director for the Canadian Red Cross, Blood

Transfusion Service in B.C., followed by the Director of the Women's Health Services, and then finally the Vice-President of Children's and Women's Hospital and Health Centre. Throughout her career she did an amazing job in handling the complexities of these positions.

Penny then took on the role of Deputy Minister of Health for the Ministry of Health of British Columbia. While there, many of her colleagues had the opportunity to continue to work closely with her and to see that she dealt with matters very openly and directly.

After serving the longest term as Deputy Minister of Health in the country, Penny took a break and focused on being an advisor to health-policy makers and practicing academic hematology. Penny is now the City Manager of the City of Vancouver.

Unfortunately she cannot be here this afternoon to accept this award, but we were lucky to have her accept it earlier this month and recorded her acceptance. Congratulations Penny.

*Presented by  
David Hardwick, MD '57*



P. Ballem, MD '78 as she gives her pre-recorded acceptance speech. PHOTO CREDIT: VARUN SARAN PHOTOGRAPHY





(Left photo) L – R: Dr. D. Snadden (Hon.); D. MacRitchie, MD '70

(Right photo) L – R: I. Courtice, MD '84; Dr. O. Casiro (Hon.); M. Dahl, MD '86 PHOTO CREDIT: VARUN SARAN PHOTOGRAPHY

## HONORARY MEDICAL ALUMNUS AWARD

DR. DAVID SNADDEN

**To put David Snadden in perspective, I want to tell you a short story about David, which will tell you why we love him.**

In June 2000, twelve years ago, the citizens of Prince George held a rally, attended by 7000, regarding the deteriorating state of medical care in northern B.C. The focus was on the decreasing number of physicians. The mandate from that meeting was “train them in the north to stay in the north.” That coincided with UBC’s recognition that the Lower Mainland could not train enough doctors each year to meet the needs of the province, so the concept of distributed sites was established.

David was the first physician hired to start up the program in Prince George, arriving in 2003. Just prior to that, a trust fund had been set up for the north with a goal to raise \$6 million to offset some of the expenses that students in the northern program would incur. Nineteen northern communities pledged to this; the first community to meet its pledge was Tumbler Ridge.

David and Moira, his wife, arrived in Prince George and two weeks later mounted their yellow tandem bicycle and cycled the 400 mountainous kilometers to Tumbler Ridge. Their trek was simple, very clever, understated, a bit off the wall, and hugely successful.

David began his medical training at the University of Dundee in Scotland; he then did a family practice residency in Inverness, a community comparable in size and character to Prince George. He then worked for a little over a decade as a rural family practitioner in northern Scotland. In 1991 he went to the University of Western Ontario where he earned a master’s degree in family medicine, and then a doctorate from the University of Dundee in 1998.

Outside of medicine, David and Moira are active mountaineers, back-country cross-country ski specialists, wilderness canoeists, and cyclists. I salute David and thank him for all the leadership he has given our community and the north over the past decade.

*Presented by  
Donald MacRitchie, MD '70*

## HONORARY MEDICAL ALUMNUS AWARD

DR. OSCAR CASIRO

**Dr. Oscar Casiro, Regional Associate Dean, Vancouver Island, UBC Faculty of Medicine is responsible for strategic leadership of undergraduate and postgraduate medical programs on Vancouver Island.**

In addition, Dr. Casiro is Head of the Division of Medical Sciences at the University of Victoria, which was established to support medical education programs on Vancouver Island and promote scholarship and innovation in medical research at the university.

Dr. Casiro obtained his MD from the University of Buenos Aires, Argentina, and completed training in Pediatrics and Neonatology at the University of Manitoba. Before his appointment to UBC in 2004, Dr. Casiro was Professor of Pediatrics and Associate Dean, Undergraduate Medical Education at the University of Manitoba.

He has held leadership positions at local and national levels in the field of medical education, including a term as President of the Medical Council of Canada (MCC), 2009-10, and Chair of the MCC Assessment Review Task Force.

To achieve the expansion of the UBC Medical Programs to distributed sites, insightful leaders with clarity of purpose and requirements of a fully functional distributed program were needed. Without Dr. Casiro’s incredible leadership of the Island Medical Program and Dr. Snadden’s leadership of the Northern Medical Program, this could not have been accomplished. We extend our deep appreciation to them.

The award presented today to Oscar Casiro recognizes the pivotal role that he has played in the success of the disseminated medical educational program. This is evidenced by the number of graduates who have made commitments to return to clinical practice on Vancouver Island, particularly in areas outside of Greater Victoria.

*Presented by  
Ian Courtice, MD '84*

## HONORARY MEDICAL ALUMNUS AWARD

DR. LARRY GOLDENBERG

**It is an honour and privilege to join those who have honoured Larry Goldenberg and I welcome him as a UBC Honorary Medical Alumnus.**

Larry graduated from the University of Toronto in 1978 and one year later came to B.C. to begin a urology residency. In 1984 he went to St. Paul's Hospital as a Clinical Assistant Professor and in 1993 went to VGH where he co-founded the Vancouver Prostate Centre. He is currently Professor and Head of the UBC Department of Urologic Sciences.

