GIVING IN ACTION

REPORT ON PHILANTHROPY | FALL 2020

THESE TIMES CALL ON US FOR MORE.
OUR COMMUNITY HAS RESPONDED.

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Giving in Action
Fall 2020

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Cover Photograph
Yujia Shentu ’23 volunteers at Dartmouth-Hitchcock Medical Center’s Farmacy Garden, which helps provide food to those in need in our community. Photo by Mark Washburn.

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Produced by
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These times are most often described as difficult, extraordinary, challenging, and unprecedented. But let’s be honest. The nine months since a novel coronavirus upended life as we knew it have been heartbreaking, lonely, scary, and frustrating.

Yet they’ve also been inspiring. From the moment the first case of COVID-19 in our region was diagnosed at Dartmouth-Hitchcock Medical Center and the Geisel School of Medicine moved its curricula online, to the ongoing protests against endemic racism in America, our faculty, students, caregivers, and neighbors have stepped up. These times call on us for more, and our community has responded.

Last spring, Geisel and Dartmouth-Hitchcock (D-H) researchers, in collaboration with Dartmouth College colleagues, quickly pivoted to focus on COVID-19 diagnostics and treatments. That work enabled D-H to provide accurate and rapid coronavirus testing early in the pandemic, and to offer patients with COVID-19 the most promising treatments through clinical trials—options not routinely available in rural communities. When these times called for flexibility, our scientists and clinicians took action.

In-person classes and clinical rotations ended abruptly for Geisel students, an enormous disruption in their medical education. But they have demonstrated the resilience, empathy, and determination we need from our future physicians. While adapting to online learning, students like Yujia Shentu ’23 also volunteered their time to distribute fresh produce to food pantries, help frontline workers with childcare, and serve in nonclinical roles in hospitals. After the murders of Ahmaud Arbery, Breonna Taylor, and George Floyd, Geisel students began steering efforts to address the racism that exists in our own community, and continue that work today. When these times called for selflessness, our medical students led by example.

Doctors, nurses, and staff across the Dartmouth-Hitchcock Health system have shown commitment and resourcefulness in caring for patients during the pandemic. Our Connected Care team dramatically expanded use of telemedicine appointments in order to ensure continuity of care for people at home. Then, as conditions allowed, our care teams worked together to adapt our operations to safely and successfully re-open for in-person appointments and procedures. When these times called for creativity, our providers envisioned different ways to deliver their care.

Throughout the crisis, you—our donors, friends, and volunteers—have stood with us. You used your connections to ensure that our frontline staff were equipped with personal protective equipment (PPE). You aided those in need with gifts to our COVID-19 Community Relief Fund, D-H’s HOPE Fund for employees, and Geisel’s student emergency fund. You participated in a virtual Prouty and virtual CHaD Hero to raise money for Dartmouth’s and Dartmouth-Hitchcock’s Norris Cotton Cancer Center and the Children’s Hospital at Dartmouth-Hitchcock. And in the midst of great economic uncertainty, you stayed the course with your crucial support for research, mental health, medical student scholarships, and so much more. When these times called for generosity, you moved us with your kindness.

Looking ahead, we will act with the same commitment and resourcefulness that’s carried us through this year. As health care professionals, scientists, and educators, we are called to the vital work of creating healthier, more resilient, and more equitable communities. We must confront the persistent racism and inequities that lead to unacceptable disparities in nearly every aspect of modern life—including health care. That’s why Geisel and D-H have launched multiple initiatives to address the policies, practices, and cultural norms that perpetuate bias, racism, and inequity within our institutions and to better support our employees, students, and patients from underrepresented and disadvantaged groups. This work will not be easy nor quick. It will require sustained engagement and investments. These times call on us for listening and self-examination, and we are committed to this undertaking.

Flexibility, selflessness, creativity, generosity, listening and self-examination—in these ways and so many more, our community has responded to the challenges of these times, and we are deeply grateful.
DHART (Dartmouth-Hitchcock Advanced Response Team) nurse Adam Bean transports a patient from another hospital to the COVID-19 Unit at DHMC.

THESE TIMES CALL ON US TO CARE
Robert Trembley, MD, is no stranger to illness. As a primary care physician in Vermont’s Northeast Kingdom for over 30 years, he treated countless patients in a rural health center, at North Country Hospital, and in local nursing homes. And as a person with cancer, he’s undergone treatment for both Hodgkin’s disease and acute myeloid leukemia (AML).

“I survived potent chemotherapy, a bone marrow transplant, and ongoing challenges of graft versus host disease,” says Trembley. “All of which put me at high-risk for COVID-19.”

When SARS-CoV-2, the virus that causes COVID-19, began spreading in the United States in early March, Trembley and his wife, Carol, were in Florida. They headed back north by car, staying twice along the way with friends and, once, at a hotel. They used hand sanitizer, cleaned surfaces, and avoided crowds, but this was in the days before known asymptomatic spread and mask recommendations.

Soon after arriving home in Vermont, both Trembleys started to develop symptoms. While his wife felt better after a couple of days, Trembley couldn’t shake a low-grade temperature and an overwhelming sense of weakness. He wasn’t experiencing any respiratory symptoms, but he was suspicious.

With coordination from John Hill Jr., MD, one of Trembley’s hematologists at Dartmouth-Hitchcock Medical Center (DHMC), Trembley was admitted to North Country Hospital. He needed IV fluids and oxygen. A chest X-ray showed inflammation in his lungs. The next day, his COVID-19 swab came back positive.

“Dr. Hill arranged for me to be transferred to DHMC right away,” Trembley says, “because that very day was the start of the remdesivir trial.”
Remdesivir, an antiviral medication, is now known to be one of the few drugs that may shorten recovery time for a patient with COVID-19. But in March 2020, open-label (non-placebo-controlled) clinical trials of remdesivir as a COVID-19 treatment were just beginning. DHMC was one of the first 20 U.S. sites to participate in the worldwide trial and the only site participating in New Hampshire or Vermont.

“COVID-related research displays our agility and ability to activate studies,” says Leigh Burgess, vice president of Dartmouth-Hitchcock’s (D-H) Office of Research Operations. “It also demonstrates the Dartmouth-Hitchcock mission of advancing health by providing each person the best care, in the right place, at the right time, every time.”

In what can typically take two to three months, a team of experts in research operations, including Jami Wilson, director of the Clinical Research Unit and director of research nursing at DHMC, and principal investigator Richard Zuckerman, MD, MPH, opened two therapeutic studies of remdesivir in a remarkable eight days. These Phase III trials were designed to gather information about safety and efficacy by studying different populations and different treatment durations, as well as using the drug in combination with other supportive care.

“With any novel virus there is no standard of care,” says Wilson. “This was an international pandemic and everyone worked together to get the trials up and running because we didn’t have two months to figure it out.”

Wilson explains that in any clinical trial, a research nurse is the patient’s primary point of contact. They make sure trial participants understand both what they’re agreeing to and that they are free to bow out at any time. Patients and their research nurse establish a deep, trusting relationship, with a lot of one-on-one interaction throughout the course of a trial. But for COVID-19 clinical trials the research nurses had to do most of their work from outside patients’ rooms because of the contagiousness of the disease and the need to minimize the number of people coming into contact with these patients.

