The McGill Cancer Centre: 25 Years of Discovery
Dear Graduates and friends,

In this issue of the Faculty of Medicine newsletter, you will read about many of our latest research successes and activities. The McGill Cancer Centre celebrates its 25th anniversary, and Dr. Phil Gold, an esteemed member of the Faculty, is featured as our McGill Medical Luminary. Associate Dean Robert MacKenzie highlights the broadening of the concept of health research in our Faculty, and throughout Canada, by noting the work of colleagues in the areas of research related directly to human diseases.

The Innovation Centre at 740 Dr. Penfield was officially opened in September. This initiative, made possible by a partnership that unites the provincial government, the federal government, the City of Montreal, Génome Québec, our hospital network and private donors, is an example of ways in which institutions and individuals can combine to achieve extraordinary goals. The Centre will be the locus of the work of our world-class colleagues in the areas of proteomics, genomics, and bone and hard tissue research.

I am pleased to note the latest edition of the *McGill Journal of Medicine*, described in detail in this Newsletter. The high quality of publications in this journal, a student-driven project, has received accolades from many of its readers.

Finally, I would like to take this opportunity to bid farewell to Scot DeJong, who is stepping down as the Faculty’s Executive Director of Development to take a leadership role in the University’s central Development Office, now located at the former Seagram building at 1430 Peel Street. I extend, on your behalf, best wishes and thanks to Scot for the dedication he has shown to the Faculty over the years. I look forward to working with Nadine Saumure, who will be stepping into the role of Associate Director of Development for the Faculty of Medicine.

Once again, let me extend my invitation to you all to drop in and say hello during your visits to Montreal. I will be pleased to share with you the ongoing successes of our students and faculty and to underscore the many ways in which your support is critical to our mission.

With collegial regards and best wishes for a healthy winter,
Yours sincerely,

Abraham Fuks, BSc’68, MDCM’70
Dean, Faculty of Medicine
When most people think of health research, they also think of health associations. From large groups such as the Heart and Stroke Foundation, the Canadian Diabetes Foundation and the Juvenile Diabetes Research Foundation to smaller but no less relevant ones, like the Canadian Hemophilia Society, these organizations appeal to a broad public. “Health associations have a wonderful approach. They address people who have a real interest in supporting breast cancer, kidney disease, or any other particular research,” says Robert MacKenzie, BScAgr’63, Associate Dean, Graduate Studies and Research. “If you’ve got Crohn’s disease or colitis, or know someone who does, you may want to give donations to the Crohn’s and Colitis Foundation of Canada for research into those conditions. The personal touch enables health associations to bring in research dollars that probably wouldn’t make it otherwise,” he says. And while many health associations provide research funds, others also help by offering equipment, post-doctoral fellowships, and student scholarships.

“The research community really appreciates the support of health associations,” says MacKenzie. “The funding we receive from them is extremely important.” These associations cover the entire spectrum of medical research – which has advantages for researchers, especially those developing new ideas in specific niches, and who may need a financial jump-start. “Say you’re a neuro-scientist working in a very well-defined area,” says MacKenzie. “It might be difficult to get major funding from the Natural Sciences and Engineering Research Council (NSERC) or the Canadian Institutes of Health Research (CIHR), but you might be able to get support from the Muscular Dystrophy Association of Canada (MDAC) to develop your work further.” And researchers have done so – in 2001-02, the MDAC gave $86,906 to research at McGill.

McGill scientists, and those of the McGill University Health Centre (MUHC), have long been the beneficiaries of association generosity. According to information gathered by the University’s Research Grants Office, McGill and MUHC researchers received over $16 million from independent health associations between April 2001 and March 2002, the most recent year for which there are complete statistics. A scan of the grants from different organizations is instructive. In 2003, the Multiple Sclerosis Society of Canada gave more than $4 million to 13 research projects at McGill and the MUHC, including almost $2.4 million given in 2001-02; the associations also provided a $150,000 career development award – given to promising young researchers – to Professor Amit Bar-Or, MDCM’93, of the Department of Neurology and Neurosurgery, three postdoctoral fellowships totalling $117,000, and another 16 graduate student scholarships amounting to $314,000. And the National Cancer Institute of Canada awarded over $7 million to McGill and the MUHC in 2001-02, supporting projects that run from two to five years. The largesse comes from associations in all areas of medical research – for instance, the Arthritis Society of Canada gave over $600,000 in 2001-02; the Heart and Stroke Foundation of Canada gave $250,000; and the Canadian Foundation for Psychiatric Research provided $50,000 of support for a research project. One can extend the examples ad infinitum – medical research at McGill is renowned, for good reason, and almost all associations help out the University’s researchers at one time or another.

