



THE DESERET  
FOUNDATION

ANNUAL DONOR REPORT 2010



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Dear Friends,

I recently had successful knee replacement surgery. My experience was exceptional: I had a skilled surgeon, outstanding hospital facilities and the benefit of years of advancements in the science of replacing knees.

As I return to my normal activities, I continue to appreciate the blessing of full range of movement without pain. I'm thankful for pioneering surgeons who helped develop this surgery. The first knee replacement surgery, reported by Wikipedia, was performed by L. G. P. Shiers in 1954. He refused to patent the procedure, but instead freely shared his knowledge and expertise so that others could refine and advance what he started. More than fifty years later, and with the benefit of many improvements, I'm the beneficiary of all of the time, effort and the skill of my surgeon's orthopedic predecessors.

This is exactly the type of work we accomplish at The Deseret Foundation. The Foundation provides research grants to clinicians, who use the funds to discover and develop new processes for delivering excellent healthcare. In 2010, we awarded 14 grants, totaling more than \$500,000 for medical research. Each of these projects, covering a broad spectrum of medical specialties, offer the hope of improved patient care, reduced medical costs and lives saved. Our medical clinicians today, like Dr. Shiers of the last century, are challenged by the opportunity to advance medical science. They freely share their time, knowledge and expertise to improve the quality of healthcare locally, nationally and throughout the world.

But their work is only half of this successful equation: the other half is you. Without your contributions, their work would go unfunded. Our researchers are able to pioneer medical discoveries and processes only because of your support. In effect, by joining us as a funding partner in this work you become a medical pioneer, too. It could be that one day thousands or even millions of people will benefit from the pioneering medical work in which we are all involved today through Deseret Foundation funded research. We continue to have more research requests than we can currently fund, therefore additional money is a necessity.

And that's why I'm involved with the Foundation: I receive a great deal of satisfaction knowing that my contributions make life better for sick and injured people, not only today, but also in the future.

Thank you for your continuing support.

Sincerely,

**J. HOWARD VAN BOERUM, CHAIR**  
**THE DESERET FOUNDATION BOARD OF TRUSTEES**





Dear Deseret Foundation Friends,

Thank you! We had a terrific year thanks to our friends. Giving to the Foundation increased overall by 12% during 2010 from the previous year. The Foundation celebrated its 40th Anniversary in August, when the 26th was officially declared “The Deseret Foundation” day in the State of Utah. And we continued true to the mission of the Foundation: to enhance the field of medicine by providing funding for medical research, education, equipment and facilities throughout the greater Salt Lake area. I am grateful to you for your support.

The core aspect of our mission remains funding medical research within Intermountain’s Salt Lake Valley hospitals. Over the years we have funded valuable and important research projects, conducted by teams of remarkable researchers. Our research outcomes lead to improving healthcare delivery, saving lives and reducing medical costs. Research in our hospitals adds another dimension to healthcare that keeps us on the cutting edge of medical science and technology.

In this report, we’ve included a brief review of medical research at The Deseret Foundation. Once you read about what’s been accomplished, I think you’ll agree with me that our contributions to improving medicine have been amazing and exciting. We are proud of our many notable successes!

However, none of these successes would be possible without you. You have been, and will continue to be, the key to ongoing improvements in healthcare and the advancement of health science. Thank you, again, for your contributions.

Sincerely,

LORI T. PISCOPO, EXECUTIVE DIRECTOR  
THE DESERET FOUNDATION

AN INVESTMENT WITH LIFE-SAVING DIVIDENDS

Every year, The Deseret Foundation provides hundreds of thousands of dollars for medical research funding. You might wonder how this money is used, what difference it has made, or why the Foundation funds this research at all.

*Forty years ago, a group of physicians at LDS Hospital formed The Deseret Foundation. Their simple, yet profound hope was to improve patient outcomes by discovering better ways to deliver medical care.*

Medical research can be costly and these physicians knew that their fledgling Foundation couldn’t possibly provide enough money to fully support a research program. Therefore, the Foundation was chartered to provide start-up funds for research projects. After collecting pilot data to support the study hypothesis, the researcher could then qualify to apply to larger, national funding sources for additional money.

“We can’t do this research without funds,” says Dr. Jeffrey Anderson, Associate Chief of Cardiology at Intermountain Medical Center. “Pilot work is virtually essential to even being considered for funding from [external sources]. That’s where The Deseret Foundation plays an incredibly important role. Without the ability to start...a feasibility project, to show that it works...it’s hopeless.”

Our funding model is successful! In the past five years alone, the Foundation has awarded \$1,811,950 in research funding. During this same period, total external funding received was \$7,091,814—a return of \$3.81 for every \$1.00 invested in research.

But financial return on investment isn’t our only measure of success. “We count our successes in lives,” says Dr. Brent James, Intermountain’s Chief Quality Officer. “Our first mission is to take care of patients; but more than that, to cut new ground, to find new ways of making it much, much better. The Deseret Foundation has made that real.”



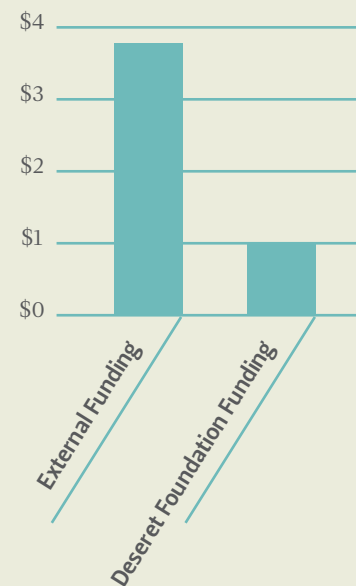
“We count our successes in lives.”