Robert Trembley was the first patient enrolled in DHMC’s remdesivir trials. He had come to DHMC specifically to take part in the research and was ready to consent upon arrival. He recalls being in his bed in the COVID Unit with signed consent form in hand, and his research nurse, by phone, asking him to bring the form to the window so she could take a photo of it. But he was too weak to get out of bed.

He doesn’t remember doing this, but it was around that time that he’d texted his wife, “On six liters of oxygen. Not good.” Shortly after that, Trembley was put on a ventilator.
This outbreak has reminded us why it’s so important for our academic medical center to be involved in clinical trials and groundbreaking research,” says Richard Zuckerman, director of D-H’s Transplant and Immunocompromised Host Program, program director for the Infectious Disease Fellowship, and associate professor of medicine at the Geisel School of Medicine. “As a clinician, to quickly get an agent that may have efficacy is so important. Even if we don’t have a huge volume of patients with COVID-19, it shows the community that we are poised to offer cutting-edge medicine and we care to bring it to the medical center in a safe way.”

In May, Zuckerman began serving as co-principal investigator on another drug trial with Lionel Lewis, MD, medical director of the Dartmouth Clinical Trials Office, co-director of Dartmouth’s and Dartmouth-Hitchcock’s Norris Cotton Cancer Center (NCCC) Early Phase Clinical Trials Oncology Group, and professor of medicine at Geisel.

The drug, lenzilumab (or “lenz”), is different from remdesivir in that it’s not an antiviral medication but a monoclonal antibody. Monoclonal antibodies are laboratory-made versions of proteins naturally produced by the immune system in response to invading viruses or other pathogens. In some patients with COVID-19, signaling proteins called cytokines that activate immunity go into overdrive, and the immune system goes haywire. The massive inflammation that results damages lungs and other organs. Lenz has already been studied for its ability to prevent “cytokine storm” in organ transplant patients and in patients with refractory leukemia and lymphoma. The hope is that it can do the same to protect coronavirus patients from the cytokine storm that often leads to the need for mechanical ventilation.

“Dartmouth connectivity was key to bringing the lenz trial here,” says Lewis. Of the 17 sites participating in the randomized, placebo-controlled Phase III study, DHMC was one of the first four medical centers to initiate the trial—once again in just eight days. An alumnus of Dartmouth’s medical school, Dale Chappell MED’99, MBA, is chief scientific officer for the drug’s developer, Humanigen, and Michael Zubkoff, PhD, an associate dean at Geisel, faculty director of the Center for Health Care at the Tuck School of Business, and director of the MD-MBA Program at Dartmouth, put Chappell in touch with Lewis.

This study will comprise 300 adult patients at sites including DHMC, the Mayo Clinic, and hospitals at the University of Southern California and in Brazil. Participating patients sick enough to need oxygen will get either lenz or a placebo. If the drug works, Humanigen will ask the Food and Drug Administration (FDA) to authorize its emergency use. Results are expected in November 2020.

“It was so important to our hospitalized patients at DHMC to have us involved in this research,” Zuckerman says. “Now we had options.”
A
fter five days on a ventilator, Robert Trembley was extubated.

“I think the very early intervention was instrumental in turning things around for me,” Trembley says. “If I hadn’t been close enough to an academic medical center with the option of the clinical trial, I would likely have remained at my community hospital and been treated with hydroxychloroquine, put on a ventilator, and that’s it. The timeline of getting to DHMC and getting on remdesivir created a window of opportunity for me that made a difference in my survival.”

While Trembley was recovering, Zbigniew “Ziggy” Szczepiorkowski, MD, PhD, D-H’s section chief of Laboratory Medicine, director of Transfusion Medicine Service and of the Blood Donor Program, and professor of pathology and laboratory medicine at Geisel, had started evaluating the use of blood plasma rich in antibodies as a COVID-19 treatment. Supported by federal government agencies including the FDA, and with the Mayo Clinic serving as the Institutional Review Board, the DHMC program was making plasma collection, processing, and access to treatment easier for patients throughout Northern New England.

“Treatments with convalescent plasma, or plasma from patients who have recovered from a disease, date back to the Spanish Flu of 1918,” says Szczepiorkowski. “The belief is that plasma makes a difference, but we’re still waiting for results of randomized, controlled trials.”

Because plasma is known to be safe and anecdotal evidence suggests it can help patients, in the spring the FDA authorized its emergency use as an Investigational New Drug, or IND. (The FDA further expanded the emergency use of convalescent plasma in August 2020.) The designation allowed DHMC to provide plasma to anyone who met the criteria for it—hospitalized in an Intensive Care Unit and about to be intubated—and the outcomes will contribute to the understanding of its efficacy.

“We felt that if we believe this might work as a COVID-19 treatment, we have to offer it,” Szczepiorkowski says. “There are other sites conducting randomized controlled trials of convalescent plasma and we need those, but for us the right choice was to join the Mayo Clinic’s protocol and get this potentially useful treatment option to as many people as possible.”

To date, plasma collected at DHMC has gone to patients at the medical center and to patients at hospitals in Southern New Hampshire, which experienced a greater early surge of people sickened with the novel coronavirus. Likewise, people who’ve recovered from COVID-19 have traveled to DHMC from across the region in order to donate their blood. “The response from our community has been amazing,” says Jenna Khan, MD, assistant director of the Transfusion Medicine Service at DHMC and assistant professor of pathology and laboratory medicine at Geisel. “People have been eager and willing to do anything they can to help others suffering from the disease.”

A single blood draw can provide plasma for up to two patients—as well as samples for research. Investigators throughout D-H, Geisel, NCCC, and Dartmouth College are using these and other donated samples by enlisting volunteers to further understand COVID-19 disease and the body’s response to it. In one such collaboration, Peter Wright D’64, MED’65, professor of pediatrics at Geisel, Margaret Ackerman, PhD, professor of microbiology and immunology at Geisel and a professor at the Thayer School of Engineering, Jiwon Lee, PhD, of Thayer, and colleagues from the biotech firm Adimab and from the University of Texas-Austin, are studying the breadth of immune responses in the blood and in the respiratory secretions of patients who have recovered from COVID-19. The groups are profiling and isolating the effective antibodies for use as therapeutics and to inform potential vaccine efforts.

“We have a strong consortium at Dartmouth pulling together expertise in immune responses,” says Wright, an infectious disease specialist, “and the Clinical Research Unit at D-H has been extraordinarily helpful in coordinating and accommodating our work.”

Lionel Lewis also notes the benefits of working in a small, tight-knit community. “Geisel and College scientists walk the same halls as D-H clinicians. We don’t feel like two separate institutions. And the more collaborations we have, the more successes we’ll have.” Successes for patients like Robert Trembley.
Five months after contracting COVID-19, Trembley says he’s back to baseline. Or, according to his wife, “even better than” his previous baseline. He doesn’t feel like he’s had significant residual effects from the disease, perhaps, in part, because of the health challenges he’s already faced.

“This experience has made me even more determined to be consistent about exercising and doing the things that help keep me healthy,” he says. “I received exceptional care and I’m so fortunate. Now I’m just enjoying each day as it comes.” With the permission of his care team, Trembley’s been able to spend most of the summer in Massachusetts, swimming, boating, and relaxing on the beach.