But while the money is out there, researchers are not always aware which association is relevant to their projects. “They have to do a very thorough search in their own area to know what grants are available,” says MacKenzie. “But often it’s difficult to track down funding agencies while also trying to carry out your work.” The Faculty has set up a comprehensive website to help connect the researchers with the health associations, to ensure that all of the funding opportunities are properly fulfilled. “We don’t have every association on this website,” he says, “but we’d like to.”

“We don’t always have ways to show our full appreciation to the health associations,” MacKenzie laments. “We encourage researchers to give full credit to financial supporters in publications of research, but other than that, as an academic institution we don’t really have a good way to say thank you.” But, he insists, thanks are in order. And as legions of researchers – and the beneficiaries of their research – can attest, the gratitude is real.

Dr. Robert MacKenzie, BScAgr’63, Associate Dean, Graduate Studies and Research

“The personal touch enables health associations to bring in research dollars that probably wouldn’t make it otherwise”
Today we are celebrating research in the life sciences as well as this new facility and what it portends for the future,” said McGill Principal Heather Munroe-Blum. The facility in question is 740 Dr. Penfield, McGill’s latest high-tech research centre, and the event was its official opening on September 8, 2003. Munroe-Blum joined a panel of luminaries hosted by Louise Proulx, Vice-Principal (Research), and including members of the academic and political communities, to welcome the public into the building. Researchers had moved in some time earlier and, during tours of the sparkling new facility, guests were treated to the sight of scientists in McGill lab coats performing the cutting-edge research that will soon be synonymous with 740 Dr. Penfield.

Its six storeys and 100,000 square feet are the new home to four groups of researchers: the McGill University and Génome Québec Innovation Centre; the Montreal Proteomics Network; the Centre for Bone and Periodontal Research/Jamson T.N. Wong Laboratories for Bone and Periodontal Research; and four bio-business incubators. The facility, an integral part of the McGill University Health Centre (MUHC), boasts state-of-the-art lab technology capable of producing up to one million genotypes daily – making it one of the most productive centres of genomic and proteomic investigation anywhere in the world. As John Bergeron, BSc’66, head of the Montreal Proteomics Network, said, “We’ll be able to perform research that would not have been possible otherwise.” The research will have an immediate impact. “We’re in a knowledge economy,” said Tom Hudson, director of the McGill University and Génome Québec Innovation Centre. “Genomic and proteomic research is critical to the development of better health products and services.”

Investigators will explore remedies for diseases such as cancer, diabetes and multiple sclerosis. In addition to the knowledge developed through this research, 740 Dr. Penfield will have direct economic benefits. The bio-business incubators will give startup companies an incomparable research environment. The McGill University and Génome Québec Innovation Centre, itself less than two years old, has already generated more than $4 million in economic spinoffs, and has involved more than 200 researchers from industry and academia.

The building stands on the former site of the William H. Donner Building, which, from its construction in 1947 until its demolition in 2001, housed the labs for the Faculties of Medicine and Dentistry. The building’s architects, Kuwabara Payne McKenna Blumberg Architects, in conjunction with Fichten Soiferman et Associés, incorporated limestone from the Donner Building into the base of the new edifice, which also houses the William H. Donner Labs for Biotechnology. The facade has been inspired by the microscope slide, a basic but critical element in medical and scientific research: glass is a primary construction material, and inhabitants of the laboratories, offices, and conference rooms will enjoy generous amounts of natural light.

Construction and partial outfitting of 740 Dr. Penfield has cost $31.6 million, with support coming not only from McGill University and the MUHC but also from the federal and provincial governments, agencies such as the Donner Canadian Foundation, Canada Economic Development, Génome Québec, Genome Canada, Valorisation-Recherche Québec, and the Canada Foundation for Innovation, companies such as Applied Biosystems, Caprion Pharmaceuticals, and GeneChem Management, and individual donors such as Pierrette Wong and her family. Over the next five years, these partners will provide nearly $50 million for operating funds and additional equipment. Representatives of three layers of government were on hand at the opening to applaud the new facility. Said Montreal mayor Gérald Tremblay, “The facility helps make Montreal one of the top health care research centres in the world.” He was joined by Michel Audet, the Quebec Minister of Economic and Regional Development, and Lucienne Robillard, President of the Treasury Board and Minister Responsible for Infrastructure with the federal government.

