Pharmacy: Part of the Green Solution
Deans Kim Kilgore (left) and Wendy Duncan-Hewitt (right) try to sneak a peek behind the mask of the Eutectic mascot at the Welcome Back BBQ sponsored by the Alumni Association on Aug. 23. See page 20 for more alumni event photos.

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First-year students and parents talk about their hopes, fears, and dreams at Freshmen Orientation.
As I write, autumn is in the air and the campus is abuzz with 1,156 students, including 241 new first-years, who are on a path to make their marks on society and the profession. A constant stream of prospective students and their families visit the Enrollment Services office in Jones Hall and sample the rich history of your 143-year-old College. Alumni, upon whose support StLCoP depends, are renewing old acquaintances and making new ones during Reunion Weekend.

The cool, fall weather causes many to reflect on the great outdoors and our environment. As you will read in this issue, StLCoP is no exception as the College is partnering with several organizations to reduce the impact of discarded pharmaceuticals on our rivers and streams. Under the guidance of Nicole Gattas, assistant professor of Pharmacy Practice, students will participate in a medication take-back program at 20 locations beginning early next year. The EPA-funded project also enables us to collect information from patients on their medication disposal habits.

After 13 years at the College, I still continue to be amazed by the accomplishments of our alumni. Jeffrey Phillips ‘82, a faculty member at the University of Missouri School of Medicine, is an entrepreneur extraordinaire. In addition to inventing the proton pump inhibitor Zegrid, Jeff has created a software program to monitor and evaluate hospital-acquired pneumonia. In many ways, Jeff’s question, “How do we make this better, what needs to be done?” is what we continually strive for at StLCoP.

Finally, the College’s senior administrative team is now complete with the addition of Marcus Long as vice president for Marketing and Communications, and Brett Schott as vice president for Advancement. Marc brings a wealth of higher education experience to his new role, and he will be focused on raising our profile among business and civic leaders, the media, and the general public in St. Louis and beyond. Brett comes to StLCoP after a six-year tenure at the Saint Louis Art Museum, and he will be working with donors and alumni to make the College even stronger for future generations of students.

As the seasons continually change, so does the College and the world around us. As always, I welcome your comments and suggestions on ways to keep moving your College forward.
Pharmacy Practice Faculty Join the Ranks

Lara Bichsel, Pharm.D., received her Doctor of Pharmacy degree from the University of Nebraska Medical Center. She completed an ASHP-accredited pharmacy practice residency with an emphasis in ambulatory care at Nebraska-Western Iowa Veterans Affairs Health Care System in Grand Island, Neb. Bichsel will be practicing geriatric ambulatory care pharmacy at St. Louis Veterans Affairs Medical Center, John Cochran and Jefferson Barracks divisions.

A. Karl McFarland III, Pharm.D., received his Doctor of Pharmacy degree from the University of Tennessee. He completed a residency/fellowship at the University of Florida Health Science Center in Jacksonville, Fla. McFarland is director of pharmacy with Doctor’s Hospital in Springfield, Mo. He will be coordinating experiential programs in the southern Missouri region.

Cynetra McNeil, Pharm.D., received her Doctor of Pharmacy degree from Hampton University. McNeil completed an ASHP-accredited pharmacy practice residency and an ASHP-accredited geriatric specialty residency at Central Arkansas Veterans Healthcare System. She will be practicing ambulatory care pharmacy as a faculty member with the Alexian Brothers Hospital PACE program.

Ryan Moenster ’04/’05, Pharm.D., BCPS, received his Doctor of Pharmacy degree from St. Louis College of Pharmacy. He completed a pharmacy practice residency and a specialty residency in internal medicine at St. Louis Veterans Affairs Medical Center, John Cochran division.

Katasha Partee, Pharm.D., received her Doctor of Pharmacy degree from Xavier University of Louisiana College of Pharmacy. She completed an ASHP-accredited pharmacy practice residency and an ASHP-accredited ambulatory care specialty residency at Central Arkansas Veterans Healthcare System. Partee will be practicing ambulatory care pharmacy at St. Louis Veterans Affairs Medical Center, John Cochran division.

Pat Rafferty, Pharm.D., BCPS, CDE, received her Doctor of Pharmacy degree from the Medical University of South Carolina. She completed a specialty pharmacy practice residency in pharmacotherapy/primary care with the University of Texas Health Science Center at San Antonio. Rafferty will be practicing ambulatory pharmacy at St. Louis Veterans Affairs Medical Center, John Cochran division. She will also be serving as assistant director of experiential programs.

Christin Snyder, Pharm.D., received her Doctor of Pharmacy degree from Ohio Northern University. Snyder completed an ASHP-accredited pharmacy practice residency at West Virginia University Hospitals in Morgantown, W.Va., and an ASHP-accredited primary care residency at the University of Pittsburgh Medical Center in Pittsburgh, Pa. She will be practicing ambulatory care pharmacy at St. Louis Veterans Affairs Medical Center, John Cochran division.

Philip Wenger, Pharm.D., received his Doctor of Pharmacy degree from the University of Illinois at Chicago. He completed a pharmacy practice residency at Jesse Brown Veterans Affairs Medical Center in Chicago. Wenger will be practicing ambulatory care pharmacy with an emphasis in corrections medicine at the St. Louis County Department of Health.
College Elects Two New Trustees

Laura Cusumano has been elected to the board of trustees for a full three-year term. Cusumano is the director of client services for Integrated Marketing Associates. She provides strategic guidance on project design and analysis and is responsible for business planning and client relations.

Prior to joining Integrated Marketing Associates in 2000, Cusumano was employed by Glaxo Wellcome, where she served as a senior marketing research analyst, manager of business analysis, manager of health systems marketing research, and director of marketing research. During her tenure with the company, she was responsible for the launch of Zofran and managed research projects as part of the Zantac team. In addition, she spent nearly three years focusing on developmental compounds for diabetes, cardiovascular, and antiviral therapies at the company's corporate headquarters in London. She also has experience as a health care consultant and is a registered dietician.

Cusumano holds a bachelor’s degree in Nutritional Sciences from Purdue University, a master’s degree in Nutritional Sciences from Cornell University, and an MBA from Duke University.

Kimberly France has also been elected to the board of trustees for a full three-year term. France is the director of business development at Covidien, where she is responsible for market development and building relationships with various professional societies and patient advocacy groups.

France has more than 10 years of experience in managed markets, alliance development, and marketing support. She has worked with several pharmaceutical companies including Wyeth, Bayer, Forest, and Cephalon. She has also been employed by the American Society of Health-System Pharmacists and the American Society of Consultant Pharmacists, actively promoting public-private partnerships in health care. She continues to be very involved in national pharmacy organizations.

France is a graduate of Howard University School of Pharmacy in Washington, D.C., and a native of Carbondale, Ill.

New Position Created to Increase Awareness

Marcus Long has joined the College as vice president for Marketing and Communications, a new position created to build visibility of the College and the pharmacy profession.

“I want to convey to people in St. Louis and beyond what an enormous impact this College has on their health, and what a quality institution it truly is,” says Long, who has a master’s degree in educational leadership and policy analysis from the University of Missouri.

Developing relationships is at the core of Long’s vision for spreading the message about the College. In his first few months, Long’s immediate initiatives have been guiding an updated identity program, meeting with a host of community leaders, and most importantly, he says, talking with students, faculty, staff, and alumni about the special place the College holds in their hearts.

“It’s important for me to understand what StLCoP means to the people who are closest to it, so I can then help project that regionally and nationally.”

Before arriving at the College in June, Long had spent 13 years in public relations and marketing positions at Mizzou, where he also received undergraduate degrees in political science and history. A former lifelong resident of the Columbia area, Long now is thrilled to be living in the Central West End. “I work here, my wife and kids love living here — and I don’t have to battle the traffic on Highway 40,” Long says in jest.
“Watch out for broccoli and spinach,” says fourth-year student Renee Marchand, glancing at a patient’s chart in the orthopedic surgery department at Barnes-Jewish Hospital. The patient, stretched out on his inevitably-uncomfortable hospital bed, reaches as far as he can and delicately shifts the brace supporting his newly bionic right knee.

