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.
Dear Colleagues:

The Thoracic Surgery Foundation for Research and Education (TSFRE) is pleased to have funded 22 research projects in the years 2004-2005. Our partnership with the National Heart, Lung and Blood Institute (NHLBI) has resulted in the five TSFRE/ NHLBI Mentored Clinical Scientist Development Awards that provide up to five years of support to young surgeon scientists whose ongoing work and accomplishments show that they are forthcoming leaders. Under our new partnership with the National Cancer Institute (NCI), the first TSFRE-NCI Mentored Clinical Scientist Development Award has already been funded. This research support is possible because of the generosity of individuals, corporations and grateful patients. We hope and expect that the research done by TSFRE funded young cardiothoracic surgeons will insure continuing progress in our specialty on behalf of optimum care for our patients.

From its start, TSFRE provided scholarships for over 400 cardiothoracic surgeons who studied at Harvard’s Kennedy School of Government, funded by monies that were given to TSFRE specifically for this purpose. Encouraging and supporting public policy education for cardiothoracic surgeons remains a primary mission for TSFRE. Thus, ten scholarships were awarded in 2005 to a new course at Brandeis University entitled “Leadership Program in Health Policy and Management”. The Education Committee has been asked to evaluate and make recommendations for a future curriculum tailored to the needs of cardiothoracic surgeons.

In 2003 the Board broadened TSFRE’s mission in cardiothoracic surgery education. Based on a superb report in April 2004 from the Education Committee, TSFRE has distributed requests for applications in three areas: 1) Simulation; 2) Acquisition of transdisciplinary skills; and 3) Patient safety. Applications are expected, and fund raising for these education initiatives is underway. TSFRE and the Joint Council for Education in Thoracic Surgery will be jointly sponsoring a vision conference about the use of simulation technology in cardiothoracic surgery education.

TSFRE was fortunately able to fund a significant number of important research and education projects in 2004 and 2005 as follows:

- **Research Grants** — $350,000
- **Career Development Award** — $50,000
- **Nina Starr Braunwald Research Fellowship** — $140,000
- **Alley-Sheridan Public Policy Fellowships** — $47,000
- **TSFRE/NIH Clinical Scientist Development Awards (K08, K23)** — $750,000


I close with optimism and hope for the future because we have vibrant new programs in research and education and the percentage of cardiothoracic surgeons who have donated to TSFRE has doubled as compared to 2003. However, industry that makes surgical products and pharmaceuticals can and should give more to TSFRE, and still too few cardiothoracic surgeons have donated. I urge each corporation and each surgeon who has not yet donated to TSFRE to start giving immediately, and we ask that those who have given generously give even more. Such generosity is incumbent on us to insure a bright future for young surgical scientist and excellent care for patients.

John R. Benfield, M.D.
Our patients don’t follow the details of our research. They don’t discuss unexpected breakthroughs or technical setbacks. They don’t talk about how changes in health care policies impact research funding and laboratory time. Nonetheless, the advances we make in thoracic surgery touch each and every one of them. New forms of surgery and potent new drugs improve patient health and extend patient lives.

That is an outcome everyone can understand, and it’s the one that continually has moved TSFRE forward since inception in 1992.

The Thoracic Surgery Foundation for Research and Education is supported by the four major thoracic surgery organizations: The American Association for Thoracic Surgery, The Society of Thoracic Surgeons, The Southern Thoracic Surgical Association and The Western Thoracic Surgical Association. As it was 13 years ago, the TSFRE’s mission is to support research and education in thoracic surgery.

The TSFRE, however, has not only maintained its position as a leading supporter of research and education, it has also expanded its reach. The organization in the past few years has established a comprehensive development program, improved its public policy training opportunities for surgeons, and started a partnership with the NIH’s National Heart, Lung and Blood Institute (NHLBI) and the National Cancer Institute (NCI) to improve support for research training.

We hope that you continue your support of today’s research so we can serve our patients with even better techniques and technology tomorrow.

*The Thoracic Surgery Foundation for Research and Education supports research and education in thoracic surgery with the support of the following:*
Nina Starr Braunwald Career Development Award

The 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.

Nina Starr Braunwald was the first woman to be certified by the American Board of Thoracic Surgery. Throughout her professional life, Dr. Braunwald was an active academic surgeon in all aspects — clinical, surgery, teaching and research. She was closely associated with education, first at the National Heart Institute, then at the University of California at San Diego and finally at Harvard Medical School.

