

MINDSCAPES

MGH DEPARTMENT OF PSYCHIATRY NEWSLETTER FOR FRIENDS AND SUPPORTERS • FALL 2008

The Inpatient Psychiatry Program *Comprehensive Care for Seriously Ill Patients*

For many people with mental health disorders, outpatient treatment is enormously helpful and all that is needed. But for some individuals, inpatient treatment is a necessary first-step – or an occasional detour – on a sometimes rocky road to improved mental health. In fact, every year more than two million people in the United States require hospitalization for treatment of a psychiatric illness, where intense, around-the-clock care can be provided.

SPACIOUS UNIT ON BLAKE-11

Under the leadership of Lawrence Park, MD, and John D. Matthews, MS, MD, the Department of Psychiatry's Inpatient Psychiatry Service offers just such care on the 11th floor of the Blake Building. With commanding views of Boston and the Charles River from multiple vantage points, the unit, known as "Blake-11," offers 24 spacious rooms (eight private and 16 semi-private), a private family room, a large common area bathed in natural light, an activity room outfitted with exercise machines, and a sensory room with a large tropical fish tank.

Opened just over 10 years ago, Blake-11 was designed to provide as soothing and homelike an environment as possible, yet still be equipped with all the resources necessary to provide on-site medical treatment.

FOCUS ON CO-OCCURRING CONDITIONS

The MGH Inpatient Psychiatry Service is unique in its focus on providing care for even the most complex patients – those whose psychiatric illness is treatment-resistant and who may also have a serious medical condition, such as diabetes, cancer, heart disease or a neurological disorder like Parkinson's or Huntington's disease.

Achieving positive outcomes among patients who have a severe mental illness and a co-occurring medical illness requires a concerted team effort. The MGH treatment team includes attending and resident psychiatrists, psychologists, nurses, social workers, case managers, occupational and physical therapists and dietitians, all of whom are skilled at caring for patients who are doubly affected by a psychiatric and a medical condition.

The focus of the MGH Inpatient Psychiatry Service is on providing care for those whose psychiatric illness is treatment-resistant and who may also have a serious medical condition.



From left: Lawrence Park, MD, Christina Gulliver, RN, and John D. Matthews, MS, MD, in front of a bulletin board that lists the varied activities offered to patients each day on Blake-11, the inpatient psychiatry unit at MGH.

Adrian Becker, MGH Photography

CARE FOR ALL

Another unique aspect of the MGH program is its legacy of caring for patients regardless of their ability to pay, which is consistent with the hospital's principles. "We take patients based on need – patients that other psychiatric facilities may turn away," notes Dr. Park. In fact, up to 20 percent of MGH's psychiatric inpatients have no health insurance, and reimbursement is inadequate even for those who do.

Despite these challenges and increasing insurer pressures to reduce length of stay (at MGH, the average length of stay for psychiatric inpatients is around 11-13 days), the Inpatient

Psychiatry Service is deeply committed to providing excellent care to each and every patient. "Our goal is not to just stabilize patients, but to provide effective treatment," says Dr. Matthews. "Before we discharge a patient, we make sure he or she is responding to treatment and has a viable, high-quality discharge plan in place."

This attention to detail and focus on high quality is reflected in the program's clinical outcomes. "Our rate of readmission is considerably lower than other psychiatric hospitals," says Dr. Park, "about 18 percent at one month following discharge, compared to about 30 percent statewide."

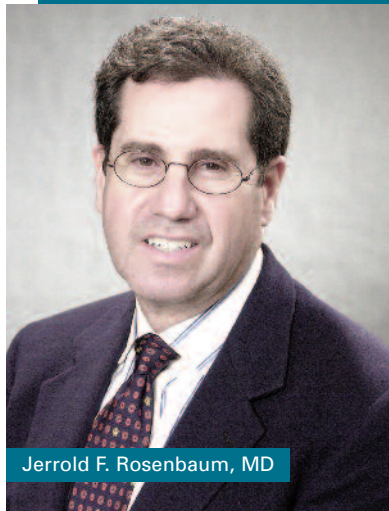
(Continued on page 3)

Message from the Chief

In 2009, we will celebrate our 75th year as a department of Massachusetts General Hospital. The Department of Psychiatry was founded in 1934 when The Rockefeller Foundation made grants to enable three leading general hospitals to integrate the

field of psychiatry into the general hospital medical setting, in contrast to the traditional model of assigning the psychiatrically ill to "asylums."

