It’s time for great innovations.
It’s time to accelerate their impact.
It’s time to deliver better care to all.
Will you lead with us?
Eighty years of our history have prepared us for this moment. Eighty years of pushing the frontiers of research. Of raising the bar in patient care. Of setting new standards in education. And now it’s time to take this spirit of relentless innovation to the next level. It’s time for Duke Medicine to create an even greater future.
Since our founding in 1930, medicine’s biggest challenges have always driven our greatest achievements.

We live in a time of unprecedented scientific and technological progress. As NIH Director Francis Collins has observed, the world has gained more medical knowledge in the last five years than in all previous human history.

At the same time, health care has become vastly more complex. The forces of globalization and interconnectivity that have accelerated our progress have brought new challenges, including the rapid spread of disease, drug resistance, and mutating viruses. Our success in treating cancer and other diseases has increased the need for chronic care for growing ranks of survivors. Genomics has made possible ever more personalized and precise care. And the U.S. health care system has entered a rare moment of redirection. This remarkable convergence of opportunity and challenge comes just as a global economic downturn has pared back the sources of money that have traditionally fueled discovery and innovation.

Now more than ever, it’s up to people like us—the extended Duke Medicine family—to seize the opportunities afforded by science and technology. With your help, we can overcome challenges and move the world forward in better health.
We are building a new campus that unlocks our full potential to lead the future of medicine.

Thanks to smart investing in the boom years and careful management in the down years, Duke Medicine is emerging from the economic downturn with the first transformation of our medical campus in more than 30 years. With new hospital, clinical, and educational buildings, we have rededicated ourselves to patient-centered care and student-centered education. At every step, we are guided by the founding principles that have always driven our innovation.
We are working across departments and divisions to advance one unified mission: to radically improve health through innovative research, rapid translation of discovery, forward-thinking education, evidence-based practice, and eliminating inequities in our community and the world.

PArTNERSHIPS ACROSS DISCIPLINES
Throughout our history, Duke’s doctors, nurses, and scientists have been encouraged to work together to address challenges. And they have been encouraged to think beyond their offices, laboratories, and clinics—to share knowledge with colleagues in engineering, business, public policy, diversity, law, the environment, nursing, and the arts and sciences. This uniquely collaborative culture has helped Duke advance ideas far ahead of the curve.

TIRELESS PURSUIT OF A BETTER WAY
At Duke, we will never be satisfied with the status quo. We apply scientific rigor and a quest for progress to every part of our organization. Our strategic planning process, launched in January 2012, is a comprehensive effort to engage nearly every person—from department chairs to patient transporters—and ask: “What works? What doesn’t? How can we do this better?”

Our doctors, nurses, and scientists are finding new cures for cancer and disease. Ever since Duke’s Joanne Kurtzberg (above) pioneered the use of umbilical cord blood to cure cancers and life-threatening childhood disorders, Duke has been one of only two centers in the country conducting trials in this area. Cord blood transplantation offers new hope to patients suffering from blood cancers and immune deficiencies.

We are leading the world’s clinical trials. As the world’s largest academic clinical research organization, Duke Clinical Research Institute has 14,800 trial sites in 65 countries, over a million patients, and 6,500 peer-reviewed publications. By applying science to test new research therapies and models of care, it has had an immeasurable impact on modern treatment.

We are creating new hope for brain cancer patients. In 2009, scientists at Duke’s Preston Robert Tisch Brain Tumor Center discovered mutations in two genes that could become immediate diagnostic markers and targets of treatment for the deadliest form of brain cancer. The finding was deemed one of the year’s most important by The New England Journal of Medicine.

Our teams are revolutionizing drug development. Forty percent of all drugs developed today access cell receptors that were defined at Duke by National Medal of Science recipient Bob Lefkowitz (above). Lefkowitz spent his entire professional career at Duke, mentoring some 200 students and fellows who have gone on to leadership positions in academic medicine and biotech.

