**October 26, 2010** Duke Children’s announces a $17.2 million gift from the estate of Glenn, MD’41, and Muriel Kiser, to support pediatric research and education, the largest ever to the Department of Pediatrics.

**May 6, 2011** Duke University School of Nursing announces the largest gift in its history, $15 million from J. Michael Pearson, T’84, and Christine Siegler Pearson, N’84.

**February 23, 2012** Duke Medicine celebrates the Grand Opening of Duke Cancer Center—the first in a series of new buildings that will transform the Duke Medicine campus.

**September 29, 2012** Duke University and Duke Medicine kick off the public phase of Duke Forward, a $3.25 billion campaign, including $1.2 billion for Duke Medicine.

**February 8, 2013** Duke University School of Medicine dedicates the Mary Duke Biddle Trent Semans Center for Health Education.

**April 17, 2013** Duke Sports Medicine announces the largest gift in its history, $20 million from Steven, MD,HS’74-’78, and Rebecca Scott, to expand its clinical, research, and education programs.
We are making forward progress. With your help, we will reach our goals.

Duke Medicine has bold aspirations to lead discovery, care, and education. Nowhere will you find an institution filled with people of such passion, creativity, and dedication to bring the very best care to people in our community and around the world. Duke Medicine is the place where your gift will have the greatest impact. Find your passion; join with us.

Victor J. Dzau, MD
Chancellor for Health Affairs
President and CEO, Duke University Health System

$1.2 billion
$631 million (raised through March 31, 2013)
SUNLIGHT STREAMED THROUGH every one of the 2,200 panes of glass in the spectacular new Mary Duke Biddle Trent Semans Center for Health Education in February, as hundreds turned out to dedicate Duke’s first new building for medical education since the School of Medicine opened in 1930.

The Trent Semans Center, which opened on Jan. 2, 2013, replaces the iconic Davison Building, which will continue to house the Dean’s office and other School of Medicine programs.

The six-story, 104,000-square-foot building was designed to support Duke’s innovative team-based approach to medical education,
“The message this building sends is, ‘We care.’ A university’s great gift to the world is sending into it the best-trained people that can possibly be given, and this building represents our commitment to send the very best health care workers possible.”

Duke University President
Richard H. Brodhead
and to be readily adaptable to meet future needs as medicine, curriculum, and technology evolve.

“Finally, we have a building that, through its prominent location, stunning architecture, and visual connection to Duke University, reflects our commitment to and reverence for our mission of educating future leaders in medicine and science,” said Dean Nancy C. Andrews, MD, PhD. “It is indeed a great day for Duke Medicine.”

Although many students and alumni have fond memories of Davison, it has been obvious for years that the facilities there had become outdated.

When trustees of The Duke Endowment were given a tour of Davison several years ago, they were “truly surprised” at the antiquated facilities for students, said Chancellor Victor Dzau, MD.

“‘How does a world-class medical center have an educational facility like this?’” Dzau recalled one Duke Endowment trustee asking.
The Duke Endowment responded with a $35 million gift to the School of Medicine, the largest single donation in the school's history, to fund a new home for the medical school. Nearly all the rest of the project’s $53 million budget came from donations from alumni, faculty, students, and other benefactors, including a $9 million bequest from a member of the medical class of 1935.

The Trent Semans Center is nestled squarely within a transformed medical campus, with the new Duke Cancer Center and the soon-to-open Duke Medicine Pavilion. In a matter of minutes you can walk from the new building to Duke Hospital, Duke Clinic, research laboratories, the School of Nursing, and other medical center facilities.

"The message this building sends is, ‘We care,’” Duke University President Richard H. Brodhead, PhD, told the dedication audience. “A university’s great gift to the world is sending into it the best-trained people that can possibly be given, and this building represents our commitment to send the very best health care workers possible.

“What a happy day this is, and what a lucky university we are to have this building.”