MGH services such as the Inpatient Psychiatry Program (see page 1), epitomize the embedding of psychiatry in a medical institution with its special capacity to address the complex needs of patients suffering from co-occurring psychiatric and general medical/surgical illnesses.



Jerrold F. Rosenbaum, MD

In the three-quarters of a century since its founding, MGH Psychiatry has built a major research enterprise, and, this year especially, faculty have produced breakthrough upon breakthrough to expand knowledge of the neurobiological mechanisms of psychiatric illnesses and their optimum treatment. Two major long-term studies conducted by leaders of the MGH Clinical and Research Program in Pediatric Psychopharmacology and Adult ADHD are reported on pages 6 and 8. Our next *Mindscapes* issue will report on four significant genetic advances.

No newsletter issue can do justice to the countless contributions and innovations in patient care, research, teaching and community health of our nearly 600 affiliated psychiatrists and psychologists. Our newsletter offers but a glimpse of their prolific achievements.

We live in a time of considerable economic uncertainty. Our growing philanthropy program is serving not only as a vital buffer to sustain current Psychiatry initiatives, but as a source of opportunity for innovation and advances. I hope that you will be inspired by the profile of Matt Bowman (page 4), a remarkable donor and one among the many individuals and institutions who provided charitable support in the last year.

A handwritten signature in blue ink that reads "Jerrold F. Rosenbaum".

Jerrold F. Rosenbaum
Psychiatrist-in-Chief, Massachusetts General Hospital
Stanley Cobb Professor of Psychiatry, Harvard Medical School

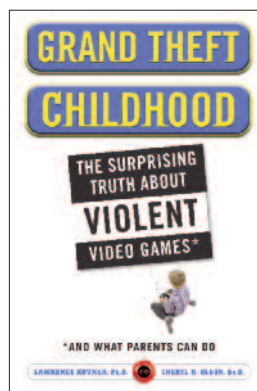
Books by Department of Psychiatry Faculty

Grand Theft Childhood: The Surprising Truth about Violent Video Games (and What Parents Can Do)

by Lawrence Kutner, PhD, and Cheryl K. Olson, ScD

Published by Simon and Schuster, 2008

In 2004, Lawrence Kutner, PhD, and Cheryl K. Olson, ScD, began a \$1.5 million federally-funded study on the



effects of video games. In contrast to previous research, their study focused on real children and families in real situations. What they discovered surprised, encouraged and sometimes disturbed them: their findings conform to the views of neither the alarmists nor the video game industry boosters. Instead of offering a one-size-fits-all prescription, *Grand Theft Childhood* gives the information

you need to decide how you want to handle this sensitive issue in your family.

Dr. Kutner and Ms. Olson are co-founders and directors of the MGH Center for Mental Health and Media.

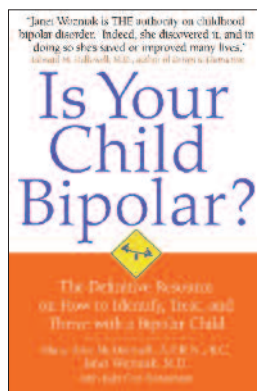
Is Your Child Bipolar? The Definitive Resource on How to Identify, Treat, and Thrive with a Bipolar Child

by Mary Ann McDonnell, APRN, BC, and Janet Wozniak, MD
Published by Bantam Dell, 2008

As a parent, can you tell the difference between a temperamental, moody child and one facing serious mental illness?

Health experts once thought bipolar disorder – also known as manic depression – did not exist in children and teens. However, leading expert Janet Wozniak, MD, and Mary Ann McDonnell, APRN, BC, have shown that the illness may appear even before age six, with many cases either undiagnosed or misdiagnosed as attention deficit hyperactivity disorder (ADHD). In this comprehensive guide, Dr. Wozniak and Ms. McDonnell offer their unmatched expertise along with the latest information to help families cope with this difficult condition.

