Momentum can be defined in different ways.

Those of us in the medical field are well aware that, from a scientific standpoint, momentum is a measure of the motion of a body equal to the product of its mass and velocity.

But outside the world of physics, momentum has taken on other connotations. For those of us at the University of Kansas School of Medicine this past year, it has been an impelling force or strength – the result of doing enough of the right things, doing them quickly and gaining speed.

As you will read in this annual report, the School of Medicine in the past year experienced some remarkable leaps of progress in all of our primary mission areas: education, research, clinical care and outreach.

Some of the highlights:

- The School of Medicine announced the expansion of our Wichita and Salina medical education programs. In the fall of 2011, we will add a four-year program in Salina and expand the School of Medicine–Wichita from a two-year clinical program to a full, four-year program. This expansion will help us meet our strong commitment to train more primary care doctors for Kansas.
According to a new survey in the *Annals of Internal Medicine*, the School of Medicine is one of the top five medical schools in the country when it comes to meeting its social mission: producing primary care physicians for underserved areas and attracting and training a diverse student body.

In our drive to achieve National Cancer Institute (NCI) designation, the KU Cancer Center has recruited a number of internationally renowned cancer researchers. The excitement is building as we move closer to submitting our application on September 25, 2011 for NCI designation.

For the first time in our history, annual funding for research at KU Medical Center surpassed $100 million.

Our already outstanding neuroscience program got a boost when our four current neurosurgeons were joined by five new prominent neurosurgeons.

The Kansas Board of Regents endorsed our proposal to create a School of Public Health, which will expand public health outreach in the state, train more public health providers and researchers, and help advance the health and well-being of Kansans. The new school could be in place as early as the fall of 2011.

All of these accomplishments, along with many others, sent the School of Medicine on an upward trajectory in 2010 that many people did not foresee. Because the national and state economies experienced minimal growth, many colleges and universities across the country, including the University of Kansas, saw decreases in funding. But financial challenges have not kept the School of Medicine from moving toward its ambitious goals.

Of course, we didn’t strengthen our momentum alone. We are fortunate to work with a dedicated group of people and partners who share a common vision to make our communities, state, country and world a healthier place.

Barbara Atkinson, MD  
Executive Vice Chancellor, KU Medical Center  
Executive Dean, KU School of Medicine

H. David Wilson, MD  
Dean, KU School of Medicine–Wichita
FORWARD THINKING

The School of Medicine is on a mission to provide excellent medical education

Giving students an outstanding medical education remains at the heart of the University of Kansas School of Medicine’s mission. In the past decade, the School of Medicine has experienced a steady growth in the quality and reach of its medical education program. That momentum went into high gear in 2010.

While the School of Medicine takes great pride in training doctors in every specialty, we have gained a national reputation in recent years for educating family and primary care physicians, and for successfully encouraging many of our graduates to set up practice in rural and underserved areas, particularly in the state of Kansas.

Our efforts to train more primary care physicians for rural Kansas took a tremendous leap forward in 2010 when the School of Medicine announced plans to add a four-year program in Salina, Kan., and expand its existing Wichita branch from a two-year clinical program to a full, four-year program starting in the fall of 2011. Previously, students in the School of Medicine’s Wichita program spent their first two years at the Kansas City, Kan., campus before going to Wichita for two years of clinical training. Students will now be able to spend all four years in Wichita. An existing Rural Track program in Kansas City sent four students to Salina for clinical training. With the expanded program, students interested in rural health careers may now complete all four years of their training in Salina.

The expansions in Salina and Wichita will only increase the School of Medicine’s reputation as one the country’s top schools for producing primary care and rural physicians. According to a 2010 report from the Association of American Medical Colleges (AAMC), the School of Medicine ranked at the very top, or the 100th percentile, for medical schools producing primary care doctors. The School also ranked in the 100th percentile for developing physicians for rural areas and for training Native American students. It ranked in the 75th percentile for the number of Hispanic students enrolled.

The School of Medicine also ranked fifth among the country’s 141 medical schools in a first-ever study on how well medical schools met their social mission to train doctors to care for the nation. The George Washington University study defined social mission as the number of graduates who practiced primary care, worked in areas with a federally designated shortage of health
professionals, and belonged to underrepresented minority groups. The study looked at more than 60,000 physicians who received their MDs between 1999 and 2001.