For everyone involved in Trembley’s treatment or other research at D-H, it’s stories like his that drive them. Lewis says, “Rural populations in developed countries are underserved by academic medical centers. We get to bring things to our rural population that generally wouldn’t be available.”

“During a health crisis, a really scary time, we’re able to offer patients treatments that let them stay close to home,” says Wilson, the director of research nursing. And she notes that these options are available to patients facing any number of health crises—not just COVID-19. There are currently more than 450 research studies actively enrolling at DHMC, and Dartmouth-Hitchcock Manchester is ramping up its abilities to enroll study participants in the southern region of New Hampshire.

“I’m extremely grateful that I had the opportunity to be part of a clinical trial,” says Trembley. “Everyone at DHMC did a superb job and I want to extend my profound and sincere thanks.”

**PHASE III**
Large participation (1,000 to 3,000) to allow researchers to collect data on safety and efficacy of a drug or treatment and to compare the new treatment to the standard treatment or to placebo. This phase may be randomized and blinded by assigning participants randomly to the groups with the new treatment, standard treatment, or placebo, when relevant. A blinded study means patients and/or doctors do not know which treatment they are receiving.
When I led Medicine Grand Rounds at Dartmouth-Hitchcock Medical Center on January 10, 2020, we discussed the scientific, economic, and logistical factors that make epidemic vaccine development especially challenging. I shared a chart that illustrated the growing frequency and intensity of new outbreaks around the world and noted that it was already out of date given the reports of unidentified viral pneumonia circulating in China. The discussion was lively, but did we know how deeply invested we would all become in finding solutions to these problems in the coming months?

With forecasts indicating that COVID-19 could claim 40 million lives and reduce global economic output by $12 trillion by the end of 2021, there is not a moment to lose.

Well over 300 vaccine candidates are now in development, with scientists, corporations, and nations racing for the finish line. Before the pandemic, I’d been collaborating with Christopher Snyder, PhD, the Joel Z. and Susan Hyatt Professor in Economics at Dartmouth College, on a paper outlining mechanisms to address market failures for epidemic vaccines. Companies are often reluctant to respond to smaller outbreaks such as Ebola or Zika in part because they have to redirect personnel and facilities away from other more profitable projects to focus on an outbreak with an uncertain future. In some ways, high demand and global competition suddenly seemed like a great problem to have. However, uncoordinated free market competition may actually hinder efforts to develop a COVID-19 vaccine.

In a free market, vaccines will go to the highest bidder, which will drive up the price—by a factor of 13 according to our research—and reduce access. Furthermore, protectionist measures on the part of any one nation could hamper the pace of progress since vaccine development expertise, manufacturing capacity, and supply chains are highly distributed around the world.

Dr. Snyder and I, along with our colleague Dimitrios Gouglas from the Coalition for Epidemic Preparedness Innovations (CEPI), make the case for a global coordination mechanism much like the one that Gavi, the Vaccine Alliance, launched earlier this year to procure large amounts of vaccine from multiple developers. An advance purchase commitment from such an entity would reduce the cost and risk of development and allow vaccine to be allocated on the basis of need, prioritizing individuals most likely to transmit the virus or suffer severe consequences from it. Equitable allocation is not just the right thing to do; it also provides the highest probability of ending the pandemic in the shortest period of time.

Pandemics are transnational issues that no one country can solve alone. The challenge in the years ahead is to develop institutions and tools that will allow nations to address these problems collectively. An advance purchase mechanism takes one important step in that direction, allowing nations to pool and coordinate resources to produce pandemic vaccines as a global public good.

Kendall Hoyt, PhD, is an assistant professor of medicine at the Geisel School of Medicine and a lecturer at the Thayer School of Engineering at Dartmouth. She is the author of *Long Shot: Vaccines for National Defense*.  

SNAPSHOT OF FEDERAL GRANTS

Federal grants support the work of researchers throughout Dartmouth-Hitchcock and the Geisel School of Medicine. Below is a sample of recent grant awards and the studies they support.

$19.9M
A collaboration between Geisel and the University of New Hampshire to enhance biomedical research capabilities in the state as part of the New Hampshire IDeA Network of Biomedical Research Excellence (NH-INBRE) continues with a five-year, $19.9 million grant from the National Institutes of Health.

$15.5M
The National Cancer Institute (NCI) has renewed its Cancer Center Support Grant to Dartmouth’s and Dartmouth-Hitchcock’s Norris Cotton Cancer Center (NCCC), continuing core funding for the only Comprehensive Cancer Center north of Boston. The five-year, $15.5 million grant will provide continued core support for NCCC’s clinical care and research missions. The prestigious designation as a Comprehensive Cancer Center indicates that NCCC is one of only 51 centers in the United States recognized by the NCI for its leadership and resources.

$6.4M
Two federal grants are helping Dartmouth-Hitchcock (D-H) expand support for children and families impacted by trauma and parental substance misuse. Project Launch, funded by the Substance Abuse and Mental Health Services Administration, as well as Partners to Promote Safety, Permanency and Well-Being for Families Affected by Substance Abuse (P2P), funded by the Children’s Bureau of the Administration for Children and Families, involve cross collaboration across different departments of D-H, including psychiatry, population health, pediatrics, and obstetrics and gynecology.

$3M
The Center for Technology and Behavioral Health (CTBH) at Geisel received a 5-year, $3 million grant from the National Institutes of Health to test the effectiveness of digital behavioral intervention tools in high-risk patients who suffer from Type 1 diabetes—a condition that is difficult and expensive to manage. The study is led by Catherine Stanger, PhD, a deputy director for CTBH and an associate professor at Geisel.

$1.5M
A four-year, $1.5 million grant from the National Cancer Institute was awarded to investigators at Dartmouth’s and Dartmouth-Hitchcock’s Norris Cotton Cancer Center (NCCC) to build and validate machine learning approaches to non-small cell lung cancer (NSCLC) that can reveal relationships between clinical and pathologic findings, patient genetic profiles, and drug resistance—and lead to better, personalized treatment strategies for NSCLC patients. Saeed Hassanpour, PhD, a computer scientist at NCCC and an associate professor of biomedical data science and epidemiology at Geisel, leads the study.

$12.5M
Michael Whitfield, PhD, chair of the Department of Biomedical Data Science at Geisel, is principal investigator on a five-year, $12.5 million grant from the National Institutes of Health to establish a Center for Quantitative Biology at Geisel that brings together and enhances initiatives in computational biology, bioinformatics, and experimental genomics across Dartmouth.
Monitoring Wastewater for COVID-19

The presence of SARS-CoV-2—the virus that causes COVID-19—in municipal wastewater can give an early warning that the virus is re-emerging in that area. A team of Dartmouth-Hitchcock (D-H) researchers led by Isabella Martin, MD, and Jacqueline Hubbard, PhD, is now measuring the level of the virus in wastewater in specific communities or individual institutions such as nursing homes, prisons, and colleges throughout New Hampshire and Vermont. With these warnings, community leaders and public health officials could more promptly manage outbreaks.

Wastewater surveillance will not replace human diagnostics, but is expected to complement it. Especially in institutional settings, it could provide an efficient, cost-effective, and less invasive signal of a significant spread of SARS-CoV-2.