Dr. Wozniak is director of the Pediatric Bipolar Unit of the MGH Clinical and Research Program in Pediatric Psychopharmacology and Adult ADHD.



– Inpatient Psychiatry Service

(Continued from page 1)

A COMPREHENSIVE TREATMENT ARRAY

In addition to top-notch medical care, a comprehensive array of psychiatric treatments is available to patients. The mainstay is drug therapy, which, because patients have not responded to earlier treatments, often includes novel combinations of medications.



Aidan Parkinson

A large tropical fish tank contributes to the soothing environment of the Blake-11 unit. The generosity of a grateful family member underwrites this enhancement.

Psychological interventions are equally valued, says Dr. Matthews, and include individual psychotherapy based largely on cognitive behavioral therapy (CBT); a wide range of group and family therapies; and neuropsychological testing. The service is also

“Our rate of readmission is considerably lower than other psychiatric hospitals – about 18 percent at one month following discharge, compared to about 30 percent statewide.”
— Lawrence Park, MD

well-known for its expertise in somatic therapies, primarily electroconvulsive therapy (ECT), also known to the lay public as shock therapy, or electroshock therapy.

Although often widely misunderstood, ECT is painless, safe and, by far “the most effective treatment for major depression,”

as well as some other psychiatric disorders, according to Dr. Park. For instance, medications are about 40-50 percent effective in treating depression, compared to 80-90 percent for ECT.

SEARCHING FOR ANSWERS

Despite true advances in the understanding and treatment of serious mental illness, there remain many unanswered questions — questions that faculty of the Inpatient Psychiatry Service are seeking to answer by pursuing clinical research. For example, studies are underway to explore novel drug regimens for patients with major depression and psychotic features, the effectiveness of CBT in the treatment of psychotically depressed patients or those at risk of suicide, and methods to predict response to ECT.

Another active study focuses on the prevalence of metabolic risk factors for cardiovascular disease and diabetes in patients with mood disorders. This may shed light on why the life expectancy for patients with severe mental illness is up to 20 percent shorter than the general population.

“Of the top 10 diseases in terms of economic burden to society, five are psychiatric disorders,” notes Dr. Matthews. “Research of serious mental illness is not only important for improving the lives of individual patients and their families, but also to society as a whole.”

MGH Psychiatry Captures Top Ranking

A graphic showing the U.S. News & World Report ranking for MGH Psychiatry. The graphic features the U.S. News & World Report logo at the top, followed by the text "AMERICA'S BEST HOSPITALS" in large, bold letters. Below this, it says "EXCLUSIVE RANKINGS" and "The Top Care in 16 Specialties Including: Cancer • Heart • Orthopedics • Geriatrics • Urology". A yellow banner at the bottom right of the graphic reads "Massachusetts General Hospital Department of Psychiatry ranked #1 for 13th year in a row". A stethoscope is visible in the background of the graphic.

Making a Difference through Philanthropic Collaboration

Throughout the three decades he worked in top leadership positions at Merrill Lynch, Matthias (Matt) Bowman understood that achieving results in business requires one essential ingredient – collaboration.

Mr. Bowman, who six years ago retired as president and CEO of Merrill Lynch Ventures and began devoting much of his time to advocate for and support mental health research, believes that collaboration is no less important, and possibly even more so, in the nonprofit sector.

“Generating support for research of mental illness, which unfortunately still has so much stigma and misunderstanding associated with it, is

much more difficult than for conditions like cancer or heart disease,” says Mr. Bowman. “To be as effective as possible in light of this reality, individuals and organizations must work together.”

True to the spirit of collaboration, Mr. Bowman is an active member of three nonprofit organizations dedicated to mental health research: NARSAD, in New York; the Stanley Medical Research Institute, based in Maryland; and the Massachusetts General Hospital Department of Psychiatry. The peripatetic Mr. Bowman, who resides in New York, attends meetings and events at these organizations many times throughout the year, generously sharing his time and expertise in numerous capacities.