DR. BRENT JAMES

RETURN ON RESEARCH 2005-2009

**IN THE PAST FIVE YEARS, THE FOUNDATION HAS AWARDED \$1,811,950 IN RESEARCH FUNDING.**

**TOTAL EXTERNAL FUNDING RECEIVED WAS \$7,091,814—A RETURN OF \$3.81 FOR EVERY \$1.00 INVESTED IN RESEARCH.**





*"We have long known that ... Intermountain Healthcare in Utah ... offers high quality care at costs below average," President Barack Obama stated in his address to Congress in 2010.*

The President singled out Intermountain Healthcare as a model for the country to follow. "They refer to [us] as a model because Intermountain Healthcare is able to provide high quality care at lower costs," says Dr. Robert Christensen, Director of Research for Women and Newborn Clinical Programs. "Clinical research plays very much into that model."

Research projects funded by the Foundation are designed to improve patient care, save lives and reduce medical costs. "We've had some striking examples of success," says Dr. Jeffrey Anderson, Associate Chief of Cardiology at Intermountain Medical Center, "that really...have led the way, not only nationally but internationally, to improvements in [patient] care over the last 30 years."

A good example of this is Dr. Anderson's research of streptokinase, a protein that is used for "clot busting" in heart attack victims. His Foundation-funded research has helped change the way many heart attack patients are treated. As he describes,

*...[Before], we were treating heart attack patients by putting them to bed, giving them a sedative, turning the lights out and just letting the heart attack happen. Then we were able to get some funding to do a randomized controlled study [of streptokinase]. Half of the patients got this new procedure, where they went to the catheterization laboratory and they got the clot buster. We were able to actually visualize that clot dissolving before our eyes and blood flow coming back in, chest pain going away, EKG going back to normal, heart attack size being smaller and the outcomes improved. Now it's become a national campaign for the Heart Association, but it all started here at Intermountain Healthcare with a grant from The Deseret Foundation..."*

"... Intermountain Healthcare in Utah ... offers high quality care at costs below average."

PRESIDENT BARACK OBAMA



*"Progress is often in very small steps. Some things that you'd think were insignificant actually make quite a difference in terms of their outcome," says Dr. Robert Christensen, Director of Women and Newborn Clinical Programs, referring to babies that are cared for in the Newborn Intensive Care Unit (NICU).*

Newborns in the NICU with breathing difficulties receive mechanical respiratory assistance. The endotracheal tube placed in the baby must be cleaned regularly. Saline, the cleaning solution traditionally used, is so salty that it can cause significant damage to the baby's windpipe—potentially leading to infection. Dr. Christensen's team developed and tested a new solution using Deseret Foundation funds. With 60 babies in the trial, 30 randomly received the new solution. The results showed that the babies who received the new solution had a much better outcome than the babies receiving saline.

"For every baby that develops an infection in the NICU," he says, "you can count on \$20,000 to \$30,000 to fund that infection. If we can reduce the number of infections, we not only save large amounts of money, we can improve the outcome of the baby."\*

THE DESERET FOUNDATION

*The field of Medical Informatics was pioneered in part at LDS Hospital by Dr. Homer Warner. Medical Informatics is the use of computers to collect, manage, and interpret medical information.*

Dr. Warner and his colleagues developed one of the first electronic medical record programs in the United States. The HELP system was designed to assist clinicians with medical decision-making by systematically managing and interpreting vast amounts of health-related data. The HELP system has been particularly valuable with the use of antibiotics in hospitalized patients.

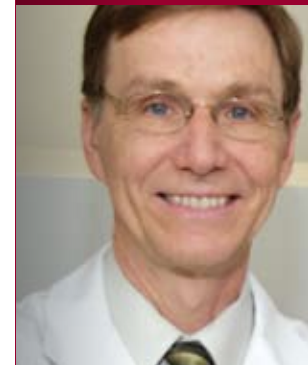
Antibiotic drugs are the most commonly prescribed modern medication, yet antibiotics are one of the leading classes of drugs that cause adverse drug reactions. In the hospital, a caregiver must continuously monitor dozens of factors that affect antibiotic use. These factors include patient information, such as body weight, known allergies, blood test results, and other medications the patient is using. The physician must also know which antibiotics will be most effective in fighting specific diseases, and which medications might interact harmfully with a patient's medical condition or current medications. To appropriately dose antibiotics, physicians are required to access, review, and interpret an enormous amount of information—more information than one person could easily remember.

Dr. Scott Evans, Senior Medical Informaticist at Intermountain Healthcare, saw an opportunity. He received Deseret Foundation funds to support the creation of a computer-assisted decision support tool for the use of antibiotics. The program receives input from multiple sources in the patient's electronic medical record, informs the clinician of the patient's information, and makes antibiotic recommendations based on the patient's specific, individual situation, all in real-time.

This is an impressive example of how Foundation-funded research helped improve medical care delivery to reduce medical expenses, and save more lives.\*\*



Your investment in The Deseret Foundation's research programs pays in life-saving dividends.