Larry has many skills and wears many hats, all of them very well. He is accomplished at many things: clinician, educator, scientist and administrator. He is an internationally acclaimed urologic surgeon, who has focused on prostate cancer treatment and research. One passion is patient education and he is very proud of the book on prostate cancer he published for the layperson.

As a clinician-scientist he co-founded the Canadian Uro-Oncology Group which today is a global leader in clinical trials research. As a scientist he has helped develop hormone therapy approaches that have become standards of care worldwide. He also has authored more than 200 peer-reviewed papers.

As an administrator he has chaired the Division - now Department - of Urologic Sciences for over 10 years. He has served as President of the Canadian Urologic

Association, the Western Section of the American Urologic Association and many other professional organizations. He has received many awards including the Order of British Columbia, 2006, the American Urologic Association's Distinguished Service Award, the B.C. Innovations Council's Champion of the year, 2008, the Order of Canada, 2009 and the Queen Elizabeth II Diamond Jubilee Award, 2012.

Larry not only has great hands as a urologist, but has a very golden finger as evidenced

by the funds he has raised over the past 15 years.

Currently he has his sights set on the Men's Health Initiative across BC and Canada.

Larry, we are very proud to have attracted you from Toronto and are fortunate to have you now as an Honorary Medical Alumnus.

---

*Presented by  
Martin Gleave, MD '84*



L - R: M. Gleave, MD '84, Dr. L. Goldenberg (Hon.), and M. Dahl, MD '86 PHOTO CREDIT: VARUN SARAN PHOTOGRAPHY





Dr. G. Meneilly (Hon.) after he accepts his Honorary Medical Alumnus Award. PHOTO CREDIT: VARUN SARAN PHOTOGRAPHY

## HONORARY MEDICAL ALUMNUS AWARD

### DR. GRAYDON MENEILLY

**Grady Meneilly has been the Eric Hamber Professor and Chairman of the UBC Department of Medicine since 2002.**

His roots in British Columbia go back to 1978 when he began his rotating internship at Royal Jubilee Hospital in Victoria. He earned his medical degree from the University of Saskatchewan and did his residency training in internal medicine at the University of Toronto, followed by fellowships and faculty appointments in Boston at Harvard Medical School and its affiliated teaching hospitals.

He launched his academic career at UBC in 1988.

Grady's clinical and research specialty lies in geriatrics with focused expertise in carbohydrate metabolism and diabetes in the elderly.

He has published over 100 papers and has given many advanced research and practical clinical presentations on diabetes in the elderly throughout North America.

He has served in numerous leadership capacities, including the American College of Physicians, Canadian Diabetes Association, and Canadian

Association for Professors of Medicine.

At UBC, Grady is still very active in clinical teaching on a weekly basis. He became a full Professor in 1998 and was Division Head of Geriatric Medicine between 1997 and 2002. He then became the Department Head of Medicine at UBC. This is a huge role, evidenced by the fact that the Department of Medicine is larger than some faculties at UBC.

Grady has held several major leadership roles at Vancouver General Hospital and recently was appointed Physician in Chief. He is a great role model for students and faculty. He is one of the few academic clinicians who is a triple threat, a combination of excellence in clinical medicine, teaching, and research. He has been a great mentor to many faculty members.

We are pleased to present this award from our Medical Alumni Association.

*Presented by  
Marshall Dahl, MD '86*

## SILVER ANNIVERSARY AWARD

### WENDY YEOMANS, MD '87

**It is my pleasure to present Wendy Yeomans, MD '87 with the UBC Medical Alumni Association's Silver Anniversary Award to recognize her accomplishments as a bedside physician, a gifted teacher, mentor and a respected leader and advocate for palliative care in BC.**

For over 20 years Wendy has been the Medical Lead of the Palliative Care Program at Vancouver General Hospital. She has earned the respect of her colleagues and staff for her collaborative style, intelligence, straight-forwardness, kindness, and vision.

Thousands of patients and families have benefitted from her ability to generate trust and safety at a vulnerable time in their lives. Her unique combination of clinical acumen, compassion, insight, humour and basic human goodness epitomize the dual pillars of the art and science of medicine. She has applied these same qualities as a teacher and mentor, educating medical trainees and presenting frequently at CME conferences for specialists and Family Physicians.