740 Dr. Penfield is a testament to the visionaries who created it. Bergeron, speaking at the opening event, recalled the spirit of one of the Faculty of Medicine’s most famous figures. “Sir William Osler applied the principles of science to disease while at McGill, and then took this approach to Johns Hopkins and Oxford. His values are embodied in this facility.” Indeed, the new generation of researchers in 740 Dr. Penfield carry on a long and honourable McGill tradition. “This building is the result of confidence and courage,” said Munroe-Blum at the opening. “We’re giving scientists a remarkable place to propel knowledge and reach their full potential.”
Three things govern your life,” says Phil Gold, BSc’57, MDCM’61, MSc’61, PhD’65. “Genetics, environment, and luck. And if you can choose one,” he says, “pick luck.”

A chance combination of events once provided Gold with the insights that have made his name renowned among cancer researchers. As a medical resident in the early 1960s, he attended back-to-back lectures: one presenter was saying that the composition of normal tissue and cancer tissue was identical, the other was discussing immunological tolerance. “After hearing the two, it seemed to me that the immunological approach would be the way to look for a distinct difference between normal and tumour tissue,” he recalls. While researchers had long been comparing normal organs from some people with tumour organs from others, this approach meant that one could not determine if immunologic (antigenic) differences were specific to the tumour or the individual. With large bowel cancers, however, the tumour is removed along with sections of normal tissue on each side, so one can compare tissues from the same person. “We found one difference between the tissues, analyzed it, and identified its components,” Gold says. The difference between the two he labelled the carcinoembryonic antigen (CEA), describing it in articles published in 1965 and 1966. Since then, CEA has become the world’s most used tumour marker in cancer diagnosis, and has remained a central focus of research.

Gold’s accomplishments have made him the patriarch of oncodevelopmental biology, and have brought numerous accolades. He is a member of the Royal Society of Canada, a Companion of the Order of Canada, and an Officer of the Ordre National du Québec, and has received countless academic awards. Not bad for a hardworking Montreal boy.

“I spent my life walking down St. Urbain,” says Gold, “from Bancroft School to Baron Byng High School to McGill. After that it was the river, so…” This year, he strolled through the Roddick Gates for the 50th year; he began his undergraduate career in 1953, and later pursued graduate work in medicine as well as physiology and immunology. Gold juggled clinical and research work, interrupting his residency to complete his PhD in immunology (his CEA research formed his doctoral thesis). He worked briefly at the New York Public Health Research Institute and New York University, where he pursued virology and demonstrated, contrary to the prevailing belief, that viruses contained enzymes. But after a year he returned to McGill. “From that time on,” he says, “I’ve gone back and forth between the clinic and the laboratory.”

Gold also spent several years laying the foundation for the McGill Cancer Centre (MCC), and then serving as its founding director, from 1976 to 1980. “It’s something I take great pride in,” he says. “The MCC has been one of the great strengths of the University.” He left the MCC directorship in 1980 to become the Chair of Medicine, a position he held until 1995.

But while he divided his attention between the clinic and the lab, his teaching remained a constant activity. Today, Gold remains committed to his students, teaching the first-year immunology and physiology course and the second-year introduction to clinical medicine, as well as some graduate courses. “I tell my students that it’s important that they be good doctors,” he says, “because one of them is going to have to look after me.” He has also become a public educator, teaching sessions at McGill’s Mini-Med School. “It’s great fun. If you can’t explain something in 15 minutes, it’s probably not worth explaining, and if you cannot do it in 45 minutes, you don’t understand it.”

Currently, the energetic Gold runs the Clinical Research Centre, coordinating studies for both academic researchers and large pharmaceutical companies. “We help companies with the trials required to get a drug to market,” he says. “Before, every clinical trial reinvented the wheel. But we now have a standardized mechanism, whether for the legal department, or the budget, or ethics.” And if a University investigator comes up with an idea that could be commercialized, Gold helps find the money to support the research that will provide proof of principle. “The Clinical Research Centre of the McGill University Health Centre has done so well that we made $3 million in profit last year,” he says. “If you count all the hospitals of the MUHC, there are 400 clinical trials, worth five to six million dollars, running at any given time.”