**DR. JEFFERY ANDERSON'S RESEARCH OF STREPTOKINASE HAS HELPED CHANGE THE WAY MANY HEART ATTACK PATIENTS ARE TREATED.**



**DR. ROBERT CHRISTENSEN AND HIS TEAM DEVELOPED AN ALTERNATIVE SOLUTION TO IRRIGATE ENDOTRACHEAL TUBES USED IN THE NEWBORN INTENSIVE CARE UNIT (NICU).**



**DR. HOMER WARNER AND HIS COLLEAGUES DEVELOPED ONE OF THE FIRST ELECTRONIC MEDICAL RECORD PROGRAMS IN THE U.S. TO ASSIST CLINICIANS WITH MEDICAL DECISION-MAKING.**



**DR. SCOTT EVANS RECEIVED DESERET FOUNDATION FUNDS TO SUPPORT THE CREATION OF A COMPUTER-ASSISTED DECISION SUPPORT TOOL FOR THE USE OF ANTIBIOTICS.**



“We can’t do this research without funds. This work would not get done. It simply wouldn’t.”

DR. JEFFERY ANDERSON

*Many other Foundation-funded projects have had equal success. Although much has been accomplished, there is still much to be done.*

“Philanthropy has been critical to our success from the day we started,” says Dr. Brent James, Intermountain Healthcare’s Chief Quality Officer. “People with a vision: not just of what we are, but what we could be; not just how we live, but how we could live.”

Your investment in The Deseret Foundation’s research programs pays in life-saving dividends. “There are many studies that otherwise would just remain as a good idea and would never be done,” Dr. Christensen says. “Relatively small amounts of funding can take an idea and improve the care of [our patients].”

“We’ve made tremendous progress,” says Dr. Jeffrey Anderson, Associate Chief of Cardiology at Intermountain Medical Center. “I’ve seen a cut in the risk of heart attack by 50 percent in the 30 years I’ve been here. But there’s still a long way to go.” Without The Deseret Foundation, “this work would not get done, it simply wouldn’t. With it, we can lead the world in many areas.”

*\*The new solution has been licensed to a manufacturing and marketing firm. Sales and distribution of the product nationally is expected to begin this spring.*

*\*\* The Foundation has also supported computerized decision support projects used for tracking and managing patients with diabetes, and for analysis of pulmonary function tests.*



“ Our first mission is to take care of patients ”

DR. BRENT JAMES



“ There are many studies that otherwise would just remain as a good idea and would never be done. Relatively small amounts of funding can take an idea and improve the care of [our patients]. ”

DR. ROBERT CHRISTENSEN

## RESEARCHER SPOTLIGHT



## Samuel M. Brown, MD, MSCI

ASSISTANT PROFESSOR, PULMONARY AND CRITICAL CARE,  
INTERMOUNTAIN MEDICAL CENTER/UNIVERSITY OF UTAH  
SCHOOL OF MEDICINE

Sam Brown never planned to be a doctor. He started down a different path, intending to make a career in the classics or philology. However, a transformational event early in college left him with the conviction that he should become a physician. With his newfound calling, he completed his degree in Linguistics and Russian at Harvard before moving onto his medical studies.

Sam attended Harvard Medical School and completed a residency at Massachusetts General Hospital. He traveled throughout Russia, Ukraine and Kazakhstan researching global health and infectious disease with a group funded by USAID. Sam has been the recipient of several prizes recognizing excellence in scholarly and research activities.

While in Boston, Sam met his wife, Kate Holbrook, a graduate of Harvard Divinity School. In 2006, they realized a dream to raise their children in the Rockies by moving to Utah. He completed a pulmonary-critical care fellowship and then joined the faculty at Intermountain Medical Center and the University of Utah School of Medicine.

Sam spreads his off-hours between family time, outdoor recreation, and writing religious and cultural history. His first book of history will be published by Oxford University Press in January 2012.

Sam's current research investigates the rhythms of the communications among the nervous system, the heart, and the blood vessels during sepsis—a medical term for life-threatening infection. He hopes that understanding these rhythms will help guide clinicians to more effective treatments for this devastating condition.

## Feeding Progression in the Special Care Nursery Pilot Study

LEAD RESEARCHER: SHERRY BRIDGE  
DEPARTMENT: LDSH CLINICAL NUTRITION  
AMOUNT FUNDED: \$2,400

Infants born prematurely face a number of barriers to overcome in order to survive. One of these challenges is developing the skills and ability to feed properly. Successful feeding requires adequate coordination of sucking, swallowing, and respiration, skills often not fully developed in the preterm baby. Premies struggle with the developmental progression of feeding skills because they have an increased risk for a variety of health complications, in addition to the physical invasiveness of oxygen and feeding tubes. However, feeding progression is vital to consistent weight gain, decreased risk of complications and readiness for hospital discharge

These researchers will be studying treatment methods used for previous patients to determine which options provide the most consistent and effective results. With the information gathered, they hope to create better evidence-based nutritional practices that can be applied with consistency in the Nursery and improve patient outcomes.

## The Relationship of BMP2 Mutations with Reversible Disease versus Non-Reversible Disease in Pulmonary Arterial Hypertension\*

LEAD RESEARCHER: LYNN M. BROWN, MD  
DEPARTMENT: MEDICINE  
AMOUNT FUNDED: \$37,241

The pulmonary arteries deliver blood to your lungs for oxygenation before the blood is distributed to the rest of your body. In a pulmonary artery that is diseased, pressure on the arteries increases and heart function is impaired, which can cause heart failure (the most common cause of death in people with pulmonary arterial hypertension (PAH)). There are some known and some unknown conditions that cause PAH, but certain people develop PAH because of an inherited mutation on a gene reception, BMP2.