Eugene Braunwald, M.D. and his family, friends and colleagues have established the Nina Starr Braunwald Fellowship Award in memory of his wife. The Nina Starr Braunwald Fund is dedicated exclusively to career development awards for young women in academic cardiac surgery.
The committee’s 17 members reviewed 36 applications in 2005. They were from 32 applicants — an increase from 23 in 2003 and 29 in 2004. Congenital heart disease, acquired heart disease, oncology, and thoracic transplantation were well-represented from almost 50 different institutions during this three-year period.

The proposals varied widely in scientific focus. For example, the topics included immunobiology of thoracic aneurysms, molecular oncology and ventricular biomechanics. There was a healthy mix of mechanistic, translational, and clinical science. The applicants were outstanding, and the applications were strong, all addressing issues important to improving the care of patients.

Each application was reviewed by each member of the committee who assigned a score based on the applicants’ qualifications, the merits of the proposal, and evidence of a supportive environment. Also considered, was the likelihood that an award would favorably influence training and/or transition to successful NIH funding. The independent scores were compiled and the top applications were reviewed in person by the committee in session, using an NIH-style format. Each proposal was presented to the committee by two experts. The entire committee voted, resulting in priority scores.

Over half of the applications were judged competitive for funding. TSFRE funds permitted six awards at stable funding levels. The TSFRE Board has expressed its great appreciation for the many hours the committee members selflessly and diligently commit to this effort.

Traditionally prestigious institutions continue to be well represented among this year’s awardees, but fortunately each year new institutions have appeared on the roster. Excellent proposals, with relatively minor revisions, from this year’s “new” applicants and institutions will likely compete successfully in the future.

The committee is acutely aware that academic departments can no longer depend on diverting professional revenues to support research. Lack of this traditional source of bridge and seed funding enhances the need for fundraising to make it possible for TSFRE to increase the amount of individual awards, particularly to young faculty. In the political arena, cohesive arguments to improve research funding must be effectively advanced.

Starting in 2006 the Nina Starr Braunwald Career Development Award has been increased from $30,000 per year to $100,000 per year for two years to a young woman faculty member. For details please go to our website www.tsfre.org.

For the fourth consecutive year thoracic surgical applicants competed successfully for TSFRE/NHLBI Mentored Clinical Scientist Development Awards (K08). Five such awards are currently being supported by TSFRE and five new applications are under review at NHLBI. One NCI Mentored Patient Oriented Career Development Award (K23) was funded in 2005 and three K 23 applications are under review at NCI. TSFRE Research Committee
members participate in the NIH review process. The joint TSFRE/NHLBI program is funded by the William J. von Liebig Foundation, Datascpe Corp, The Starr Foundation, and the Cross-Jones Fund of the St. Luke’s Foundation. Fund raising for the TSFRE/NCI program is underway.

In summary, 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. Seeds planted in prior years are sprouting in many gardens. Your past and future gifts will help bring these seedlings to fruition.

Richard N. Pierson III, M.D., Chair

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**TSFRE Funds at Work**

**Joren C. Madsen, M.D.**

*Massachusetts General Hospital*

Funding provided by TSFRE played a critical role in advancing my research career. I became an attending cardiac surgeon at Massachusetts General Hospital in 1993. In 1995, I was awarded a TSFRE grant for a project entitled, *Cardiac Allograft Vasculopathy in MHE Inbred Miniature Swine*. This TSFRE funding allowed me to establish the first large animal model of chronic heart rejection. In doing so, I was able to generate enough preliminary data to successfully apply for my first RO1 grant from the NHLBI. Since then, I have dedicated 50% of my time to research and now run an internationally recognized transplantation laboratory called the Cardiothoracic Transplantation Laboratory in the Transplantation Biology Research Center at the Massachusetts General Hospital. My laboratory is currently funded by six RO1-equivalents from the NIH and is run by seven post-doctoral research fellows. My laboratory is currently funded by six RO1-equivalents from the NIH and is run by seven post-doctoral research fellows from around the world (one of whom, Dr. Sahara, was just awarded a 2005 TSFRE grant). Furthermore, Dr. James Allan, another TSFRE recipient and now a TSFRE committee member, is Co-Director of the laboratory. Our fellow’s projects range from molecular biological studies in mice to pre-clinical tolerance induction trials in swine, to pig-to-non-human primate xenotransplantation experiments using cloned pigs.