Gold is a happy paradox – he remains driven, but seems very satisfied. “Kierkegaard said, ‘Life has got to be lived forward, but learned backward.’ And all things taken together,” he smiles, “I can’t think of a better time in history to have lived, or a better place than here.”
Twenty-five years ago, McGill had investigators working on cancer, but they were scattered; the MCC focused cancer research among a core group of scientists. As founding director Phil Gold, BSc’57, MDCM’61, MSC’61, PhD’65, points out, “If you wanted to build a centre, you had to fill it.” He moved his entire carcinoembryonic antigen (CEA) research group (a group which included the current dean, Abraham Fuks, BSc’68, MDCM’70, then a graduate student) to the seventh floor of the McIntyre Building. “Eventually we began to hire people,” says Gold, “and we moved the CEA group out again.” Gold left the MCC in 1980, becoming Chair of Medicine. Roger Hand then served as director, and later, Abraham Fuks as acting director, until one of the researchers hired by Gold, Clifford Stanners, assumed the role from 1988 to 2000.

In 1989, shifts in the Faculty of Medicine affected the Centre’s make-up. The Department of Oncology was created that year, taking with it the clinical element of the MCC. “We became more dedicated to research,” says Stanners. “At the same time, the University decided that the entire seventh floor of McIntyre should be dedicated to the MCC, so we got extra space and a mandate to hire more people.” Under Stanners, the Centre evolved to become a group of researchers focused on cracking the molecular genetics of cancer. “They didn’t have to be working on the same thing, but I wanted them to be able to interact with each other and get excited about each other’s research.”

The plan seems to have worked. Stanners can reel off an impressive list of researchers breaking new ground in understanding cancer: Annette Herscovics, BSc’59, PhD’63, working on sugar molecules and cell structures; the late Jerry Price, with Maria Hadjopoulos, investigating DNA replication and human artificial chromosomes; Mark Featherstone, PhD’86, researching temporal and spatial differentiation in genes, a process which goes awry in many cancers, and so on. The examples are legion.

Under Tremblay, director since 2000, the cancer research group continues to thrive. The Centre has recently received a Canadian Institutes of Health Research (CIHR) training grant of close to $250,000 a year to support graduate students and postdoctoral fellows in cancer research. In addition, two new people have been hired as Canada Research Chairs, and the MCC now boasts 19 scientists with prospects of building to about 25 in the next few years.

“The future is very exciting,” enthuses Tremblay. He isn’t packing up the boxes yet, but the MCC will eventually inhabit the Bellini Life Sciences Building. “The Bellini Building represents many levels of advance,” he says. In addition to the space boon, the new building will provide state-of-the-art facilities for work with proteomics and animal models. “And we’ll be able to collaborate closely with investigators from biology, chemistry, biochemistry, physiology, pharmacology, oncology, and others in developing the multidisciplinary approach which is extremely fitting to cancer research.”

The collaboration will be necessary, as new breakthroughs in technology will change the way research is carried out. “Most cancer research has been done in a conceptual, hypothesis-driven fashion,” says Stanners. “If I believe that something is happening with a particular molecule, I’ll then test the hypothesis.” But new high-throughput genomic and proteomic technology needs to be integrated with hypothesis-driven work. Says Park, “We need to bring in new types of genomic and proteomics technologies to understand the changes that have occurred in the tissue, so that rather than starting at the bench, where we’re trying to second-guess what is happening, we start with the tissue and try to understand what the changes are. Then we can bring this knowledge back into hypothesis-driven projects.”

This change in the way research will progress is connected to another challenge: increasing interactions with the...
After 25 years, the McGill Cancer Centre has accomplished much ... And the dreams of the researchers and clinicians are coming closer to reality, as more and more people survive cancer to live full lives.

The challenges are also opportunities, and cancer research will remain a priority at McGill. Park anticipates plenty of work for McGill’s cancer research team. “We have an aging population, so cancer will be on the increase – even with better therapeutic strategies we’ll have more people with cancer. And at a research level, cancer poses some very basic questions in cell and molecular development, physiology, and pathology.” Says Stanners, “Why would a normal cell go awry and become cancer? For those interested in cellular mechanisms, the problems are fascinating. And there are a lot of pieces in the puzzle.”

Tremblay is willing to make an educated prediction on the future for cancer and cancer research. “Cancer will likely not be cured in the next ten years, but eventually we can expect that more cancers will become chronic diseases, manageable under good health care,” he says. “Patients will have access to new and more rapid procedures for tumour detection, we’ll kill the cancerous cells using novel, more directed, and less toxic treatments, and, with proper follow-up, the patient will enjoy a happier and longer life. I believe that cancer research has still quite a lot to contribute in this scheme in order to promote these new directions in cancer treatment.”

