The support we receive from friends like you gives Duke Medicine the power to go the extra mile…

…to constantly push the boundaries in everything we do. The timeline of 2013 research advances on this page shows but a few examples of how—with your help—Duke Medicine is leading new discoveries and improvements in patient care. At this time of great opportunity and great challenge in medicine, the potential for individual philanthropists to change the world with their giving has never been greater. I hope you will continue your generous support, and that you will share your Duke Medicine story with your friends and family and everyone you know. Thank you for your partnership! Together, we will move the world forward in better health.

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

FEBRUARY
Duke Medicine researchers electronically link the brains of two rats—one in Durham and one in Natal, Brazil—to enable them to communicate directly and solve simple puzzles.

MAY
Duke Cancer Institute researchers report encouraging results using a modified polio virus to attack glioblastoma brain tumor cells.

MAY
Duke Cancer Institute researchers discover a new molecular network that regulates cell death, opening new avenues to overcome drug resistance.

JUNE
Duke Medicine and the University of California, San Francisco, are selected by the NIAID to oversee a nationwide research program on antibacterial resistance.

JUNE
A Duke Cancer Institute study shows that a drug approved in Europe to treat osteoporosis can stop the growth of breast cancer cells, even in cancers that have become resistant to current therapies.

SEPTEMBER
Duke Medicine is named a Vaccine and Treatment Evaluation Unit by the NIAID with the potential for $135 million in annual funding to protect people from infectious diseases.

SEPTEMBER
A blood test developed at Duke Medicine shows 90 percent accuracy in distinguishing between viral and bacterial infections in people with respiratory illness.

DECEMBER 2013
Duke Medicine researchers find that a genetic trait that makes some people ultra-sensitive to stress is linked to increased risk of heart attack or death, opening a door to personalized heart care.

NOVEMBER
Duke Cancer Institute researchers find that a byproduct of cholesterol functions like the hormone estrogen to fuel the growth and spread of the most common breast cancers, and that statins diminish its effect.

NOVEMBER
In a study led by Duke researchers, monkeys learn to control the movement of both arms of an avatar using just their brain power, advancing efforts to develop bilateral movement in brain-controlled prosthetic devices for paralyzed people.

OCTOBER
Duke Translational Medicine Institute is awarded a five-year, $47 million NIH grant to help speed biomedical research advances to patient care.

OCTOBER
A Duke-led study proves that bullied children grow into adults at increased risk of developing anxiety disorders, depression, and suicidal thoughts.

JANUARY 2013
A Duke Cancer Institute-led study associated tamoxifen plus radiation with improved survival over mastectomy in women diagnosed with stage I or stage II breast cancer.

FEBRUARY
Duke Medicine researchers analyze genetic information from 65,000 women as part of an international collaboration that identified five new genetic variations that increase the risk of ovarian cancer.

MARCH
Duke Medicine researchers analyze genetic information from 65,000 women as part of an international collaboration that identified five new genetic variations that increase the risk of ovarian cancer.

JUNE
A team of Duke doctors help create a bioengineered blood vessel and successfully transplant it into the arm of a patient with end-stage kidney disease.

SEPTEMBER
A blood test developed at Duke Medicine shows 90 percent accuracy in distinguishing between viral and bacterial infections in people with respiratory illness.

dukeforward.duke.edu/dukemedicine
Mr. Rauch said to me, ‘Pay it forward and show the same amount of generosity outside of medicine.’

I hope to do that.”

Collin Kent

The scholarship allowed me to come to Duke for medical school,” Kent says. “Duke was my first choice, but until I got the scholarship, I was going to have to choose another school.”

Fortunately, it didn’t come down to that, says Richard Wallace, associate director of admissions and a member of the committee that ultimately selected Kent.

Wallace says the scholarship shows “the impact that this generosity will have on the medical education of a young man who is going to have a tremendous impact on the lives of his future patients. He was a keeper, and we were delighted that this scholarship allowed us to do just that: keep him at Duke.”

Kent continued his family’s tradition of service as a Duke undergrad, and it was largely his deep commitment to service that helped sway the scholarship committee’s final selection. For three years, he volunteered at Duke Children’s Hospital and Health Center once a week, doing arts and crafts with pediatric patients. As a freshman, he volunteered with Project Child, where he tutored elementary and middle school students. A biology major with a minor in chemistry, he also served the community by volunteering with the Department of Chemistry’s Community Outreach Program, in which Duke students conduct chemistry demonstrations for elementary and middle school children in Durham.