*Presented by  
Hilary Vallance, MD '87*



L – R: W. Yeomans, MD '87 and H. Vallance, MD '87 at the Vancouver Yacht Club where the Class of 1987 held their 25th anniversary reunion on September 15, 2012. PHOTO CREDIT: MARISA MOODY

## AWARDS, ACHIEVEMENTS & ACTIVITIES

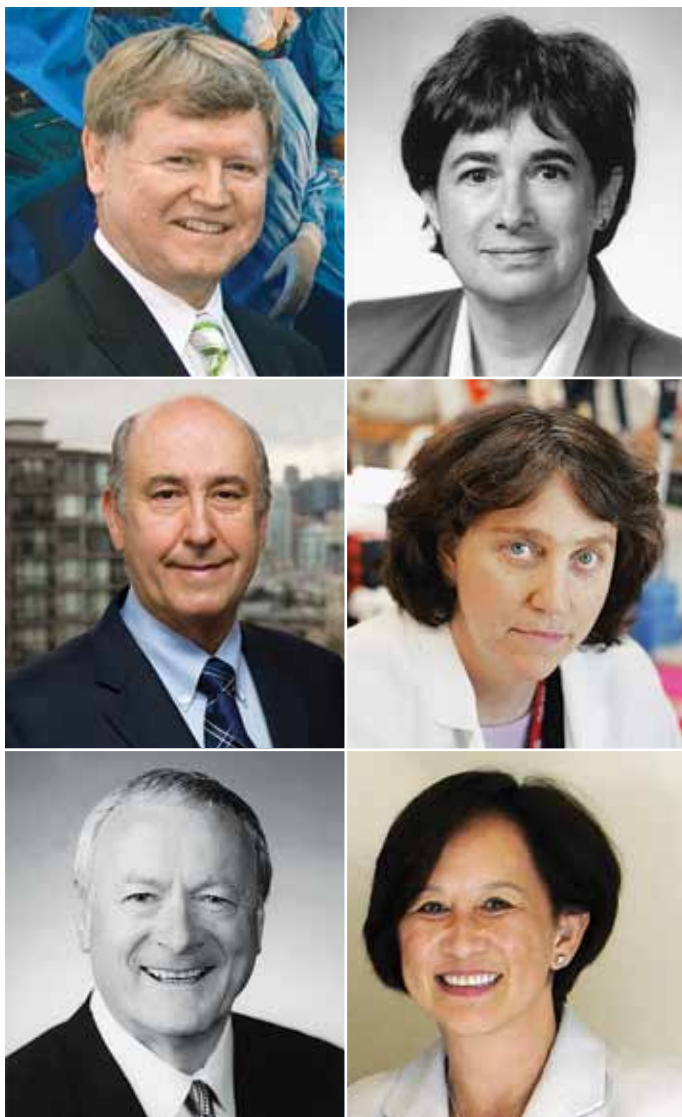
In February 2012, **Dr. Joanna Bates (Hon.)** received the AFMC President's Award for Exemplary National Leadership in Academic Medicine.

At the Faculty of Medicine Awards Reception to recognize Faculty of Medicine awards recipients, May 29, 2012, **Randy Gascoyne, MD '82** received a UBC Killam Research Prize. **William MacEwan, MD '82** and **Andrew McLaren, MD '00** were recipients of a Clinical Faculty Award for Excellence in Community Practice Teaching. **Kendall Ho, MD '86** received a Distinguished Achievement Award for service to the university and community and **Dr. Clive Duncan (Hon.)** received a Distinguished Achievement Award for outstanding contributions by a senior faculty member.

The College of Physicians and Suregons of B.C. 2012 Awards of Excellence in Medical Practice were presented to **Dr. Clive Duncan (Hon.)**, **Gary Jackson, MD '79**, **Gordon McFadden, MD '69**, **Dianne Miller, MD '80** and **Dr. Lorna Sent (Hon.)**. These presentations were made at the annual President's Dinner on May 30.

The BCMA Annual Awards Ceremony was held June 9, 2012, and among those honoured were **Vera Frinton, MD '69**, who was one of three recipients of the BCMA Silver Medal of Service. This award, established in 1986, is the Association's highest honour. **Mark Schonfeld, MD '72** received the Dr. David M. Bachop Gold Medal for Distinguished Medical Service and **Jim Lane, MD '73** was the recipient of the Dr. Cam Coady Award.

CMA Honorary Membership was awarded to **John Campbell, MD '70** and **Wally Unger, MD '69**.



Top: J. Lane, MD'73; V. Frinton, MD'69  
Middle (L - R): M. Schonfeld, MD'72; D. Miller, MD'80  
Bottom (L - R): Dr. C. Duncan (Hon.); Dr. L. Sent (Hon.)





(Left) L – R: J. Edworthy, MD '77; Dr. D. Read; J. Lane, MD '73; G. Wong, MD '92 (Right) L – R: C. Kinahan, MD '85; P. Kinahan, MD '85; Dr. R. MacGillivray; T. Brimmer

## EVENT HIGHLIGHTS

### Thank you to the UBC Medical Alumni & Friends Golf Tournament Sponsors

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### UBC Medical Alumni & Friends Golf Tournament June 26, 2012

The UBC Medical Alumni & Friends Golf Tournament was the most successful tournament to date, in no small measure due to the generosity of the sponsors and number of golfers who attended.