My goals are to extrapolate tolerance induction protocols that have proven successful in the laboratory to human heart transplant recipients and to bring xenotransplantation to the clinic. I believe that both these goals are attainable in the near future.

I perform about 150 adult cardiac surgery cases and heart transplant procedures a year. My research activity does not affect my care of cardiac surgery patients. However, it does limit the number of cases I can do a year.

The two major barriers to cardiac surgeons conducting research and obtaining funding are the precipitous drop in reimbursement rates leading to an overriding concern for the “bottom line” and the recent drop in federal funding to the NIH. That is why the TSFRE is more important than ever. The TSFRE grant reviewers understand the problems facing young cardiothoracic surgeons trying to write grants and perform research. There is no doubt that TSFRE will become the cornerstone for the future funding of young cardiothoracic surgeons interested in research. It is critical that the TSFRE remains strong and well supported by the members of our specialty.

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**Research Committee**

- Richard N. Pierson, III, M.D., Chair
- James S. Allan, M.D.
- Emile A. Bacha, M.D.
- Yolonda L. Colson, M.D.
- Robert D. Davis, M.D.
- Keith A. Horvath, M.D.
- Richard A. Jonas, M.D.
- David R. Jones, M.D.
- Robert J. Korst, M.D.
- Jeffrey M. Pearl, M.D.
- Si Mai Pham, M.D.
- Robert C. Robbins, M.D.
- Bruce R. Rosengard, M.D.
- Jack A. Roth, M.D.
- Thoralf M. Sundt, M.D.
- Patricia A. Thistlethwaite, M.D.
- Thomas K. Waddell, M.D.
TSFRE Research Award Recipients

TSFRE 2004 RESEARCH AWARD RECIPIENTS

**TSFRE Research Grants**

**Peter S. Dahlberg, M.D.**
University of Minnesota
*ERBB2 Amplifications in Esophageal Adenocarcinoma*

**Robert S. Poston, M.D.**
University of Maryland
*Determining the Viability of Hearts from Non-Heartbeating Donors*

**TSFRE Research Fellowships**

**Allen Cheng, M.D.**
Stanford University
*Effects of Undersized Mitral Annuloplasty on Regional LV Transmural Dynamics in Chronic Ischemic Mitral Regurgitation*

**Danny Ramzy, M.D.**
University of Toronto
*CRP and Endothelin-1 in Endothelial Dysfunction: The Role of Protein Kinase Activity*

**Nathalie Roy, M.D.**
Children’s Hospital, Boston
*Engineering of Conduction Tissue for Cardiac Implantation*

**Nina Starr Braunwald Research Fellowship**

**Bao-Ngoc Nguyen, M.D.**
University of Maryland
*CCRS in Cardiac Allograft Vasculopathy*

**TSFRE/NHLBI Mentored Clinical Scientist Development Award (K08)**

**Kenneth R. McCurry, M.D.**
University of Pittsburgh
*Cytoprotective Effect of CO in Lung Ischemia/Reperfusion*

**Y. Joseph Woo, M.D.**
University of Pennsylvania
*Angiogenesis and Cardiac Growth as Heart Failure Therapy*

---

TSFRE 2005 RESEARCH AWARD RECIPIENTS

**TSFRE Research Fellowship**

**Madison C. Cuffy, M.D.**
Yale University School of Medicine
*The Role of Indoleamine 2, 3 Dioxygenase on Modulating Immune Responses in Inflammatory Arterial Diseases*

**Andrew J. Kaufman, M.D.**
Memorial Sloan-Kettering Cancer Center
*Functional Analysis of Squamous Cell Carcinoma Related Oncogene (SCCRO) in the Sonic Hedgehog Pathway*

**Tom C. Nguyen, M.D.**
Stanford University
*Biomechanics of the Cardiac Support Device in Heart Failure: new Answers to an Old Problem*

**Hisashi Sahara, M.D.**
Massachusetts General Hospital, Harvard Medical School
*Indirect Recognition of Collagen (TypeV) in the Pathogenesis of Lung Allograft Rejection*

**TSFRE Research Grant**

**Ara A. Vaporciyan, M.D.**
University of Texas, M.D. Anderson Cancer Center
*Effect of Inflammatory Gene Polymorphism in the Development of Atrial Fibrillation After Pulmonary Resection*
Elaine Tseng, M.D.
University of California, San Francisco

TSFRE was very helpful with my research endeavors by providing funding support for two years in the laboratory at John’s Hopkins Hospital.

