Funding Research and Education Today to Improve the Practice of Tomorrow
TSFRE supports research and education initiatives to increase knowledge and enhance treatment of patients with thoracic diseases; develop the skills of thoracic surgeons as surgeon-scientists and health policy leaders; and strengthen society’s understanding and trust in the profession.

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THE HISTORY AND PHILOSOPHY OF TSFRE:

The Thoracic Surgery Foundation for Research and Education (TSFRE) was established in 1991 by the four leading thoracic surgery societies: the American Association for Thoracic Surgery (AATS), the oldest national thoracic organization; the Society of Thoracic Surgeons (STS), the largest national thoracic organization; the Southern Thoracic Surgical Association and the Western Thoracic Surgical Association. Representatives from each of these organizations serve on the TSFRE Board of Directors and each organization provides annual financial support to TSFRE. The TSFRE represents all of thoracic surgery in the United States and its research and education initiatives support the broad spectrum of thoracic surgery.

THE MISSION OF THE TSFRE IS TWO FOLD:

*Increase knowledge and improve the care of patients with thoracic disease*

*To nurture the development of the surgeon-scientist*

The specialty and TSFRE remain committed to research, recognizing that it is today’s research that is the practice of tomorrow. Without the thousands of research hours and millions of dollars, new surgical techniques and today’s miracle drugs would remain undiscovered. Hundreds of thousands of lives would be adversely affected.

Thoracic surgeons, indeed all surgeons, face a changing health care system. TSFRE recognizes that education plays a vital role in the future of our specialty. Thus, TSFRE has developed new initiatives that will support thoracic surgeons in acquiring the transdisciplinary skills necessary for success in the years and decades ahead, developing new training programs that will utilize simulation activities for thoracic surgery and creating an emphasis on patient safety within the specialty.

The Thoracic Surgery Foundation for Research and Education (TSFRE) is the focal point for research and education programs and projects within cardiothoracic surgery. TSFRE ensures that research and education, the foundations for progress within the medical specialty, remain at the forefront and that innovative, new endeavors receive the support and commitment necessary to advance thoracic surgery in future years.
2007 BOARD OF DIRECTORS

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University of Washington, Seattle, WA
In 2007 the Thoracic Surgery Foundation for Research and Education recognized a significant milestone. It was 15 years ago that the Foundation was established by the four leading American thoracic surgical associations, AATS, STS, WTSA and STSA, to respond to the decrease in research funding from the federal government and institutions for education and research in thoracic surgery. Fifteen years later, these challenges continue!

Since TSFRE’s inception, **funding cutting-edge research** has been the hallmark of our mission. Over the past 15 years TSFRE has recognized the following accomplishments:

- Awarding 85 research grants, fellowships and career development awards, contributing significantly to the progress being made in cardiothoracic research.
- Cultivating partnerships with the National Heart, Lung and Blood Institute (NHLBI) and the National Cancer Institute (NCI); increasing the dollars available to support cardiothoracic research.
- Funding over $7 million in peer reviewed research!

There has been tremendous expansion in TSFRE’s **educational programs** as well.

- 192 Alley-Sheridan Scholars have attended the Health Policy and Leadership program offered through Harvard University and Brandeis University. This program has had a profound impact upon the hundreds of surgeons who have attended and gained invaluable insight into the public policy process of the US health care system.
- A Visioning Simulation Conference was held this past April to provide a forum for leaders in thoracic surgery and invited simulation experts to discuss our shared vision for development and use of simulation in education and certification.
- TSFRE has supported the Thoracic Surgery Directors Association with a contribution of $50,000 in 2007 and will continue to do so for the next two years. These unrestricted funds were granted in response to the TSDA’s urgent request to financially support its current programs and its continued efforts to develop core curriculums that will emphasize the significant challenges facing today’s residents.

The pages of this report contain the names of hundreds of surgeons, corporate supporters, patients and friends who have invested in the future of cardiothoracic surgery by supporting the Thoracic Surgery Foundation for Research and Education. On behalf of those surgeons who have benefited from TSFRE’s research and educational programs and the multitude of patients who will ultimately benefit from the programs, I would like to say thank you for your generous support.