3 of the water fountains have an attachment for filling water bottles. A counter keeps track of how many plastic bottles will be kept out of the landfill.

6 Medallions were carved in Italy to match those on the Davison Building, the original home of Duke University School of Medicine. Limestone for the building came from Portugal.

47 miles of data cable are used in the building. This allows students to interact live with medical students at Duke-NUS Graduate Medical School in Singapore.

100% of the plants are irrigated with captured storm water (using 0 gallons of potable water) thanks to a 100,000 gallon cistern located near Duke Medicine Pavilion.

The Center has over 29,000 sq ft or .67 of an acre of glass. There are 2200 pieces of glass in more than 300 unique shapes.
David Trice, T’70, is a retired oil and gas company CEO, and he knows that when you drill for oil, there are no guarantees: sometimes you strike it big, and sometimes you wind up with nothing but a dry hole in the ground.

He also knows that the potential rewards are worth the risk. Trice and his wife Kathy have taken the same approach in establishing a new $1 million funding program at Duke to support research in brain science and neurological disease. The Holland-Trice Scholars program will provide seed grants to Duke scientists to conduct high risk-high reward basic science research.

The idea is to fund novel projects that have the potential to yield important preliminary findings that could ultimately lead to significant advances in the treatment of neurological disorders. Promising results are expected to lead to further funding from the National Institutes of Health or other sources.

At the same time, because the program is designed to produce preliminary data, there is always the possibility that any particular study will come up, as it were, dry.

That’s the nature of high risk-high reward enterprises. “Sometimes you drill and turn up a dry hole,” David Trice said. “They aren’t much fun. But if you’re willing to take some risk and rely on technology and good people, sooner or later you find the right combination.”

David and Kathy Trice have a long relationship with Duke. He played quarterback and defensive safety on the Blue Devils football team (“We beat Carolina in my last game, so that was great.”) and graduated in 1970 with a bachelor’s degree in managerial sciences, and she attended the Women’s College for two years before transferring to the New York Studio School to study art. In 1973, David received his JD from Columbia University.

Their son Alan is a 2004 Trinity graduate with a degree in classical studies. Daughter Laura participated in Duke’s Talent Identification Program (TIP) before deciding that, as Kathy put it, “Duke was too far south for her; she went to Williams College, Yale, and NYU Law.”

The Trices headed west in 1980, settling in Houston, where David built a successful career in oil and gas, and Kathy, among other things, pursued her art. They gave back to Duke over the years via alumni fund drives and other programs, eventually increasing their philanthropy with a $10,000 gift to the Perkins Library and ultimately a six-figure donation to support need-blind financial aid.

Painful personal experience steered them toward looking for a way to support neurological disease research. Kathy’s mother and David’s father both developed Alzheimer’s disease, the devastating brain disease that causes the inexorable deterioration of mental and eventually physical functioning; as neurons wither and go dark, memories fade, dementia takes hold, and patients decline on an irreversible path.

The Trices, like so many others, found themselves in the helpless andanguishing position of watching the disease do its cruel work on their parents.

“We’ve experienced the downward spiral of Alzheimer’s disease,” David Trice said. “We know what a horrible disease it is for patients and their caregivers. So we became very interested in doing something significant that might help support Alzheimer’s research.”

David and Kathy were introduced to Sally Kornbluth, PhD, vice dean for basic science at the School of Medicine, and had a tour of the Bryan Research Building for Neurobiology. They met a number of Duke’s neuroscientists, who described their research and its potential and helped them understand the importance of basic science.
“If what you have in mind is more creative, more paradigm-shifting, it’s very hard to find funding for it. But it’s often those risky projects that have the potential to make big leaps and move the field forward.”

Sally Kornbluth
“We were very impressed with the people we met and the work they were doing,” David said. “They were extremely passionate and articulate. They told me, ‘It’s great that you want to do something for Alzheimer’s disease research, but before we can do that we need to understand better how the brain works.’ They were fantastic, and we came away feeling really good about doing something to support this research.”