The year ended on a high note when the Kansas Board of Regents endorsed the School of Medicine’s proposal to develop a School of Public Health. The proposal was driven by a number of crucial needs in Kansas, including the state’s aging population; an increasing demand for disease prevention and improved treatments; rising health care costs linked to chronic diseases; and health care disparities based on ethnicity, race, income, education and other factors. The School of Public Health will help train desperately needed public health care professionals and improve health outcomes across the state and region.

Other education highlights in 2010:

- The School of Medicine’s primary care program ranked 36th among public schools of medicine in U.S. News and World Report’s “Best Medical Schools.” Among all medical schools, public and private, the primary care program improved to 53rd this year, up from 62nd the previous year.

- The School of Medicine saw an increase in the percentage of students passing the Step 1 examination in their first attempt. That percentage in 2010 rose to 92 percent, compared to 90 percent in 2009.

- Laddie Maisonet, a second-year student in the School of Medicine, received the Minority Scholars Award from the American Medical Association (AMA) Foundation. The award recognizes scholastic achievement and commitment to improving minority health.

- Katherine Seymour, a fourth-year student at the School of Medicine, was awarded a Physicians of Tomorrow scholarship from the American Medical Association Foundation.
making the grade

The Step 1 exam is the first part of the United States Medical Licensing Examination (USMLE). Step 1 assesses whether medical school students understand and can apply important concepts of the sciences basic to the practice of medicine. School of Medicine students take Step 1 at the end of the second year of medical school.

The USMLE-Step 2 is the second part of the exam and is taken during the fourth year of medical school. Step 2 assesses whether medical school students or graduates can apply medical knowledge, skills and understanding of clinical science essential for provision of patient care under supervision. It is divided into two parts: clinical knowledge and clinical skills.

The results of the Step 1 scores often correlate closely to the scores that students receive on the Medical College Admission Test (MCAT). Because the School of Medicine is committed to admitting a large majority of our students from Kansas, our MCAT scores are usually below the national average. The fact that our Step 1 and Step 2 scores have remained close to and, in some years, above the national average indicates that we are providing our students with a first-class medical education.
The School of Medicine is fortunate to have hundreds of outstanding teachers who ignite their students’ interest and pave the way for future success. One such professor is Therese Cusick, MD, FACS, a clinical assistant professor at the KU School of Medicine–Wichita and a practicing breast cancer surgeon at Wichita Surgical Specialists, PA.

Teaching residents and medical students helps keep Dr. Cusick at the top of her game. “I’ve been a physician for a long time, and I think that some of it you take as routine. But when you see a medical student actually make an incision for the first time, they’re so excited,” she says. “It reminds me of the excitement of seeing things for the first time.”

The dedicated faculty member has spent 10 years helping educate doctors for Kansas. “I’m almost always teaching,” Dr. Cusick says. “Whether I’m in the operating room or in a clinic, I have a surgery or OB resident or a medical student with me.”

Dr. Cusick is also the director of surgery student clerkship, which involves developing the curriculum for the eight-week surgery rotations.

KU School of Medicine–Wichita fourth-year student Bruce Tjaden sums up Dr. Cusick in one word: phenomenal. “If she gives you something and you do it well, she lets you do more next time. Once you get to be hands-on, you love it.”

Dr. Cusick engages students in the intellectual aspect of surgery, he says, and her effusive personality complements her great teaching ability.

“While we’re in surgery, we deal with very intense situations and nervous people,” Tjaden adds. “She manages to be friendly and happy, which helps ease the tension.”
The University of Kansas School of Medicine, working with its vast network of partners in the region, the state and the country, has created an atmosphere in which scientists can vigorously pursue their work in the place that really matters most – right at the cutting-edge.

The face of academic medicine looks vastly different from when the School of Medicine opened its doors 105 years ago. Biomedical research has accelerated at dizzying speed over the last few decades, and the momentum around scientific exploration and discovery has reached a record pace at the School of Medicine.