PARTICIPATION IN MGH PSYCHIATRY COUNCILS

At MGH, Mr. Bowman is a member of the Depression Clinical and Research Program (DCRP) Advisory Council, led by program director Maurizio Fava, MD, vice-chair of the department of Psychiatry. He also is a member of the Advisory Council for the Schizophrenia Clinical and Research Program headed by Donald Goff, MD. The

advisory councils play critical philanthropic and ambassadorial roles for these and other department of Psychiatry programs. “It’s terrific to have someone as talented and entrepreneurial as Matt involved in our council,” says Dr. Fava. “He is also an extremely loyal supporter of our work, for which we are very grateful.”

In addition to serving on the two councils, Mr. Bowman, along with his wife, Penny, and their three children provide philanthropic support to several department of Psychiatry faculty through the Bowman Family Foundation. The foundation’s decisions about which projects to support are based, in part, on Mr. Bowman’s considerable knowledge of the science, which he gleaned from taking undergraduate and graduate-level courses



Matthias B. Bowman (left) is an active member of the department of Psychiatry’s Depression Clinical and Research Program Advisory Council, led by program director Maurizio Fava, MD, vice-chair of the department of Psychiatry.

in neuroscience, molecular biology and other topics, pouring over scientific journals and attending scientific conferences.

CATALYST FOR RESEARCH

One project supported by the Bowman Family Foundation is conducted by David Mischoulon, MD, PhD, director of Natural Remedy Studies in the DCRP. The goal of Dr. Mischoulon's project is to determine, through the measurement of histamine levels, which patients with depression might benefit from the alternative therapy S-adenosyl-L-methionine (SAME) or escitalopram, a selective serotonin reuptake inhibitor (SSRI) antidepressant, so that these therapies could be appropriately targeted to individuals who are most likely to benefit.

Another foundation-supported project, led by Roy Perlis, MD, also of the DCRP, is using advanced, ultrafast genotyping technologies to identify genes that may indicate a susceptibility to adverse effects from SSRI antidepressants, which are often used to treat people with major depressive disorder. The hope is that individuals found to be at higher risk of adverse side effects from SSRIs could be treated with other classes of medications.

**"This is a very exciting time in psychiatry. Tools that didn't exist even 10 years ago are now available to help scientists better understand mental illness and develop targeted therapies to treat its many forms. Now more than ever, it is important for funding sources – both individuals and organizations – to collaborate."
— Matthias B. Bowman**

Yet another project, led by A. Edin Evins, MD, MPH, co-director of the DCRP's Center for Addiction Medicine, is focused on elucidating the mechanisms of nicotine addiction and cognitive impairment among people with schizophrenia.

Mr. Bowman points out that, in some cases, the Bowman Family Foundation is not the sole philanthropic supporter. Dr. Evins's project, for example, is co-supported by NARSAD. Also, the foundation is joining with other foundations and individuals to help fund an endowed Harvard Medical School (HMS) professorship in depression.

"While an individual donor may not be able to fully fund a specific project or endowed chair, many donors can join together to ensure these important initiatives are supported," says Mr. Bowman. Mental health organizations can also be more effective by working together, he says, noting that – in various combinations – the Stanley Medical Research Institute, NARSAD, the Sidney Baer Jr. Foundation and the Bowman Family Foundation have often co-supported MGH department of Psychiatry research.

"This is a very exciting time in which tools that didn't exist even 10 years ago are available to help scientists better understand mental illness and develop targeted therapies to treat its many forms," says Mr. Bowman. "Now more than ever, it is important for funding sources – both individuals and organizations – to collaborate."

Save the Date!

Saturday Evening,
October 24, 2009
The Westin Waterfront
Boston



A Gala Celebration
of the MGH Department
of Psychiatry's

75th Anniversary

Founded in 1934 by a grant from
The Rockefeller Foundation

MINDSCAPES

Fall 2008 Vol. 2, No. 2

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Mindscales is published for friends and supporters of the Massachusetts General Hospital Department of Psychiatry.