My project involved investigating the mechanism of neurologic injury after hypothermic circulatory arrest. We discovered that neuronal apoptosis in addition to necrosis was involved in the neurologic injury of HCA. We also determined that inhibition of neuronal nitric oxide synthase reduced both neuronal apoptosis and necrosis after HCA.

Research funding was critical in order to perform the experiments as large animal work, tissue processing, immunohisto-chemical staining, TUNEL, EM, are costly endeavors. Future research plans involve investigating the biomechanics and flow dynamics of percutaneous aortic stent valves.

The neurologic injury work is crucial to the eventual development of strategies to reduce cerebrovascular complications after open heart surgery.

The biomechanics and CFD work on percutaneous stent valves will be essential to determine the feasibility and safety of such endovascular approaches to valvular disease in the future.

Barriers in research funding are to find sources of funding that understand the translational nature of such research and thus understand the importance of such work.

TSFRE has advantages since it is for thoracic surgeons to make advances within our field as opposed to government agencies or industry that may or may not understand the need for such work. Industry will not necessarily be interested in work that potentially may reflect poorly on the outcomes of the new innovative products. Government agencies may not value such translational/developmental efforts.
The mission of the Thoracic Surgery Foundation for Research and Education is grounded in two distinct areas of concentration: Research and Education. Education was central to the formation of the TSFRE and we remain indebted to the visionary leaders who saw educational programming to acquire skills outside of the traditional practice, research and residency training critical to our specialty.

For much of the history of TSFRE, the Education Committee has been primarily focused on stewarding the TSFRE-Harvard University Executive Course in Health Care Management and a year-long sabbatical program at Harvard's Kennedy School. For 10 years this program served as a standard bearer for surgeon leadership training. When the program was first envisioned, the specialty was embroiled in public policy and socioeconomic debates that challenged our specialties' collective abilities. As a result of TSFRE's dedication to this program and the dedication and commitment from thoracic surgeons to participate, we can now be proud to have many surgeons on the leading edge of these discussions. In fact, one early attendee, Dr. Thomas Frist, is now the US Senate Majority Leader.

In 2004 Dr. Miles Shore, Harvard's point person on the program, retired and the program did not immediately name a successor. To maintain programming for thoracic surgeons, TSFRE joined with the ACS, in supporting similar programming at Brandeis University's Heller School of Public Policy. Brandeis has a national reputation for excellence and its public policy program is among the top programs in the US. In 2004 and 2005 TSFRE supported 21 thoracic surgeons for the week long course and 2 thoracic surgeons for the year-long sabbatical which by all accounts was a great success.

To date, the TSFRE week long programs at Harvard or Brandeis have been attended by 139 thoracic surgeons. A quick scan of our societal leaders reveals that many of them are graduates of the programs. We are indebted to David Sheridan for making this program possible. David Sheridan was a pioneering medical device inventor who collaborated with Dr. Ralph Alley and others in developing many important early catheters and cannulae.

Mr. Sheridan donated $1 million dollars to the TSFRE to establish the Alley-Sheridan fund which has been used to fund the Harvard program scholarships. His daughter, Davene Sheridan Brown, has been an equally steadfast supporter of the TSFRE and this fund has continued to propel TSFRE toward innovative new projects and programs.

In 2004 the TSFRE leadership directed the Education Committee to identify future educational programming to maintain thoracic surgery leadership. Consistent with our successful program prescription used in developing the Harvard course, we focused on those educational programming needs that are not otherwise addressed in traditional training, postgraduate or continuing educational settings. Over the course of three months the Committee took a broad look at the challenges facing thoracic surgeons and constructed a long list of possible programs. After considerable review, we were able to refine our thinking to identify three priority programming needs.

First, the group agreed that thoracic surgeons needed to be at the forefront of medical simulation education and training. As technologies converge and mature, the field of medical simulation will offer thoracic surgeons tremendous benefits and it is important for thoracic surgeons and industry to partner to lead these efforts. Second, thoracic surgeons should be exploring new concepts in transdisciplinary training. Acquisition of crossover skills and facility with techniques not traditionally employed in our specialty will help our specialty adjust to a future that may include hybrid procedures and multi-disciplinary approaches. As leaders in the team approach to care, thoracic surgeons should also be ready to explore transdisciplinary approaches to care. Lastly, TSFRE is interested in furthering the thoracic surgeon's role as a leader in patient safety. As this discipline continues to evolve, it is clear that patients, surgeons, hospitals and payors all have much to benefit from specialized education in patient safety.