“Romaine and iceberg lettuce are ok,” Marchand continues, “But don’t eat too much of it.”

Sitting along the wall, the patient’s wife listens intently as Marchand instructs them on how to prevent food and drug interactions, bleeding, and bruising, and then asks one last question: “Vitamin K, the leafy greens, and the warfarin…how do they interact?”

As Marchand calmly answers, her effortless bedside manner collides with single-mindedness of purpose – to explain why vitamin K, and people’s genetic makeup, influences how they respond to warfarin.

The blood-thinning drug and more specifically, how long it takes for the drug to leave the body, is the focus of a research project she started almost eight weeks ago as part of the Predoctoral Interdisciplinary Clinical Research Training (PICRT) program. She, along with fourth-year students Nicholas Herrmann and Kenneth Smith Jr., were among only 13 health care students selected to participate in the program offered by the Washington University School of Medicine. The curriculum, known as the “T32 program,” is part of the National Institutes of Health (NIH) Roadmap designed to train health care professionals to become patient-oriented researchers.

“I was almost shocked that I was able to do this at this point in my career,” says Marchand, as she enters the height, weight, and age of her knee-replacement patient into a database. Without missing a beat, she estimates his initial warfarin dose at 7mg a day based on his international normalized ratio or INR (the value used to evaluate the blood’s ability to clot properly).

The three StLCoP students began their intensive two-month training in June, taking courses in research design and data analysis, completing a report, and developing and presenting a scientific poster that describes their work. The inclusion of pharmacy students was a first for the program, which had typically attracted students majoring in medicine, physical therapy, occupational therapy, biomedical engineering, dentistry or, occasionally, social work. Teamed up with faculty mentors from St. Louis College of Pharmacy and the Washington University School of Medicine, the participants are taking on tough projects related to medical informatics and pharmacogenetics.

Herrmann is exploring the impact of safety guidelines on the use of colchicine, under the mentorship of Dr. Tom Bailey and Dr. Terry Seaton. Smith is working with Dr. Brian Gage, co-director of the PICRT program, on it’s all in the Genes

Students in the PICRT program study why different people process the same drug differently

STORY BY SHEILA HAAR SIEGEL

“Watch out for broccoli and spinach,” says fourth-year student Renee Marchand, glancing at a patient’s chart in the orthopedic surgery department at Barnes-Jewish Hospital. The patient, stretched out on his inevitably-uncomfortable hospital bed, reaches as far as he can and delicately shifts the brace supporting his newly bionic right knee.

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a study that examines the effects of vitamin K epoxide reductase complex (VKORC1) on patient sensitivity to warfarin. In collaboration with Dr. Gage and Dr. Gloria Grice, Marchand is trying to uncover more about the CYP2C9 gene and three single nucleotide polymorphisms (SNPs), or small genetic variations that can occur within a person's DNA sequence. All three students are looking for answers on how to optimize the use of and lower the risk of complications from warfarin and colchicine, both of which are difficult drugs to dose.

As Marchand and Smith are learning firsthand, warfarin is a difficult drug to use because the optimal dose varies and depends on many risk factors, including a patient's diet, age, and the use of other medications. Ongoing research, much of it conducted at Washington University School of Medicine, has also shown that people respond to warfarin differently based, in part, on whether they have variations of certain genes, most notably CYP2C9 and VKORC1.

“There’s so much variability among patients,” explains Smith. “We consider factors like age, gender, weight, height, ethnicity, race, and dietary and social lifestyle. We see hereditary and environmental factors, and we use those factors to estimate warfarin dosing when patients come in for orthopedic surgery.”

Dosing is particularly important at the beginning of therapy, when problems in adjusting the dose can lead to complications such as bleeding. Patients who take a dose larger than they can tolerate are at risk of life-threatening bleeding. Those who receive too low a dose are at risk of equally dangerous blood clots. Marchand and Grice are trying to head off some of these adverse drug events by getting vital information up front.

During initial surgery consultations, Marchand and Grice recruit participants for their research project, asking patients to complete a small amount of paperwork, consent to a few extra blood draws, and swish some Scope in their mouth for 60 seconds to collect cheek cells for a DNA sample.

“We do a lot of recruiting,” says Marchand. “It’s tedious, but always good in the end because generally people are excited about being in the study. It’s really cutting edge and they want to be involved in it. We send the participants a letter, which tells them their genotype, what that means, and how their body might react to certain drugs.”

Marchand and her classmates have been going on rotations and gathering lab work. And then, there is the data collection. Lots of data collection. “That’s mostly what we do,” explains Marchand.

“On Mondays and Thursdays, we get all of the lab work in. Those are hectic days because we have 50 patients for whom we have to get lab work done. Then, we enter the information into the database.”

More important, however, is the amount of time the students have been able to spend with patients – recruiting project participants, interviewing them, and conducting continued INR monitoring during ongoing warfarin therapy.

“I now know how to talk to patients and feel empathy for them,” says Marchand. “If I’ve gained anything from this program, it’s patient contact.” By the end of the program, and for as long as they can, the students hope to underscore the need for health care providers to use modern science to get the right drug in the right dose for the right patient.

“It’s a great opportunity to experience research, even if you’re not sure that you want to do research,” points out Marchand. “It was made very clear the first day that we’re not here because we’ve committed to a life in research. We’re here to see if we want to do research.”

Marchand’s mind is already made up. “I want to continue with a research career in pharmacogenetics. It’s very interesting and there are so many things that are still not known. It’ll take someone’s entire lifetime of work for just one SNP. There’s still a lot more out there to learn.”

Opposite page, from left to right: Renee Marchand, Kenneth Smith Jr., and Nicholas Herrmann have been chosen for training in clinical research. Above: Marchand and Gloria Grice, Pharm.D., are using genetic tests to predict the dosing of medications.
He remembers the adrenaline pumping, his heart feeling heavy beneath his white jacket as he rounded in the surgery intensive care unit and looked in on a woman who was bleeding to death from a stress ulcer.

The day before she was scheduled to have her stomach removed, staff pharmacist Jeff Phillips ’82 raised the question of how to stop the bleeding. She was already receiving Prilosec® granules, which were clogging up her nasogastric tube. She was also taking antacids and sucralfate to control her gastric acid secretion. Phillips and the physicians at the University of Missouri Hospital and Clinics had to keep replacing the tube every few hours, and every time they would poke another tube into her stomach, Phillips feared the worst for his patient’s bleeding problem. It was a dilemma, a challenge, and an opportunity for a regular guy like Phillips to solve a problem as he did.

“I thought, what if I take the pellets of Prilosec, dissolve them in sodium bicarbonate, and let it sit for about 30 or 45 minutes?” explains Phillips. “If you try to dissolve it immediately or if you try to crush the granules, you get all these little fragments and it doesn’t work. But if you wait a half hour or so, it becomes a suspension and turns out to look like skim milk.”

Today, as research associate professor and head of applied research in the Department of Surgery at the University of Missouri-Columbia, Phillips still has the energy of a kid who ended up somewhere he could have only dreamed of. In January 2001, his invention was licensed to Santarus Inc., a specialty pharmaceutical company that develops therapies for gastrointestinal diseases. Since then, Zegrid has been approved by the U.S. Food and Drug Administration (FDA) for suspension, capsule, and chewable tablet formulations and was introduced to consumers in 2003. According to the FDA, the drug is in a product class all its own and is the only drug approved to prevent stress ulcers. This year, the anticipated net sales of the drug stands at approximately $100 million.

But initially, finding support for his product was rocky at best. Even experienced scientists were skeptical about the prospects of its success. At the University of Missouri, Phillips worked hard to convince the surgery department to provide backing for a research lab, routinely squeezing out of his closet-sized office to present his case to the chairman. Later, he was shooed out the front doors of a dozen big pharmaceutical companies before
hearing about Santarus through a fellow alumnus of the University of Utah, where Phillips obtained his Pharm.D. “It was like that movie ‘Groundhog Day,’” he says. “Every time I went to one of these companies, it was like the same people worked at every one. The faces changed but they could have had the same names because they all thought the same way.