Kent is thrilled he recently was able to meet and thank Rauch in person for making such a generous gift that will benefit him and many others in the future. “This has been life changing for me,” Kent says. “Mr. Rauch said to me, ‘Pay it forward and show the same amount of generosity outside of medicine.’ I hope to do that.”

He didn’t always have dreams of pursuing medicine, but Kent knew early on he was destined to serve others, thanks in large part to his family’s influence. While growing up in Tulsa, Okla., his father was an ordained minister and his mother worked in education and the nonprofit sector. His father now is the executive director of Tulsa Habitat for Humanity, and his brother has spent the past three years working in Uganda with a company focused on bringing affordable energy products to third-world countries.

Kent spent two years working at a health care consulting firm in Washington, D.C., helping hospitals develop best-in-class neurology and neurosurgery programs.

“Even though he’s still deciding whether to specialize in pediatric oncology or another area of medicine, Kent says he will be forever grateful that the Rauch Scholarship has given him the freedom to choose, and he looks forward to making the Rauch family proud one day as a physician.”

“This scholarship challenges me to make it mean something,” Kent says. “I’ve been given a great opportunity, and I want to do something that has a huge impact on people’s lives.”

When Collin Kent, T’11, MS1, graduates from the School of Medicine in a few years, he won’t have to make the choice between paying off significant debt and following his dream of treating children, possibly in pediatric oncology. As the first recipient of the Rauch Family Merit Scholarship, the school’s first all-inclusive merit scholarship, Kent finds comfort in knowing his four years of medical school can be spent focusing on his studies instead of finances.

The Rauch Scholarship covers the full cost of attending the School of Medicine, including tuition, fees, transportation, and allowances for living and miscellaneous expenses.

“During my career in allied medical services, I have met several young physicians coping with significant debt,” Rauch explains. “My intent with this scholarship is to allow the recipient the freedom to follow his or her passion in a career in medicine. This is my way of giving back to the next generation.”

Kent is thrilled he recently was able to meet and thank Rauch in person for making such a generous gift that will benefit him and many others in the future. “This has been life changing for me,” Kent says. “Mr. Rauch said to me, ‘Pay it forward and show the same amount of generosity outside of medicine.’ I hope to do that.”

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UPDATE: FORWARD PROGRESS

Despite being diagnosed with prostate cancer 20 years ago, Ed Storey of Orlando, Fla., is still able to play tennis and work out with a trainer a couple of times a week, spend time on his boat, and, best of all, run around with his three granddaughters. “I’m their best buddy, and they inspire me to do the best I can,” he says.

For Storey, now 66, prostate cancer has become a chronic disease.

Not that his treatment has been easy. Shortly after his diagnosis, Storey had his prostate removed at Johns Hopkins Hospital. When the cancer returned, he began hormonal therapy, but he developed progressive disease in his lymph nodes. After seeking out opinions at several centers around the country, he settled on Duke. That was in 2008, and he has been coming here ever since.

Every few months, Storey checks in with his Duke medical oncologist, Dan George, MD, to assess whether his current treatment is working. He has had two rounds of chemotherapy, which involved months of flying to Duke every three weeks and staying nearby. He has lost some weight, as well as one of his kidneys. At one point, Storey experienced long-lived success with a drug called enzalutamide, which worked for him for a year and a half. “That drug was kind of a miracle drug for me. I was the last participant to enroll in the clinical trial of that drug. Dr. George argued to get me in,” Storey says.

Currently, Storey takes a targeted therapy that is only available through a clinical trial. He has bone scans and CT scans every few months to find out if the cancer is still at bay. “So far, everything has stayed fairly dormant. But soon I may be off this drug and on to something else,” he says. “I know that this clinical trial won’t continue forever, and I need to know what’s out there. Both my wife and I are so comfortable with what Duke has to offer and so comfortable talking to Dr. George. We make sure we stay in constant contact with him and follow his advice.”