A number of patients first diagnosed with PAH may experience a return to normal arterial pressure, referred to as vasoreactivity. Vasoreactivity testing is performed routinely at the time of the

initial PAH diagnosis. Those patients identified as likely to be vasoreactive are treated with medications that are simple, safe and less expensive when compared to those patients who don't demonstrate vasoreactivity. However, some patients, who at first tested as non-vasoreactive, subsequently showed noticeable improvement in reactivity following standard PAH treatments. The ability to identify up front those patients who may experience restored vasoreactivity could lead to overall safer, less expensive treatment methods for these patients.

This research group is studying how BMP2 mutations are associated with reactivity in PAH. Patients will be studied to see if there are differences in how frequently BMP2 mutations occur in patients with reversible PAH and those with non-reversible PAH. Eventually, researchers hope to be able to use genetic markers to predict the best way to treat PAH patients, saving time, money and improving overall care.

## Dynamic Parameters of Fluid Responsiveness in Early Resuscitation of Severe Sepsis and Septic Shock\*\*

LEAD RESEARCHER: SAMUEL BROWN, MD  
DEPARTMENT: PULMONARY  
AMOUNT FUNDED: \$36,101

Severe sepsis and septic shock occur when an infection spreads throughout the entire body, potentially causing severe organ damage or even death. Over 750,000 people annually are afflicted with these conditions, causing more than 200,000 deaths in the U.S. One of the most common treatments for these conditions is administration of fluid. However, achieving the optimal balance of fluid is challenging: too much or too little fluid given to the patient may make their condition worse.

These researchers are studying ways the body controls heart rate and blood pressure in response to these dangerous infections. By identifying patterns of response in the body, researchers hope to develop processes to help guide fluid treatments given to these sick patients. Dr. Brown was awarded a \$600,000 NIH grant to expand this research.

## Evaluation of Factors Causing Variability in Response to and Risk of Methadone\*

LEAD RESEARCHER: JOHN CARLQUIST, PHD  
DEPARTMENT: CARDIOVASCULAR RESEARCH  
AMOUNT FUNDED: \$39,489

Methadone is an effective and inexpensive therapy in management of chronic pain and opioid dependence. However, methadone has been associated with a dramatic increase in sudden, unexpected deaths—an increase of 468 percent between 1997 and 2005. Two mechanisms for methadone-related death have been suggested. The first is increased drug blood concentrations resulting in respiratory depression; the second is changes in the electrical activity of the heart resulting in potentially fatal cardiac arrhythmia.

These researchers plan to develop a pharmacogenomic profile (how an individual's genetic makeup determines their interaction with a drug) to identify individuals at risk for sudden death secondary to methadone-induced cardiac arrhythmia. Ultimately, this project could lead to development of a genetic testing tool that will guide methadone use and dosing to improve the safety of the drug.

## Telomere Length, Oxidative DNA Damage and Risk for Coronary Heart Disease\*

LEAD RESEARCHER: JOHN CARLQUIST, PHD  
DEPARTMENT: CARDIOVASCULAR RESEARCH  
AMOUNT FUNDED: \$39,807

As cells age, they lose their ability to replicate without DNA damage, or they can lose their ability to replicate at all. Accumulated biological damage to individual cells results in diminished functioning of the entire organism, known as aging. This cellular "replicative senescence" is thought to contribute to the incidence of a variety of diseases, including coronary disease. (Based on age alone, the risk for coronary disease doubles with each half-decade between the ages of 45 and 65 years.)

Two processes have been identified that are associated with the cellular aging process: oxidative stress with the accumulation of oxidative damage, and telomere shortening. (Telomeres exist on the ends of DNA strands and serve as "caps" to protect the chromosomes. As telomeres are shortened due to successive copying (aging), sometimes functional genes that were being protected are lost.)

It is not understood if oxidative stress is related to or affects telomere shortening, or if the two processes occur independently. Further, it is not known whether shortening of telomeres directly affects biological processes leading to coronary disease or whether these also occur independently.

These researchers are proposing to use the samples in the DNA bank to study 5,000 patients in order to assess telomere length and oxidative damage. They also propose assessing whether there is an interactional relationship between oxidative damage and telomere length. They hope that by better defining the magnitude of this relationship, their findings will lead to further understanding of the causes of coronary artery disease.

## Obesity and the Biology of Dysfunctional Labor

LEAD RESEARCHER: JEANETTE CHIN, MD  
DEPARTMENT: MATERNAL FETAL MEDICINE  
AMOUNT FUNDED: \$38,834

Obese pregnant women frequently experience dysfunctional labor, where uterine contractions slow or stop. This condition often results in the need for cesarean delivery of the baby. These cesarean delivery patients are at greater risk for excessive blood loss, prolonged operating times, and infection complications.

Caregivers are not exactly sure why the uterine contractions are abnormal, but it has been observed that obese women have altered levels of cholesterol and leptin (a hormone produced by fatty tissue). This research group is studying the correlation between the altered cholesterol and leptin levels with the occurrence of dysfunctional labor. If the connection is made, caregivers would be able to measure leptin and cholesterol prior to delivery, and more proactively manage those patients most at risk for difficult deliveries.