“I was presenting the data, trying to provide evidence, and showing them a new way to think about this group of PPI drugs. But the pharmaceutical industry has gotten into a loop of developing the same stuff over and over again and letting marketing do the rest. Pharmaceutical companies are successful because they have a very elaborate plan for the life of their product, and product life cycle management is a very important aspect of modern pharmaceutical company strategy. They all had other PPIs, and they didn’t want anybody interfering with their product’s life cycle. So if a guy like me comes in saying that this drug is better than what they have right now, that mucks up their product life cycle management.”

Eventually, Phillips got his lab. The Department of Surgery invested $200,000 to pay for the patent work. And, while coming up with a solution for the problem of acid reflux (particularly for patients in the ICU who may not have normal GI function) was pressing, developing Zegrid was a long-term proposition. Indeed, it took 10 years to research, develop, and manufacture the drug before it hit the market. Throughout the process, Phillips depended on himself and other rugged professionals, and he has no plans to start delegating now.

“A lot of people who have achieved great fortune think that what it means to be ultimately successful is to be able to step back and let other people do all the work and just retire,” Phillips says. “And that is the equation that leads to failure. You can’t just walk away and let others run the enterprise because they don’t have your passion and commitment to it.”

The transition from pharmacist to researcher to inventor wasn’t a big jump for Phillips. To a degree, for those who are eager to work directly with patients but are not interested in research, the transition is trickier. “Research is a necessity of practice and a necessity of being a good clinician,” he says. “If you find yourself on the front line, dealing with patient problems, and you want to make patients better, then you quickly come to the realization that there are problems with some existing treatments. Some of those problems you can actually solve.

“Once you realize you’re a problem solver,” he adds, “you start to gain the ability to analyze a problem and determine what needs to be done – it gets in your blood. When I’m picking grass seed for my yard, I’m using those skills. When I’m selecting a washer or dryer, I’m using those skills. You just become someone whose eyes are wide open to problems in life. It seems hard, but it’s really not.”

Phillips’ innate problem-solving ability continually drives his research and has led him to initiate projects that he could not have tackled were it not for the success of Zegrid. He is currently working on the next generation of PPIs, an agent that will be more active and provide 24 hours of pH control on day one (Zegrid provides 18 hours after five days).

Most days at the hospital, he teaches residents and goes on rounds. Sometimes, he even does veterinary fieldwork with horses that struggle with acid reflux. “If you’re not involved in daily problem solving, then you don’t have the opportunity to see what’s needed and what isn’t working. So I try to keep my feet in the water, to know what the temperature of the water is.”

He is also sharing his skills, developing “Lung Guardian,” a free software program used by hospitals to monitor and evaluate hospital-acquired pneumonia. Just by using this software, Phillips says, hospitals can reduce antibiotic costs by 45 percent and mortality rates by up to 25 percent. “A lot of these things are attainable but you have to break outside of your box. I heard it over and over again – ‘Dr. Phillips, if what you say is true, then it would have been done already.’ Well, that’s the craziest idea I’ve ever heard. If everything’s done, then why are we here? I didn’t buy any of that, I just kept pushing forward.”

Opposite page: Phillips analyzes samples from ICU patients who have hospital-acquired pneumonia. Above: Phillips and a colleague, Jane Burnett, conduct research on acid reflux disease.
Pharmacy: Part of...
More and more trace substances are turning up in our waterways, from bodily wastes and millions of people disposing of expired or unused medications by flushing them down toilets. A recent study of the Potomac River revealed that 80 percent of male small mouth bass had eggs. Other studies have exposed a medicine chest of estrogen, antidepressants like Prozac, and acetaminophen in waterways. The U.S. Geological Survey, for example, found traces of 22 pharmaceuticals ranging from acetaminophen to fluoxetine to warfarin in Boulder Creek, in Boulder, Colo.

“Flushing medications puts them directly into our aquatic waste stream,” says Joe Starinchak, an outreach coordinator with the U.S. Fish and Wildlife Service in Washington, D.C. “Almost all of the medications in our waterways go through wastewater treatment facilities. But our wastewater treatment facilities aren’t sophisticated enough to filter out the active ingredients of these medications. So they eventually go into our public waters and that creates impact.”

It doesn’t take much estrogen in the water supply to cause alarming deformities and sexual abnormalities in fish. But how medications affect humans is still unknown. Since sewage treatment plants aren’t equipped to remove the pharmaceuticals that are flushed, a growing body of evidence indicates that many drugs are ending up in drinking water.

“Our detection capabilities have improved dramatically over the past 10 to 15 years,” Starinchak explains. “We now know more about what is in the environment, such as which human habits are contributing to the problem. But that doesn’t mean we know what long-term exposure does. We don’t have that information.”

Following the lead of a joint effort between the U.S. Fish and Wildlife Service and the American Pharmacists Association (APhA), the federal government has issued new guidelines on the disposal of medications, which recommend against flushing unused or expired medications. Patients, doctors, and pharmacies are now urged to dispose of most drugs in the trash.

The new guidelines advise consumers to crush solid medications or dissolve them in water and then combine them with cat litter, coffee grounds, or other kitchen materials. The medication should then be dumped into a sealed bag and thrown in the trash.

“If you have your prescription bottle, just put water in it with the pills and let them dissolve,” offers Dr. Nicole Gattas, assistant professor of Pharmacy Practice at St. Louis College of Pharmacy and clinical pharmacy coordinator at Schnuck’s Pharmacy. “Some medications won’t dissolve fully. So you might need to let them sit for an hour or two, let them dissolve partially, and then dump the liquid in a bag of kitty litter or coffee grounds. Then, put it in a plastic bag and throw it in the trash, close to the time the trash collector will be picking it up.”
APhA and government officials hope that even more disposal solutions will be available to consumers in the future. In some small countries, reverse distributors are now being used to help return drugs to manufacturers for credit. Here in the U.S., some communities are establishing medication take-back programs at pharmacies so patients have yet another alternative to flushing drugs and overmedicating waterways.

As part of the Regional Excess Medication Disposal Service (RxMEDS) community program, St. Louis College of Pharmacy is working to lessen the environmental impact of prescription medications, protect patient safety, and stem the tide of prescription drug abuse.

“Our goal is to create an efficient, regional model that removes and disposes of unwanted medications and informs people of related health and environmental issues,” says Gattas, who is coordinating a medication take-back program for the project. “It’s a safety issue from my perspective as a pharmacist, and from my perspective as a human being, it’s helping the environment.”

Gattas became compelled to make homes and lives safer when a member of her own family died from an adverse drug event. “My cousin, who was 25 years old, died after he took expired medicine belonging to another relative,” she recalls. “He and his wife had a new baby, and he had a headache. He went to a family member’s house and took a Xanax and a pain medication. Later that day, he didn’t feel well and went to the emergency room, where he was told to go home and sleep it off. He aspirated and died that night in bed. Those types of things happen every day. That’s one of the reasons I wanted to be involved with the program. We can help people with their medicines and, at the same time, be responsible for the environment.”

Funded by an Environmental Protection Agency (EPA) grant, the RxMEDS program is a collaboration of seven community businesses and organizations in the St. Louis area, including StLCoP, Schnuck Markets, Cintas Corporation, American Association of Retired Persons (AARP), Oasis, Mid-East Area Agency of Aging (MEAAA), and Senior Services Plus. A local non-profit, Area Resources for Community and Human Services (ARCHS), assembled the group and serves as the program’s lead partner.

RxMEDS plans to educate people on proper disposal by collecting unused or expired medications, presenting drug safety workshops for seniors, and developing public service announcements for the community. Third-year students from St. Louis College of Pharmacy will also provide fun educational programs for elementary school children and their parents, using biodegradable plaster of Paris instead of coffee grounds or cat litter for drug disposal.