Over the past 15 years, TSFRE has become a pivotal force for the growth and vitality of our specialty and its role is increasing, particularly in the areas of research, academic career development and postgraduate education. The philanthropic participatory index for members of the Foundation’s founding organizations is important as these surgeons know that giving begins at home and TSFRE is their home for research and education. Foundation supporters — through donations or networking — can have a significant impact on the future of cardiothoracic surgery and the welfare of our patients.

Thank you.

Lawrence H. Cohn, M.D.
*President, Thoracic Surgery Foundation for Research and Education*
2007 RESEARCH COMMITTEE ROSTER:

David R. Jones, M.D. – Chair
University of Virginia Health Systems, Inc.
Charlottesville, VA

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Emile A. Bacha, M.D.
Frederick Y. Chen, M.D.
Yolonda L. Colson, M.D.
R. Duane Davis, Jr., M.D.
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Mark B. Ratcliffe, M.D.
Bruce R. Rosengard, M.D.
David S. Schrump, M.D.
Thoralf M. Sundt, M.D.
Patricia A. Thistlethwaite, M.D.
Thomas K. Waddell, M.D.
Joseph Woo, M.D.

During the first year of funding of this TSFRE K08 program, substantial progress has been made toward understanding the role that sphingosine-1 phosphate (S1P) plays as a newly recognized regulator of the progression of heart failure after myocardial infarction (MI). Specifically, key elements in the S1P pathway have been found to change dramatically after experimentally induced heart attacks in animals, and these changes are believed to accelerate the loss of otherwise viable heart muscle as the development of heart failure progresses due to post-MI stresses in the heart. These novel findings will, in turn, propel ongoing studies of integration of surgical reconstruction of failing hearts with potential molecular interventions that may prolong the long-term benefit derived by patients from this new type of hybrid, holistic approach. Perhaps as important as the data themselves have been the development and maturation of the Principal Investigator’s research program, particularly as they relate to his overriding career goal of combining a vigorous surgical practice with a molecular research program designed to exploit an intimate awareness of clinical needs and opportunities toward the early translation of advanced science into real-time clinical applications.
In January of 2007, the Research Committee met to review a record breaking 72 applications! Each major subspecialty area — congenital heart disease, adult acquired surgery, thoracic oncology and thoracic transplantation — was well represented. The proposals varied widely in scientific focus, ranging from transplantation immunology and molecular oncology to biomechanics and tissue engineering. There was also a healthy mix of mechanical, translational and clinical science. Most importantly, all of these proposals addressed issues important to improving care for our thoracic surgical patients.

The Committee’s work includes providing constructive criticism for each applicant. We strongly believe that this feedback will help young residents and faculty to submit more polished applications, and thus compete more effectively in traditional venues for increasingly scarce research funds. The committee is acutely aware that academic departments can no longer depend on diverting professional revenues to support research. Lack of this traditional bridge or seed funding enhances the need for fundraising to make it possible for TSFRE to increase the amount of individual awards, particularly to young faculty.

Despite the grinding pressures and financial uncertainties we all face in our clinical practices, the breadth and high quality of the TSFRE supported research effort reflects a strong commitment to fundamental and clinical thoracic surgical investigation. This vital basis for the future evolution of our specialty remains healthy and vibrant, thanks to your participation.

“I was able to use the preliminary data obtained as a result of this grant to apply for further NIH funding. This grant has been invaluable to me and my studies. I have benefited greatly and have become successful in taking a bench-top innovative idea to clinical fruition.”

— Dr. Malcolm Brock
Dr. Malcom Brock  
*Johns Hopkins Medical Institution*  
*NIH K23 Award*

The TSFRE-NIH Program Award has been instrumental in allowing my translational research work to progress. Simply stated, I could not have performed this research project without it. I had great preliminary data for a NIH K23 award, but I had many barriers to overcome in translating these findings into the clinic. Importantly, for a young surgeon, the NIH K23 would not cover 75% of my salary but required 75% of my time. The TSFRE-NIH program allowed me the flexibility to cover much of the discrepancy without breaking the NIH requirement of time. Then armed with this success, I was able to use the preliminary data obtained as a result of this grant to apply for further NIH funding. This grant has been invaluable to me and my studies. I have benefited greatly and have become successful in taking a bench-top innovative idea to clinical fruition.