Storey also visits another cancer center nearer his home. When he goes there for his imaging and other tests, it takes all day. At Duke’s new Cancer Center, where all the imaging facilities are in one building, the same set of tests takes only three hours. “I go from the first floor to the second, then to the fifth floor, and then I’m done,” he says. “Anytime I can go to Duke, I do.”

Treatment of advanced prostate cancer has changed dramatically in the last several years with new treatments that work through the immune system or that block testosterone and its receptor, and the addition of radiotherapy targeted directly at bone metastases. “The field has really changed because of these new treatment approaches, and patients like Ed have benefited from them through clinical trials or early access,” George says.

“Depending on Duke” > by Angela Spivey

George and his colleagues at Duke are always looking for ways to offer patients more options. For instance, they are developing a clinical trial that will take hormonal treatments normally reserved for men with advanced prostate cancer and use them in men with early disease, combined with a structured exercise regimen. “We want to see if we can mitigate the side effects of these hormonal treatments and have an even more dramatic impact on reducing disease burden in men with earlier-stage disease,” George says.

Storey plans to keep his eye on what develops. “As a cancer patient, you can try to stay healthy, and you can try to have a good attitude. You can pray,” he says. “But the bottom line is, you’ve got to be lucky and you’ve got to have good doctors who give you guidance. I depend on coming to Duke and talking with Dr. George about what’s available and where I should be.”

“We want to see if we can mitigate the side effects of these hormonal treatments and have an even more dramatic impact on reducing disease burden in men with earlier-stage disease.”

Dan George

Dan George is director of genitourinary medical oncology at Duke Cancer Institute
Gary Hock had so much faith in the physicians and staff at Duke University Hospital that even after he and his wife, Lyn Proctor, moved from Durham to Santa Barbara, Calif., more than five years ago, he continued to fly back to Duke for treatment for a series of major health problems.

Proctor says she has no doubt that Hock’s doctors at Duke gave him several additional years and dramatically improved his quality of life before he ultimately lost his battle with illness last October.

But Hock’s legacy will live on for decades to come in the form of a $2.5 million endowed professorship that will support research and discovery in the Duke Department of Surgery.

Before he died, Hock, a longtime developer, contractor, and philanthropist, and Proctor established the Gary Hock Family Surgery Professorship as a gesture of appreciation and support for the medical institution and the department that had done so much for him for so many years.

“We always had a very close relationship with Duke, and after Gary got sick we had all his health care done there,” says Proctor, who worked at Duke in off-campus property leasing for some 30 years before she and Hock retired to Santa Barbara. “They gave him such exceptional care, and we came to know many of the physicians and chairs. He said, ‘We need to do something special for the Department of Surgery.’ We have a very special place in our hearts for Duke, and Gary had a passion for giving something back to the community. He had given several large donations to support individual researchers in the past, and with this gift he wanted to do something that would support research for many years to come.”

Last fall, Theodore Pappas, MD, the interim chair of the Department of Surgery, nominated Thomas A. D’Amico, MD, chief of Duke’s Section of General Thoracic Surgery and clinical director of the Duke Cancer Institute, to be the inaugural Hock Family Professor of Surgery. The surgery professorship is the third Hock endowed position at Duke; the family previously established the Gary Hock Professor of Global Health, currently held by Ralph Corey, MD, and the Gary Hock and Lyn Proctor Associate Professorship, held by Brian G. Czito, MD.

D’Amico is a nationally and internationally recognized expert in the understanding and treatment of lung cancer and esophageal cancer. He is a leader in the development of minimally-invasive approaches to thoracic surgery, and as director of the Duke Center for Surgical Innovation, he has trained hundreds of surgeons from throughout the world in the latest advances in those techniques.

Perhaps equally important to the Hock family, he was one of Gary’s principal doctors during his long illness.

Donors who establish endowed positions don’t decide who the recipients will be—the dean of the School of Medicine does that, after a rigorous evaluation process—but they can specify what department or specialty the position will be attached to, and in some cases they can define in broad terms what types of research, clinical care, or education they hope the position will support.

And in this case, Proctor says, Duke definitely got it right.

“He’s a perfect choice,” she says. “I can’t say enough good things about Tommy D’Amico. He is a treasure: a brilliant surgeon, and a wonderful, compassionate man. He’s the best of the best.”