Gattas has set up collection sites for unwanted medications at 20 Schnucks locations throughout the metro area. Beginning in January, St. Louis College of Pharmacy students will collect and take inventory of the unused medications. One day a month, patients will be able to come in and drop off their medications – after chatting with one of the students. “Patients will have to sit down with a student pharmacist for a few minutes in order to get some information from them,” Gattas points out. “But it doesn’t have to be their medication necessarily. We’re not going to be asking their names.”

“The idea is to provide a safe disposal method for participants to get rid of medications,” says Dr. Sterling Hayden, ARCHS’ vice president for fund development and evaluation, “and to collect data on these medications, such as how long people have had them, the number of medications they have, why they’re disposing of their medication, and how they were disposing of their medications before.”

RxMEDS will be the first program to document what types of medications people are throwing out or keeping in their homes – only two such grants have
been awarded by the EPA. Most take-back programs don’t document which drugs are being returned. Rather, they simply document how much weight is in the box of collected medications. Thus, not only will the RxMEDS research help the EPA collect data on potential volume of waste disposal in the water system (by tabulating the quantity of excess medications in a sample population), but it may also provide valuable data on the prescribing practices that led to such waste.

“We think that over-prescribing may be occurring because insurance companies offer people a cost savings incentive to get 90-day supplies,” Gattas describes. “If you get a 90-day supply, you might pay one co-pay or pay less. But if your medication is switched six days later because of an adverse drug event or it isn’t working, you have unused medication at home and a lot more medication waste is being created.

“Also, if we know what types of medications are in people’s homes,” Gattas adds, “we can work with the pharmaceutical industry as other countries have done. For example, if we find that certain pain medications are most often in homes, we could work with specific companies and the government to develop a medication take-back program through the manufacturers.”

According to state and federal law, controlled substances cannot be accepted through the RxMEDS program, but participants can still bring them to the take-back locations. “We have permission to collect data on them, and then we will give them back to the participant and educate them on how to dispose of those types of drugs based on the APhA recommendations,” says Hayden.

All of the drugs collected through the take-back program will be disposed of in environmental waste containers and incinerated by Cintas Corporation. In fact, a significant portion of RxMEDS’ grant funds are being used to incinerate the unused drugs at an EPA-certified facility in the St. Louis region.

Incineration can be an expensive disposal method, and may be out of reach for some communities that are interested in starting a take-back program of their own. But pharmacists can still provide guidance to patients on environmentally friendly options to flushing, whether through organized, community efforts or individual action at home.

“Work with your local police departments and health departments to see if you can do a medication take-back program in your community,” suggests Gattas. “You’ll need to work with police departments if you’re going to take back controls. You’ll also probably want to work with some environmental groups to decide which is the best way for your community to dispose of the waste – do you want to put it in the trash or do you want to try to get a grant for incineration? Otherwise, just make sure that medications make it into the landfills instead of the water supply.”

Gattas says most patients aren’t aware of the potential environmental impacts from improperly disposed medications, and that 30 to 50 percent of people are still flushing their medications. To help educate patients on proper medication disposal, APhA and the U.S. Fish and Wildlife Service have launched a national awareness campaign. One highly anticipated element of the initiative, dubbed “SMARxT DISPOSAL,” will be a Web site, which is slated for completion in October and will feature materials pharmacists can use to help ensure that patients’ everyday actions will safeguard lives and protect the environment.

“The bottom line is: everything’s connected,” says Starinchak. “Flushing unused or old medications down the toilet is going to produce some type of reaction. Everything we do is going to have an impact. Here’s an opportunity to have a positive impact.”

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Proper Disposal Of Medications

As medication experts, pharmacists can guide patients on how to properly dispose of medicines. Three simple steps can help protect your family and community, minimize a potential negative impact on the environment, and prevent the illegal diversion of unused medications:

1. **DO NOT FLUSH** unused medications. Consumers were once advised to flush their expired or unused medications; however, recent environmental impact studies report that this could be having an adverse impact on the environment. While the rule of thumb is not to flush, the Food and Drug Administration (FDA) has determined that certain medications should be flushed due to their abuse potential. Ask patients to read the instructions on their medication.

2. When throwing away unused medications, protect children and pets from potentially negative effects. Advise patients to crush or dissolve medications in water (same applies for liquid medications) and mix with kitty litter, coffee grounds, or sawdust (or any material that absorbs the dissolved medication and makes it less appealing for pets or children to eat), then place in a sealed plastic bag BEFORE tossing in the trash.

3. Remind patients to remove and destroy ALL identifying personal information (prescription label) from the medication container. Also, look for approved state and local collection programs or check with area hazardous waste facilities in your community. In certain states, you may be able to set up a medication take-back program in your community pharmacy.

Source: U.S. Fish and Wildlife Service and APhA
Third-year student Stephanie Seaton enters Parkview Café. “Hi, Dad,” she says across the salad bar. Pharmacy Practice Professor Terry Seaton waves to his daughter. After a brief conversation, the two head to their respective classes. The father-daughter duo, like Valerie Schafermeyer and Professor of Pharmacy Administration Ken Schafermeyer, share the StLCoP halls and a love of pharmacy.

Both Stephanie and Valerie were repeatedly exposed to the pharmacy profession throughout childhood. Ken surmises, “Valerie probably went to more pharmacy association meetings than working pharmacists by the time she was through grade school.” Terry remembers, “Stephanie saw that I had direct patient care responsibilities and there was a purpose and meaning to the commitment I had to my patients. She also got to know residents and felt the sense of community that is connected to pharmacy.”

Each girl wanted to pursue a career in the medical field, but didn’t consider pharmacy or attending StLCoP until high school. Stephanie recalls visiting her dad at St. John’s Mercy Medical Center and feeling “grossed out by the whole setting.” But when Stephanie’s high school biology professor encouraged her to study pharmacy, she decided to follow in her father’s footsteps after all. Terry believes his daughter applied to StLCoP aware of potential challenges. “She saw more negative than anyone, but she was pretty focused. She made up her mind and didn’t evaluate other schools. She applied early and had the grades to get in.”

Ken recalls, “Valerie used to say, ‘I’ll never be a pharmacist.’” But then, a former StLCoP professor, Kelly Birch, influenced Valerie’s decision. During high school, Valerie visited St. John’s Mercy Medical Center, where Birch worked in the neonatal intensive care unit. Ken remembers, “Valerie came home from the hospital and said that the doctors asked Kelly questions and listened to her answers. I explained to her that the direction of pharmacy was going that way and she became interested.”

“I knew coming here would be a lot of hard work right from the beginning,” says Valerie. The fifth-year student spent time on campus during her dad’s 17 years as a professor. Ken felt “delighted” when he learned Valerie was accepted to the school. “I was excited and I knew she would do very well,” he says. Terry felt similarly. “I was proud of her for getting into the school because it’s so competitive.”

While Terry was excited about his ability to see more of his daughter during her college years, he was also apprehensive about her experience on campus. “I was worried how other students would treat her,” he admits. “I didn’t want them to use her as a direct conduit to me.” He even consulted his colleague Ken Schafermeyer about the situation. Says Ken, “Valerie was probably self-conscious coming to school here. She would say her last name and people would ask if we were related.”

Over the years the fathers’ fears have subsided. “I have made no impact on her College experience during her first two years,” says Terry. Ken agrees, “She refuses to let anyone treat her any differently.” The fathers do, however, experience benefits. “I get included in more things on campus and get to know
some of the students in her class,” Terry explains. Being a parent of a student at the College has also been an eye-opening experience for Ken. “I really have a better understanding of the College as a whole and a perspective of what it’s like to be in classes. It gives me a better appreciation for the great job people are doing around here.”

Says Stephanie, “I was a little leery about how my peers would feel about my dad being a professor and how our relationship would be, but it’s been a positive experience. Our relationship is more professional, and I enjoy it.” Although friends vent to her about Ken’s tests, Valerie admires his connection with his students. “He really cares about them and wants them to do well in life. He’s friendly, understanding, and patient.”

Dean Wendy Duncan-Hewitt can relate to the father-daughter pharmacy bond. Her medicinal chemist father was also her biochemistry professor at the University of Toronto. “Having him as a professor was interesting, because my dad had the reputation of having the hardest class in the school and everybody was a little bit scared of him,” she remembers. “When he was actually teaching me, I felt really proud because he tried to make things fun for the students. He used case studies before faculty generally did that sort of thing.”