The Trices asked how they could most effectively do that. Kornbluth came back with a recommendation: seed money for high risk-high reward basic research to catalyze discoveries in brain science.

**Although scientists** are making unprecedented advances in understanding neurological physiology, genetics, and functioning, funding is becoming increasingly difficult to find.

Federal funding for scientific research is down, and the major grant-making agencies tend to focus on targeted projects with more obvious immediate promise and less risk. So money for research that is a little bit off the beaten path is very hard to come by.

“Traditional government funding tends to favor a more conservative approach, where you build on results you already have,” Kornbluth said. “If what you have in mind is more creative, more paradigm-shifting, it’s very hard to find funding for it. But it’s often those risky projects that have the potential to make big leaps and move the field forward.”

The other big benefit of seed money for high risk-high reward research is that it can often leverage much greater external funding down the line, because strong preliminary data significantly improves the odds of earning federal funding later. Experience at Duke indicates that modest funding for initial research can lead to eventual grants of more than 20 times the amount of the original investment.

“The return is usually huge,” Kornbluth said. “People get good preliminary data, and use that data to parlay much more funding for the next phase.”

The Trices were convinced.

“It took me about four seconds to say, ‘Let’s do that,’” David said.

The Trices know the road from basic research to clinical therapies is a long one — but they also know that without basic research, the journey can’t even begin.

Experience at Duke indicates that modest funding for initial research can lead to eventual grants of more than 20 times the amount of the original investment.

“The return is usually huge. People get good preliminary data, and use that data to parlay much more funding for the next phase.”

Sally Kornbluth

“Hopefully we’ll do something that will make a difference,” Kathy Trice said. “It may not cure Alzheimer’s disease or other neurological disorders directly, but it will make a difference for the researchers and might lead to something down the road.”

The four-year, $1 million Holland-Trice program provides four $50,000 faculty research grants each year, plus one $35,000 graduate student fellowship, as well as a series of “Medical Mystery Dinners,” which will bring together top research scientists and clinicians to discuss specific unsolved medical challenges. The first of those is set for summer 2013, with a focus on Parkinson’s disease. The Trices have been invited to attend.

The initial round of Holland-Trice Scholars grants was announced early this year. The projects funded include studies into the genetic and physiological processes associated with schizophrenia, autism spectrum disorder, Parkinson’s disease and other neurodevelopmental disorders.
1. Ask the Heart Experts
First of a series of Duke Medicine Forums, for our friends in the community.

Thursday, May 30, 2013
8:30-10:30 AM
Washington Duke Inn & Golf Club
Presidents Ballroom I & II
For more information or to register, please go to dukeforward.duke.edu/dukemedicine or call Linda Evans at 919-385-3179.

Save the date!
Ask the Cancer Experts
Duke Medicine Forum
Thursday, September 26, 2013

2. Plans are underway for a special Duke Medicine campaign showcase.
November 8-9, 2013
Sanjay Gupta, MD, neurosurgeon and CNN Chief Medical Correspondent, is the featured speaker on Friday.

David Rubenstein, T’70, co-founder and managing director of the Carlyle Group, member of the Duke University Board of Trustees, and co-chair, Duke Forward Campaign, will lead a panel discussion on High Impact Philanthropy on Saturday.

3. Kim Blackwell, MD
Congratulations to Duke oncologist Kimberly Blackwell, T’89, MD, HS’94-'00, who has been named one of the 100 most influential people in the world by Time magazine.

Blackwell has been a lead researcher on treatments targeting a protein found in a type of aggressive breast cancer. The treatments she has helped develop are dubbed the “smart bombs” of oncology because they pair tumor-specific antibodies with chemotherapy drugs to target cancer cells with fewer unwanted side effects.