A generous gift from Vickie and Ken French enabled D-H to launch this important work.

Promising New Test to Measure Brain Function

A collaboration between the Geisel School of Medicine and Northwestern University is shedding light on the effects of the Human Immunodeficiency Virus (HIV) on the central nervous system (CNS). Jay Buckey, Jr., MD, who led the study, says, "We thought we’d find that HIV affects the ear, but what seems to be affected is the brain’s ability to process sound.”

Using tests that measure not whether a person can hear a sound but how the sound is processed by the brain, investigators found that the auditory-neuro-physiological responses to certain speech cues were disrupted in HIV-positive adults, even though they performed normally on hearing tests—confirming that these hearing difficulties are grounded in the CNS. Researchers are using auditory processing as a “window” into brain function, which may lead to a better understanding of many disorders that strike the brain—not just HIV.

Buckey says, “We think these tests hold a lot of promise as a way to assess the brain easily and objectively.”

Co-leading the wastewater surveillance project team for D-H are (l-to-r) medical microbiologist Isabella Martin, MD, and clinical chemist Jacqueline Hubbard, PhD. Both are assistant professors of pathology and laboratory medicine at Geisel. The project coordinator is Gregory Tsongalis, PhD, vice chair for research and director of the Laboratory for Clinical Genomics and Advanced Technology in the Department of Pathology and Laboratory Medicine at D-H.

Jay Buckey, Jr., MD, is a professor of medicine at Geisel, director of the Space Medicine Innovations Laboratory at Dartmouth, and an adjunct professor at the Thayer School of Engineering.
Preserving Independent Primary Care Practices

The COVID-19 pandemic has led to severe financial stress for both hospitals and physician practices, raising serious concerns that many may either close or be purchased by larger organizations. Carrie Colla D’01, PhD, a health economist and member of a team of researchers at The Dartmouth Institute for Health Policy and Clinical Practice, is using her expertise to fight for policy change that would help to preserve independent primary care practices.

As co-author on a recent study that showed independent primary care practices provide equal quality care to integrated health systems, Colla notes that these practices need and deserve support during this time of disruption. “The policy implications of this research are clear,” says Colla. “With COVID-19 wreaking financial havoc on smaller health care organizations, policy makers—both at the federal and state levels—should ensure that purchases of practices and hospitals adhere to current antitrust law. They should also consider financial support for those most threatened by the pandemic.”

VISTA Keeps the Immune System Quiet Against Cancer

A team of researchers at Dartmouth’s and Dartmouth-Hitchcock’s Norris Cotton Cancer Center (NCCC), led by Randolph Noelle, PhD, have identified some of the molecules that the immune system uses to temper immunity. While these molecules are usually good, they also limit the magnitude of the immune response to cancer. The team has learned that turning off these “brakes” on immunity allows a stronger therapeutic response to cancer. VISTA is one of these molecules.

“We have learned that keeping your immune system quiet is a challenging and very active process,” says Noelle. “VISTA may be a valuable target in regulating the immune response in cancer and autoimmunity.”

An antibody specific to VISTA identified by the Noelle Lab is currently in Phase I clinical trials at Dartmouth-Hitchcock.

Carrie Colla, PhD, is a professor of The Dartmouth Institute. In 2020 Colla was named an Emerging Leader in Health and Medicine Scholar by the National Academy of Medicine.

Randolph Noelle, PhD, is the Thomas S. Kosasa, MD, Professor at Geisel and member of the Immunology and Cancer Immunotherapy Research Program at NCCC. Noelle is the co-founder of ImmuNext, a company that develops immunoregulatory drugs.
For medical students, the challenges and opportunities of their chosen career path are greater than ever. Yet Geisel School of Medicine students—and the faculty, staff, alumni, and donors who support them—are as committed and passionate as ever.

When the pandemic disrupted nearly every aspect of life, including in-person medical education and training, Geisel students didn’t hesitate to ask themselves “how can I help?” The examples are many. They set up networks to help health care workers in multiple regions find childcare. They secured and distributed personal protective equipment. They worked with rural health clinics to provide access to food for people in need. And they helped conduct a regional population health survey to guide COVID-19 responses.

Then, when police killings of unarmed Black people spurred protests nationwide, Geisel students advocated for renewed commitments and actions within their own medical school. Because of the tireless work of these students and the support of faculty, staff, and senior administrators, Geisel is now launching several new initiatives to eliminate all forms of racism, to better support underrepresented minority students, and to create a truly equitable and inclusive academic community. The philanthropic support of alumni and donors will be critical to propelling these efforts—and to achieving Geisel’s larger vision to Educate Complete Physicians. Gifts of all sizes can advance diversity, equity, and inclusion. (See contact information in adjacent column.)
Geisel seeks to increase scholarship support for its students, to set the standard nationally for educating complete physicians, and to create a healthy, equitable learning environment. Gifts from visionary donors are helping achieve those goals.

Educating the COMPLETE PHYSICIANS Our World Needs

Educate Complete Physicians is one of four unifying themes within Geisel’s $200-million fundraising campaign, which is part of Dartmouth College’s The Call to Lead campaign. With the support of generous donors, Geisel will prepare the “complete physicians” that our world needs—physicians who provide medically excellent, highly compassionate, and culturally sensitive care, and who work to improve health systems. Through its curriculum, thought leadership, and student programming and supportive services, Geisel will set the standard nationally for medical education and for creating a healthy, equitable learning environment.

Thanks to the generosity of Geisel and Dartmouth College alumni, fundraising goals for the Educate Complete Physicians priority are within reach.

Learn more about Geisel’s other campaign goals: Strengthen Healthcare Systems, Innovate to Overcome Cancer, and Build the Foundation for Children’s Health. Visit: GeiselCampaign.Dartmouth.edu

TO DISCUSS MAKING A GIFT, CONTACT ROBERT HOLLEY,
Senior Associate Director of Development for Geisel School of Medicine: Robert.D.Holley@Dartmouth.edu or 603-369-1129
Seeding CHANGE WITHIN MEDICINE
Geisel’s Revolutionary Approach to Student Mental Health

It’s no secret that medical school is extremely demanding, creating high levels of stress among students. Nationally nearly one-third of medical students report symptoms of depression and related illness, and one in ten have considered suicide. These higher-than-average rates persist throughout residency and physicians’ careers—and have a direct impact on quality of life, productivity, and patient care, according to several studies. At the Geisel School of Medicine, surveys of MD students have found that they are not immune from these issues.

Thanks to a $2M gift from a Dartmouth College alumnus and his spouse, Geisel has launched Healthy Students, Healthy Physicians, a new comprehensive mental health and wellness program that prepares Geisel graduates to meet the stresses and challenges of their profession without sacrificing their own health.

“This gift is allowing Geisel to launch a truly revolutionary program that sets our medical school apart as a model for other institutions,” says Matthew Duncan, MD, MED’01, an assistant professor of psychiatry at Geisel and leader of the program. “We hope the generosity, vision, and leadership of these donors will inspire others to support this pioneering program,” says Duane Compton, PhD, dean of the Geisel School of Medicine. Launched in late 2019, the program is a top priority for Geisel, has a fundraising goal of $5 million, and is part of The Call to Lead campaign.