### 2007 RESEARCH AWARD RECIPIENTS

TSFRE Career Development Awards provide salary support of up to $50,000 a year for up to two years for applicants who have completed their residency training and who wish to pursue investigative careers in cardiothoracic surgery

**Mark S. Bleiweis, M.D.**  
*University of Florida*  
“Cell Therapy for RV Failure in Tetralogy of Fallot”

**Michael Argenziano, M.D.**  
*Columbia-Presbyterian*  
“Remodeling of the TASK-1 Potassium Current in Atrial Fibrillation: A Novel Therapeutic Target”

TSFRE Research Grants provide operational support of original research efforts by cardiothoracic surgeons who have completed their formal training, and who are seeking initial support and recognition for their research program. Awards of up to $30,000 a year for up to two years are made each year to support the work of an early-career cardiothoracic surgeon (within 5 years of first faculty appointment).

**Lorenzo E. Ferri, M.D.**  
*McGill University*  
“Mechanisms of Esophageal Cancer Metastasis: The Role of Cell Adhesion Molecules on the Migratory Ability of Esophageal Cancer Cells”

Nina Starr Braunwald Award provides a biennial award of $100,000 for two years to support the research career development of a woman cardiac surgeon who holds a full-time faculty appointment and who is within ten years of completion of thoracic surgery residency.

**Jennifer S. Lawton, M.D.**  
*Washington University*  
“The Role of the Mitochondrial KATP Channel in Myocyte Volume Response to Stress”

**Rosemary F. Kelly, M.D.**  
*University of Minnesota*  
“Revascularization of Chronic Hibernating Myocardium Reverses Reduction in Regional Function and Normalized Bioenergetic Adaptations of the Mitochondria”
Since its inception, TSFRE has awarded and administered over $7,000,000 in research grants, fellowships and career development awards for thoracic surgeons. Awards are made after a rigorous examination of applications by the TSFRE Research Committee, composed of outstanding research surgeon-scientists.

**RESEARCH FELLOWSHIP AWARDS**
Support of up to $35,000 per year for up to two years for surgical residents who have not yet completed cardiothoracic surgical training.

**RESEARCH GRANTS**
Operational support of original research efforts by cardiothoracic surgeons who have completed their formal training and who are seeking initial support and recognition for their research program. Awards of up to $30,000 a year for up to two years are made each year to support the work of an early-career cardiothoracic surgeon (within five years of first faculty appointment).

**CAREER DEVELOPMENT AWARDS**
Salary support of up to $50,000 a year for up to two years for applicants who have completed their residency training and who wish to pursue investigative careers in cardiothoracic surgery.

**NINA STARR BRAUNWALD CAREER DEVELOPMENT AWARDS**
Provides a biennial award of $100,000 for two years to support the research career development of a woman cardiac surgeon who holds a full-time faculty appointment and who is within ten years of completion of thoracic surgery residency.

*TSFRE has formed valuable partnerships with the National Heart, Lung and Blood Institute and the National Cancer Institute to offer K08 and K23 awards. Through this partnership, the Foundation is able to increase the dollars available to support cardiothoracic research.*

**NATIONAL HEART, LUNG AND BLOOD INSTITUTE – K08 & K23 AWARDS**
Support to outstanding clinician research scientists who are committed to a career in cardiothoracic surgery research and have the potential to develop into independent investigators. The award is $150,000 per year ($75,000 from TSFRE and $75,000 from NHLBI) plus $25,000 indirect support from NHLBI and supports a three, four or five year period of didactic training and supervised research experience.

**NATIONAL CANCER INSTITUTE – K08 & K23 AWARDS**
Provides support to outstanding clinically trained professionals who are committed to a career in laboratory or field-based research and have the potential to develop into independent investigators. The award is $150,000 per year ($75,000 from TSFRE and $75,000 from NCI) plus $30,000 indirect support from the NCI and supports a five year period of supervised research that integrates didactic studies with laboratory or clinically-based research.
Paula Flummerfelt Guinnip, M.D., F.A.C.S., F.C.C.P.
Heartland Regional Center
Marion, Illinois