“As researchers we live in an exciting time,” enthuses Stanners. “There is so much new information that helps our understanding of how cells work. And if you can make the seminal observations that result in bettering life for a cancer patient, or eradicating a type of cancer, or making it a disease that people can live with, then you’ve done something you can be proud of.” After 25 years, the McGill Cancer Centre has accomplished much. Says Tremblay, “The vision that Phil Gold had in the 1970s, to have an outstanding group of cancer researchers, has remained the same.” And the dreams of the researchers and clinicians are coming closer to reality, as more and more people survive cancer to live full lives.
he New England Journal of Medicine calls it “handsome” and “beautifully produced.” The Journal of the American Medical Association has hypothesized that it could be “an important forum for those who will be the leaders in medical science during the 21st century.” And in a letter to the editors, Prime Minister Jean Chrétien writes that its “very existence ... demonstrates a commendable degree of commitment on behalf of its creators....” The McGill Journal of Medicine (MJM) is attracting attention, and co-editors Aravind Athiviraham, MDCM’05, and Charles C.H. Lin, BSc’00, MDCM’05, have reason to be proud. Not only does the MJM feature interesting and well-written articles, presented in an attractive format — but it has, since second-year student Jonathan Lim, MDCM’97, established it in 1995, been run entirely by McGill medical students, and publishes original articles by students (including residents) from around the world. The challenge of putting out a magazine has a precedent in McGill medical school history — a similar student-fueled effort created an earlier version, which ran from 1947-1951, and was published under the same name.

The latest carriers of the editorial torch, Athiviraham and Lin, have edited the MJM for 2002-03 — or two issues, as the journal comes out semi-annually. Both have just begun their third year, and gave up their positions in September 2003. Says Lin, “So far there are no established rules about how far along the editors should be in their program, but third year is just too busy with school responsibilities.” And, as he makes clear, running the journal is not a light task. When interviewed, they are days from going to press with volume 7.1. “I slept for 20 hours last week,” sighs Lin.

Explains Athiviraham, “Students are involved in all aspects. They’re editing articles and sharing with the international community — which is a part of our vision.” The MJM has almost 60 students as editors, with others in public relations and administrative support. Says Athiviraham, “Several things make us unique. Of course, students run the MJM and are primary contributors. Also, the journal is distributed at no cost to medical libraries worldwide and has an international flavour from our collaborators around the world.” Its audience is primarily the international body of medical students, although the editors hope medical professionals will read it as well. Lin and Athiviraham stress that the MJM is not a traditional journal that carries research articles on one topic, but instead presents a variety of articles interesting both to students and to the community at large. Reviewers have identified the “Focus” feature, which centres on a particular issue in medicine, and the multidisciplinary “Crossroads” section as strong points. “Focus” presents articles by established figures in the field, who are often McGill faculty members, a deviation from the rule of student contributors. The articles do not, however, present original research. In the latest issue, a “Focus” forum features Richard Menzies, MDCM’78, MSc’89, director of the Montreal Chest Institute, and Marcellus Behr, MSc’95, of the Department of Medicine, summarizing tuberculosis research over the past decade. Meanwhile, the “Crossroads” section highlights the relation between medicine and the humanities, and also deals with ethical issues; recent articles explore the debate surrounding embryonic stem cell research and the historical contributions of Wilder Penfield and the Montreal Neurological Institute.

A successful operation such as the MJM does not come cheaply, of course. The editors estimate the cost as between ten and 15 thousand dollars, for print runs of 1,000-1,500 hard copies. Some of the money comes from advertisers; Kenmara Incorporated has donated services as an agent soliciting advertising dollars, and the Faculty of Medicine and some corporate sponsors such as Pfizer Canada also add to the pot. The Faculty supplies some of its “wisdom” resources as well: the MJM receives support and guidance from its faculty advisor, Phil Gold, BSc’57, MDCM’61, MSc’61, PhD’65, as well as from Dean of Medicine Abraham Fuks, BSc’68, MDCM’70.