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Long-term Studies Reveal Major Insights about Stimulant Medications for ADHD and Substance Abuse

Neutral effect found for males after 10 years; protective effect for females at 5-year mark

Affecting up to 10 percent of children, ADHD is a neuropsychiatric behavioral disorder that begins in early childhood. Its main features – inattention, hyperactivity and impulsivity – can severely compromise children’s abilities to form friendships; learn and succeed in school; and develop the skills, confidence and self-esteem needed to fulfill their full potential.

Stimulant drugs, for decades the mainstay of treatment for ADHD, are very effective at controlling its symptoms. Because these are scheduled (government-regulated) drugs with the potential for misuse or abuse by recreational drug-users, there exists an ongoing concern among parents and clinicians as to whether the therapeutic use of stimulants may lead to subsequent substance-use disorders in adulthood.

IMPORTANT PUBLIC HEALTH ISSUE

Seeking to clarify this important public health issue, leading ADHD expert Joseph Biederman, MD, chief of the Clinical and Research Program in Pediatric Psychopharmacology and Adult ADHD, and his research team conducted a 10-year,

“We hope this study will reassure both parents and clinicians that these prejudices have no basis in fact so that children with ADHD can receive prompt treatment and reach the shores of adulthood with the skills, education and self-esteem they need to succeed in life.”
— Joseph Biederman, MD

controlled, prospective follow-up study to assess the effect of stimulant treatment on substance-use disorders into the adult years. At the 10-year mark, the study compared 92 males with ADHD who were treated (average age of 21 years) with 39 males with ADHD who were not treated (average age of 23.2 years).

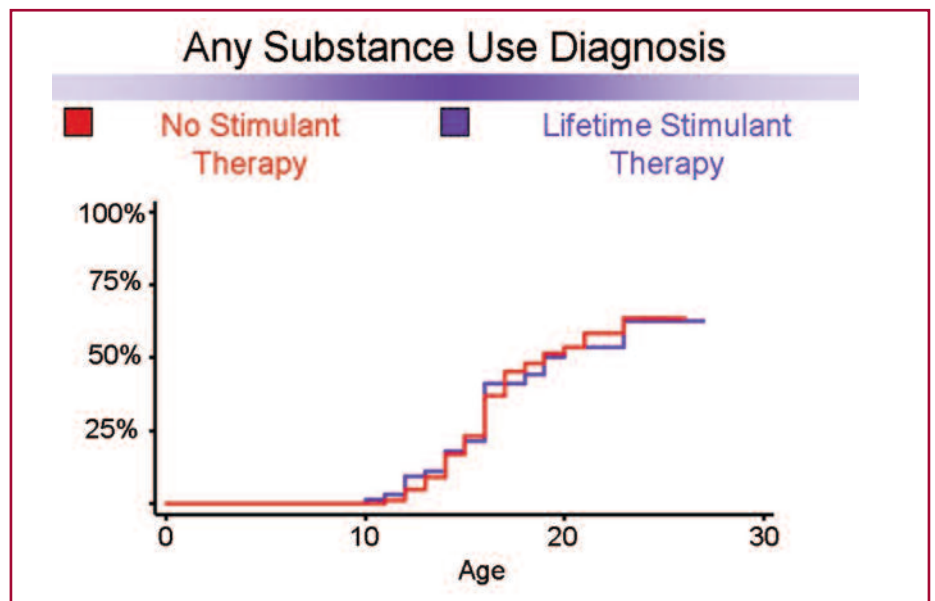
The results of this research, which appeared in March 2008 in the *American Journal of Psychiatry*, found no evidence that stimulant treatment increases or decreases the risk for subsequent substance-use disorders in children and adolescents with ADHD when they reach young adulthood. Regardless of the onset or duration of stimulant treatment, “the effect was neutral,” says Dr. Biederman.

Dr. Biederman points out that this study is the most methodologically rigorous to date: it followed subjects, whose ages ranged from six to 17 years at baseline, into their adult years, and who were tested for alcohol, nicotine and illicit-drug use separately, rather than lumping them together. The results were adjusted for conduct disorder, a condition associated with ADHD that greatly increases the risk of substance abuse.