The tournament was held at the University Golf Course on June 26, 2012. The weather was perfect, the course was in tip-top shape and the players came in droves! A total of 112 participants took part in the tournament's first shot-gun start which allowed all of the teams to start and finish their round of golf together. To top it off, over \$16,000 was raised for the Medical Alumni Association which will support student programs.

The afternoon was spent connecting with friends, colleagues, former classmates, and teachers. Between holes, golfers had the opportunity to catch up with one another and engage in some friendly competition banter. The day went by quickly and was followed by a delicious dinner in the clubhouse before the prizes were awarded.

It is hoped that a full field of 144 alumni and friends register for next year's tournament in June. Registration will open in early spring, so invite your colleagues early as the tournament will fill up quickly!

Special thanks to **Ron Warneboldt, MD '75, Bob Cheyne, MD '77, David Jones, MD '70, Jim Lane, MD '73, Patty Scrase** from Scotiabank, **Anne Campbell-Stone**, and **Kira Peterson** for organizing this year's tournament.



L – R: Dr. C. Carpenter; G. Romalis, MD '62  
PHOTO CREDIT: ANNE MCCULLOCH



L – R: S. Madill, MD '59; Dr. C. Slonecker (Hon.); KNV Gold Sponsor Staff; B. Gordon, MD '59; G. Morrison, MD '62

### Prize Winners

#### Low Gross Score:

Dr. John MacCarthy

#### Mens' Low Net Score:

Dr. Elliott Phillips

#### Brad Fritz Prize

(best score over 9 holes):  
Ron DeMarchi, MD '81

#### Chuck Slonecker Prize:

Bob Cheyne, MD '77,  
Richard Sztramko, MD '10  
and Paul Zakus, MD '10

#### Winning Senior

(net score from a grad  
class earlier than 1972):  
Doug Blackman, MD '69



L – R: B. Mackie, MD'76; L. Warren, MD'68; A. MacPherson, MD'97; M. Vu, MD'01; residents and alumni socializing at “Residents in a New Residence” event in Calgary.

## EVENT HIGHLIGHTS

### 2012 Hooding & Graduation May 22-23, 2012

The tradition of giving a ‘doctor’s shingle’ to UBC Medicine graduates started in 1954 with the first graduating class. This was started by the students and still exists today. In 1954, the 3rd year students organized the shingles and gave them to the 4th year students at the Medical Ball in the spring. That practice went on for many years but over time the shape and design changed.

Now the Medical Alumni Association produces the shingles for each graduating class as a gift to each student, welcoming each one as an alumnus and a member of the MAA.

This year **Jack Burak, MD '76**, **Marshall Dahl, MD '86** and **Morton Dodek, MD '54**

attended the Hooding Ceremony on May 22, 2012 as representatives from the Medical Alumni Association. After some inspiring words from Dr. Burak, the three alumni presented the shingles to graduating students as each walked across the stage. Dr. Dodek was thrilled to give his grandson, Joshua Wenner, MD '12 his shingle, a moment he will remember forever.

The hooding ceremony was followed by the graduation ceremony on May 23.

### Residents in a New Residence July 11, 2012 – Toronto, ON July 23, 2012 – Calgary, AB

The Faculty of Medicine Alumni Relations team has made it a goal to engage new residents as they venture out as young alumni in communities across Canada. Becoming a resident is often exciting, but can bring along some stress.

Add in a move across the country and the whole process can become a little daunting.

To ease the minds of the newest alumni, the Faculty of Medicine Alumni Relations unit planned “Residents in a New Residence,” a welcome event in Toronto (July 11, 2012) and Calgary (July 23, 2012). Toronto’s event was hosted by **Ivor Fleming, MD '85** and Lenora Fleming while Calgary’s event was hosted by **Jackson Wu, MD '93** and **Viviana Chang, MD '98**.

This event brought together new residents and alumni currently living in these areas. It was an evening filled with great conversation, delicious food, and refreshing beverages (on some great patios, too!). It was a pleasure to have many of Medicine’s established alumni there to meet and greet the newest alumni, and let them in on the hidden gems of the city.

**If you are interested in hosting a “Residents in a New Residence” event in your city next summer to welcome the MD 2013s who will be starting their residencies there, contact [med.alumni@ubc.ca](mailto:med.alumni@ubc.ca) or 604.875.4111 x 67741.**

### Student Orientation 2012 August 27, 2012

The class of 2016 was welcomed by four alumni speakers, **Andrew MacPherson, MD '97**, **Bill Mackie, MD '76**, **Mark Vu, MD '01**, and **Linda Warren, MD '68**, at the Student Orientation in late August.

This remarkable panel of doctors gave insight into the wide range of areas of practice in medicine, focusing on important goals rather than personal competition, making the transition to “thinking like a doctor” and the joys and privilege of working in medicine.