In 2010, the University of Kansas Medical Center surpassed $100 million in external research funding for the first time in its history. School of Medicine researchers were awarded more than 1,250 grants, totaling nearly $96.5 million. Almost $65 million of that total came from National Institutes of Health (NIH) grants. These higher numbers of grants and funding are attributable, in part, to the American Recovery and Reinvestment Act. Major grants awarded in 2010 included:

- Researchers, led by Christine M. Daley, PhD, MA, SM, an associate professor of preventive medicine and public health, and K. Allen Greiner, MD, MPH, an associate professor and research division chair of family medicine, in partnership with the American Indian Health Research and Education Alliance (AIHREA) were awarded a $7.5 million grant from the National Center for Minority Health and Health Disparities (NCMHD) to help reduce the severe health disparities facing much of the American Indian population.

- Dr. Greiner was also instrumental in getting a $4.4 million NIH research grant to improve prevention and the odds of surviving cancer in rural Latino and American Indian communities in Kansas. Part of the grant will be used to create the Kansas Community Cancer Health Disparities Network to address the needs of populations that are drastically underserved.

- KU Cancer Center researcher Carol Fabian, MD, a leader in the area of breast cancer prevention, received a $4.5 million Promise Grant from Susan G. Komen for the Cure® to investigate whether an estrogen found in flax seed – a commonly used supplement – can reduce the risk for breast cancer.
### KU School of Medicine Research Grant Awards

(MILLIONS OF DOLLARS)

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Russell Scheffer, MD, chair and professor in the Department of Psychiatry and Behavioral Sciences at the School of Medicine–Wichita, was awarded an $800,000 grant to study the use of lithium in children, groundbreaking research that will change the labeling and nationwide product information for the drug.

Randolph J. Nudo, PhD, a professor in the Department of Molecular and Integrative Physiology and director of the Landon Center on Aging, has been collaborating with Case Western Reserve University on a project that could determine whether it’s possible to use a miniature electronic device to help the brain rewire itself after a traumatic injury.

The School of Medicine has been able to attract and retain such innovative and accomplished researchers in part because of the commitment it has made to ensuring that scientists are able to conduct research in modern facilities, using state-of-the-art equipment.

University of Kansas Cancer Center researchers began moving into laboratories in the newly renovated Wahl-Hixon complex, which is being transformed into cutting-edge research space. The project is funded in part through $26.4 million from the Kansas Bioscience Authority. When completed, the complex will feature 170,000 square-feet of lab space.

The Hoglund Brain Imaging Center won a $2.88 million grant through the American Recovery and Reinvestment Act to buy a new MRI system. It is the largest School of Medicine grant for a single piece of equipment in the past decade. The scanner’s speed is twice as fast as the center’s older MRI machine and will allow researchers to get better results with children and elderly patients, who are not able to lie still for long periods of time.

KU also acquired another critical piece of equipment to aid collaborative research endeavors – an Illumina HiSeq gene sequencing system. Located in the Hemenway Life Sciences Innovation Center, the new system enables researchers to decode genomes more quickly and in larger quantities.

The KU Cancer Center was also awarded funding for new laboratory equipment, including $5.5 million in federal funding, which will help push KU’s drive for National Cancer Institute (NCI) designation.
All this sophisticated technology has completely changed the research and clinical care around Prader-Willi Syndrome,” Dr. Butler says. “Genetic information now shows us the disease is even more complex than previously thought, and we have more questions surrounding the condition now, ones that we didn’t even think to ask before.”

Traditionally, PWS often took years to diagnose because clinical signs weren’t present, and behaviors associated with the syndrome could be seen in other conditions. Now the disease can be diagnosed sooner through accurate genetic testing, allowing for quicker intervention and treatment.

Dr. Butler’s current research includes an NIH-funded collaboration with scientists from Vanderbilt, the University of Florida, and the University of California–Irvine, looking at three different genetic classes of PWS to determine if there are identifiable clinical differences and the natural history. Measurements for these clinical differences can include IQ testing of patients with PWS, as well as assessment of physical size, body composition and behavioral problems.

For the past 30 years, clinical geneticist Merlin Butler, MD, PhD, has worked to identify and analyze the causes lying at the heart of a rare genetic disorder called Prader-Willi Syndrome (PWS). Dr. Butler is one of the country’s foremost experts on PWS and has written a highly praised book on the management of PWS.

PWS is the most commonly known genetic cause of life-threatening obesity in children. Symptoms include low muscle tone, short stature, below-average IQ, and a chronic feeling of hunger that, coupled with a metabolism that uses drastically fewer calories than normal, can lead to excessive eating and obesity in early childhood.