Athiviraham and Lin have now handed their editorial pencils and the keys to their tiny office to Kathy Han, MDCM’06, and Christopher Labos, MDCM’06, two students entering their second year. A good editor is defined by a number of qualities, says Athiviraham. “You need enthusiasm for the project, perhaps some previous experience, motivation, creativity, persistence, a type-A personality, and a willingness to work crazy hours and to study for exams while working on the journal.” But Lin boils it down: “Enthusiasm is the main thing. You really need drive.”

Read the MJM online at www.medicine.mcgill.ca/mjm/ or subscribe by contacting the MJM at mjm.med@mcgill.ca.
Faculty Kudos

– PHILIP A. BARKER (Neurology and Neurosurgery) received a New Discoveries Grant from the CIHR to study genes that may contribute to autism, as well as a CIHR Grant to study signaling mechanisms of the p75 neurotrophin receptor.

– KATHLEEN CULLEN (Physiology) received a CIHR Grant to study the role of the vestibular system in the control of voluntary eye and head movements.

– ERIC FOMBONNE (Psychiatry) received a grant from the FRQS for a study of environmental toxins in the etiology of autism.

– CÉLESTE JOHNSTON, BN’70, D.Ed’79, (Nursing) and Céline Goulet from Université de Montréal have been awarded a grant from the FRSQ and the Newton Foundation for the creation of the Montreal Inter-University Group of Nursing Research.

– MARY ELLEN MACDONALD, BA’94, has been awarded a CHSRF post-doctoral fellowship for her project entitled “Pediatric palliative care: Building end-of-life care, research and policy for families confronted with the life threatening illness of a child.” Co-supervisors are Robin Cohen, BSc’81, MSc’83, PhD’86, (Oncology/Medicine) and Stephen Liben, BSc’87, MDCM’87, (Pediatrics).

– THE MCGILL MINI-MED SCHOOL has received the 2003 Gold Award as Best Community Outreach Program Category from the Canadian Council for the Advancement of Education.

– MARC D. MCKEE, BSc’82, MSc’84, PhD’87, (Anatomy and Cell Biology/Associate Dean Research, Faculty of Dentistry) has received the “Basic Research in Biomineralization Award” as part of the 2003 Distinguished Scientist Awards, from the International Association for Dental Research.

– HEMA PATEL (Pediatrics) has been elected a member of the Society for Pediatric Research and has been reappointed as a member of the Test Committee in Pediatrics for the Medical Council of Canada.

– MICHAEL POLLAK, MDCM’77, (Medicine/Oncology) received the Susan G. Komen Foundation (USA) Award for breast cancer research and the US Army Award for prostate cancer research; he was also named Director of the Program in Cancer Prevention in the Department of Oncology.

– SAMIR HUSSAIN, MDCM’03, received the Forces Avenir prize for personality of the year (undergraduate level).

New Appointments

– CARLOS MORALES, PhD’84, (Anatomy and Cell Biology) became a member of the Reproductive Study Section for the National Institute of Health.

– ALAIN YOUNG has been reappointed Chair of the Department of Social Studies of Medicine.

– GEOFFREY DOUGHERTY, MDCM’79, MSc’86, (Epidemiology, Biostatistics and Occupational Health/Pediatrics) has been appointed Associate Pediatrician-in-Chief for the Montreal Children’s Hospital.

– ASHOK MALLA (Psychiatry) has been named Canada Research Chair in Early Psychosis.

The following individuals have been promoted to the rank of full professor:

– CHAIM SHUSTIK, CertProfItalian’89, (Medicine/Oncology)

– DANUTA RADZIOCH (Medicine/Human Genetics)

– DAVID EIDELMAN, MDCM’79, (Medicine)

– MARK FEATHERSTONE, PhD’86, (Oncology)

– MARTHA CRAGO, BA’68, MSc’70, PhD’88, (Communication Sciences and Disorders)

– LINDA SNELL (Medicine)

David Irby on Medical Education

The Centre for Medical Education and the Faculty Development Office thank the Class of 1975 for their generous support of an annual lecture in medical education. This year’s lecture featured Dr. David Irby, Vice Dean for Education and Professor of Medicine at the University of California, San Francisco, School of Medicine, who spoke to members of the Faculty of Medicine on educational innovations in academic medicine on October 16. Dr. Irby, who has conducted research on clinical teaching in medicine for three decades, is noted for his work in faculty development in medicine; he has written numerous articles and conducted workshops around the world. At the UCSF School of Medicine, he directs both the Faculty Development and Teaching Scholars Programs.
I want to highlight a few of the accomplishments of the fiscal year that ended in May 2003. The percentage of Medicine graduates who contributed to the McGill Alma Mater Fund remained steady at 33% – the highest alumni participation rate of any faculty at McGill. Total dollars contributed reached a new total of $825,638, the largest amount contributed by Medicine graduates in the last five years.