## Utilization of Computed Tomography Pulmonary Angiography for Investigation of Suspected Acute Pulmonary Embolism\*

LEAD RESEARCHER: C. GREGORY ELLIOTT, MD  
DEPARTMENT: MEDICINE  
AMOUNT FUNDED: \$38,494

Most caregivers generally agree that a number of imaging examinations turn out to be unnecessary because they do not positively contribute to patient care. However, there are no clear guidelines defining appropriate use of certain imaging tools. Clinicians could benefit from a well-studied set of guidelines for imaging that provides maximum benefit to the patient while minimizing excess radiation exposure.

These investigators will study the use of computed tomography pulmonary angiography (CTPA), used for diagnostic evaluation of problems related to the heart and lungs. They will look at the use of CTPA in 2,500 patients, following the patients' course of treatment and outcomes. A determination will be made of appropriate or inappropriate use of CTPA based upon evidence-based definitions and outcome measures, which will be used in further work to help establish appropriate guidelines.

## Detection of Specific Pattern of Circulating microRNAs in Plasma of Patients with Cardiovascular Disorders\*

LEAD RESEARCHER: OXANA GALENKO  
DEPARTMENT: CARDIOVASCULAR RESEARCH  
AMOUNT FUNDED: \$ 38,821

DNA, found in every cell, contains genetic instructions that living organisms use for development and functioning. RNA (ribonucleic acid) is also present in human cells and plays a critical role in helping DNA to copy and express (turn on) genes, and to transport genetic material around in the cell. A type of RNA has been identified as microRNA (miRNA). The miRNA regulatory mechanism is a key player in cell proliferation, differentiation and cell death. Abnormal miRNA expression could cause the development of many diseased conditions, including cardiovascular disorders.

This group is looking at a set of circulating microRNAs in the plasma that appears to be involved in cardiac muscle gene expression. They will try to determine if there are specific patterns of miRNAs that correlate with cardiac disease.

## Evaluation of Airway Pressure Release Ventilation (APRV) Protocol versus Conventional Ventilation Protocol in Critically Ill Patients\*

LEAD RESEARCHER: ELLIE HIRSHBERG, MD  
DEPARTMENT: CRITICAL CARE  
AMOUNT FUNDED: \$37,950

Patients with a variety of serious respiratory conditions may be treated with two types of mechanical ventilation to assist their breathing. Both Airway Pressure Release Ventilation (APRV) and conventional therapy (AC/VC) are in current use, although a study has not been completed comparing the advantages and disadvantages of each.

This pilot study will compare APRV and AC/VC mechanical ventilation protocols. The researchers hope to determine if one mode offers advantages over the other in reducing the need for sedation use, decreased hypotension, reduction in ventilator induced lung injury and increased patient comfort.

## Patients with Painful Varicose Veins May Have a Compartment Syndrome

LEAD RESEARCHER: HARRISON M. LAZARUS, MD  
DEPARTMENT: SURGERY  
AMOUNT FUNDED: \$19,100

Oftentimes, patients who seek treatment for varicose veins may instead have pain that isn't related directly to varicose veins. This researcher is proposing a study to determine if some of these pains are due to a condition called "compartment syndrome."

Compartment syndrome can occur when activity creates increased pressure within a close space bound by bone and/or tissue. During exercise, muscle volume may expand 20% due to increased blood flow. If the bone and tissue space (the compartment) surrounding the muscle is too constrained to accommodate the expansion, blood flow is restricted and results in pain.

This study will determine the incidence of elevated muscular compartment pressures in the lower extremity in patients with leg pain. Long-term, the researcher hopes to develop a therapy to decreasing intra-compartment pressure in order to alleviate chronic leg pain.

## RESEARCHER SPOTLIGHT



Lynette "Lynn" M. Brown, MD, PhD

ASSISTANT DIRECTOR, PULMONARY HYPERTENSION PROGRAM,  
INTERMOUNTAIN MEDICAL CENTER  
ASSISTANT PROFESSOR (CLINICAL),  
UNIVERSITY OF UTAH SCHOOL OF MEDICINE

Lynn Brown received a rigorous non-traditional education in pulmonary-related diseases many years before she received her formal medical education. Lynn and her high school sweetheart, Scott, married at 18, knowing that their time together was limited: Scott had cystic fibrosis. This chronic inherited lung disease brings with it a host of complications requiring intensive care. Lynn dedicated her time to caring for Scott while earning a PhD in chemistry.

Scott died after nearly ten years of marriage. Lynn's long-standing affinity for medicine had indelibly been heightened by Scott's illness, and she knew that she would be happiest in a role providing care to others. "I'd been a caregiver and I knew what it was like to watch a loved one die in the ICU. That experience gave me skills that I never would have gotten any other way." Her depth of understanding, *really* knowing what a patient and their family is going through, provides comfort to those for whom she cares.

For the next ten years, Lynn received her formal medical education at Johns Hopkins, first in medical school, then a residency and finally a fellowship. She was drawn to establishing a permanent practice in Utah because of the "perfect" learning opportunities here with a world-renowned team of clinicians and researchers in primary pulmonary hypertension.

Lynn loves living in Utah, where her co-workers have become like family. She skis, enjoys running and has recently taken up recreational swimming.

Lynn's 2010 research project is studying a genetic-based method for determining who will best respond to specific treatment options in primary pulmonary hypertension.



Jeanette R. Chin, MD

FELLOW, MATERNAL-FETAL MEDICINE,  
INTERMOUNTAIN MEDICAL CENTER

Jeanette Chin was born in Houston, Texas, but grew up in Utah. She returned to Houston for her undergraduate degree in biochemistry from Rice University. Jeanette applied to medical school during her fourth year of undergraduate work and was accepted to Vanderbilt School of Medicine in Nashville, Tennessee. While there she met her husband, also a medical student, who is now completing a fellowship in Neuroradiology at the University of Utah.