As a cardiothoracic surgeon practicing in a rural community, I have a unique opportunity not only to improve the health of southern Illinoisans but also to affect a change in the health of our at risk population; namely the homeless. By receiving the prestigious Alley-Sheridan Scholarship, I had a chance to attend a world class leadership course in Boston and to interact with leading policy makers in health care. The material learned in the course allowed me to further my goal of obtaining additional leadership skills to help me in the daily routine of running the heart program in our community. I live in a county in southern Illinois that has severe poverty and a substantial homeless population. The scholarship has allowed me to use my talents and skills to set up a not-for-profit organization that will raise funding for the homeless. I now have corporate leadership skills that allow me to lead the people as the President of the board. Realizing my goals would not have been possible without the TSFRE scholarship. I am giving back to the community and furthering the mission statement of the Thoracic Surgery Foundation for Research and Education through advocacy.
The specialty of cardiothoracic surgery has always been defined by two inseparable attributes: the capacity to imagine a future that others cannot see; and a determination to discover and implement the knowledge and practical skills necessary to make that new future a commonplace reality. These attributes are pertinent to understanding the work of the TSFRE Education Committee.

The dissemination of new knowledge about cardiothoracic medicine and providing surgeons with the capability to implement this new knowledge and skills is a critical element to the progress of our specialty. TSFRE enables surgeons to constantly refine and improve their skills as physicians, surgeons and leaders in medicine.

The Foundation offers a variety of educational programming; most notably, the Health Policy Leadership Program offered in the past in partnership with Harvard University and more recently with Brandeis University. This initiative provides a comprehensive, weeklong program that focuses on the changing nature of the nation’s health care system, its management and how physicians can impact that system.

2007 was a year of many educational accomplishments for the Thoracic Surgery Foundation for Research and Education:

➤ Fifteen Alley-Sheridan Scholars attended the Health Policy and Leadership program offered at Brandeis University. This program has had a profound impact upon the hundreds of surgeons who have attended and gained invaluable insight into the public policy process of the US health care system.

➤ A Visioning Simulation Conference was held this past April to provide a forum for leaders in thoracic surgery and invited simulation experts to discuss our shared vision for development and use of simulation in education and certification.

➤ TSFRE supported the Thoracic Surgery Directors Association with a contribution of $50,000 in 2007 and will continue to do so for the next two years. These unrestricted funds were granted in response to the TSDA’s urgent request to financially support its current programs and its continued efforts to develop core curriculums that will emphasize the significant challenges facing today’s residents

“Realizing my goals would not have been possible without the TSFRE scholarship. I am giving back to the community and furthering the mission statement of the Thoracic Surgery Foundation for Research and Education through advocacy.”

— Dr. Paula Flummerfelt Guinnip
Alley-Sheridan Scholarships

Medical innovation doesn’t always happen in a lab. Sometimes it happens in an unexpected place, like an unassuming red barn in rural New York. It was there in 1955 that David Sheridan developed the bubble principle that revolutionized how catheters, cannulae and tubes are used in operative procedures and patient care.

While the bubble principle was one of Mr. Sheridan’s most significant inventions, it was not his only one. In fact, he held or shared more than 50 patents for innovations that greatly improved medical care throughout his lifetime.

Fortunately, Mr. Sheridan collaborated with others throughout his life. Dr. Ralph D. Alley, former head of the Division of Thoracic Surgery at Albany Medical Center, was one of them.

**Through his generosity, Dave Sheridan has ensured continued innovation in a field that has greatly benefited from his inventiveness.**

Moved by his collaborator and friend’s commitment to thoracic surgery, Dave Sheridan donated $1 million to the Thoracic Surgery Foundation for Research and Education to establish the Alley-Sheridan Fund. Over the past 15 years this fund has supported 192 thoracic surgeons through scholarships to the Leadership and Health Policy Program both at the Kennedy School and most recently at Brandeis University.

Through his generosity, Dave Sheridan has ensured continued innovation in a field that has greatly benefited from his inventiveness.
The impetus for the Visioning Simulation Conference began with an intensive study on the future of thoracic surgery education conducted by the Education Committee of TSFRE. The Education Committee envisioned how thoracic surgery education is likely to evolve over the next 10 to 15 years and beyond, and developed a comprehensive plan for ensuring that the specialty has in place the educational infrastructure and resources needed to best serve patients as the art and practice of the specialty advance over time.