These results are encouraging, but the real cause for celebration is the ways in which our alumni support our Faculty and students. For example, last year, 142 medical students received financial aid in the form of bursaries, while another 69 received student loans. In addition to supporting the studies of our medical students, alumni donations have enabled us to improve the teaching and learning environment in the Faculty. The combined gifts from special anniversary campaigns for the classes of Medicine 1967, 1974, and 1987 have helped provide up-to-date teaching equipment for the small-group teaching facilities in the McIntyre Medical Sciences Building.

Inspired by the example of the generosity of Medicine alumni, and challenged by a University-wide initiative, the 2003 graduating class has raised more than $3,000 to purchase a medical teaching model. The Faculty, as an added incentive, is matching the class contribution. Our thanks to Samiruddin Hussain, MDCM’03, Olivier Sabella, MDCM’03, and Samara Zavalkoff, MDCM’03, for having initiated this new tradition on the occasion of their graduation.

With respect to our alumni program, we have set up a process to begin to include in our alumni activities recent graduates of McGill’s medical residency program, who are not graduates of McGill’s Medicine program. We hope to be able to involve these graduates in the Faculty’s alumni activities, no matter where they live in the world.

Dean Fuks was in Los Angeles this past March to meet with some of our Medicine alumni and to speak at the Southern California alumni branch function. Thanks to Jennylynd James, BSc’86, PhD’97, and Lina Boulos, BEng’94, for hosting a McGill Alumni Branch brunch. Dean Fuks was also treated to a visit of the set of the popular television series ER with Fred Einesman, BSc’75, MDCM’79. Special thanks to Dr. Fred, Jennylynd and Lina for making our visit in LA so memorable.

After serving the Faculty of Medicine for three years, I am moving to the University’s central Development and Alumni Relations office. Nadine Saumure, who as Senior Development Officer has been responsible for coordinating the Faculty newsletter, will be assuming the role of Associate Director, Development, for the Faculty of Medicine. As well, Amy Samsonovitch, who coordinated our alumni relations and annual giving programs, has left to begin a family. Our best wishes go out to Amy and her husband on this exciting adventure.

Finally, I wish to thank the alumni, faculty and staff, and my colleagues in the Faculty’s Development and Alumni Relations Office for a wonderful and challenging experience. I look forward to continuing to see increasing Medicine alumni involvement in McGill.

Sincerely yours,

Scot DeJong,
Executive Director, Development
The Class of ’63 Scholarship

The cauldron of first-year medicine – and especially the anatomy course – can provide the catalyst for some strong class bonding. It can also stimulate some concern. “We were all anxious about our work, about whether we were good enough,” recalls David Boyd, MDCM’63. “One day, Professor C.P. Martin told us, ‘Don’t worry – McGill is dedicated to having a second-year class.’ The entire class breathed a huge sigh. But a couple of days later, Dean Lloyd G. Stevenson, who was teaching history of medicine, said, ‘Yeah, we need a second-year class – but it has to be smaller.’”

Today, when the members of the Class of ’63 gather for roll call, the list of names and accomplishments is impressive: Eva Andermann, BSc’59, MDCM’63, MSc’66, PhD’72, who in 1972 first diagnosed Andermann Syndrome; Boyd, whose work in trauma as a doctor in Vietnam and later in Baltimore led to his authoring the 1973 Emergency Medical Services Systems Act in the US and later serving as director of the National Emergency Medical Services Systems; David Chui, MDCM’63, professor of medicine and pathology at Boston University School of Medicine and a renowned hematologist; Haile Debas, MDCM’63, until recently the Dean of Medicine at the University of California, San Francisco; Bernard Forget, MDCM’63, groundbreaking geneticist and professor of medicine at Yale; Martin Raff, BSc’59, MDCM’63, elected a Fellow of the Royal Society and a Member of the National Academy of Sciences USA for his work in neurobiology; Samuel Refetoff, MDCM’63, the University of Chicago endocrinologist who described Refetoff Syndrome; and Fuller T orrey, MDCM’63, pioneer in schizophrenia and manic depression research (these names will have to stand as examples – a comprehensive list would overwhelm the newsletter!). Says Boyd, “Our class is really an interesting mix, covering the waterfront in the clinical specialties.” Boyd is currently surgeon and clinical director at Blackfeet Community Hospital in Browning, Montana; his wife, Joyce Moore Boyd, also a member of the 1963 graduating class, is a pediatrician and lung cancer specialist, working extensively in community health.