ALLEVIATING CONCERNS

“The results of this study and Dr. Wilens’ study with adolescent girls (*see page 8*), converge with previous well-designed studies, and are reassuring. They should help alleviate concerns among clinicians about future substance-use disorders when prescribing stimulants for children with ADHD,” says Dr. Biederman.

“The delay from onset of ADHD, the average age of which is three, to treatment is about seven years,” adds Dr. Biederman – pivotal years in which a child’s relationships, reputation and self-image may be seriously damaged if ADHD is left untreated.”



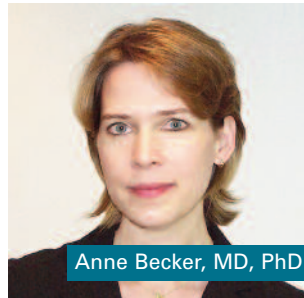
A prospective 10-year follow-up study of male youth who were treated with stimulant therapy found no increase or decrease in substance use (alcohol, drug or nicotine) in young adulthood in relation to a control group. *Graph by Michael C. Monuteaux, ScD, Assistant Director of Research, MGH Clinical and Research Program in Pediatric Psychopharmacology and Adult ADHD.*

“This delay may be due, in part, to prejudices about the long-term effects of stimulant medications. We hope this study will reassure both parents and clinicians that these prejudices have no basis in fact so that children with ADHD can receive prompt treatment and reach the shores of adulthood with the skills, education and self-esteem they need to succeed in life.”

Psychiatry Faculty News

Anne Edith Becker, MD, PhD,

director of the Eating Disorders Clinical and Research Program, was recently appointed director of the Social Sciences MD-PhD Program at Harvard Medical School, a member of the American Psychiatric Association's DSM-V Eating Disorders work group, and associate editor of the *International Journal of Eating Disorders*. Dr. Becker was also the recipient of a Radcliffe Institute of Advanced Study Fellowship for 2008-09. In addition, she appeared in the critically acclaimed, award-winning documentary, "America the Beautiful," in which she discussed her research.



Mark Blais, PsyD, director of the Psychological Evaluation and Research Laboratory and the associate chief of Psychology, was appointed associate editor of the *Journal of Personality Assessment*.

Jeffrey Bostic, MD, PhD, of the Child and Adolescent Psychiatry Service, received the 2008 American Academy of Nurse Practitioners State Award for Excellence for his role as a nurse-practitioner advocate in New Hampshire.

Eleanor Counselman, EdD, of the Center for Group Psychotherapy, received the American Group Psychotherapy Association 2008 Affiliate Society Award for her leadership in the field of group psychotherapy on a regional and national level.

Robin Deutsch, PhD, director of Forensic Services of the Children and the Law Program, was recently appointed president of the Association of Family and Conciliation Courts, an international organization dedicated to the resolution of family conflict.

John B. Herman, MD, recently became the chairman of the Board of Registration in Medicine for the Commonwealth of Massachusetts, the licensing authority for the state's 36,000 physicians. Dr. Herman is associate chief of the Department of Psychiatry and the Distinguished Scholar of Medical Psychiatry of the MGH Department of Psychiatry. Formerly director of its Adult Residency Training program, Dr. Herman was director of Clinical Services for the Department from 2001 through 2007.



Mary Lyons Hunter, PsyD, unit chief for Mental Health and Social Services at the MGH Chelsea Health Center, and her team of graduates (**Christopher Lenk, PsyD, Tamara Leaf, PsyD,** and **Jeanne Williams, RN, JD, PsyD**) from the Massachusetts School of Professional Psychology were recently awarded the Florence Lerman Mintz Alumni Award. The award was given in recognition of their contribution and commitment to the profession of psychology and the community.

Theo Manschreck, MD, MPH, a senior psychiatrist with the Adult Psychopharmacology Program, became president-elect of the Massachusetts Psychiatric Society in April after serving for two years as secretary.

Mark Pollack, MD, director of the Center for Anxiety and Traumatic Stress Disorders, was appointed chairman of the Scientific Advisory Board of the Anxiety Disorders Association of America.

Joshua Roffman, MD, of the MGH Schizophrenia and Psychiatric Neuroimaging Programs, received a Physician-Scientist Early Career Award from the Howard Hughes Medical Institute. The five-year award will support Dr. Roffman's research examining how folate-related genes contribute to altered brain-activity patterns in schizophrenia.