Next semester Ken will be teaching Valerie. In two years, Stephanie will be taking Terry’s class. She’s looking forward to learning from her dad. “He’s insanely intelligent and I’m excited about taking his class. I think it will make me work harder. I’ve put a silent expectation on myself.” Ken is preparing himself for an “honest critique.” “Having her in class will be a motivating factor. It makes me want to do better.”

In the meantime, the Schafermeyers and Seatons collide on campus. “I see her briefly,” explains Terry. “She’ll stop by my office when I have mail or food to give her.” Valerie describes a similar situation with her dad. “We’ll sit together at lunch or sometimes I’ll go by his office to say hello.” Ken jokes, “She pretty much acts like I’m not here, except when I see her. We don’t make a point of getting together and doing things at school. We make a point of doing things outside of school.”

Observing the pharmacy family dynamic is encouraging to Duncan-Hewitt. “It’s wonderful when parents and their children are on the same campus,” she says. “I think it’s a wonderful tradition. It says something about the profession because that happens so frequently.”

Remembering that her dad “was really proud when he learned I was going into academia,” Duncan-Hewitt often turned to her father for advice. “When I got my Ph.D., he was so excited. He had some really good ideas about what path I should take in order to be successful.” Ken hopes to offer his daughter suggestions on her career as well. “I’m very interested in what she does with rotations and what she does after she graduates. I’m full of ideas, resources, and advice.”

Although she isn’t inclined toward teaching, Valerie predicts she and her father will continue to share one common factor in pharmacy – attending pharmacy association meetings.

Terry expects the bond of sharing a campus and profession to enrich both their lives. “I have a natural sense of pride that will grow and culminate with her graduation. It will be a great experience to ‘hood’ my own child.” Furthermore, he says, “I envision a future where we’re working together. Not a lot of people can say that.” Believing she’s found the perfect role model for her career, Stephanie says her father “embodies what a pharmacist should be. If I can ever be as intelligent and knowledgeable as he is, that would be the greatest achievement in my life. I hope I can make a similar contribution to the health care community.”

Kenneth ’76 & Valerie ’09 Schafermeyer
A laundry basket perches atop the washing machine in the breezeway, skyscrapers of neatly folded clothes soaring above the safety of its rounded, plastic rim. The kitchen has been switched back to its utilitarian function, after a Saturday morning hiatus as a temporary study room. Stacks of books rest beside a doorframe waiting to be collected for the two-hour drive from rural Audrain County, Mo., to St. Louis.

At 8 p.m. every Sunday, Jeanell Bertels would pluck her toothbrush from its holder, hoist a basketful of freshly laundered clothes beneath her arm, and push back tears as she pulled out of the driveway of her family’s 1,000-acre farm. After three long years of this routine, Sunday nights never got easier. On Sundays, the Bertels family settled in, all together at home, for a night of just hanging out. After dinner, Andrew, 15, and Caleb, 12, would shoot hoops until dark, while Jeanell and husband Marty choreographed the upcoming week. Then, it was time for Jeanell to start all over again, packing up for classes at St. Louis College of Pharmacy and an apartment in the city, where she stayed during the week. Just as soon as she got settled in St. Louis, it was time to head back to the farm again on Friday night.

“It started wearing on me,” Jeanell says. “I was packing up every week – I lived out of a laundry basket.”

Now a sixth-year student, the 44-year-old has let the lease on her city apartment expire. This year, she will live with her family full time again and finish rotations closer to home in Columbia, Mo.

“I missed them so badly,” she says. “The boys grew up so much in just three years; they’ve changed so much.”

In 2000, Jeanell had been teaching at the middle school level for 12 years and was beginning to question her career, when Marty’s mom died. Ten days later, Jeanell’s father died and then a year later, Marty’s dad died. Jeanell stepped back to take a closer look at her life and realized that she had always been interested in health, especially when trying to make sense of the tangle of medications her parents were taking.

“My mother-in-law was on 16 different things,” Jeanell explains. “And no one in the family knew what the medications were or what they were for. I was also at a point where I knew I wasn’t going to teach for the rest of my life. I did it, I loved it, I put my heart and soul into it, but I got burned out. I did grants, plays, the blood drives, and I was the cheerleading coach and student council sponsor. I did it all. I wouldn’t give up those years for anything, but I just didn’t want to continue with that anymore.”

Jeanell’s sister-in-law suggested she try on pharmacy for size, and Marty gave her the confidence to go for it. “I job-shadowed at a pharmacy and realized I could do this,” she says. “Marty told me if I could get into pharmacy school, then I should do it. And I got in!”

Jeanell and Marty have been married for 17 years. They fell in love and moved to the house where Marty grew up and where they still live today. From the beginning, they have been genuine partners.

“He’s always supported me in whatever I’ve dreamed up to do,” Jeanell says. “Marty has this incredible belief...
in me. He thinks I am so smart and can do anything. In fact, he believes in me more than I believe in myself."

Throughout the past three years, the two called each other at least once a night during the week, sometimes twice or more. "It was a struggle," Marty says. "The first two years went pretty smoothly, but by the third year, the boys and I were about ready for it to be over. There were a few times when Jeanell was about to lose it too, but we worked it out."

"I was just staying above water," Jeanell admits. "I was doing everything I could to keep things going, that's it. The first year was all about getting my homework done and passing classes. It took everything just to do that.

"I couldn't have made it through the past three years without Marty and the boys encouraging me along the way," Jeanell adds. "There were many times when one of them would say something to keep me going. It's been a family goal, getting me through. In some ways, it's brought us closer together and in some ways, it's separated us. I'm not as dependent on Marty now, and the boys became more independent, too. That's how it separated us. But it's brought us closer together because we've all worked toward this."

Having a supportive husband and family helped Jeanell concentrate on her lessons and gave her the extra boost she needed to make the dean's list last semester. Back at home, Marty shifted gears often, whether on a tractor planting soybeans in a field or in the car picking up one of the boys from a basketball game. It seemed he was always sorting out where the boys needed to be and when, which fortunately the flexibility of farming allowed. He became skilled at cooking steak, corn on the cob, and macaroni and cheese. And he turned to Andrew and Caleb for help with chores.

"They had a hard time getting accustomed to my cooking," Marty jokes. "I finally got them broken in to clean up after dinner though. On Thursdays, before Jeanell came home, we tried to clean up the house at least halfway, but she still came home to a bachelor pad. She'd be home for about a day, and then she'd had enough of us!"

Truth be told, Friday night was Jeanell's favorite night of the week. "That's how I got through the weeks in St. Louis," she says. "The best part about it was that Marty would have supper ready when I got home. We would all have a meal together and I usually didn't do anything for school that night. Family was the priority, and then my lessons."

But while the Bertels have pulled together as a family, Jeanell and Marty also want to sow self reliance in their children. Even though Jeanell was home every weekend, the boys have learned to depend on themselves, with little whining or complaining.

"I wasn't here to match their clothes," Jeanell says. "I would do all the laundry on Saturday and put it in baskets, but they had to fend for themselves on getting it together."

"They may not have been the best dressed boys," Marty recalls, laughing.

Soaking up their parents' example, the boys now understand what it takes to set a goal and stick with it.

"It's been hard," Jeanell says. "I'm old enough that it takes me a little bit more to learn things. Some of the kids I'm in school with, I just can't believe – they go out and they still do so well. I'm jealous! There were many times I was asked to go out with StLCoP friends and didn't because I had my family to return home to. It was a source of pain for me because I wanted to go have fun with pharmacy school friends but wanted to be with my family, too. The family always won."

As for the future, Jeanell plans to stay on the farm and work as a pharmacist somewhere nearby, ignoring Marty's offer to move to wherever she wants after graduation. When she finishes her final rotations next spring, she hopes to take a family cruise with Marty and the boys. And she is already musing about her next dream.

"I want to learn how to fly airplanes maybe," she says grinning. "But my husband says he doesn't want me to do that. He thinks I need to find something where I stay on the ground."