Blackwell has successfully led two cancer-fighting drugs through the arduous Federal Drug Administration approval process. Now a professor of medicine at Duke, she has been listed by U.S. News & World Report as among the nation’s top 1 percent of physicians in breast oncology.
SEVENTEEN YEARS AND COUNTING

On the 17th anniversary of her double lung transplant at Duke, Kathryn Flynn is changing diapers and running around after a toddler. She works 45 hours a week as a nanny and still finds time to serve on the board of the National Lung Transplant Foundation and provide support to lung transplant candidates, online and in person.

Seventeen years ago, Flynn had pulmonary fibrosis (scarring of the lung), which she attributes to smoking.

Flynn had managed to put off a transplant for 8 years using strategies she learned at Duke’s Center for Living, where all Duke lung transplant candidates are sent to get in shape before surgery. “It really is a boot camp; it’s not easy,” Flynn says. “But I could get out there and still be active by pacing myself and using the breathing techniques they taught me.”

by Angela Spivey
But she was getting worse. She couldn’t carry her young daughter up the one flight of stairs in her home. She would cry herself to sleep at night because she didn’t know how she could keep going.

“I was really afraid of the lung transplant,” Flynn says. “But I had to either do something or kiss my husband and daughter goodbye.”

Flynn spent her daughter’s fourth birthday in intensive care, post-transplant. She hasn’t looked backed since.

Since her transplant, Flynn has:
- Earned a master’s degree in education
- Taught blind and visually impaired children at the Governor Morehead School
- Won two medals for swimming in the Transplant Games
- Watched her daughter grow up.

Kathryn Flynn has done well with her transplant, with few complications, much longer than the typical lung transplant patient.

**WHY?**

There is some evidence that certain genes may predict which patients will develop chronic rejection, causing progressive deterioration of lung function in about half of patients within five years after transplant.

Scott Palmer, MD’93, MHS’00, HS’93-’99, scientific director of the Duke Lung Transplant Program, has banked data and samples from 1,000 lung transplant patients, including Flynn. “We now have a phenomenal opportunity, to understand across the whole genome, what are the genes that regulate the development of chronic rejection, a horrible condition for which we have no treatment,” Palmer says.
To all our benefactors who have made gifts large and small since the campaign began, we say thank you!
Your gifts are fueling Medicine that Changes the World!

> UNDER INVESTIGATION:
What causes some people to develop cancer from exposure to environmental toxins when others don’t?
Thank you Fred, T’50, and Alice Stanback!
$2 million for continued support of a growing cancer and the environment collaboration between Duke Cancer Institute and Duke’s Nicholas School of the Environment

> 1000 LIFE CHANGING EXPERIENCES SINCE 1979
“We need to take some time to think about sick children, because everyone needs a little happiness in their lives,” said David W. Hanson.
Thank you David W. Hanson!
$1.5 million bequest commitment to secure the future of Camp Kaleidoscope, a Duke Children’s three-week residential summer camp for children with serious illnesses.

> LOUISE MARKERT CURED A RARE CHILDHOOD DISEASE
by implanting thymus tissue—normally discarded after heart surgery—into children born without an immune system. Now she wants to use thymus transplant—a technique she perfected—to prevent organ rejection in liver, heart, or lung transplant. She hopes thymus tissue from an organ donor transplanted simultaneously with the organ will “teach” the recipient’s immune system to recognize the donor organ.
Thank you The Hartwell Foundation!
Support for innovative, early stage, biomedical research with the potential to benefit children.

Jayla Turner and her parents, James and Zelene, turned to Duke’s Louise Markert for a lifesaving thymus transplant.
WHAT DOES INTERIM CHAIR OF SURGERY TED PAPPAS WISH FOR?
Endowed professorships for all 16 chiefs in his division—because hospital clinical revenues, once a source of preliminary research funding, have evaporated. Without this money, Duke physician-scientists can’t do the groundwork needed to qualify for federal funding.