Healthy Students, Healthy Physicians provides and continues to plan a variety of training and supports, including mental health screening, increased access to individual and group counseling, and wellness and resiliency programming—all at no cost to students. Geisel MD, MD-PhD, and MD-MBA students can utilize the program, and it will be available to students from The Dartmouth Institute for Health Policy and Clinical Practice by 2021. Fundraising to further expand these offerings is ongoing. Duncan notes that while general awareness of mental health issues has improved, they remain highly stigmatized in the field of medicine. A program like Healthy Students, Healthy Physicians is a vital step in ending that stigma.

“We want to create a community in which developing resilience is part of physician training and seeking mental health care is seen as a sign of strength and not a personal weakness or professional liability,” says Duncan. “This gift will help plant the seeds of cultural change within the practice of medicine.”

FAST, FREE SUPPORT
Tailored to medical students’ unique schedules, the program offers flexible hours for individual and group counseling in two locations near the Geisel campus, as well as video and phone appointments. Students who call the dedicated Geisel Counseling phone line to schedule a non-emergency appointment are guaranteed a response within 48 hours, and offered a first appointment within seven days. Counseling is available throughout students’ entire time at Geisel with no limits to number of appointments and no billing hassles.

In August 2020, a licensed mental health counselor with experience in race-based trauma and the mental health impacts of structural racism joined the Healthy Students, Healthy Physicians counseling team. “Students from underrepresented minority groups often face additional stressors, especially in predominantly white academic communities and health care systems,” says Duncan. “Our new counselor has joined a task force of faculty, staff, and students focusing specifically on the mental health needs of our underrepresented minority students and, later this fall, they will set forth a proposal for expanded workforce and programming to meet these needs.”

Another resource that will soon be available to students through Healthy Students, Healthy Physicians is the Interactive Screening Program (ISP), a 27-item questionnaire that screens for stress, depression, alcohol and drug abuse, and eating disorder symptoms. Used by more than 25 medical schools and more than 120 higher education institutions, the ISP helps students understand if what they’re feeling is normal stress or something more serious. Counselors receive the encrypted results and can engage with the student—who remains anonymous—to give an assessment, open a dialogue, and point the student to additional resources as needed.
“Many of our students are experiencing common life or school-related stressors that are resolved through a supportive approach or coaching,” explains Duncan. “For those who meet the diagnostic criteria for a formal mental health disorder, counseling is most useful and appropriate. The ISP is one more tool we can use to identify the students who could benefit from any of these types of help.”

**RESILIENT FUTURE PHYSICIANS**

Other Healthy Students, Healthy Physicians offerings include Mental Health First Aid Training that teaches students, faculty, and staff how to identify, understand, and respond to signs of mental illnesses; wellness and resiliency workshops, seminars, and electives on topics such as mindfulness, meditation, and cognitive behavioral therapy; and a stigma reduction workgroup to increase discussions about mental illness among physicians and the importance of seeking help.

With philanthropic support from additional donors, Geisel hopes to broaden services to the program. A dedicated psychiatrist could provide assessments, medication management, and continuity of care to Geisel students. A neuropsychologist could provide neuropsychological evaluations—tests that are essential to students in need of reasonable accommodations in order to have equal access to the academic environment.

In the meantime, program data and survey results gathered since the program launched demonstrate a high level of satisfaction among students. One hundred medical students have received confidential counseling through the program so far, and a vast majority indicated that they are very likely to recommend Geisel Counseling to a classmate. Healthy Students, Healthy Physicians leaders will continue to measure the program’s success through the use of anonymous surveys and confidential reporting.

Duncan sometimes uses an athletics analogy to explain the importance of mental health supports for medical students. “If you recruit a top athlete, you provide them with athletic trainers and supports to help them keep their bodies in peak physical condition. Likewise, we want to provide medical students with mental health supports and resiliency training to help them navigate the stresses of medical school and perform at their very best throughout their careers—which benefits everyone, especially their patients.”

“Taking part in this program is probably the single most helpful thing I’ve ever done for myself.”

—anonymous student
A new $10 million gift commitment from a Dartmouth medical school alumnus is the third largest gift in the school’s history and the largest commitment received to date by the Geisel School of Medicine as part of The Call to Lead, Dartmouth’s comprehensive fundraising campaign. Combined with a bequest commitment of approximately $1 million from a second alumnus, the gifts will add $11 million to the school’s scholarship endowment, significantly increasing financial aid for medical students.

The groundbreaking $10 million gift, to be fulfilled through a bequest, will provide scholarship support for medical students at Geisel based on their demonstrated financial aid need. “As I look back over a fulfilling and rewarding life, I consider my admission to the medical school at Dartmouth, and the supportive and humanistic teaching I received there, as perhaps the finest gift I have ever received,” says the first donor, who prefers to remain anonymous. He noted his particular interest in supporting students who hope to provide primary care, such as family medicine, geriatrics, pediatrics, and internal medicine—specialties that encourage and enable physicians to care for people in their communities. “It is my hope that future graduates will one day no longer be burdened by student debt as they begin their professional careers,” he says.

Together with the bequest commitment from alumnus Ted Gasteyer D’54, MED’55, the two gifts advance progress toward Geisel’s campaign goal of raising $20 million in new scholarship support for medical students. Gasteyer was in general practice and internal medicine for nearly 40 years before retiring in 1997. Like many of his classmates, he has been a long-time supporter of the medical school. “I hope my gift will encourage the development of the next generation of primary care physicians,” Gasteyer says.

When received, these gifts will establish endowments that together are expected to provide more than $500,000 a year in additional scholarship aid to Geisel students—a nearly 15 percent increase in the total amount available today. As the endowments grow over time, so, too, will their annual distributions.

“These incredible commitments will make a Dartmouth medical education possible for more students with financial need and reduce the debt burden that so many of our students graduate with,” says Duane Compton, dean of Geisel. “Reducing this debt is a top priority because it helps ensure that students’ choice of medical specialty is driven by their passions and desire to serve, and not by earning potential.”

These philanthropic commitments come at a time when Dartmouth is doubling down on its long-standing dedication to ensuring affordability for all students through financial aid. In response to the current economic crisis and increasing student need, the College recently reaffirmed its campaign goal to secure $500 million in endowed funds to support graduate and undergraduate students.
On June 5, 2020, Geisel students and Dartmouth-Hitchcock employees took part in the national White Coats for Black Lives movement to stand in solidarity with those speaking out against the death of George Floyd.
Increasing Our Capacity to Care

DARTMOUTH-HITCHCOCK MEDICAL CENTER’S NEW PATIENT PAVILION

By the NUMBERS

200 + Patients are denied access to DHMC each month because of a lack of capacity

396 Total current inpatient beds at DHMC, of which 316 are in single-occupancy rooms
Newborns in distress. Teenagers with appendicitis. Men and women with sudden-onset seizures, life-threatening injuries, brain bleeds. Again and again, Dartmouth-Hitchcock Medical Center (DHMC) is forced to send patients elsewhere for care, simply because there aren’t enough beds. More than 200 critically ill and badly injured children and adults are turned away every month. Instead of receiving superb, sophisticated care close to home, near families and loved ones, these patients are sent to medical centers hours away, at great cost and inconvenience—and at added risk from the delay in receiving care.