Jeanette completed her residency in Obstetrics and Gynecology at Duke University. She then worked as a Health Services Research Fellow for one year at the Veterans Affairs Medical Center in Durham, which included staffing a gynecologic clinic for female veterans. This year was a rewarding experience and helped to establish a strong interest in research. However, Jeanette realized that her happiest days were those spent working on Labor and Delivery. She decided to further specialize in Maternal-Fetal Medicine, dealing only with high risk pregnancies and deliveries.

Great training programs and a chance to be near family brought Jeanette, her husband and their son to Utah. Jeanette is currently a Maternal-Fetal Medicine fellow, focusing her efforts on advancing her research skills and honing her clinical expertise in this sub-specialty. During her three year fellowship Jeanette will complete a research project, funded through The Deseret Foundation. Her research is looking at the effects of maternal obesity on labor outcomes. She is testing a hypothesis that certain molecules in the blood (leptin and lipids) which are elevated in the setting of obesity may also slow or impede the course of labor, sometimes resulting in cesarean delivery.

Jeanette enjoys creative writing and is a talented poet. She's won several awards in the past for her poetry. She likes hiking, biking, and running. She is particularly looking forward to the return of summer and spending time outside with her son.

## Physical and Cognitive Outcomes following Influenza-Related Critical Illness

LEAD INVESTIGATOR: RUSSELL R. MILLER, III, MD

DEPARTMENT: IMC CRITICAL CARE

AMOUNT FUNDED: \$38,420

Historically, the focus of care in the intensive care unit (ICU) has been on helping patients survive their critical illness. However, improved technology and skill have increased survival rates in the ICU. This has drawn focus to an interest in long-term outcomes, including looking at physical and cognitive functioning impairments in the months and years following a critical illness.

Using influenza as the basis for understanding outcomes in critically ill patients, these researchers will study the impact of influenza on ICU survivors' long-term physical, cognitive and respiratory functioning. With this knowledge they hope to identify targeted rehabilitation efforts that may provide maximum benefit for patients following prolonged critical illness.

## The Effect of Omeprazole on Mycophenolate Mofetil in Heart Transplant Patients\*

LEAD RESEARCHER: ZACHARY NILSON, PHARM D

DEPARTMENT: PHARMACY

AMOUNT FUNDED: \$13,986

Mycophenolate mofetil (MMF) is an immunosuppressant medication that is used by heart and other organ transplant patients to prevent organ rejection. Gastrointestinal complaints are common among transplant patients who are taking immunosuppressant medication. To help relieve this ailment, caregivers prescribe medications to reduce the production of stomach acid. Transplant patients most commonly use omeprazole (brand name example: Prilosec OTC®). However, there is evidence that use of omeprazole may reduce the level of MMF in transplant patients, thereby possibly increasing the risk of transplanted organ rejection.

These researchers are working to determine if use of a different type of stomach acid reducer, famotidine (brand name example: Pepcid®), is as effective in reducing stomach acid, while at the same time not reducing the circulating levels of MMF in heart transplant patients.

## Use of Whole-Leg Ultrasound for Diagnosis of Deep Vein Thrombosis in Pregnant Patients (CLOT-3)

LEAD RESEARCHER: SCOTT M. STEVENS, MD

DEPARTMENT: MEDICINE

AMOUNT FUNDED: \$35,802

Deep Vein Thrombosis (DVT), or the formation of blood clots, is a common complication in pregnancy. Prompt diagnosis of DVT in the pregnant patient is crucial, as anticoagulant therapy prevents pulmonary embolism (PE), where a clot travels to and lodges in the lung. PE is the most common cause of maternal death during pregnancy and post-partum in the U.S. Diagnosis of DVT in the pregnant patient is challenging, as symptoms common in pregnancy, such as leg swelling, also occur in DVT. However, traditional methods of detecting DVTs—with x-rays and contrast dyes—are dangerous during pregnancy. Little research has been done to explore the safest and most effective means of diagnosing DVT in pregnant women.

These researchers are studying the use of whole-leg compression ultrasound (whole-leg CUS), specifically in pregnant patients, to determine the accuracy and effectiveness of diagnosing DVTs. Whole-leg CUS is an extensively studied diagnostic tool shown to be highly effective in diagnosing DVT. This tool, if shown to be highly accurate and produces good clinical outcomes, will be particularly helpful for the pregnant patient because it involves no radiation or contrast administration and is safe for both the mother and fetus.



Harrison M. Lazarus, MD

Harrison Lazarus was first exposed to the field of medicine as a young boy while accompanying a family friend on house calls near his home in Baltimore, Maryland. But his decision to study medicine as a career was influenced during his Princeton undergraduate days by two very famous men.

First, in a chemistry class, the book, *What is Life*, written by Nobel Laureate Erwin Schrodinger, explored the world of early genetic studies. Harrison was captivated by what he learned and would make a research career based on molecular activities of DNA. The second famous man was Allen Whipple, who devised the "Whipple Procedure" for treating pancreatic cancer. Dr. Whipple advised Harrison to broaden his academic studies by taking plenty of liberal arts classes and not focusing solely on science courses. "These experiences in college," Harrison says, "completely shaped the direction of my life."