Thank you Gary Hock Family!
$2.5 million for the Gary Hock Family Surgery Professorship

DUKE HEART CENTER specializes in coordinated care for patients with the most complex heart disease.

Thank you Kent and Siri Rawson!
$1.5 million from the Rawson Family Trust to establish the Kent and Siri Rawson Endowed Directorship for Advanced Coronary Disease.
The largest gift ever to Duke Heart Center!

WHEN FRANCES FOSTER WAS A CHILD, she lost the sight in one eye due to improper care for her uveitis. Frances and her husband, Stephen Foster, T’65, MD’69, want to make sure that never happens to others.

Thank you Stephen, and Frances Foster!
$2.5 million for the Stephen and Frances Foster Professorship in the field of ocular immunology and inflammation, to support research in Duke Eye Center’s Uveitis Clinic, where doctors take a multi-specialty approach combined with novel drugs and drug-delivery systems.

DUKE SPORTS MEDICINE ASPIRES to be a world leader in orthopaedics research, education, and care—to keep athletes, and active people of all ages—performing at their very best.

Thank you Steven, HS’74–’78 and Rebecca Scott!
$20 million for Duke Sports Medicine
The largest gift ever to Duke Sports Medicine!

JOHN KARICKHOFF, MD’64, HS’68, had just $37.50 in his pocket when he arrived at Duke medical school in 1960. On the first day of classes, he asked the director of student loans for a loan to cover his first year tuition. He was told no loans could be made until after the first semester. Disheartened, he asked to borrow bus fare to return home to West Virginia.
The loans director gathered his associates, and he soon returned with good news: an exception would be made!
Karickhoff worked all four years of medical school, graduated, completed training in ophthalmology, and went on to become an accomplished ophthalmologist. To say thank you for the opportunity he was given, he and his wife, Madge, longtime supporters of Duke Eye Center, have made a generous bequest commitment to the School of Medicine.
Thank you John and Madge Karickhoff!

We are very grateful to all the friends and alumni whose generous gifts have made our early campaign success possible.

A SPECIAL THANK YOU TO THESE DONORS, WHOSE LEADERSHIP GIFTS OF $1 MILLION OR MORE HAVE CONTRIBUTED TO OUR FORWARD MOMENTUM!

Susan and George Beischer
Berk Inc.
Donna and Samuel Bernstein
Barbara and Jack Bovender Jr.
Alice and Y.T. Chen
Children’s Miracle Network Hospitals
Gerhard Cless
The Duke Endowment
The estate of Josephine Dunbar
Food Lion Inc.
Frances and Stephen Foster
Gifts to the campaign as of March 31, 2013

Bill and Melinda Gates Foundation
The estate of Earl and Barbara Haltiwanger
The estate of Robert Albert Hare
The Hartwell Foundation
Mary Ellen and Karl von der Heyden
The Gary Hock family
Gregg Hymowitz
The estate of Glenn and Muriel Kiser
Robert Wood Johnson Foundation
L.C. Industries

Glenn Lang
Legacy of Angels Foundation
Selma and Harold Lerner
Christy and John Mack Foundation
Edna and Fred Mandel Jr. Foundation
The estate of Doris Martin
Rainey and Leslie Norins
Christine and Michael Pearson
The estate of Dale Phelon
Rawson Family Trust
June and John Ritchey

Robertson Foundation
Carole and Richard Ryan
Rebecca and Steven Scott
Robert Sinskey Foundation
Alice and Fred Stanback
Joan Tisch and family
Kathy and David Trice
James Vincent
Sara Widmer
Robert Wolf
One in three adults will have diabetes by 2050 if current trends continue. Chris Newgard, PhD, and Debbie Muoio, PhD, are sharpening the focus on metabolites, the cellular waste left over from the body’s metabolic processes, to predict an individual’s risk of developing diabetes, obesity, cardiovascular disease, and other metabolic disorders.