Dr. Butler and other scientists discovered some time ago that the disorder is caused when several genes are deleted or unexpressed from the father’s chromosome 15. Recent technological advances have shed even more light on the cause and early detection of PWS. Dr. Butler, who is a professor of psychiatry, behavioral sciences and pediatrics, says that, since he has been studying PWS, advances in genetic technology are leading to new approaches to the disorder.

“All this sophisticated technology has completely changed the research and clinical care around Prader-Willi syndrome,” Dr. Butler says. “Genetic information now shows us the disease is even more complex than previously thought, and we have more questions surrounding the condition now, ones that we didn’t even think to ask before.”

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image above: Merlin Butler, MD, PhD
The School of Medicine makes strong progress toward designation as a National Cancer Institute

Perhaps nowhere did the School of Medicine gain more momentum in 2010 than in The University of Kansas Cancer Center’s determined pursuit of National Cancer Institute (NCI) designation.

Achieving NCI designation has been the top priority at the University of Kansas and the School of Medicine since 2005. It is critical to our institution, state and region. The highest recognition for a research university, NCI designation drives growth in research funding and related economic benefits, creating jobs and bringing the most advanced cancer treatments and clinical trials to patients.

With NCI designation, the region will achieve a new level of excellence as a bioscience research center and be able to fully leverage the research investments made by the University of Kansas and the Stowers Institute for Medical Research. Few other regional initiatives have as much potential to simultaneously spur economic development and improve public health.

The University of Kansas Cancer Center can apply for NCI designation on September 25, 2011. We have made significant progress toward that goal:

- The Cancer Center recruited a number of nationally renowned cancer researchers and clinicians. The new recruits include Kapil Bhalla, MD, the Cancer Center’s deputy director; Andrew Godwin, PhD, associate director of translational research; Shrikant Anant, PhD, the associate director of cancer prevention and control; Parvesh Kumar, MD, associate director of clinical research and chair of radiation oncology; Liang Xu, MD, PhD, an associate professor of molecular biosciences; Sharmila Shankar, PhD, associate professor of pathology and laboratory medicine; Rakesh Srivastava, PhD, professor of pharmacology, toxicology and therapeutics; Easwari Kumaraswamy, PhD, research assistant professor of pathology and laboratory medicine; and Berl Oakley, PhD, professor of molecular biosciences.

The newest cancer research recruits have brought $4 million in NCI funding with them. The University of Kansas Cancer Center
has now attracted nearly $37 million in NCI and NIH funding over the past six years.

- The first phase of renovations to the Wahl-Hixon research complex was completed in 2010, and a number of researchers moved into this state-of-the-art research space. The second phase of the $34 million renovation continues in 2011 and 2012.

- The Kansas Bioscience Authority (KBA) has now committed more than $53 million toward initiatives that are crucial in obtaining NCI designation, including the Wahl-Hixon renovations, the Cancer Fighting Cures program, and the Collaborative Cancer Research initiative, as well as committing funds that have helped attract world-class cancer researchers.

- The KBA designated four University of Kansas Cancer Center research recruits as eminent scholars in 2010: Dr. Anant, Dr. Bhalla, Dr. Godwin and Dr. Srivastava. The KBA has pledged more than $8.4 million to support these researchers' work over the next several years.

image above: Kapil Bhalla, MD
It wasn’t that many years ago that a blood or bone marrow transplant was considered a last-ditch effort to save a cancer patient’s life. But now, blood and bone marrow transplantation has become one of the best treatments for many diseases, including leukemia, lymphoma, multiple myeloma, myelodysplasia, myeloproliferative disorders, bone-marrow failure syndromes, immunodeficiency disorders and various solid tumors.

The University of Kansas Cancer Center’s blood and bone marrow transplant program, under the leadership of Joseph McGuirk, DO, is now one of the most successful programs in the country. In fact, it was a banner year for the program, which performed 179 transplants, surpassing the prior year’s record of 164. In addition, the program became a National Marrow Donor Program collection center, which is the only center in Kansas with this distinction.

Dr. McGuirk, a professor of medicine, has been medical director of the blood and bone marrow transplant program since 2007. He says there are two factors that have greatly contributed to the rise of the program: the merger in 2007 of The University of Kansas Hospital and the Kansas City Cancer Center blood and marrow transplant programs; and the commitment he and his team have made to the advancement of bone marrow, peripheral blood and cord blood stem cell transplantation.