## Class Reunions >

### Class of 2002

September 8-9, 2012  
Vancouver, B.C.  
Organizer: Dr. Tanya Orton

### Class of 1957

September 14, 2012  
Vancouver, B.C.  
Organizers: Dr. Ian Turnbull  
Dr. David Hardwick

### Class of 1987

September 14-16, 2012  
Vancouver, B.C.  
Organizers: Dr. Leith Dewar  
Dr. Allan Holmes  
Dr. Trevor Newton  
& Dr. Kathy Bell

### Class of 1960

October 12-14, 2012  
Vancouver Island, B.C.  
Organizer: Lynn Ledgerwood

For more information on class reunions, please contact the **UBC Faculty of Medicine Alumni Affairs Office at [marisa.moody@ubc.ca](mailto:marisa.moody@ubc.ca) or 604.875.4111 x 62031.**

## Upcoming Events >

### Victoria Medical Society Dinner

January 19, 2012  
Victoria, B.C.

### Vernon Hockey Tournament

March 1-2, 2013

### Spring Gala & Alumni Reception

Date TBD

### UBC Medical Alumni Association AGM

Date TBD

### UBC Medical Alumni & Friends Golf Tournament

June 2013  
University Golf Course

Please go to <http://alumni.med.ubc.ca/events/> for updated calendar event information.



## MUS REPORT

**The Medical Undergraduate Society (MUS) kick-started the year by welcoming the class of 2016! This year's cohort is comprised of 288 aspiring future physicians, commencing medical studies at one of four distributed sites across the province.**

As the student governing body, representing all students enrolled in the UBC MD program, the MUS is constantly expanding and improving in order to serve the growing needs of our student body. We currently support over 90 student clubs and specialty interest groups, allowing students to further explore their medical and extra-curricular interests.

In response to student requests, MUS recently incorporated the Wellness Initiative Network (WIN) under the MUS Internal portfolio. The primary objective of WIN is to promote a healthy and balanced life throughout medical school and beyond by focusing on topics such as nutrition, fitness, stress management and community development. Further information about WIN and other MUS initiatives can be found on our newly launched website: <http://ubcmedstudents.com/>

Aside from providing internal services to UBC medical students, the MUS advocates

for policies that are beneficial to students and our future patients. In February 2012, UBC representatives, along with colleagues from other Canadian medical schools, participated in a National Lobby Day with the federal government. The group met with Members of Parliament and advocated for support of programs aimed at attracting medical school applicants from rural backgrounds.

The MUS also acts as the liaison between students and external organizations such as the Canadian Federation of Medical Students (CFMS). Over the past year, we have striven to strengthen our relationship with our colleagues from medical schools across Canada by demonstrating a stronger presence at national gatherings. With assistance from our vast network of established alumni, we hope to further develop this relationship by submitting a bid to host the 2013 CFMS Annual General Meeting in British Columbia.

Lastly, on behalf of more than 1,000 UBC medical students, the MUS would like to thank our network of alumni, UBC faculty and staff in addition to supportive community members, for enhancing our educational experience.

*Elisa Kharazi, MUS President*  
[ekharazi@alumni.ubc.ca](mailto:ekharazi@alumni.ubc.ca)

## MSAC REPORT

**MD'12s Donate to Renovate MSAC**

Graduating students of the Class of 2012 initiated a voluntary collection and voted to donate a class gift to MSAC. They asked that the MSAC Videoconference Room (formerly the Health Sciences Bookstore) be renovated to better accommodate the dancers, martial artists, fitness groups, and other performers who rehearse at MSAC.

Over the summer, old carpeting was removed and a new smooth surface was installed, improving the room's appearance and turning it into a multi-use space. MSAC is now ready for the Bhangra and Hip Hop dance clubs, the Carotid Chop

and kickboxing clubs, weekly yoga classes and the MedFit group.

Many groups rehearse at MSAC for the yearly Spring Gala and the medical student talent show held at the Chan Centre, with proceeds donated to a charity. Thanks to the generosity of MD12s, rehearsing medical students will be free to sing loudly and dance wildly without disturbing more serious meetings in the three meeting rooms on the upper floor of MSAC.

MSAC continues to evolve and improve to meet the needs of our medical students.

*Nancy Thompson, MSAC Services & Events Coordinator*



(Top photo): Medical students practicing a Bhangra dance routine in the MSAC courtyard on a cool day in March. PHOTO CREDIT: ISABEL CHEN, MD '15  
(Bottom photo): Medical students in performance at the Chan Centre. PHOTO CREDIT: CHARLES WALSH, MD '15



Faculty and Platform Party for the Class of 2012 Hooding Ceremony.

## CONGRATULATIONS TO THE CLASS OF 2012

Please join us in welcoming our newest graduates as they pursue their residency programs.

On behalf of the UBC Medical Alumni Association, we are proud to welcome you as alumni and colleagues.