In each of these three priority focus areas, your TSFRE is anxious to pursue these programs but will do so only if we can find strong funding support from interested surgeons, patients, foundations, government or industrial sources. This is a practical step that TSFRE has followed throughout its history, but it is also a very real test to see if our ideas have merit.
As with our successful role in the research arena and in the Harvard and Brandeis program, TSFRE will avoid direct involvement in running these programs. We know there are leading institutions, surgeons and other organizations that are better positioned to help thoracic surgery. Our role will be to promote and keep these programs focused on thoracic surgery. We will also represent these issues to potential donors and organizations and put together the requests for funds. In like fashion to our research awards process, we will manage a competition among interested applicants that will propose ideas for grants in each of the areas.

This has been a busy and challenging two years! I want to thank all of the members of the Education Committee for their extra effort over the last year as we undertook the extraordinary work of preparing the TSFRE’s education programming for the future. As always, TSFRE welcomes and encourages your donations to these programs. We cannot keep our specialty at the pinnacle of health care leadership without your support.

Paul N. Uhlig, M.D., Chair

Education Committee

Paul N. Uhlig, M.D., Chair
Nora L. Burgess, M.D.
Charles C. Canver, M.D.
A. J. Carpenter, M.D.
David A. Fullerton, M.D.
Jeffrey P. Gold, M.D.
Raj B. Lal, M.D.
John E. Mayer, Jr, M.D.
John D. Puskas, M.D.
Shauna Roberts, M.D.
Richard G. Rouse, M.D.
Alan J. Spotnitz, M.D.
Thoralf M. Sundt, M.D.
Curtis G. Tribble, M.D.
Harold C. Urschel, Jr M.D.
Edward D. Verrier, M.D.
Grayson H. Wheatley, III, M.D.
Alley-Sheridan Public Policy Education

TSFRE is providing partial funding of $2,500 to each of the following recipients of Public Policy Education Scholarship.

**TSFRE 2004 Scholarship Recipients of Harvard’s, “Skills for the New World of Health Care”**

- **Reginald Abraham, M.D.**  
  Bakersfield, CA
- **Lawrence Dacey, M.D.**  
  Dartmouth-Hitchcock Medical Center
- **Richard J. Fischel, M.D.**  
  Chapman Lung Center, Orange, CA
- **Timothy S. Hall, M.D.**  
  West Virginia University
- **Keith A. Horvath, M.D.**  
  Northwestern University
- **Hilton M. Hudson, M.D.**  
  Reid Hospital
- **Chong S. Park, M.D.**  
  Park Thoracic & Vascular Institute
- **Todd K. Rosengart, M.D.**  
  Northwestern University
- **Sibu P. Saha, M.D.**  
  University of Kentucky
- **Ara A. Vaporciyan, M.D.**  
  M.D. Anderson Cancer Center
- **Grayson Wheatley, M.D.**  
  University of Texas Southwestern
- **David W. Wormuth, M.D.**  
  CNY Thoracic Surgery
TSFRE 2005 Scholarship
Recipients of Brandeis University’s, Leadership Program in Health Policy and Management at the Heller School of Social Policy and Management

Arvind K. Agnihotri, M.D.
Massachusetts General Hospital

Neri M. Cohen, M.D., Ph.D.
Greater Baltimore Medical Center

William A. Cooper, M.D.
Emory Healthcare, Marietta, GA

Malcolm M. DeCamp, M.D.
Beth Israel Deaconess Medical Center

Francis D. Ferdinand, M.D.
Lankenau Hospital and Institute for Medical Research

James Jaggers, M.D.
Duke University Medical Center

Frank Manetta, M.D.
Long Island Jewish Medical Center

Mark L. Marbey, M.D.
Cardio Thoracic Surgery Paragon Health, PC

David S. Schrump, M.D.
National Cancer Institute

Timothy L. Winton, M.D.
University of Alberta - Capital Health

From 1997 until 1999 I had the unique opportunity to attend both the Kennedy School of Government and the School of Public Health at Harvard University. This opportunity would not have been possible without the generous support and encouragement provided by the Thoracic Surgery Foundation for Research and Education (TSFRE). It would be superficial and superfluous to say that the TSFRE allowed me to obtain an MPA (Masters in Public Administration) and an MPH (Masters in Public Health) from one of the preeminent academic institutions in the world. The reality is that I obtained a perspective on life, medicine and leadership that has had both a defined and an immeasurable impact on, not only me, but also those around me, and especially the patients for whom I am directly and indirectly responsible.