Dr. McGuirk says researchers at the School of Medicine are making major advances in the science of blood and bone marrow transplants. “The research we’re conducting is
allowing us to continuously improve treatment regimens and minimize many of the complications for our patients.”

Dr. McGuirk says the growing reputation of KU’s blood and bone marrow program is critical to the Cancer Center’s pursuit of NCI designation.

He adds that there are several exciting projects under way that have the potential to build upon the program’s success. One is a collaborative effort with researchers from Kansas State University and Children’s Mercy Hospital to use a substance from umbilical cords to create a treatment for graft-versus-host disease.
Working with our partners across the state and region, the School of Medicine has earned a place as a leading-edge provider of compassionate and cutting-edge patient care. In 2010, the School’s clinical care program saw more successes in its multidisciplinary approach to medicine.

An academic medical center environment creates unique opportunities for physicians and scientists to excel. There is more collaboration with colleagues, and the proximity to research helps bring discoveries from the lab to the patient’s bedside more quickly.

Those patients will soon be treated in a new state-of-the-art clinical setting. In 2010, construction workers made major progress on a new $73 million, 214,000 square-foot medical office building, which is scheduled to be open in late summer of 2011. It will be the new home for more than 400 physicians, who will see patients in 18 clinics within the complex. The building is a venture among the University of Kansas Medical Center, The University of Kansas Hospital and University of Kansas Physicians.

School of Medicine physicians made a major contribution in helping The University of Kansas Hospital place six medical specialties in the top 50 on U.S. News & World Report’s Best Hospitals 2010-11 list. The ear, nose and throat department, led by Douglas Girod, MD, professor and chair of the School of Medicine’s Department of Otolaryngology, ranked 29th in the report. Other specialties making the U.S. News & World Report top 50 list included pulmonology, kidney disorders, heart care and heart surgery, urology, and geriatrics.

Other clinical care highlights in 2010:

- The School of Medicine’s already outstanding neuroscience program got a boost when it was joined by five talented new neurosurgeons, led by Paul Camarata, MD, the department’s interim chair. The new surgeons bring expertise in the areas of stroke and other cerebrovascular diseases.

- The Department of Obstetrics and Gynecology was awarded a $2,375,000, five-year grant from the NIH to establish a Women’s Reproductive Health Research (WRHR) Career Development Center. The center will provide new physicians the opportunity to gain more training in women’s reproductive health. The School of Medicine was one of 20 sites awarded funding for a WRHR grant in 2010.

- Ivan Osorio, MD, a professor with the School of Medicine’s Comprehensive Epilepsy Center, is working with a Houston-based firm, Cyberonics, on a device that would automatically detect and treat epileptic seizures without relying directly on brain signals and without requiring any type of brain surgery. The device detects seizures by monitoring heart signals and automatically triggers electrical stimulation of the vagus nerve in the cranium to help stop a potential seizure. The device is expected to hit the market within three years.

- As part of its Celebrating Healthy Families partnership, the School of Medicine’s Department of Preventive Medicine and Public Health co-sponsored annual screening and education events and provided health care access to approximately 4,000 underserved and uninsured Latinos in the Kansas City metropolitan area.
The KU School of Medicine is at the forefront of a national effort to transform primary care for children, particularly those with special needs and chronic health conditions. The Department of Pediatrics, chaired by Chet Johnson, MD, is collaborating on a multi-disciplinary strategic plan that will create a pediatric medical home for all of its young patients, those who are healthy as well as those dealing with special needs.

For parents of children with multiple medical problems, keeping up with countless doctors’ appointments, ongoing tests and a variety of medications can be overwhelming, especially for those in challenging socioeconomic situations. Dr. Johnson says the medical home model stresses the importance of continuous, accessible outpatient care under the supervision of a trusted pediatrician.

Dr. Johnson says the medical home offers parents a way to simplify, organize and coordinate the complexities of their children’s health care needs. “I think what will make our approach so effective is that the child’s medical home will span from even before birth all the way to adulthood.”

The pediatric medical home concept means that coordinated care could start as early as the perinatology stage, when the fetus is in the womb and any special health needs are often determined. That care will continue through neonatology, pediatrics, adolescent medicine and the transition to adult medical care. And because the KU School of Medicine now has physicians in 17 different pediatric sub-specialties, all of that care is available in one place.
The Department of Outreach provided a number of valuable services that help support primary care physicians and improve the quality of health care they can offer patients all over Kansas, particularly in rural and underserved areas.