### Anatomical Pathology and General Pathology

*Launny Faulkner*  
University of Calgary

*Joel Krueger*  
University of Calgary

*Lawrence Lee*  
University of British Columbia

### Anesthesiology

*Michael Chuang*  
University of British Columbia

*Dallas Duncan*  
University of Toronto

*Reza Faraji*  
University of British Columbia

*Hardave Gill*  
University of Saskatchewan

*Tanya Griffiths*  
Queen's University

*Ryan Heinrichs*  
University of Manitoba

*Kelvin Kwan*  
University of Ottawa

*Andy Po-Cheng Lo*  
University of Calgary

*Anne-Marie Madden*  
University of British Columbia

*Cyrus McEachern*  
McGill University

*Steven Moore*  
University of British Columbia

*Farrukh Munshay*  
University of Saskatchewan

*Nicole Quigley*  
University of Western Ontario

*Alison Read*  
University of British Columbia

*Peter Rose*  
University of British Columbia

*Simon Rose*  
University of Alberta

*Alexander Suen*  
University of Toronto

*Tonia Timperley*  
University of British Columbia

### Dermatology

*Diana Diao*  
University of British Columbia

*Elaine Dupuis*  
University of Calgary

### Diagnostic Radiology

*James Gardner*  
Queen's University

*Grayson Hall*  
Queen's University

*Blake Jamieson*  
University of British Columbia

*Michael Kozoriz*  
University of British Columbia

*Nima Razaghi Kashani*  
University of Toronto

*Kathryn Roston*  
University of British Columbia

*Samantha Saravana-Bawan*  
University of Alberta

*Elena Scali*  
University of British Columbia

*Anthony Stregger*  
Queen's University

*David Tso*  
University of British Columbia

### Emergency Medicine

*Brianne Bentzon*  
University of British Columbia

*Laura Chng*  
University of British Columbia

*Wayne Choi*  
McGill University

*Camila Guan*  
University of British Columbia

*Wesley Jang*  
University of British Columbia

*Jaspreet Khangura*  
University of Alberta

*Steven Skitch*  
McMaster University

### Family Medicine

*Nassir Adhami*  
Montreal McGill University

*Salman Ali*  
University of British Columbia

*Ashley Bakker*  
Nanaimo University of British Columbia

*Anne-Marie Baribeau*  
Rural Okanagan University of British Columbia

*Scott Eliason*  
Saskatoon University of Saskatchewan

*Jeffrey Beaudry*  
Queen's University

*Ruth-Ann Beaudry*  
Queen's University

*Mattias Berg*  
Vancouver Fraser University of British Columbia

*Leah Boldt*  
Lethbridge Rural University of Calgary

*Rupinder Brar*  
Vancouver - St. Paul's University of British Columbia

*Dayna Briemon*  
Victoria - Aboriginal University of British Columbia

*Ami Brosseau*  
Victoria - Aboriginal University of British Columbia

*Ami Gallie*  
Calgary University of Calgary

*Stephanie Cairns*  
Belleville - Quinte Queen's University

*Ka Wai (Angela) Chan*  
Calgary University of Calgary

*Jack Chang*  
Stratford-Tavistock University of Western Ontario

*Rajinder Cheema*  
Edmonton University of Alberta

*Jessica Cheung*  
Vancouver - St. Paul's University of British Columbia

*Ka Yee Carrie Ching*  
Vancouver Fraser University of British Columbia

*Spencer Cleave*  
Victoria University of British Columbia

*Genevieve Cordonier*  
Victoria University of British Columbia

*Michael Dumont*  
Calgary University of Calgary

*Scott Eliason*  
Saskatoon University of Saskatchewan

*Lauren Feldhoff*  
Rural Memorial University

*Florina Feng*  
Vancouver Fraser University of British Columbia

*Mark Fenrich*  
Medicine Hat Rural University of Calgary

*George Francis*  
Nanaimo University of British Columbia

*Marcia Fukunaga*  
Nanaimo University of British Columbia

*Amie Gallie*  
Calgary University of Calgary

*Amie Gallie*  
Calgary University of Calgary

*Amie Gallie*  
Calgary University of Calgary

*Karen Giang*  
Calgary University of Calgary

*Amar Gill*  
Surrey University of British Columbia

*Mary Glen*  
Chilliwack University of British Columbia

*Sabrina Gustafson-Vickers*  
Surrey University of British Columbia

*Omeed Hadisfar*  
Greater Toronto Area University of Toronto

*Tasha Haiduk*  
Lethbridge Rural University of Calgary

*Christine Henderson*  
Victoria University of British Columbia

*Jacalynne Hernandez-Lee*  
Sydney Dalhousie University