Dartmouth-Hitchcock (D-H) recently took a major step in addressing this problem. On July 22, 2020, a small group gathered to break ground for a new Patient Pavilion. This facility, scheduled to open by 2023, not only will provide 64 additional single-occupancy rooms to meet current needs but also include unfinished space to allow for future expansion.

Dartmouth-Hitchcock Health (D-HH) and D-H Board Chair Ed Stansfield remarked at the ceremony, “When our community needs us, we must be ready to take action, and this new Pavilion is the evidence of that.”

Also at the groundbreaking, Charlie Plimpton, the Chair of the Board’s Finance Committee, outlined the project’s financial viability, and he highlighted the role that donors will play. “In order for D-H to sustain its uniquely essential mission as an academic health system, an increase in philanthropic support becomes essential.” Plimpton and his wife, Barbara Nyholm, made the inaugural commitment to support the construction.

D-H and D-HH CEO and President Joanne M. Conroy, MD, reiterated that the team at D-H is committed to providing world-class health care in our region. “We know that the demand continues to grow in the communities we serve, and thus the demonstrated need for the Pavilion. It really is a testament to our community that, in the midst of all the uncertainty facing the country, we are still going ahead with this project.”

64 +
New single-occupancy inpatient rooms, with the flexibility to add another 64 in the future

$150M
Projected cost of five-floor (~200,000 sq. ft.) facility

2022-23
Expected completion date when the building will be ready for patients
For scientists like Arti Gaur, PhD, entrepreneurship is essential to achieving their ultimate goal: dramatically improving patients’ lives.

“If you truly are passionate about making a difference, please follow through,” Gaur tells the students she mentors in her lab at Dartmouth’s and Dartmouth-Hitchcock’s Norris Cotton Cancer Center. An assistant professor of neurology at the Geisel School of Medicine, Gaur applies her training as an immunologist to study the development and treatment of brain tumors. She insists that her students conduct their scientific and academic work with “absolute rigor and excellence.” But she also pushes them further.

“Make sure the consequences of your discoveries reach humanity,” she says “and you can’t just go from lab to humanity. You need things like intellectual property, you need venture capitalists, you need to talk to them, present to them, and convince them that your project is an endeavor that they should fund.”

Gaur has done all of those things, herself, multiple times. She admits it’s been a steep learning curve. In her many years of scientific training, she never learned how to bring a discovery to the marketplace. Those lessons came later, when pure frustration and grief set her on a path toward entrepreneurship.
Gaur was in the second year of her doctoral training at the University of Cologne when her mother was diagnosed with B-cell lymphoma—the very cancer she had studied as a graduate student at the University of Rochester. Her mother died six months after her diagnosis, not from the cancer but from the side effects of the cancer treatment.

"I used to think the saddest day of my life was when my mother passed away," recalls Gaur. Then, shortly after she became an assistant professor at Geisel and received the National Brain Tumor Society's prestigious Daniel Paul Bogart Chair of Research, her second child was diagnosed with Rett Syndrome, a severe neurological condition that would require a lifetime of round-the-clock care. "My husband and I were devastated, burned down to ashes." They had to build a new normal for themselves, their family, and their research programs. (Gaur's husband, Makul Sharma, PhD, is a professor of earth sciences at Dartmouth who studies geological processes.)

"My child taught me how to be fearless and focus on what really matters," says Gaur. She draws on this fearlessness, this determination in the face of a devastating illness, to power her science, her entrepreneurship, and her mentorship of students.

Gaur wants to find ways to monitor cancer treatments in real time to prevent "horrible, systemic side effects," to detect brain diseases early, to deliver treatments directly to tumors, and to recognize unhealthy changes in the immune system—and she wants to achieve all this as quickly as possible. She knows that when a loved one is suffering, there is no time to waste.

Gaur already holds seven patents that range from diagnostic biomarkers and potential treatments for brain tumors to tiny wireless devices to detect cancer and deliver targeted therapies. She also leads a multi-institutional, prospective clinical trial, which aims to establish ways to diagnose, predict outcomes, and monitor treatments for brain tumor patients using only a few milliliters of blood.

In early 2020, Gaur and Dartmouth chemist Glenn Micalizio, PhD, met with Barry Schweitzer, PhD, D'82 (far left) of the Technology Transfer Office and Jamie Coughlin (second from right) of the Magnuson Center for Entrepreneurship to discuss a promising new therapy for brain cancers.

"You can't just go from lab to humanity. You need things like intellectual property and venture capitalists," says Gaur.
LEARNING THE SCIENCE AND THE INDUSTRY

Dr. Gaur embodies exactly what I was looking for,” says Jordan Isaacs, a third-year graduate student in Geisel’s Program in Experimental and Molecular Medicine. Gaur is helping Isaacs pursue both her PhD in Cancer Biology, Pharmacology, and Molecular Therapeutics and her ambitions to work in venture capital. Isaacs wants to be the one assessing which technologies, new therapies, and other innovations to support. In her first year at Dartmouth, Isaacs became a Healthcare Fellow at Ulysses, a local biotech venture fund. “I was able to see the full picture of how to bring a drug from the bench where I’m working to really being looked at as a potential investment,” says Isaacs.

Divya Ravi, another PhD student in the Gaur lab, is learning about biomedical entrepreneurship as a Mount Sinai Innovations Partner—a competitive program at the New York City-based Mount Sinai Health System. After the fellowship, Ravi will continue her doctoral research in Gaur’s lab, investigating potential vulnerabilities in brain tumors that could become therapeutic targets.

For Isaacs, the focus of her laboratory work so far has been a new “drug-like” steroid that appears highly effective in treating brain cancers and was created by Dartmouth chemist Glenn Micalizio, PhD. Isaacs is also working closely with Dartmouth’s Technology Transfer Office, which will help Micalizio and Gaur move the therapy from academia to industry—a critical step on the way to clinical trials in patients. Dartmouth’s Magnuson Center for Entrepreneurship and the Technology Transfer Office use their knowledge of intellectual property, private industry, and venture capital to assist researchers at Dartmouth. (See adjacent article about the Accelerator.)

RIGHT PARTNERS, RIGHT STRATEGY

The collaboration with Micalizio is one of several for Gaur. She is also co-founder of a new company with Axel Scherer, PhD, a professor at Caltech. Gaur and Scherer are developing wireless nanoscale sensors that can be implanted in the body to monitor signs of health and disease—and ultimately detect cancers early. That’s especially important for brain cancers, which are almost always detected too late for life-saving treatment. The technology is still years away from testing in humans, but if Gaur and Scherer can attract enough financial support through federal grants, investors, and philanthropists, they can accelerate that timeline.

Another collaborator of Gaur’s is Solomon Diamond, PhD, at Dartmouth’s Thayer School and co-founder of Lodestone Biomedical. Lodestone struggled for years to attract funding and investors, despite having a remarkable imaging technology based on magnetic nanoparticles.

“We needed a collaborator with deep subject matter expertise and a track record of experience in translational work,” says Diamond. “That search led us to Arti.”

With Gaur as a scientific advisor, Lodestone refined its market strategy. Tumors are not isolated islands, Diamond learned. They are living communities of cells that are constantly interacting with and attempting to evade the immune system. Lodestone is now pitching its technology as a way to monitor new therapies in real time, thereby reducing the risks of clinical trials for both patients and companies. Using this approach, Lodestone recently secured a major federal grant (details below) that will fund the development of the technology, making it more appealing for investors and moving it closer to clinical trials.