The rapidly changing landscape of cardiothoracic surgery requires the development of new skills in every area of thoracic surgery such as minimally invasive cardiothoracic procedures like percutaneous valve and catheter technology, as well as endovascular grafting. The use of simulation in training and certification will allow for transdisciplinary training in all areas of thoracic surgery and new simulation technology will enhance the general thoracic surgeons’ efforts to retool or retrain themselves in other cardiothoracic subspecialties. Over time, simulation will become a required method for demonstrating proficiency, achieving and maintaining certification, and the adoption of new technologies after certification.

Simulation will become a core element of cardiothoracic surgery resident education, and a primary methodology for post-graduate education, helping to bridge the rapidly widening gap between what practitioners learn in their initial training and new practice methods that must be mastered after practitioners complete their training and enter practice.

The Visioning Simulation Conference (VSC) convened in Cambridge, MA on April 19 – 20, 2007 and was attended by appointed representatives from the Society of Thoracic Surgeons, American Association for Thoracic Surgery, American Board of Thoracic Surgery, Thoracic Surgery Directors Association, European Association of Cardiothoracic Surgeons, American College of Surgeons, National Heart, Lung and Blood Institute and our industry partners Medtronic, Edwards Lifesciences and St. Jude Medical. In addition several attendees with extensive simulation experience and development were active participants.

The conference began with a simulated OR demonstration by live video feed. Over the two-day conference speakers presented simulation use in anesthesia, the airline industry, the ACS and computer simulation of congenital heart lesions. These helped to demonstrate what is available today and to stimulate thought among the participants.

The primary working function of the conference centered on a series of roundtable discussions planned to define how simulation could be applied to thoracic surgery education. A manuscript documenting outcomes of the conference is being prepared with the goal of providing a comprehensive strategic plan that will outline the groundwork necessary to establish simulation techniques in the training and certification of thoracic surgeons.
“TSFRE has become a pivotal force for the growth and vitality of our specialty and its role is increasing, particularly in the areas of research, academic career development and postgraduate education. The efforts of our supporters — through donations or networking — will impact the future of cardiothoracic surgery and the welfare of our patients.”

– Lawrence H. Cohn, M.D.
REVENUES FOR THE YEAR ENDED JUNE 30, 2007

Cash Basis Results

- Surgeon Contributions .................................................. $258,787
- Society, Corporate & Foundation Contributions ..................... $1,169,450
- Investment Income .......................................................... $592,395

EXPENDITURES FOR THE YEAR ENDED JUNE 30, 2007

Cash Basis Results

- Research ........................................................................... $897,500
- Education ......................................................................... $213,655
- Administrative ................................................................. $420,052
WHY GIVE TO TSFRE?

The combination of research and new technology, which go hand-in-hand, have advanced the capabilities of thoracic surgeons dramatically over the past two decades. Today, thoracic surgeons can very successfully treat diseases and medical conditions that were a short time ago deemed untreatable. The financial resources that made these advances possible were most often large private organizations or federal agencies. Within our specialty clinical work supported the bulk of research.

Our changing health care environment and radical transformation within industry have, quite frankly, diminished those traditional sources of funds. Research and training opportunities for young, talented surgeon-scientists have been sharply curtailed.

The specialty and the TSFRE remain committed to research, recognizing that it is today’s research that is the practice of tomorrow. Without the thousands of research hours and millions of dollars, new surgical techniques and today’s miracle drugs would remain undiscovered. Hundreds of thousands of lives would be adversely affected.

The results of thoracic research ultimately reduce the toll of thoracic diseases and defects. Given the pervasiveness of cardiovascular diseases and lung cancer, today’s research has the potential to improve millions of lives tomorrow. The TSFRE’s partnerships with the National Heart, Lung, and Blood Institute and the National Cancer Institute are critically important initiatives to further our knowledge and capabilities against these diseases, while strongly supporting very talented surgeon-scientists within the specialty.

Further, thoracic surgeons, indeed all surgeons, face a changing health care system. The TSFRE recognizes that education plays a vital role in the future of our specialty. Thus, the TSFRE will continue to support thoracic surgeons in acquiring the transdisciplinary skills necessary for success in the years and decades ahead, develop new training programs that will utilize simulation activities for thoracic surgery, and create an emphasis on patient safety within the specialty. The TSFRE will also remain active in assuring that thoracic surgeons continue to develop the skills necessary to remain in the forefront as health care policy leaders.