The year at Harvard was like a time out part way through the second half, where one could reassess the game of life and modify the strategy based on the advice of some of the greatest coaches available, before the whistle blew again. The whistle has blown and the game is on.

I will be forever grateful to all those individuals who had the foresight and generosity to support the TSFRE and my sabbatical at Harvard. I thank you all sincerely for making it possible.
CUMULATIVE MAJOR FUND RAISING PROGRESS

- Surgeons ................................................................. 26%
- Alley-Sheridan Fund ..................................................... 6%
- Braunwald Fund ......................................................... 12%
- Corporate ................................................................. 20%
- Foundation ................................................................. 21%
- Society ......................................................................... 14%

RESEARCH AND EDUCATION SCHOLARSHIP EXPENDITURES

- TSFRE Research Grant & Fellowship .................. 21%
- TSFRE-NHLBI K-08 & K-23 Awards .................. 52%
- TSFRE-NCI K-08 & K-23 Awards .............................. 17%
- Nina Starr Braunwald Research Fellowship ............ 6%
- Harvard/Brandeis Healthcare Leadership Education .... 4%
### CUMULATIVE FUND RAISING PROGRESS
**Gifts and Pledges**

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### RESEARCH AND EDUCATION GRANTS AND AWARDS
**Annual**

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The combination of basic and clinical research and new technology have advanced the capabilities of thoracic surgeons dramatically over the past two decades. Today, thoracic surgeons can very successfully treat cardiothoracic 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, our clinical work supported the bulk of research.

Our changing health care environment coupled with radical transformation within industry has 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 thousands of research hours and millions of dollars, new surgical techniques and today’s miracle drugs would remain undeveloped. Hundreds of thousands of lives would be lost.

In that approximately 60 million Americans have some form of cardiovascular disease and lung cancer remains a very lethal form of cancer, research within thoracic surgery still has much to accomplish. 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 has developed a new initiative that will support thoracic surgeons in acquiring the transdisciplinary skills necessary for success in the years and decades ahead, developed new training programs that will utilize simulation activities for thoracic surgery, and created 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.

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.*
Donor Roster

Partners
$1,000,000 or more cumulatively, either by cash or pledge
Eugene Braunwald, M.D.
Datscape Corporation
Edwards Lifesciences
David S. Sheridan
The William J. von Liebig Foundation

Grand Benefactors
$500,000 to $999,999 cumulatively, either by cash or pledge
Foundation for Advancement of Genentech, Inc.
Richard D. Jones, Ph.D.
The Starr Foundation
The Society of Thoracic Surgeons
The Graham Foundation

$100,000 to $499,999 cumulatively, either by cash or pledge
American Association for Thoracic Surgery
Lazo N. Tauber Charitable Foundation, Inc.
The Graham Foundation
The Starr Foundation

Benefactors
$10,000 to $24,999 cumulatively, either by cash or pledge
Frederick S. Cross, M.D.
American Heart Association
Edwards Lifesciences
Alberta Heart Institute
The Joyce Foundation

Patrons
$50,000 to $99,999 cumulatively, either by cash or pledge
Bristol-Myers Squibb Company
CHMC Cardiovascular Surgical Foundation
Foundation for Advancement of Cardiac Therapies, Inc.
Genentech, Inc.
Richard D. Jones, Ph.D.
Dr. & Mrs. Martin E. McKee
Medtronic, Inc.
The Society of Thoracic Surgeons
St. Jude Medical, Inc.

Sponsors
$25,000 to $49,999 cumulatively, either by cash or pledge
Dr. & Mrs. John H. Bell
John R. Benfield, M.D.
Dr. & Mrs. Edward LoCicero
Richard G. Fosburg, M.D.
A. Hassan Khazei, M.D.

Heritage Society
Members have made provisions for an estate gift
John R. Benfield, M.D.
The Northern Trust Company

Life Members
$10,000 to $24,999 cumulatively, either by cash or pledge
Mr. David Adams
Abbott Laboratories Fund
Avind Aghnolizii
Cary W. Atkins, M.D.
William Alford, Jr., M.D.
The American Board of Thoracic Surgery
Richard P. Anderson, M.D.
Atrium Medical Corporation
W. Gerald Austen, M.D.
Dr. & Mrs. Carl L. Backer
Lenox D. Baker, M.D.
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