*Karissa Hetland*  
University of Ottawa

*Leanne Hewitson*  
Saint John Dalhousie University

*Megan Hill*  
Prince George Rural University of British Columbia

*Shannon Hill*  
Vancouver Fraser University of British Columbia

*Karina Ho*  
Edmonton University of Alberta

*Marylyn Hope*  
Vancouver Fraser University of British Columbia

*Gabriel Hung*  
Calgary University of Calgary

*Lauchlan Jankola*  
Queen's University

*Lauchlan Jankola*  
Queen's University

*Lauchlan Jankola*  
Queen's University

*Lauchlan Jankola*  
Queen's University

*Jesse Janssen*  
Abbotsford University of British Columbia

*Amber Jarvie*  
Vancouver Fraser University of British Columbia

*Simon Jones*  
Calgary University of Calgary

*Naila Karim*  
Greater Toronto Area University of Toronto

*Megan Kennedy*  
Okanagan Rural University of British Columbia

*Ashlee King*  
Medicine Hat Rural University of Calgary

*Jennifer Kondra*  
Victoria University of British Columbia

*Leo Lai*  
Abbotsford University of British Columbia

*Tina Lai*  
Vancouver Fraser University of British Columbia

*Michael Marino*  
Edmonton University of Alberta

*Crystal Marko*  
London University of Western Ontario

*Stephanie Matchett*  
Saint John's Dalhousie University

*Troy McLeod*  
Prince Albert Rural University of Saskatchewan

*Jan McPhee*  
Lethbridge Rural University of Calgary

*Kathryn Morrison*  
Vancouver Fraser University of British Columbia

*Omid Najafi Larijani*  
Greater Toronto Area University of Toronto

*Lindsay Lerch*  
Victoria University of British Columbia

*David Leung*  
Greater Toronto Area University of Toronto

*David Leung*  
Greater Toronto Area University of Toronto

*Ryan Lieph*  
Prince Edward Island Dalhousie University

*Kelly Little*  
Vancouver - St. Paul's University of British Columbia

*Iris Liu*  
Abbotsford University of British Columbia

*Cindy Lou*  
Brampton McMaster University

*Katrina Low*  
Medicine Hat Rural University of Calgary

*Rita Lung*  
Victoria University of British Columbia

*Vivian Ma*  
Montreal McGill University

*Janet Ma*  
Calgary University of Calgary

*Magnus Macnab*  
Calgary University of Calgary

*Michael Marino*  
Edmonton University of Alberta

*Crystal Marko*  
London University of Western Ontario

*Stephanie Matchett*  
Saint John's Dalhousie University

*Troy McLeod*  
Prince Albert Rural University of Saskatchewan

*Jan McPhee*  
Lethbridge Rural University of Calgary

*Kathryn Morrison*  
Vancouver Fraser University of British Columbia

*Omid Najafi Larijani*  
Greater Toronto Area University of Toronto

*Lindsay Lerch*  
Victoria University of British Columbia

*David Leung*  
Greater Toronto Area University of Toronto

*David Leung*  
Greater Toronto Area University of Toronto

*Shahana Nathwani*  
Abbotsford University of British Columbia

*Tyler Ngai*  
Calgary University of Calgary

*Emma Noble*  
Calgary University of Calgary

*Amy Olver*  
Kingston - 1000 Islands Queen's University

*Vida Omidvar*  
University of Western Ontario

*Alexandra Otto*  
Victoria University of British Columbia

*Loni Patterson*  
Surrey University of British Columbia

*Matthew Petzold*  
Rural Okanagan University of British Columbia

*Hillary Quinn*  
Rural Okanagan University of British Columbia

*Navpaul (Navi) Rattan*  
Prince George Rural University of British Columbia

*Renee Sebastian*  
Barrie-Newmarket University of Toronto

*Amy Jean Singleton-Polster*  
Rural Memorial University

*Serena Siow*  
Calgary University of Calgary

*Ahsalim Somani*  
Nanaimo University of British Columbia

*Lindsay Stokvis*  
Vancouver Fraser University of British Columbia

*Lindsay Stokvis*  
Vancouver Fraser University of British Columbia

*Lindsay Stokvis*  
Vancouver Fraser University of British Columbia

*Lindsay Stokvis*  
Vancouver Fraser University of British Columbia

*Lindsay Stokvis*  
Vancouver Fraser University of British Columbia





Left: Personalized 'doctor shingle' – a gift from the Medical Alumni Association. Right: C. Cunningham, MD '12; S. Lidstone, MD '12; M. Lawson, MD '12; P. Chen, MD '12; W. Jang, MD '12; W. Choi, MD '12; and T. Chaworth-Musters, MD '12 celebrate after the Hooding Ceremony.