Harrison attended medical school at Johns Hopkins. He conducted research for the National Institutes of Health and in the Infectious Disease unit at Harvard's Massachusetts General Hospital. He moved to Utah to take advantage of the excellent clinical and research opportunities available here.

While caring for a trauma patient one day in surgery, Harrison, trying to determine if the patient had abdominal bleeding, experienced a there-has-to-be-a-better-way moment. He cobbled together common surgery room supplies and created a device for peritoneal lavage—a procedure used to detect bleeding in the abdomen. His on-the-spot prototype was developed into a commonly used medical device. (President Ronald Reagan's doctors used this device to look for abdominal bleeding when Reagan was treated for a gunshot wound in 1981.)

Harrison also developed a device for repairing damaged blood vessels endovascularly. His device revolutionized these repairs, providing a less invasive, less costly procedure that allowed the patient to go home the next day, instead of major surgery.

Harrison continues his research today with a Deseret Foundation grant identifying and treating leg pain, known as compartment syndrome.



Scott C. Woller, MD

MEDICAL DIRECTOR, ANTICOAGULATION MANAGEMENT SERVICES, INTERMOUNTAIN HEALTHCARE

ASSISTANT PROFESSOR OF INTERNAL MEDICINE, UNIVERSITY OF UTAH SCHOOL OF MEDICINE

Scott Woller grew up on a beekeeping farm in rural Wisconsin. At the age of ten he was stung by a bee and suffered a severe allergic reaction. That incident banished him from any further work with the bees, but instead sent him to work throwing hay bales for his neighbors. Scott spent his senior year of high school as a Rotary Youth exchange student in Colombia, whetting his appetite for further Spanish language study and exploration of South America.

Scott majored in biology and Spanish at the University of Wisconsin-Milwaukee. Between undergraduate studies and medical school Scott spent eight months backpacking through South America. His travels included a memorable hike (unguided at the time) on the Inca Trail to Machu Picchu.

Scott's first interest in medicine came when he was in seventh grade and shadowed his pediatrician for a day. It was then that Scott began to develop an "affection for the role of a physician." Scott graduated from Northwestern University Medical School in 2000. He completed his residency, plus one year as Chief Medical Resident at the University of Utah. In 2008, Scott joined Intermountain Healthcare.

Scott met his wife, Patricia, when she was on a Rotary exchange scholarship from Brazil to Madison, Wisconsin. Patricia has a master's degree in civil engineering and is an expert pianist. Together they have a daughter and a son. This past year Scott participated in the Ragnar Relay Wasatch Back race (his team finished 65th out of over 1,100 teams).

Scott's 2010 research project is focused on reducing the incidence of blood clot formation (deep vein thrombosis and pulmonary embolism) in hospitalized patients. He considers himself fortunate to be part of a team that has developed a computerized monitoring system that alerts the physician when their patient is at risk for developing blood clots.

## Enhancement of Thromboprophylaxis among Intermountain Healthcare Medical Patients through Measurement, Education, and Iterative Feedback (VTE Reduction Initiative)

LEAD RESEARCHER: SCOTT WOLLER, MD  
DEPARTMENT: MEDICINE  
AMOUNT FUNDED: \$39,831

Without proper preventive care, studies have shown that up to 15% of medical patients being treated in the hospital will develop venous thromboembolism (VTE), or blood clots. A blood clot that travels to and lodges in the lung is a life-threatening condition known as pulmonary embolism. Because identifying these patients can be challenging, it is thought that only 40% of patients at risk for developing VTE are receiving preventive treatment.

This research group has created a computerized tool to electronically determine when a patient has become at risk for developing VTE. When a particular patient is identified, the caregiver will be alerted and appropriate treatment options will be provided. The eventual goal of this project is to maximize the number of patients receiving proper VTE preventive treatment.

\* *Funded through The Deseret Foundation's Heart and Lung Research Foundation*

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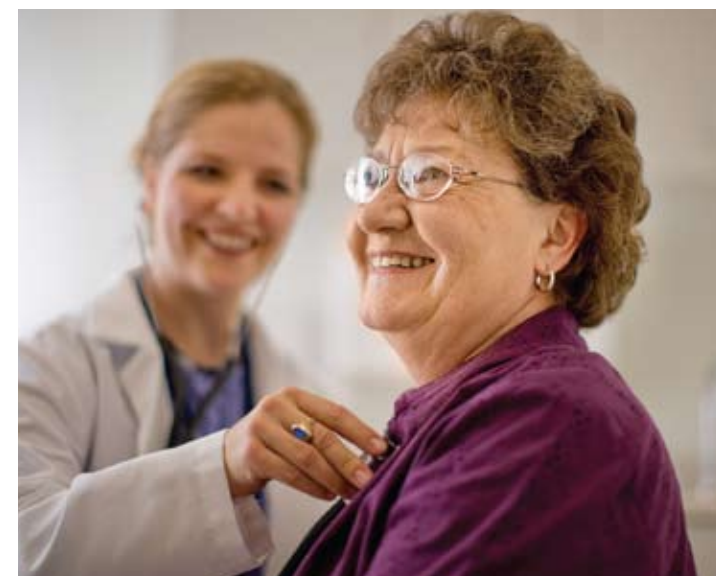
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Philanthropy has been critical to our success from the day we started. People with a vision: not just of what we are, but what we could be; not just how we live, but how we could live.