For his part, D’Amico says he is profoundly grateful to the Hock family and deeply honored to have been

“The Gift That Keeps On Giving” – by Dave Hart

“An endowed professorship represents a milestone above and beyond what is typically available in an academic medicine setting.”

Tommy D’Amico

Tommy D’Amico is the Hock Family Professor of Surgery
selected as the inaugural holder of the Hock Family Surgery Professorship.

D’Amico says any endowed professorship, of which Duke Medicine currently has about 125 fully funded and filled, is at once a reward for a superior body of work, an incentive to expand on that work by conducting new discovery or clinical research, and the means to pursue that exploration.

And because that research may ultimately yield discoveries that will translate into improved clinical care for patients far beyond the researcher’s lab and institution, the benefits of endowed professorships often extend far beyond the recipient’s lab and institution.

“An endowed professorship represents a milestone above and beyond what is typically available in an academic medicine setting,” says D’Amico. “Ordinarily, once you get promoted to full professor, that’s the ceiling. There’s nothing beyond that. But an endowed position is a goal beyond that, and so in that way it encourages continued achievement. Not everybody will reach that goal, but more people will try, and that benefits everyone by expanding investigation.”

Although endowed positions are traditionally measured in money, what they really give their recipients is time. Physicians who choose to work in academic settings rather than the more lucrative world of private practice generally sacrifice significant income. Most of them make up some of that loss by working in clinics. By supplementing faculty salary, an endowed professorship frees the holder from some of those clinical duties—time that can then be spent conducting laboratory or clinical research and advancing medical knowledge and clinical care.

“At physicians, our salaries have to come in some way from service to the hospital, including clinical care,” D’Amico says. “Of course, as physicians, that’s what we want to do—but if all you did was clinical care, 12 hours a day, seven days a week, there would be no time left for clinical investigation, translational investigation, basic science investigation, and publication of those studies, all of which benefits the hospital, the university, and the science of medicine. If all we did as clinicians was practice medicine, there would be no medical progress. So endowed professorships reserve time for scientific advancement.”

In D’Amico’s case, the Hock Professorship will support his continuing work in unlocking the secrets and improving the treatment and outcome of two of the deadliest of all cancers: lung cancer (five-year survival rate in the U.S., 15 percent) and esophageal cancer (14 percent).

He is doing that on several fronts. On the biological front, D’Amico and his colleagues are working to identify molecular markers that can help physicians determine what course of treatment is most effective for individual patients. In the clinical arena, he is working to develop and refine new techniques for minimally-invasive thoracic surgery, and to improve long-term survivorship in patients with lung and esophageal cancer.

“I can’t say enough good things about Tommy D’Amico. He is a treasure: a brilliant surgeon, and a wonderful, compassionate man. He’s the best of the best.” — Lyn Proctor

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“An endowed professorship represents a milestone above and beyond
SPOTLIGHT ON DUKE MEDICINE

In November, nearly 400 donors, friends, and faculty attended Spotlight, an event to celebrate philanthropy and highlight Duke Medicine’s aspirations through the $1.2 billion campaign, Duke Forward: Medicine that Changes the World.

The event included a meeting of all Duke Medicine volunteer boards, interactive tours of Duke medical laboratories, and a gala dinner celebration with special guest Sanjay Gupta, MD. The event ended with a panel discussion on High Impact Philanthropy, moderated by David Rubenstein, chair of the Duke University Board of Trustees and chair of Duke Forward, Duke University’s $3.2 billion campaign.

WILSON RECEIVES LASKER-DEBAKEY AWARD

Blake S. Wilson, a pioneer in the development of cochlear implants, received the Lasker-Debakey Clinical Medical Research Award in September. Wilson, who co-directs the Duke Hearing Center, shares the award with Graeme M. Clark of Australia and Ingeborg J. Hochmair of Austria.

The Lasker Awards are among the most respected science prizes in the world. Eighty-three Lasker laureates have gone on to receive the Nobel Prize.

Wilson is an adjunct professor in the departments of surgery, biomedical engineering, and electrical and computer engineering. He helped establish the Duke Cochlear Implant Program in 1984, one of the first of its kind in the world. Cochlear implants have become widely used and have proven to be especially beneficial to children.