The entire Bertels family is looking ahead to Jeanell's graduation in 2008, when their three years of sacrifice and many days apart will all seem worthwhile.
Q: What are your hopes for your student?
A: You take the risk, when you’re 17 or 18 years old, of not knowing if pharmacy is the right fit. But I hope it’s something he’ll be passionate about. –Kim Daily, parent of Alec Daily, Arthur, Ill.

A: I just hope he likes it here. I know he’ll be successful! –Scott Daily, parent of Alec Daily, Arthur, Ill.

A: She’s always set her goals high and she’s always met them. I have every confidence that she’ll succeed. I think it’s going to be a great adventure! –Tamara Kreft, parent of Laura Kreft, St. Charles, Mo.

Q: Is there anything that scares you?
A: I have a fear of paying for it! –Jody Lingow, parent of Jonathan Lingow, Jerseyville, Ill.

A: I’m nervous about the work load. I’ve heard that it’s hard but that there’s lots of tutoring available. –Laura Kreft, student, St. Charles, Mo.

A: We’ve heard that the Central West End is a dangerous area. We’re scared about that. –Scott and Kim Daily, parents of Alec Daily, Arthur, Ill.

A: I’m worried about her stress level because I know the curriculum’s really tough here. I don’t want her to freak out. –Maura Donnelly, parent of Ashley Donnelly, Highland, Ill.

A: My biggest fear is leaving all of my old friends behind and making new ones here. –Jonathan Lingow, student, Jerseyville, Ill.

A: I’m worried about finding study partners since I’ll be commuting. But I’ve already had a couple of girls adopt me. –Ashley Donnelly, student, Highland, Ill.

Q: What are you excited about?
A: I’m looking forward to meeting alumni, doing some research, and finding out what helped them get through StLCoP. –Jonathan Lingow, student, Jerseyville, Ill.

A: I’m excited about moving away from home, entering a different realm in life. It’s going to be really different – no one yelling at me or telling me to get up for school. I’m going to miss my mom’s cooking though. I’m also going to miss my car. –Steven Rutherford, student, Springfield, Ill.

Q: How often will you talk with your student/parents?
A: I’m sure Steven will talk more with his dad than me. They can talk on the phone for two hours at a time. –Teresa Rutherford, parent of Steven Rutherford, Springfield, Ill.

A: With my job (as a FedEx driver), I can talk all day while I work. –John Rutherford, parent of Steven Rutherford, Springfield, Ill.

A: I think three phone calls a day is totally doable. She should be able to call me at breakfast, lunch, and bedtime. What’s so hard about that, especially when she doesn’t have class until 10 a.m.! –Rene Cox, parent of Brittney Cox, Herrin, Ill.

A: I’m thinking maybe once a day is more like it. –Brittney Cox, student, Herrin, Ill.

A: Truth be told, I’ll probably be calling her
more than she'll be calling me! –David Cox, parent of Brittney Cox, Herrin, Ill.

What do you think of the campus?
A: I like the intimacy of the campus amidst all the busyness of the city. –Ben Naylor, student, Kirkwood, Mo.
A: Absolutely love it! It’s small, secure, and next to a lot of job opportunities in the future. –David Cox, parent of Brittney Cox, Herrin, Ill.
A: Everyone’s been so nice and helpful here. Everyone...our financial aid counselor, the presenters at orientation, even the lady in the book store...has been so great. People care about the students here and I don’t think you find that everywhere. –Cheryl Foster, parent of Ben Naylor, Kirkwood, Mo.
A: I like how small it is. I was already playing pool with some students. –Steven Rutherford, student, Springfield, Ill.

Did you apply to other schools?
A: I came to (StLCoP) campus one time before. By the end of that day, I had decided to come here. I was also offered a full four-year scholarship to Milliken University. But I liked how small it was here. –Alec Daily, student, Arthur, Ill.
A: StLCoP was my first choice – it was the only school I applied to. I looked at four or five other schools, including U of I and other larger schools, but I liked how small StLCoP was, and I was fortunate that it was right here in St. Louis. –Ben Naylor, student, Kirkwood, Mo.

What do you think your first day of school will be like?
A: I like that the students are all in the same classes – we’re in it together! –Ashley Donnelly, student, Highland, Ill.
A: Stressful! But I’m really excited about studying just one thing, unlike high school. I’m excited about meeting new people and the college experience. –Brittney Cox, student, Herrin, Ill.

How will you use your pharmacy degree?
A: I may go into pediatric pharmacy. –Ashley Donnelly, student, Highland, Ill.
A: Ben’s already being recruited to be a pharmacist in Sudan! During a recent dinner at our house, a bishop of our Episcopal diocese told him about the need for pharmacists there. Maybe he could set up a rotation in Sudan. –Earl Naylor, parent of Ben Naylor, Kirkwood, Mo.
A: I may go into hospital pharmacy. I’m sure that’ll change in six years. –Brittney Cox, student, Herrin, Ill.
A: I didn’t realize the limitless possibilities within the field of pharmacy. Ben can go anywhere and do anything with his Pharm.D. degree it seems. –Cheryl Foster, parent of Ben Naylor, Kirkwood, Mo.

Any surprises so far?
A: It was incredible when Ben told us he wanted to be a pharmacist. Pharmacy was a field I never thought of! Everyone was telling us how difficult it was to be accepted here. Maybe it’s just the dad in me talking, but I never doubted that he’d get in here. –Earl Naylor, parent of Ben Naylor, Kirkwood, Mo.
A: I was a late acceptance student. There were only 20 spots left when I got accepted! –Alec Daily, student, Arthur, Ill.
A: I was surprised at how small the campus is. It’s not like a big college where Steven would only know five or 10 people in his dorm. He’ll get to know a lot of people in his class and we like that. –Teresa Rutherford, parent of Steven Rutherford, Springfield, Ill.
Dear Alumni,

Welcome to the 2007-08 school year! It’s hard to believe more than 15 years have gone by since I attended the College. Since then, the campus has gone through a major transformation – one that you need to experience. I have fond memories of the many friendships and the many professors, staff, and alumni who helped to shape my pharmacy career. Their support has encouraged me to stay connected to our alma mater.

Your participation in the Alumni Association can foster opportunities to renew old friendships, gather with fellow pharmacists, and interact with current students. We need the support of all our alumni in order to continue to provide scholarships and other programs, which help future pharmacists follow in our footsteps.

The Alumni Association is for alumni of all ages and interests. Again this year, we plan to increase the number and types of events, including family activities. I especially want to invite the participation of our young alumni, who help to keep our organization vital. I encourage you to visit www.alumni.stlcop.org for upcoming events, and make the commitment to attend at least one activity this year!

Most important, the Alumni Association is committed to the growth of our students. Your $40 alumni membership is a crucial resource to meet that need. With your help, we can make a difference in the lives of current students, increase the value of our StLCoP degree, and make the next six years on campus better than ever. Just click on the membership tab at www.alumni.stlcop.org and follow the directions to join us in our support of academic excellence.

I look forward to my tenure as the 2007-08 president.

Sincerely,

Ellen Verzino ’91/’92
President

Senior Administrator Completes Advancement Team

Brett Schott has joined the College as vice president for Advancement with responsibility for development and alumni relations.

“The alumni and donors are justifiably proud of the place the College holds not only in the profession, but in the community,” Schott says. “My goal is to get to know as many alumni as possible and keep their connections strong with StLCoP.

“One of the aspects I like most about development is the chance to strengthen the College’s relationship to the alumni and the entire community,” he continues. “StLCoP is truly a civic asset and with such committed faculty, I think the College prepares students well to be great citizens. I can’t wait to begin to let more people share in the good things that are happening here. What a positive place StLCoP holds in our region!”

Schott holds a Master of Divinity degree from Kenrick Seminary and a Bachelor of Arts in philosophy from Cardinal Glennon College. Prior to joining the College in September, he spent nearly seven years at the Saint Louis Art Museum as development director. In January 2008, he will become president of the local chapter of the Association of Fundraising Professionals.