KU’s outreach aircraft made 143 trips for School of Medicine physicians to provide medical care and specialty services to more than 1,200 patients in more than a dozen locations around the state.

The KU Center for Telemedicine and Telehealth received a $980,000 grant from the U.S. Department of Health and Human Services to establish the Heartland Telehealth Resource Center (HTRC), which will help health providers in the region better understand and implement telehealth technology.

The Area Health Education Centers (AHECs) provided support to KU Medical Center researchers for eight grants focused on improving the health of rural Kansans. One such study is Kan Quit II, which is studying the success of smoking cessation intervention with patients in critical access hospitals.

Nearly 25,000 health professionals enrolled in the School of Medicine’s Continuing Education programs. One such program focused on reducing severe sepsis and septic shock, and works with critical access hospitals and network hospitals to develop and implement a statewide initiative to improve the recognition and treatment of sepsis.

Students at the JayDoc Free Clinic in Kansas City treated more than 1,600 uninsured patients, while the JayDoc Community Clinic in Wichita served more than 500 individuals.
By age 18, one in five American children will have a diagnosable mental health condition, and millions more will be in situations where they could have benefited from mental health counseling. With 99 of 105 Kansas counties designated as mental health professional shortage areas by the U.S. Department of Health and Human Services, only a handful of these children might receive necessary treatment to address their mental health problems.

School of Medicine researchers such as Eve-Lynn Nelson, PhD, are finding ways to change that. Dr. Nelson, an associate professor of pediatrics, is one of three School of Medicine psychologists providing regular pediatric mental health services via video conference, a practice known as telemedicine.

“Without telemedicine, many Kansas children and youth might not receive necessary mental health treatment, and an untreated mental health condition affects every aspect of a child’s life,” Dr. Nelson explains.

Due to a shortage of licensed child psychologists in rural Kansas, a child could wait six months for an in-person visit. However, a child could begin treatment through telemedicine within a month. Another critical benefit of pediatric behavioral telepsychology is reduced travel time for the patient.

With appropriate technology and training, a telemedicine visit is no different from a face-to-face visit. “Successful treatment depends on relationship building, which is no more challenging in telemedicine than in person,” Dr. Nelson says. “We are still able to forge close doctor-patient relationships even though we are often communicating over long distances.”

Dr. Nelson and Susan Sharp, DO, a clinical assistant professor of psychiatry and behavioral sciences, are studying the use of a team-based approach in treating youth who have signs of depression. Their research also includes a provision for training providers in telemental health.
Although 2010 ended with the national economy showing some signs of revival, these lean years have made it enormously challenging for most higher education institutions to continue to grow and prosper – the University of Kansas and the School of Medicine are no exception. However, even though funding from the state remained stagnant in 2010, the School's momentum in education, research and clinical care had a major impact on the local, regional and state economy.

The School of Medicine made a significant contribution to the region’s economy by investing in its infrastructure. The School’s reputation for conducting world-class research is due in large part to its recruitment and retention of high-caliber scientists. Essential to those recruitment efforts is the University’s investment in developing state-of-the-art research facilities:

- In 2010, construction continued on the $34 million renovation of Wahl-Hixon research space. The initial phase of the project was completed, and the first researchers were able to move into their new labs.

- Work also continued on the new $21 million University of Kansas Clinical Research Center. The facility will house a Phase I clinical trials program, as well as the General Clinical Research Center. The building renovation, equipment and some of the staffing are being funded by the Johnson County Education Research Triangle (JCERT) sales tax. The building was donated by the Hall Family Foundation.

- Breidenthal Hall’s transformation into a state-of-the-art regional wet-lab incubator for bioscience start-up companies continued in 2010. After the $6.5 million renovation, faculty researchers, area scientists and entrepreneurs will be able to use the space to start life sciences-related companies. Such businesses will develop drugs, research tools, medical devices and other commercial bioscience projects.