Philanthropy has also been critical to Lodestone’s progress. In 2018, Diamond received the J. Brian and Allie J. Quinn Scholars award, which helped him find the right strategy for Lodestone and develop himself as a faculty entrepreneur.

“The collaborations and idea sharing that came out of the Quinn Scholars is just so much more than the dollars,” says Diamond. As a requirement of the Quinn award, Diamond presented to several experienced biotech entrepreneurs and investors. Their guidance, along with Gaur’s, led to a $400,000 Small Business Innovation Research (SBIR) grant from the National Cancer Institute (NCI). Dartmouth-affiliated companies have secured more than 20 such NCI-SBIR grants in the last decade—making it sixth in entrepreneurship among all NCI-designated comprehensive cancer centers.
AN ENTREPRENEURIAL ECOSYSTEM

A couple years ago, program leaders at the National Cancer Institute invited themselves to come visit us, to find out what was in the Dartmouth secret sauce for entrepreneurship,” explains Steven Leach, MD, the Preston T. and Virginia R. Kelsey Professor at the Geisel School of Medicine and director of Norris Cotton Cancer Center. “What they saw was deep integration between our Cancer Center, Dartmouth-Hitchcock, the Geisel School of Medicine, Thayer School of Engineering, and Tuck School of Business. And it was this interaction that they recognized created a naturally entrepreneurial ecosystem.”

Want an example? Look no further than Arti Gaur.

Physician-researchers at the Cancer Center taught Gaur about clinical trials—both the protocols and how to discuss the research with patients who have just been diagnosed with brain cancer. Engineers at Thayer and chemists at the College responded to Gaur’s search for technologies that would help her solve scientific and clinical challenges. And advisors at Dartmouth’s Technology Transfer Office and the Magnuson Center for Entrepreneurship guided her through patents, small business grant applications, and pitches to investors.

Philanthropy has played an essential role, too. In the long list of start-up companies to arise out of the Cancer Center (see sidebar), nearly all began with small studies funded by donations from individuals and private foundations.

In the journey from the lab to changing patients’ lives, Gaur knows that “every step matters.” The question that keeps her charging forward is “How do you make it matter more?”

BRINGING DISCOVERIES TO PATIENTS

Biotech Start-Ups Seeded at Dartmouth’s Cancer Center

All of these companies began with collaborations at Norris Cotton Cancer Center. Almost all received crucial, early philanthropic support in the form of donations from individuals, grants from private foundations, and pilot grants from The Prouty, the Cancer Center’s signature fundraising event.

THERAPEUTICS

Celdara Medical
Generate Biomedicines
ImmuNext
InhiProt
Medarex (purchased by Bristol Myers Squibb)
OnCyte (now part of Celyad)
Triterpenoid Therapeutics

ADVANCED IMAGING

CairnSurgical
Clin-EPR
DoseOptics
InSight Surgical Technologies

SENSING & DIAGNOSTICS

FreshAir
Lodestone Biomedical
RyTek Medical

Doctoral student Jordan Isaacs (left) is pursuing her interests in science and entrepreneurship with Arti Gaur, PhD, (right) as her mentor, shown here in early 2020.
A joint initiative of the Cancer Center, Geisel, and Dartmouth’s Magnuson Center for Entrepreneurship, the Accelerator has a goal of raising $15 million in philanthropy by 2022 and is a major priority within The Call to Lead campaign. With this first round of support, the Accelerator will sponsor its first projects this academic year. Researchers will pitch ideas to a panel of national biotech leaders and investors who will select the most commercially promising projects that address unmet needs.

“Much like the best companies my firm invests in, Geisel and the Cancer Center are deeply committed organizations with a really clear sense of shared purpose, and that’s exciting,” says Todd Sisitsky D’93, chair of the Geisel Board of Advisors and managing partner at the investment firm TPG Global, where he has overseen health care investments of more than $9 billion.

Sisitsky is one of five alumni who have committed their personal philanthropy to this effort. He is joined by Hoyoung Huh D’91, founder of Healthcare & Humanity Foundation; Ross Jaffe D’80, co-founder and managing director of Versant Ventures; Stephen Bloch D’84, CEO of EvolveImmune Therapeutics and general partner of Canaan Partners; and Steven Rodgers D’93, head of health care investing for Morgan Stanley Capital Partners.

This team is building a network of alumni leaders and donors who will support the Accelerator through their professional engagement and personal philanthropy.

Now Is the Time

The Accelerator builds on three decades of entrepreneurial successes. Fourteen start-ups have their roots in the Cancer Center (see previous page). The oldest and most successful Cancer Center spinoff is Medarex, which developed the first approved immunotherapies for cancer and was purchased by Bristol Myers Squibb for a record price in 2009. Royalties from the sale of Medarex benefit Dartmouth researchers today in the form of grants.

“Philanthropy can literally accelerate the development of new therapies and diagnostic tools—shaving off years from the pre-clinical and clinical trials timeline,” says Leach.

Five Dartmouth College alumni and health care investors have committed a total of $1.4 million in gifts to launch the Dartmouth Innovations Accelerator for Cancer. This initiative will help Dartmouth researchers bring innovations to the marketplace for the benefit of cancer patients, and will provide students with opportunities in biomedical entrepreneurship.

“The best, most efficient way for us to bring Dartmouth’s biomedical discoveries to cancer patients around the world is through entrepreneurship,” says Steven Leach, MD, the Preston T. and Virginia R. Kelsey Professor at the Geisel School of Medicine and director of Norris Cotton Cancer Center, which is jointly operated by Geisel and Dartmouth-Hitchcock. A core component of The Call to Lead campaign, the Cancer Center aims to transform cancer care on a global scale through next-generation immunotherapy, precision prevention, entrepreneurship, and educating future leaders.

“Philanthropy can literally accelerate the development of new therapies and diagnostic tools—shaving off years from the pre-clinical and clinical trials timeline,” says Leach.

To discuss making a gift to the Cancer Center, email Bethany.Solomon@Dartmouth.edu or call 603-653-0793
Dartmouth-Hitchcock Nurse of the Year Allison Scully has been caring for D-H patients for almost 40 years.
In a time that has been difficult – and too often, heartbreaking – for so many, the caring and generosity of our community of donors has been extraordinary. During the 12 months ending June 30, 2020, 20,426 individuals, foundations, and organizations made gifts and pledges to Dartmouth-Hitchcock (D-H) and the Geisel School of Medicine. Together, their giving totaled nearly $59 million—the highest sum in over a decade.

While many were moved to respond to the critical needs presented by the COVID-19 pandemic, others demonstrated their commitment to educating resilient and compassionate physicians, advancing innovation and discovery in the fight against cancer and other diseases, or ensuring that the most vulnerable children and adults across Northern New England receive the care they need.

The following pages list all those who made gifts or pledges of $1,000 or more between 7/1/19 and 6/30/20. We regret that space does not allow us to list all donors here. We are deeply grateful for each and every gift, and we are honored by the gratitude, the hope, and the confidence in D-H and Geisel that they represent.