Schott and his family live in the city of St. Louis. “My wife and I love the diversity of the city and enjoy all that it has to offer.”
On May 31, 2007, past Alumni Association presidents attended the Alumni Association annual meeting. The leaders welcomed new board members and acknowledged the work of the outgoing president, Neil Schmidt ’73, and retiring board members, Art Perry ’72 and Nancy Konieczny ’77.

The special group visited during a cocktail hour and dinner. College President Thomas F. Patton addressed the crowd, sharing with them the current state of affairs on campus. New Board President Ellen Verzino ’91/’92 accepted the reigns of the organization and spoke of her vision for her term, which includes family-friendly activities and increased Alumni Association membership.

The Alumni Association would like to thank all current and past board members for their dedication to the organization.
Pharmacology Professor Leonard Naeger ’63/’65 hosted a happy hour at his famous garage on June 21. Attendees were revved up by a tour of Naeger’s antique car collection. He parked each unique vehicle on the street for easy viewing access. The menu included meat kabobs prepared by Hospitality Services chef Jon Friganza. The Dogtown garage provided the perfect atmosphere for a warm summer evening as friends mingled. Alumni Association past-president Neil Schmidt ’73 selected the winners of the Alumni Association spring raffle. Lucky ticket winners won golf outings, restaurant gift certificates, and other prizes.

On June 3, STLCoP golfers gathered at the Norman K. Probstin Community Golf Course in Forest Park for the 11th Annual Alumni and Friends Golf Tournament. Participants enjoyed warm and breezy weather while helping support the Alumni Association scholarship fund. Following 18 holes, the golfers relaxed over dinner as golf committee chairman Tom Meyer ’71 announced the day’s winners.

Alumni cheered on the Cardinals on Sept. 15 as the Redbirds took on their rivals, the Chicago Cubs. Although the hometeam didn’t fare well, Redbird Row was full of good cheer. Friends put aside the Cards vs. Cubs divide and had a fun time enjoying snacks and a great view of the field.
Janene Verrant ’98/’99
Young Alumni Award
Following her graduation from StLCoP, Janene Verrant ’98/’99 worked as a consultant for nursing homes with Interlock. She spent five years educating her clients on how to best utilize staff pharmacists. Verrant’s passion of geriatric pharmacy led to her current position with Forest Pharmaceuticals Inc. as a drug information associate. In this role, she fields phone calls from the sales force, media, consumers, and health care professionals, sharing medical information about products. Although her position does not require certification, she recently renewed her Certified Geriatric Pharmacist credentials to maintain her expertise in the area. Interest in geriatric pharmacy also motivated her involvement in the American Society of Consultant Pharmacists. As president of her regional chapter, she worked with peers to increase membership recruitment and helped plan a Midwest regional convention.

Anthony Kessels ’79
Service to the Profession Award
Twenty years after graduating from St. Louis College of Pharmacy, Tony Kessels ’79 went back to school and received his Pharm.D. At 40 years old, the clinical pharmacist had a “great time” at the University of Illinois at Chicago, studying with those half his age. Kessels balanced a mortgage in Chicago and St. Louis, his hometown, and received no financial support throughout his pharmacotherapy residency. His sacrifices paid off. Kessels has spent 27 years with BJC Healthcare, now as the manager of clinical services at Barnes-Jewish Hospital. Kessels’ position includes managing 25 employees, facilitating department teaching activities and clinical research, and overseeing the pharmacy residency program. He observes, “Opportunities in pharmacy are unbelievable and exposure to a residency encourages students to explore specialties.” Kessels hopes to set an example for his peers. “It’s never too late to pursue your goals.”

Stephen Calloway ’78
Service to the Community Award
Steve Calloway ’78 intends to continue his career at University Hospital and Clinics in Columbia, Mo., until he retires. Calloway has been with the organization for 28 years, working his way from inpatient pharmacist to manager of pharmacy services. In this role, Calloway oversees 90 staff members who fill approximately 1,600 prescriptions a day for 200 patients. His work at the hospital led him to a governor-appointed position with the Missouri Medicaid Drug Utilization Review Board. He and his wife Iris were founding members of the Parents for Public Schools Columbia chapter, working toward increasing the role of parents in their children’s education. Calloway also advocates for education through the Minority Men’s Network Educational Foundation.

Lori Bradley ’94
Service to the College Award
While working as an assistant professor of pharmacy at St. Louis College of Pharmacy, Lori Bradley ’94 wandered into the Advancement office. The alumni relations director recruited her to run for the board of directors. A few weeks later, Bradley learned she won a spot. Participating on the student affairs committee since graduation proved to be good practice for her position. She enjoyed “doing things for and with the students who can’t always do things for themselves.” Bradley doesn’t remember how her presidency came about, but she held the position for two years, a year longer than required. Throughout her tenure, Bradley concentrated on membership during an exciting time on campus. The main academic building was rededicated and alumni looked forward to visiting their alma mater. No longer a member of the board, Bradley still serves on the student affairs committee. She annually participates in the Welcome Back BBQ and Survival Kits.

Thomas Meyer ’71
Outstanding Achievement Award
Tom Meyer ’71 recently completed 30 years of working at the St. Louis Veterans Affairs Medical Center. Within that time, he transitioned from staff pharmacist to director of pharmaceutical benefits. In that role, Meyer led his division in assisting over 37,000 patients annually who received full pharmaceutical services. His responsibilities also included monitoring a federally allotted budget to ensure the facility could continue providing a high quality of health care to the veterans. During his time with the VA, Meyer participated on the disabilities committee, the customer satisfaction committee, and the human studies subcommittee. He also helped organize the National Veterans Wheelchair Games, a career highlight. Continuing his affiliation with the organization, Meyer volunteers for the medical center and participates on committees. Currently, he considers himself to be a “pharmacist-at-large” and works intermittently for area community pharmacies.
**50s** Millard A. Randoll ’50 and his wife Marge sold their home of 40 years and moved into retirement living in Herculaneum, Mo. The couple owned the Crystal Village Rexall drugstore from 1965 to 1985.

**70s** Shelley (Wood) Christian ’78 retired from 25 years of service in the Air Force on Jan. 1. She and her husband recently purchased a home on Merritt Island, along the space coast of Florida. Shelley says it’s an ideal location for bicycling, running, golf, and volunteer work, and she welcomes visitors!

**80s** Nina (Garamella) Evans ’79 has been elected as president of the Association of Asthma Educators. She is currently clinical manager with CatalystRx, a pharmacy benefits management company in Las Vegas. She and her husband Patrick Evans ’78 reside in Henderson, Nev.

**80s** Dave Thomas ’83 co-authored a technical paper, “The Premix vs. Custom TPN,” which provides a history of nutritional best practice and an examination of the use of premixed solution for parenteral nutrition. He has been nationally recognized for his expertise in automated compounding technologies and other health care technology topics. Dave is employed by Certified Consultant Pharmacists Healthcare Associates Inc. of Chatham, N.J. He and his family live in Algonquin, Ill.

**80s** Donald Huonker ’84 was named by Walgreen Co. as senior vice president of Pharmacy Services. He joined the company in 1995 as a management trainee in St. Louis and has headed Pharmacy Services since 2005. He was promoted to corporate vice president last year. He and his family reside in Libertyville, Ill.

**80s** Susan Pfoertner ’86 earned her board certification in geriatric pharmacy practice in June. She is a Doctor of Pharmacy candidate at University of Colorado School of Pharmacy. She lives in Fredericktown, Mo.

**90s** Kimberly (Mikota) Hess ’93 and her husband Robert welcomed their first son, Alexander Jacob, on June 18. He weighed 8 pounds, 6 ounces and measured 21 inches. Kimberly is pharmacy manager at Dominick’s in Joliet, Ill.

**90s** Heather (Larkin) Struble ’95 and her husband Matt welcomed their daughter Elizabeth Helen on July 6, 2005. She joins big brother James, who is 6. They live in St. Charles, Mo.