DR. BRENT JAMES

”

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**2010 Contributions, Campaign, Events and Income (Unaudited)**

**UNRESTRICTED**

UNRESTRICTED CONTRIBUTIONS	\$ 598,148
EVENT PROCEEDS	159,694
INVESTMENT INCOME	596,918
UNREALIZED GAIN ON INVESTMENTS	1,226,237
<b>TOTAL UNRESTRICTED INCOME</b>	<b>2,580,997</b>

**TEMPORARILY RESTRICTED**

PERMANENTLY AND TEMPORARILY RESTRICTED CONTRIBUTIONS	\$ 693,259
UNREALIZED GAIN ON INVESTMENTS	95,169
CAPITAL CAMPAIGNS	47,938
EVENT PROCEEDS	126,568
INVESTMENT INCOME	182,979
<b>TOTAL RESTRICTED INCOME</b>	<b>1,145,913</b>
<b>TOTAL INCOME</b>	<b>3,726,910</b>

**2010 OPERATING EXPENDITURES (UNAUDITED)**

SALARIES & WAGES	\$ 404,703
EMPLOYEE BENEFITS	112,012
EVENT EXPENSES	118,694
PUBLIC RELATIONS	99,237
SUPPLIES AND OTHER EXPENSES	66,590
CAPITAL EQUIPMENT	241,975

**Total Expenditures \$1,043,211**

Overhead Ratio: 34%

During 2010, the Foundation disbursed more than **\$2.6 million** in support of our mission to promote the highest quality of healthcare for our community.



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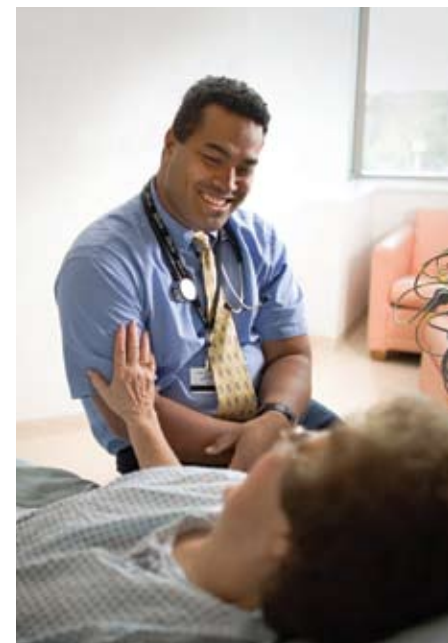
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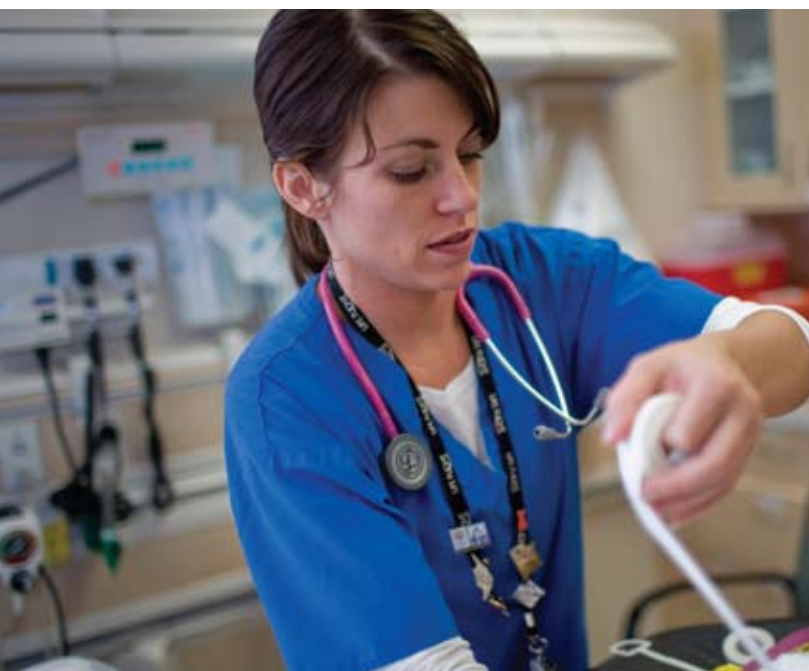
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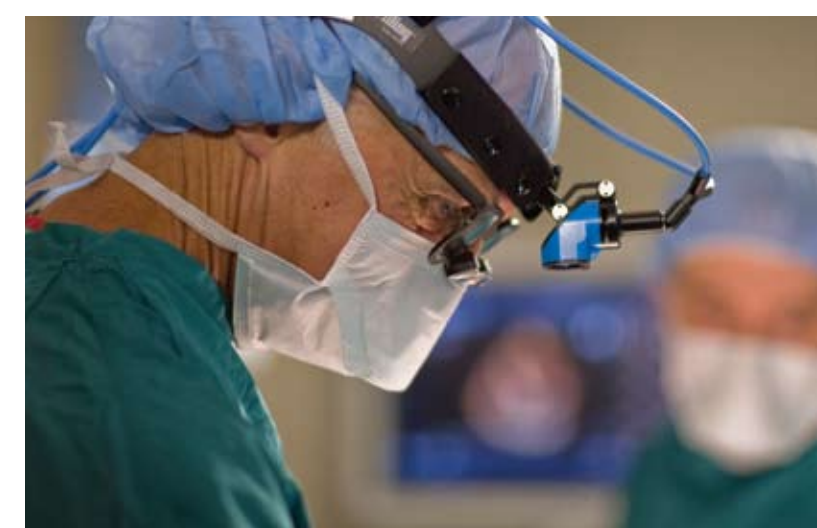
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