From left: Jonathan Alpert, MD, PhD, Michael Kahn, MD, Steven Schlozman, MD, and Cynthia N. Kettyle, MD

Steven Schlozman, MD, associate director of Child and Adolescent Psychiatry Residency Training of the MGH/McLean Program in Child Psychiatry, and **Jonathan Alpert, MD, PhD,** clinical director of the Department of Psychiatry, were co-recipients of the Cynthia N. Kettyle Teaching Award 2008 from Harvard Medical School, which is given for "exceptional leadership, teaching and mentoring in psychiatric education."

Naomi M. Simon, MD, MSc, director of the Complicated Grief Program and associate director of the Center for Anxiety and Traumatic Stress Disorders, received a grant from the American Foundation for Suicide Prevention for her research of the treatment of complicated grief in family members of suicide victims.

Jordan Smoller, MD, ScD, assistant vice chair of the Department of Psychiatry, was recently named to the Scientific Advisory Board of the Anxiety Disorders Association of America, and was appointed associate professor in the department of Epidemiology at the Harvard School of Public Health. Dr. Smoller also was the editor of a special issue of the *American Journal of Medical Genetics* on the genetics of anxiety disorders.

Five-year Follow-up Study of Girls with ADHD Shows Protective Effect of Stimulant Medications

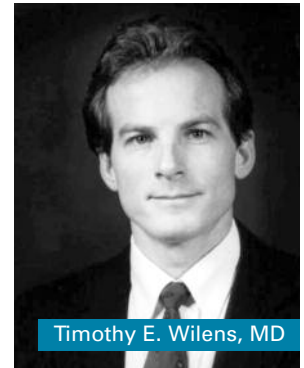
Among the most serious negative consequences of untreated attention deficit/hyperactivity disorder (ADHD) are a two-fold risk of substance-use disorders and nicotine addiction. Although slightly more boys than girls are diagnosed with ADHD, girls may actually be at a higher risk of developing these devastating problems – and at an earlier age. Despite numerous studies indicating otherwise, there remain some lingering concerns that stimulant therapy for ADHD may increase the incidence of later substance-use disorders.

“We found that stimulant treatment does not increase subsequent risk for and, indeed, has protective effects against the development of cigarette smoking and substance-use disorders in adolescent girls with ADHD.”
— Timothy E. Wilens, MD

Dr. Joseph Biederman’s 10-year follow-up study of boys with ADHD (*see page 6*), found that early stimulant treatment did not continue to protect against substance abuse in adulthood, but also that it did not increase risk (i.e., the effect was neutral).

Seeking to find out what effect early stimulant therapy has on later risk for substance-use disorders and cigarette smoking among adolescent girls with ADHD, Timothy E. Wilens, MD, and his colleagues at MGH examined data at the five-year mark from their ongoing, long-term study of girls with ADHD. The results of their research were published in the *Archives of Pediatrics and Adolescent Medicine* in October 2008.

“We found that stimulant treatment does not increase subsequent risk for and, indeed, has protective effects against the development of cigarette smoking and substance-use disorders in adolescent girls with ADHD,” says Dr. Wilens. “This should be reassuring news to clinicians and parents alike.”



Timothy E. Wilens, MD

Dr. Wilens points out that only further studies will shed light on why early stimulant therapy is protective in girls. Is it the effect of the medication, or perhaps the close monitoring of the patient? And will this protective effect persist into the early adult years, as Dr. Wilens believes it will?

Dr. Wilens will continue to follow the girls in this study over time for answers to these and other important questions.

FOR INFORMATION ABOUT WAYS TO SUPPORT THE CLINICAL CARE, RESEARCH, TEACHING AND COMMUNITY HEALTH ACTIVITIES OF THE MGH DEPARTMENT OF PSYCHIATRY, PLEASE CONTACT CAROL TAYLOR, DIRECTOR OF DEVELOPMENT FOR PSYCHIATRY, AT 617-724-8799 OR CWTAYLOR@PARTNERS.ORG.



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