*Colleen Sweeney*  
Sydney  
Dalhousie University

*Nicola Tam*  
Vancouver - St. Paul's  
University of  
British Columbia

*Nicole Thong*  
Vancouver Fraser  
University of  
British Columbia

*Sarah Truscott*  
Victoria  
University of  
British Columbia

*Emanuela Tura*  
Nanaimo  
University of  
British Columbia

*David Urquhart*  
Belleville - Quinte  
Queen's University

*Elizabeth Watson*  
Chilliwack  
University of  
British Columbia

*Alex Weinberg*  
Barrie-Newmarket  
University of  
Toronto

*Elizabeth Wilms*  
Prince Albert Rural  
University of  
Saskatchewan

*Julie Wilson*  
Greater Toronto Area  
University of  
Toronto

*Catherine Wong*  
Thunder Bay  
Northern Ontario  
School of Medicine

*Tomonori Yokogawa*  
Sudbury  
Northern Ontario  
School of Medicine

## General Surgery

*James Choi*  
University of  
Western Ontario

*Navjit Dharampal*  
University of Calgary

*Gilgamesh Eamer*  
University of Alberta

*Stephanie Hiebert*  
Dalhousie University

*Gurp Johal*  
University of  
British Columbia

*Mohammadali  
Khorasani*  
University of  
British Columbia

*Sepehr Khorasani*  
University of  
British Columbia

*Cecily Morgan-Jonker*  
University of  
British Columbia

*Jed Scharf*  
University of Alberta

*Gavin Tansley*  
Dalhousie University

*Miranda Witheford*  
Queen's University

## Internal Medicine

*Scott Apperley*  
University of  
British Columbia

*Tavish Barnes*  
University of Calgary

*Jamie Benham*  
University of Calgary

*Joshua Budlovsky*  
University of  
British Columbia

*Tracy Cannon*  
University of  
British Columbia

*Tessa Chaworth-  
Musters*  
University of  
British Columbia

*Carson Chin*  
University of  
British Columbia

*Matthew Cooper*  
University of  
British Columbia

*Meghan Drew-  
McKinstry*  
University of Calgary

*Caley Flynn*  
Queen's University

*Brandon Galm*  
University of Alberta

*Shannon Galway*  
University of  
British Columbia

*Suzana Gilmour*  
University of  
British Columbia

*Claire Harris*  
University of  
British Columbia

*Shi Yuan Jiang*  
University of  
British Columbia

*Erin Kennah*  
University of Calgary

*Tejinder Khalsa*  
University of Calgary

*Ritu Kumar*  
University of  
British Columbia

*Evelyn Kwok*  
University of Alberta

*Godfrey Lam*  
University of Alberta

*Morgan Lam*  
University of  
British Columbia

*Tamryn Law*  
University of  
Toronto

*Lauren Lee*  
Queen's University

*Stephanie Lee*  
University of  
Toronto

*Gibong Lee*  
University of Alberta

*Wendy Lin*  
University of  
British Columbia

*Hardeep Mahal*  
University of  
British Columbia

*Greg Marcotte*  
University of  
British Columbia

*Kari-Jean McKenzie*  
University of  
British Columbia

*Anish Mitra*  
University of  
British Columbia

*Ashkan Parsa*  
University of  
British Columbia

*Persia Powsabnazari*  
University of  
British Columbia

*Julia Pritchard*  
University of Calgary

*Emilie Stevens*  
University of  
British Columbia

*Moninder Vaid*  
University of Calgary

*Tony Wan*  
University of  
British Columbia

*Joshua Wenner*  
University of Ottawa

*Hoi Lun (Alan) Yau*  
University of  
British Columbia

## Neurology

*Carlie Duke*  
University of Alberta

*Christopher Fox*  
University of  
British Columbia

*Sarah Lidstone*  
University of  
Toronto

*Mary Metrie*  
Queen's University

*Nikkie Randhawa*  
University of  
British Columbia

*Egidio Spinelli*  
University of Alberta

## Obstetrics and Gynecology

*Elisabeth Draht*  
University of Calgary

*Sawyer Huget-Penner*  
University of  
British Columbia

*Brent Jim*  
University of Calgary

*Deirdre O'Connor*  
University of  
British Columbia

*Ari Sanders*  
University of Calgary

*Pamela Verma*  
University of  
Toronto

*Bonnie Woolnough*  
University of Alberta

## Ophthalmology

*Brennan Eadie*  
University of  
British Columbia

*Robert Machuk*  
University of Alberta

*Stephanie Wise*  
University of  
British Columbia

*Christopher Chapman*  
University of Alberta

## Orthopedic Surgery

*Geoffrey Jarvie*  
University of  
British Columbia

*Chad Johnson*  
University of  
British Columbia

*Sabrina Kolker*  
University of  
Toronto

*Jacqueline Ngai*  
University of  
British Columbia

## Otolaryngology

*Brent Chang*  
University of  
British Columbia

## Pediatrics

*Allison Bunney*  
University of Ottawa

*Ciara Chamberlain*  
University of Calgary

*Alysha Dedhar*  
University of  
British Columbia

*Sabrina Eliason*  
University of  
Saskatchewan

*Meghan Gilley*  
University of  
British Columbia

*Irvin Janjua*  
University of  
British Columbia

*Melanie Phillips*  
University of Calgary

*Michelle Sherwood*  
University of  
British Columbia

*Shazeen Suleman*  
University of  
Toronto

*Launa Swaney*  
Dalhousie University

*Andrea Tam*  
Northern Ontario  
School of Medicine

*Jennifer Tam*  
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