Medicine was not the sole focus of student activity, of course. Indeed, the range of endeavour was surprisingly broad. For instance, as Boyd recalls, “A bunch of us – including Don Bishop, MDCM’63, John Newsome, MDCM’63, and Alan Murdoch, BSc’59, MDCM’63 – were shooting baskets in Molson Gym one day when the director of the athletic program came over and asked if we would like to be McGill’s varsity basketball team.” Apparently, basketball players were few and far between in Quebec. “We got whacked at first, but in the second half of the season we started beating other Canadian clubs,” Boyd says. “As a result, I went to McGill on a basketball scholarship – I received $600, which paid my tuition.” And a proud Redmen basketball tradition was born.

The Class of ’63 continues to make a difference. About five years ago, David Chui was reminiscing about McGill with his wife, Lily S.K. Cheung, BSc’59, MDCM’63, a pioneer in occupational medicine and a fellow class member (they had met in the fateful first-year anatomy class). “David Boyd was organizing a reunion so I emailed him and said, ‘If we each gave $100, there would be almost $10,000 to donate to McGill.’ He emailed back and said ‘Great, you organize it.’” Chui brought together Eugene Outerbridge, BSc’55, MDCM’63, John MacFarlane, MDCM’63, MSc’66, Jerry Finklestein, BSc’59, MDCM’63 and Boyd to run a fundraising committee; MacFarlane suggested the money go towards a student scholarship. At last count, the Class of ’63 Scholarship fund was more than $200,000.

The first Class of ’63 Scholarship, awarded in 2001, was shared by two third-year students, Deidre Young, MDCM’02, and Corey Richards, MDCM’02. “The Class of ’63 fellowship made it possible to live without accumulating a huge debt load,” says Young, now chief resident in the Bruyère Family Medicine Program at the University of Ottawa. “It allowed me to get through the year.” Richards, who is serving his residency at McGill, agrees. “In previous years I worked part-time,” he says, “but third-year medicine is very difficult and there is no time for other jobs.” The scholarship freed him from that concern. Gillian Morantz, MDCM’05, who won the scholarship in 2003, used the money to fund her medical elective work in pediatrics in Burkina Faso, in western Africa. “The experience gave me an appreciation of some of the problems of practising medicine there, and it solidified my desire to go back,” she says. “It’s an honour to have received the scholarship, and it’s great that they support students.”

“All of our class members have made major contributions to their communities, to society, and to the profession,” observes Boyd. The Class of ’63 Scholarship continues that honourable tradition by supporting the next generation of physicians – and by demonstrating what can be achieved with intel-ligence, dedication, and generosity of spirit.

For more information on how your class could establish a student award, please contact the Development and Alumni Relations Coordinator at (514) 398-1299 or at alumni.medicine@mcgill.ca.
Faculty of Medicine Alumni converged on McGill from far and wide for Homecoming 2003, held October 16 to 19. Day and night they joyfully relived the frantic pace of their university years, attending lectures, including the 25th Anniversary Class Medical Seminar hosted by the Class of 1978, supping at lunches, brunches, and receptions, cavorting with old classmates and professors, and keeping up to date on the latest news from the Faculty.

Preparing for Homecoming 2004

Look ahead! Homecoming 2004 will be held from October 14 to 17 and will include such established Homecoming favourites as the Medical Seminar and the Dean’s Reception, the Leacock Luncheon, the anniversary celebration dinners (James McGill – 55th Anniversary; Jubilee – 50th Anniversary; Governor’s – 40th and 25th Anniversaries), Gibby’s Luncheon, and assorted walking tours.

For those of you who graduated in years ending with 4 or 9, Homecoming 2004 will be your turn to take part in the festivities. All classes participating in Homecoming 2004 will receive a letter from the Class Leader in the next few months. Also — check out the Alumni Corner website at www.medicine.mcgill.ca/alumnicorner, where you can stay on top of the latest plans for Homecoming 2004, get in touch with classmates and colleagues, and send in your own personal profile. And feel free to take advantage of the online community bulletin board to confer with classmates over whatever you wish — including, of course, plans for Homecoming 2004!

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