- A new $73 million Medical Office Building and an adjacent 600-car parking garage began rising on the southeast corner of the KU Medical Center campus. The 214,000 square-foot complex is a project of the School of Medicine, The University of Kansas Hospital and University of Kansas Physicians (UKP). The new facility will allow patients to see a range of specialties under
one roof, including family and internal medicine, obstetrics and gynecology, neurosurgery, orthopedics, otolaryngology, pediatrics, psychiatry and urology. This was the first of our campus buildings designed to meet U.S. Green Building Council’s Leadership in Energy and Environment Design (LEED) certification requirements. This state-of-the-art facility will assist the School of Medicine in recruiting the best in faculty, residents and students.

Construction continued on a $6 million, three-story, 40,000-square-foot building that will house the KU Endowment offices and other medical center department offices. The building is also expected to qualify for LEED silver certification because of its environmentally friendly features: a highly reflective roof to deflect heat, a ground-source heat pump system to save energy, and strategic use of windows on the east and west sides to minimize radiant heat.

In addition to fueling the local economy with building projects, the School of Medicine’s research affects the entire region’s financial picture. School of Medicine faculty attracted $96.5 million in total research funding in 2010, with $65 million of that coming from the National Institutes of Health (NIH). Demonstrating the impact of this funding on the local economy, a national study by Families USA estimated that the $88 million of total NIH funding invested in the state of Kansas in 2007 generated $182 million in new business activity and supported or created 1,558 jobs. In the three years since that study, the amount of funding awarded to researchers at the KU Medical Center has grown dramatically, so our impact on the economy has significantly increased.

According to a labor force and employment outlook report from the Unified Government of Wyandotte County/Kansas City, Kan., the University of Kansas Medical Center is the third-largest employer in Wyandotte County, with more than 3,100 faculty and staff – the majority of them in the School of Medicine. All of the members of our faculty and staff have a major impact on the regional and state economy by purchasing goods and services and entertainment, buying or renting a home or an apartment and paying taxes.
The stakes are high. The School of Medicine powers through tough times, setting its sights on a new year and new opportunities.

### Enrollment

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<th>Source</th>
<th>2010</th>
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<tbody>
<tr>
<td>External Resident Funding</td>
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<tr>
<td>Medical Office Building Withhold</td>
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<tr>
<td>F&amp;A Returns</td>
<td>1.2</td>
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<tr>
<td>KU Hospital Mission Support (Restricted)</td>
<td>6.6</td>
</tr>
<tr>
<td>KU Hospital Mission Support (Unrestricted)</td>
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</tr>
<tr>
<td>Dean's Tax</td>
<td>1.4</td>
</tr>
<tr>
<td>KU Endowment Association</td>
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<tr>
<td>State Funds</td>
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### School of Medicine Expenditures

<table>
<thead>
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<th>Category</th>
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<tbody>
<tr>
<td>Clinical Departments</td>
<td>31.1</td>
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<tr>
<td>Basic Science Depts, Centers and Cores</td>
<td>28.8</td>
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<tr>
<td>Resident Stipends</td>
<td>4.9</td>
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<tr>
<td>Administration and Education</td>
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<tr>
<td>Dean's Tax</td>
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<td>Medical Office Building Withhold</td>
<td>1.7</td>
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<tr>
<td>Graduate Medical Education Admin and Program Support</td>
<td>29.4</td>
</tr>
</tbody>
</table>
about the school of medicine

THE SCHOOL OF MEDICINE
The School of Medicine is part of the University of Kansas Medical Center in Kansas City, Kan. It shares the campus with the Schools of Nursing and Allied Health, the Office of Graduate Studies, the Research Institute, several other research and clinical centers and The University of Kansas Hospital, the region’s leading academic hospital.

The School of Medicine–Wichita campus is located about 200 miles southwest of the Kansas City campus. The Wichita School currently provides outstanding education for 110 third- and fourth-year medical students who have completed the first two years of their medical education at the Kansas City campus. Starting in the fall of 2011, the Wichita campus will expand to a four-year medical education program.

Because of our commitment to training more physicians for rural Kansas, the School of Medicine will also open a four-year medical education program in Salina, Kan., in the fall of 2011. The Salina program will admit students from rural areas who are more likely to practice in rural and underserved parts of the state.

OUR VISION
The University of Kansas School of Medicine will work with its partners to become the premier academic medical center in the region known for its excellent education, innovative scientific discovery, outstanding clinical programs and dedication to community service. It will be recognized as the place where everyone wants to come to learn, to teach, to conduct research and to receive his or her health care.

administration and credits

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