**90s** Dr. Gerard Deisenroth ’95/’96 and Karen (Wampler) Deisenroth ’95 welcomed their son Ethan Jacob on Aug. 24, 2005. He weighed 8 pounds, 4 ounces and measured 21 ¾ inches. He joins big brother Conner, who is 4. They live in Arnold, Mo.
Helena Halupa ’97 announces her engagement to Michael de Geus. The couple is planning an October wedding. Helena is a pharmacy coordinator at University Medical Center of Southern Nevada and leads the Ernst Lied Clinic. She lives in Henderson, Nev.

Dr. Nabeela Gill ’97/’98 and her husband Muhammad Arain welcomed their daughter Zaina Shahzad Arain on May 15. She weighed 10 pounds, 8 ounces and measured 20 inches. Their son, Tehmur Shahzad Arain, died on March 28, 2006, the day of his birth. They live in Skokie, Ill.

Dr. Serena Walker ’97/’98 and her husband Dale welcomed their daughter Meghan Teresa on May 15. She joins brother Joshua, 6, and sister Elena, 4. They live in Fenton, Mo.

Dr. Jill (Everly) Thompson ’98/’99 and her husband John welcomed their first son, Spencer Henry Everly, on Feb. 27, 2005. Spencer weighed 8 pounds, 9 ounces. They live in Chesterfield, Mo.

Dr. Margaret Skiljan-Wolff ’98/’99 and her husband welcomed their third son, Aaron Wolff, on March 20. He joins older brothers Alex, 5, and Andrew, 2. The family lives in Labadie, Mo.

Dr. Alicia Forinash ’00/’01 and her husband Brian welcomed their son Cole Jacob on May 6. He weighed 7 pounds, 7 ounces and measured 20 inches. He joins big sister Riley, who is 3. They live in St. Louis.

Dr. Shannon (Stromske) Effinger ’00/’01 and her husband Jeremy welcomed their daughter Nola Grace on June 18. She weighed 7 pounds, 7 ounces. Shannon works as a clinical coordinator at Touchette Regional Hospital in Centreville. The family lives in Alton, Ill.

Mike Bonofiglio ’01 and Dr. Jennifer (Prosise) Bonofiglio ’00/’01 welcomed their daughter Sophia Michaela on May 30. She weighed 6

Alumni Advance Senior Care

Three alumni serve on the board of directors of the American Society of Consultant Pharmacists (ASCP). Joseph Gruber ’75 is president, Judy Beizer ’80 is vice president, and Jim Byars ’79 is a director. Gruber, Beizer, and Byars are all certified geriatric pharmacists. In addition, Phylliss Moret ’72 is employed as associate executive director and COO at the association’s headquarters in Alexandria, Va.

ASCP provides education, advocacy, and resources to promote the practice of consultant and senior care pharmacy. Its 8,000 members manage and improve drug therapy for geriatric patients in nursing facilities, sub-acute care and assisted living facilities, psychiatric hospitals, hospice programs, and home care.

Gruber is director of medication therapy management programs at Omnicare Inc. in Florissant, Mo., and lives with his wife in Edwardsville, Ill. Beizer is a clinical professor at St. John’s University. She and her husband have two children and live in Forest Hills, N.Y. Byars is director of clinical services for Home Pharmacy Services in Belleville, Ill. He and his wife Anita live in Freeburg, Ill., and have two children. Moret lives in Lorton, Va., and has two grown children.
Dr. Amy Tiemeier ’01/’02 and her husband Brian welcomed their daughter Disa Lynne on July 18. She weighed 6 pounds, 8 ounces and measured 19 inches. She joins older sister Cora, who is almost 2. They live in St. Louis.

Annette Stefani ’02 married Aaron Israel on Sept. 16, 2006. She is a staff pharmacist at Walgreen’s in Chesterfield. The couple resides in Ballwin, Mo.

Dr. Brenda (Crews) Walsh ’02/’03/’04 and her husband Thomas welcomed their son Anthony Louis on July 1. He weighed 8 pounds, 4 ounces and measured 21 inches. He joins big brother Thomas Vincent Walsh Jr., who is 3. They live in Labadie, Mo.

Vicky Urankar ’04 announces her engagement to Dr. Gregory Byrd. They are planning a Sept. 15 wedding in Cleveland, Ohio. The couple lives in Portland, Ore., where Vicky is a pharmacy manager for Target.

Dennis Helling ’71 was presented with the 2007 Pinnacle Award in Career Achievement for his innovative approach to improving pharmacy services in managed care and for his longstanding commitment to patient care. The American Pharmacists Association (APhA) Pinnacle Awards recognize pioneers in pharmacy services who increase the proper use of medications in today’s health care environment.

For the past 15 years, Helling has been the executive director of pharmacy operations and therapeutics for Kaiser Permanente in Denver, Colo., where he oversees more than 700 staff members at 24 pharmacies. During his 19 years in academia, he has served in a variety of capacities as a professor and associate dean. He is currently a clinical professor for the School of Pharmacy at the University of Colorado at Denver Health Sciences Center.

“During my senior year at St. Louis College of Pharmacy, I was introduced to a pilot program in clinical pharmacy,” Helling says. “I became excited to continue on and receive my Pharm.D. from the University of Cincinnati and complete an ASHP residency. StLCoP offered me the one-on-one faculty mentoring that was important for my undergraduate degree, and it was what motivated me to go on to graduate school.”

Helling has dedicated himself to the pharmacy profession and holds office in several organizations. He is the current editorial board chair for the Annals of Pharmacotherapy. He also is a founding member of the American College of Clinical Pharmacy and is a fellow of the American Society of Health-System Pharmacists. In addition, he has served as president (2002-04) of the Accreditation Council for Pharmacy Education.

He has received numerous awards, including the Honorary Alumnus Award from the University of Iowa College of Pharmacy (2007) and the St. Louis College of Pharmacy Distinguished Alumnus Award for Service to the Profession (1988).

In Memoriam

John K. Lorton ’34 died on May 28 in Decatur, Ill.
William Probst ’42 died on August 23 in Springfield, Mo.
Robert J. Bernau ’50 died on Nov. 18, 2006, in Naples, Fla.
Milton (Gus) Sondker ’57 died on April 13 in Alton, Ill.
Robert E. Vetter ’62 died on July 1 in Maryville, Ill.
Trent E. Holland ’67 died on Feb. 16, 2006, in Normal, Ill.
Floyd Callahan ’70 died on July 1 in St. Louis.
G. G. Marlow ’72 died on May 10 in Carterville, Ill.
What’s NEW?

The Alumni Association wants to know what’s new with you.

Do you have a new job, a new home, a new baby? Have you been appointed to a board, newly engaged, newly married, or newly retired?

Please take a moment to let us know what’s new. If you have a photo you would like included, please send it as well, or e-mail it to emacanufo@stlcop.edu. You can also submit class notes online at www.alumni.stlcop.org/news/classnotes.asp.

I would also like to join or renew my membership to the Alumni Association.

Please make check payable to StLCoP Alumni Association.

Please return this form to:
Alumni Office, St. Louis College of Pharmacy, 4588 Parkview Place, St. Louis, MO 63110
Fax: 314.446.8390 E-mail: alumni@stlcop.edu

The 2007 Preceptor of the Year Award for Introductory Practice Experiences in Hospital Pharmacy was presented to Bob Kozlowski ’88 (right) at his practice site, Metropolitan Psychiatric Center. Keith Fanderclai ’99/00 received the Preceptor of the Year Award for Introductory Practice Experiences in Community Pharmacy at his practice site, Barnes-Jewish Hospital Outpatient Pharmacy. Stephen Schafer ’77/’96, also at Barnes-Jewish Hospital, received the Roche Preceptor of the Year Award. Ellen Rhinard, assistant professor of Pharmacy Practice, received the Clinical Preceptor Excellence Award.
More than 300 third-year students patiently wait to be transformed by their personalized white consultation jackets at the White Coat Ceremony, held Aug. 23 in the Khorassan Room of the Chase Park Plaza Hotel. Pictured: Ryan Cook (left), Morgan Gray (middle), and Brad Meyer (right) recite the Pledge of Professionalism before slipping into their coats.