“The cochlear implant is one of the great innovations in modern medicine and has changed the hundreds of thousands of people worldwide who have benefited from its use,” said Chancellor Victor J. Dzau, MD. “We are proud of Blake’s key role in this project and for what it says about Duke’s commitment to encouraging the translation of scientific innovations to patient care.”

Wilson developed many of the processing strategies used in present-day cochlear implant systems to translate sounds into electrical signals the brain can interpret. The devices send the signals directly to the auditory nerve, bypassing sensory hair cells in the ear that are often damaged or absent in patients who are deaf or severely hearing impaired.

PERMAR RECEIVES WHITE HOUSE HONOR

Sally Permar, MD, PhD, was one of 102 researchers honored by President Obama with a Presidential Early Career Award for Scientists and Engineers, the highest honor bestowed by the U.S. government to scientists and engineers beginning their independent careers.

Permar, an associate professor of pediatrics, assistant professor of immunology, and assistant professor of molecular genetics and microbiology, received the award for her research describing a newly isolated substance in breast milk that inhibits HIV replication and may protect infants from acquiring the virus from their mothers. The research was published in the Proceedings of the National Academy of Sciences.

In February, Permar received the Young Investigator Award from the Society for Pediatric Research, and in 2012, she received a New Innovator Award from the National Institutes of Health. Permar was recruited to Duke through the Partnership Hires Program, which is funded through the dean’s reserves and indirect cost recovery from the American Recovery & Reinvestment Act. The Partnership Hires Program encourages strategic interdisciplinary recruitment of the very highest caliber faculty members.

“Dr. Permar has distinguished herself at Duke and among her peers nationally as an innovative researcher recognized for her work in immune protection against mother-to-child transmission of HIV and other viruses,” said Nancy Andrews, MD, PhD, dean of the School of Medicine and vice chancellor for academic affairs.
DUKE MEDICINE WISHES TO THANK ALL DONORS TO THE MEDICINE THAT CHANGES THE WORLD CAMPAIGN!

> RESEARCH RETURNS ON INVESTMENT

In 2011, Charles and Daneen Stiefel made an investment of $632,500 in early research by two Duke investigators, Patricia Lugar, MD, and Sandeep Dave, MD. Son Todd Stiefel, T’97, and his wife Diana, gave an additional $100,000. Thanks to the gift, Lugar and Dave were able to define the genetic make-up of Common Variable Immune Deficiency (CVID), a difficult-to-diagnose condition that leaves people vulnerable to illness and at 10 times greater than average risk of lymphoma. Now the Stiefels have made a second gift of $1.3 million to allow Drs. Lugar and Dave to take the next important step in their research, understanding the genetic mutations that lead to CVID so that it can be better diagnosed. “I was extremely pleased with the data generated by Dr. Lugar and Dr. Dave, which have resulted in several important publications,” says Charles Stiefel, a member of the Duke Medicine Board of Visitors. “Daneen and I wanted to maintain the momentum by funding the next phase.”

Thank you Charles and Daneen Stiefel!

$1.3 million for common variable immune deficiency (CVID) research

> ART FOR HEALING

When Lisa Benenson Quattrocchi was a little girl, she used to jump up and see how close she could come to touching the bright red metal panels of the mobile that hung from the high ceiling at her parents’ Long Island beach house. Today that mobile, created in 1968 by renowned sculptor Alexander Calder, hangs in the concourse of the Duke Medicine Pavilion. Quattrocchi announced the gift on behalf of the Robert and Nettie Benenson Foundation in honor of her late father, longtime Duke benefactor Edward H. Benenson, T’34. Quattrocchi has requested that the mobile eventually be displayed in Duke Children’s Hospital.

Thank you Lisa Benenson Quattrocchi!

Gift of a Mobile by Alexander Calder

> A GIFT OF BETTER EYE CARE FOR ALL

Duke’s new Eye Center patient pavilion, scheduled to open in 2015, will carry the name of generous benefactor and dedicated volunteer Bill Hudson. Hudson is the president and CEO of LC Industries of North Carolina, the country’s largest employer of visually impaired people. LC Industries recently announced a new gift of $4 million for a total of $16 million toward construction of the 127,000-square-foot building. The Hudson Building is designed with architectural features that will make it easier for patients with low vision to navigate, including a circular, covered patient drop-off area. Hudson is chair of the Duke Eye Center Advisory Board.