This list includes donors of $1,000 or more between 7/1/19 and 6/30/20.
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PROTECTING
Our Children

The Child Advocacy and Protection Program (CAPP) at the Children’s Hospital at Dartmouth-Hitchcock (CHaD) takes care of our most vulnerable population—children who may be victims of abuse or neglect. CAPP provides crucial services and individualized treatment to hundreds of children a year, while health insurers cover this care at a rate of only about 10 percent. Ken and Vickie French have helped bridge this gap since 2007 with leadership gifts and in 2020, in recognition of their ongoing generosity, the program was named The Ken and Vickie French Child Advocacy and Protection Program.
Marilyn Grossman’s late husband, I. William “Bill” Grossman, MD, was a surgical pathologist who cared deeply about training the next generation of pathologists. A former adjunct faculty member at the Geisel School of Medicine, William also received exceptional care as a patient at Dartmouth-Hitchcock Medical Center (DHMC). To honor her husband’s legacy, and in gratitude for his care at DHMC, Marilyn established the I. William Grossman, MD, Student Fellowship Endowment Fund. The fellowship is awarded annually to third- or fourth-year medical students who spend the year rotating through the divisions of surgical pathology, autopsy, and laboratory medicine at DHMC—accomplishing what would normally be expected of first-year pathology residents—and also conducting research.
For more than 30 years, Kenneth Weg D’60 and his wife, Carol Weg, have been on the frontlines of cancer treatment and prevention, both personally and professionally. Through a generous gift, they established the Kenneth E. and Carol L. Weg Distinguished Professorship at the Geisel School of Medicine. One of the highest honors in academic medicine, endowed professorships support the work of key faculty in their roles as researcher and teacher. The inaugural recipient of the Weg Professorship is Scott A. Gerber, PhD, professor of molecular and systems biology and of biochemistry and cell biology at Geisel, and program director of the Cancer Biology and Therapeutics Research Program at Dartmouth’s and Dartmouth-Hitchcock’s Norris Cotton Cancer Center (NCCC).

continued on page 32...
We are grateful to recognize as Pinnacle Society members those who are reaching new heights of philanthropy by making life income gifts, gifts in wills, IRA rollovers, or other sophisticated gifts to Dartmouth-Hitchcock or the Geisel School of Medicine. For more information about creating a legacy through these and other kinds of planned gifts, please contact Judi Taylor Cantor, Director of Planned Giving, at (617) 407-9390. Thank you for your philanthropy.
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Mr. and Mrs. Peter M. McGowan
Dr. and Mrs. Kevin J. McGuire
McIntyre Ski Area

BY OUR COMMUNITY, For Our Community

In response to the economic fallout of the COVID-19 pandemic, Dartmouth-Hitchcock Health (D-HH) launched the COVID-19 Community Relief Fund in March to support safety net organizations throughout the region. The Jack and Dorothy Byrne Foundation initiated fundraising with a pledge to match the first $50,000 in gifts, and two other matching challenges followed—a $25,000 pledge from the Lebanon, N.H.-based business ImmuNext and a $10,000 pledge from an anonymous donor. Almost $500,000 has been donated by over 730 members of our community, for our community, and the funds have been distributed to food shelves and soup kitchens, senior centers and homeless shelters, mental health and substance use treatment organizations, and other social service agencies.

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EXPANDING Access to Expert Care

Nationwide, there is a shortage of specialists for Crohn’s disease. This shortage is especially acute in rural communities—and Northern New England is no exception. Thanks to a grant from the Leona M. and Harry B. Helmsley Charitable Trust, Dartmouth-Hitchcock (D-H) will improve access to specialty care for people living with Crohn’s disease in Vermont, New Hampshire, and Maine by expanding its current telemedicine program for Inflammatory Bowel Disease (IBD) and creating a Virtual IBD Center. Patients can connect with gastroenterologists with expertise in Crohn’s disease management and treatment and a Crohn’s disease nurse coordinator, and receive additional support from a psychologist, dietician, and a pharmacist.

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Mr. and Mrs. John M. Morton
Michael S. Morton and Daniela E. C. Ligett
Mountain Cycology
Mountain Graphics Photography
Mountain View Provisions
Mountain View Publishing
Dr. and Mrs. G. Arnold Mulder
Miles and Patrice Mushlin
Myocarditis Foundation
Myrtlewood Foundation

Evan and Sae-Im Nam
Nashua Ambulatory Surgical Center
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Dr. and Mrs. D. Dirk Nelson
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William and Lisa Nelson
William Nelson, PhD and Paula Schnurr, PhD
Dr. Robert D. and Mrs. Claire E. Nerenz
New England Surgical Society
Scholars Foundation
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New Hampshire Musculoskeletal Institute/Safe Sports Network
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Northeast Delta Dental
Northern New England Clinical Oncology Society
Mark R. Northfield, MD
Northern New England Women’s Golf Association
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Orr & Reno Professional Association
Orthopaedic Research and Education Foundation
Orthopaedic Specialists of Scottsdale
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Melinda and Norman Payson
Prof. Donald E. Pease and Patricia McKee

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S Supporting

Generations of Medical Students

Stu Hanson D’59, MED’60 and his wife, Gail Hanson, included the Geisel School of Medicine and Dartmouth College in their estate plans, then decided they wanted to do something with immediate impact. In 2013, they established endowed scholarships at Geisel and the College. Now, in response to the current economic crisis and increasing student need—and in response to the College’s campaign goal of securing $500 million for scholarships to support graduate and undergraduate students—the Hansons have made significant additional contributions to their original funds. Growing in perpetuity, endowed funds benefit students today and generations of students to come.
When COVID-19 struck, some medical students were particularly hard hit financially. Their partners or their parents lost jobs. Their childcare was disrupted. Abruptly displaced from clinical rotations, they had to find new housing. Geisel quickly established a student relief fund with 100 percent of the money going to students with critical financial need. Alumni Daniel Lucey D’77, MED’81 and Bonnie Henderson D’89, MED’93 provided the lead gifts—and, through their generosity, they provided all Geisel students with the reassuring knowledge that their school and its alumni would never let them struggle through difficult times alone.

Arthur P. Solomon and Sally E. Lapides
Kurt F. and Kendra M. Somerville
Sons of the American Legion, Squadron #7
Mary B. Sorensen
Southern New Hampshire Medical Center
Dr. Julie Southmayd and J. Peter Rizzo
Mr. and Mrs. David P. Spalding
Mr. and Mrs. Jonathan Spector
Spectrum Printing
Paula Ness Speers and Mark S. Speers
Cindy McCollum and John Spellman
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These pages list those who have given $1,000 or more between 7/1/19 and 6/30/20. If we have omitted, misspelled, or incorrectly recorded a name, please accept our sincere apologies and notify us at 603.653.0705 or email Vicky.L.Beard@hitchcock.org.

If you do not wish to receive fundraising requests supporting Dartmouth-Hitchcock or the Geisel School of Medicine, please contact the Office of Development at: One Medical Center Drive, Lebanon, NH 03756 • 603-653-0700
Akash Halagur ’24 receives his white coat, an important symbolic step for first-year medical students. Photo by Kurt Weide.
THESE TIMES
call on us to stand
together even when
we’re apart.

Thank You
for standing by us.