The Thoracic Surgery Foundation for Research and Education is an organization that will continue to steer the future of thoracic surgery through the sponsorship of surgical research and the education of surgeons in health care policy. TSFRE is your foundation for the future; by supporting TSFRE you are investing in the future of our specialty now.

“Achieving a high philanthropic participatory index of members of the Foundation’s founding organizations is important as these surgeons know that giving begins at home and TSFRE is their home for research and education.”

— Dr. Lawrence Cohn
GIVING OPPORTUNITIES

Because TSFRE is a charitable organization with IRS 501 (c)(3) classification, your gift to TSFRE qualifies as a tax deduction. For some, an outright gift of cash, securities, or other property is the best means of contributing. Other giving options are outlined as follows:

GIFTS OF CASH
An outright gift of cash is the simplest method of giving. It is not subject to gift or estate taxes. You may be able to deduct the gift amount from your taxable gross income.

GIFTS OF SECURITIES OR REAL ESTATE*
A tax-wise gift of stock or real estate can provide generous support for the Thoracic Surgery Foundation for Research and Education. Almost any type of real property — a personal residence, a farm, a vacation home, a commercial building, or a parcel of land — can constitute a gift. Gifts of securities or real estate are tax deductible and free of capital gains tax.

LIFE INCOME GIFTS
Perhaps you would like to make a significant gift to TSFRE right now but believe that you cannot because you need the income your assets earn. If so, you may want to consider a "life income gift". A life income gift allows you to donate, yet retain life income for yourself and another, if you wish. These gifts frequently increase your income, save income tax, capital gains and estate tax, and also benefit TSFRE.

BEQUESTS
You may wish to make a gift to TSFRE by utilizing one of the easiest, most frequently used methods — a bequest in your Will. Tax laws favor bequests, and consequently, they are an excellent way to provide support. If you would like to make a pledge or receive more information about giving to TSFRE, please complete and return the form included in this report, visit www.tsfre.org or call the Executive Director of The Thoracic Surgery Foundation for Research and Education at 978-927-8330.

DONATIONS CAN ALSO BE MADE ONLINE AT WWW.TSFRE.ORG

*This information is not intended as specific legal or tax advice. Consult an attorney when planning for gift and estate giving. State and federal laws, which govern wills and contracts, vary and are subject to change.
“As one of the next generation of thoracic surgeons, the Brandeis program enabled me to effectively lead our hospital staffs into this changing environment. I believe embracing these changes will ultimately lead to a healthier nation.”

— Dr. Henry Louie, Hawaii Medical Center

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- The Western Thoracic Surgical Association

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*Gifts of $25,000 to $49,000*
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- Drs. Lawrence I. & Rita Boncheck
- Columbia University, Department of Cardiothoracic Surgery
- Edgar L. Feinberg, II, M.D.
Over the past 15 years, the Thoracic Surgery Foundation for Research and Education has been the recipient of considerable generosity from the thoracic surgery community. TSFRE is especially grateful to our corporate partners for their past commitment to the organization and to the future of our specialty. Because of their support, TSFRE has been able to offer a wide array of research programs and the Foundation has provided important public policy education opportunities for hundreds of thoracic surgeons.

The Foundation would like to thank the following corporate partners for their support throughout the year:

EDWARDS LIFESCIENCES
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MEDTRONIC
DATASCOPE

Financial support of the Foundation’s Corporate Partners, together with the commitments made by thousands of thoracic surgeons throughout the United States will bring critical research endeavors and educational opportunities to the specialty.
How the Brandeis University Course Changed my View on Healthcare

The opportunity to spend time with peers and health policy scholars in the same room, discussing the intricacies of such a complex healthcare system as the one we have does not present itself very often.

At the personal level, it has stimulated me to engage and further participate in such essential issues. I am now a member of the TSFRE education committee, and through relationships cemented at the Brandeis course recently participated as a panelist on the topic of comparative effectiveness and reimbursement for new drugs and technologies at the Health Industry Forum in DC.

As I walked away from an opportunity like this, I was most positive about having the chance to engage people with different views and experiences but who shared a similar goal; the improvement of healthcare in America.
“As I walked away from an opportunity like attending the Health Policy and Leadership Program, I was most positive about having the chance to engage people with different views and experiences but who shared a similar goal; the improvement of healthcare in America.”

— Dr. Marcello Cardarelli, University of Maryland Medical Center
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