Thank you LC Industries and Bill Hudson!

$4 million for the Hudson Building at Duke Eye Center

Thanks also to the Nanaline H. Duke Trust!

$1 million for the Hudson Building at Duke Eye Center

Includes selected gifts received between March 1, 2013 and January 31, 2014.

dukeforward.duke.edu/dukemedicine

> CREATING A CULTURE OF HEALTH AND WELLBEING

Thanks to a grant from The Bravewell Collaborative, in 2015 Duke Integrative Medicine will launch a leadership program, designed to prepare healthcare providers to practice integrative health care, which integrates the best of Western medicine with a broader understanding of the nature of illness, healing, and wellness. Graduates of the year-long program will be prepared to transform practice and improve health nationally. “Creating a culture of health and well-being in this country requires more than clinical and administrative skills,” said Christy Mack, co-founder and president of The Bravewell Collaborative, a community of philanthropists dedicated to bringing about optimal health and well-being for individuals and society. “It requires leaders with expertise in both integrative health care and business acumen. They also need the leadership skills to advance change through their own organizations and beyond.”

Thank you Bravewell Collaborative!

$1.4 million grant for a Leadership Program in Integrative Health Care

> A LEGACY FOR CHILDREN’S HEALTH

The late Glenn Kiser, MD’41, HS’47, was a much-loved pediatrician who cared deeply about his North Carolina community and the health of future generations. In 2010, Duke’s Department of Pediatrics received $17.2 million from Dr. Kiser’s estate. That gift established the Kiser Scholars Program and three endowed professorships in pediatrics. Now a new gift from Dr. Kiser’s estate will establish two additional professorships, helping support pediatric research and education.

Thank you Glenn Kiser, MD!

$4 million for endowed professorships

> PHILANTHROPY = PROGRESS AGAINST BRAIN TUMORS

In 2005, the family of the late Preston Robert Tisch gave $10 million to name Duke’s Brain Tumor Center and support research on this devastating form of cancer. Part of the gift funded research to develop a new treatment for glioblastoma using a genetically altered polio virus to attack the tumor. Most patients with glioblastoma live only 14 to 17 months after diagnosis. The first patient enrolled in a Phase 1 clinical trial is doing well nearly three years after her first diagnosis. Other patients have been doing well for a year or more after diagnosis, Tisch funding also supported research on the drug Avastin, which has proven successful in treating colon cancer and brain tumors. It was the first new drug for brain tumors in more than a decade. Now the Tisch family has given an additional $4 million for clinical and laboratory research focused on new treatment. Part of the new gift will fund genomics research, with hopes of developing individualized treatments based on a patient’s genomic signature.

Thank you Tisch family!

$4 million for research at the Preston Robert Tisch Brain Tumor Center

A PLEDGE TO FIGHT CHILDHOOD LEUKEMIA

More than half of infants with leukemia don’t survive, and pediatric cancer research is underfunded. Glenn H. Schiffman, T’91, and his wife Stacy have partnered with Dan Wechsler, MD, PhD, to try to change that.

Thank you Glenn Schiffman and Stacy Schiffman!

Their $1 million gift will create the Glenn and Stacy Schiffman Pediatric Cancer Research Fund. The gift will support the Division of Pediatric Hematology-Oncology, including Wechsler’s research exploring new treatments for childhood leukemia. The fund will also support faculty development and fellowship training.

Thank you Glenn H. and Stacy Schiffman!

$1 million for pediatric leukemia research

Stacy and Glenn Schiffman

UPDATE: Forward Progress     Spring 2014
Spotlight on Duke Medicine, a gala campaign event held in November, ended with a panel discussion on High Impact Philanthropy led by David M. Rubenstein, T’70, chair of the Duke University Board of Trustees and co-chair of Duke University’s Duke Forward Campaign. The distinguished panelists were Carol Deane, P’11, co-chair of Medicine that Changes the World, Duke Medicine’s campaign; Steve Scott, co-chair of Medicine that Changes the World; and Laurie Tisch, daughter of the late Preston Robert Tisch, for whom Duke’s Brain Tumor Center is named.