Duke Medicine is making global partnerships for research and education. Duke partnered with the National University of Singapore to build a graduate school of medicine and research center (above) in one of Asia’s most progressive medical arenas. Breakthroughs already include the discovery of hundreds of gene mutations related to stomach cancer and a human antibody that can neutralize the dengue virus within two hours.

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Duke National University of Singapore Graduate Medical School
2. Clinical Care
Your help will advance new models of care delivery and prevention to improve the health of individuals and communities.

3. Education
Your help will prepare the next generation of leaders in medicine and health care.

And your help will fulfill an imperative of our founders: the delivery of evidence-based, compassionate care to all segments of the population, here and around the world. Together, we can deliver on our promise of medicine that changes the world.
It's time to accelerate medical progress.

For eight decades, Duke has worked to speed the path of discovery from laboratory bench to human application. From pioneering treatments for brain tumors and cancer to cures for rare pediatric diseases, Duke’s scientists and physicians have worked together to find new solutions.

One way to speed discovery is to find faster, cheaper, more effective models of human disease. So today, scientists across Duke are modeling human diseases in yeast, fruit flies, and zebra fish. This innovative work has already led to breakthroughs in regenerative medicine for damaged heart tissue, early diagnosis of genetic diseases in babies, and new drug targets for breast and prostate cancer.

Duke Medicine is leading discovery on many fronts. Barton Haynes (left) landed the largest research grant in NIH history to create a national HIV/AIDS consortium based at Duke. The Center for HIV/AIDS Vaccine Immunology (CHAVI) recently announced a breakthrough discovery—the antibodies that elevate or reduce infection risk—and was funded for a second seven years. Y.T. Chen and Priya Kishnani developed and won FDA approval for Myozyme®, a drug that cures a rare, and until now, fatal childhood disorder called Pompe disease. Other Duke scientists have developed new cancer drugs and vaccines and cured inherited childhood immune disorders.

FISHING FOR GENETIC SECRETS

Tiny zebra fish share our basic biological traits, and 70 percent of our genes. They are cheap to keep, they multiply rapidly, and their embryos are transparent throughout their development. And thousands are now swimming in Duke Medicine laboratories.

In one lab, investigators are modeling genomes in zebra fish to identify mutations that cause conditions like autism, schizophrenia, muscular dystrophy, and other disorders. In another, they are studying the molecular processes zebra fish use to regrow heart muscle and fins. And in yet another, they are using zebra fish to investigate an entirely new class of drugs to treat tuberculosis—and to find ways to personalize treatment based on a patient’s genotype.

It’s time to accelerate medical progress.
UNLOCKING HEART CELL REGENERATION

People who are lucky enough to survive a heart attack often face heart failure—a fatal condition caused by scar tissue that limits the heart’s ability to pump blood. Scientists have tried to repair this scar tissue using stem cell transplant and gene therapy, with little success.

But now a Duke team led by Victor Dzau has repaired scar tissue for the first time, in a living mouse. Their simple, ingenious approach is to inject molecules called microRNAs directly into scar tissue cells called fibroblasts. The microRNAs quickly transform the fibroblasts in the mouse’s heart into working heart muscle cells. “This is a significant finding with many therapeutic implications,” says Dzau. “If you can do this in the heart, you can do it in the brain, the kidneys, and other tissues. This is a whole new way of regenerating tissue.”

Next, Dzau’s team will test the therapy in large animals, and, they hope, one day in humans.

INNOVATING ACROSS DISCIPLINES

Sally Kornbluth (left) studies frog eggs to understand apoptosis, the process that leads to cell death. When apoptosis goes awry, cells proliferate unchecked and cancer takes hold. Neil Spector (right) is a translational scientist. He cares for breast cancer patients and works in the laboratory to develop more effective drugs, including Tykerb, a highly effective breast cancer drug.

When Kornbluth learned that Spector was looking for a way to help his patients who had developed resistance to Tykerb®, she worked with him to find an existing drug that suppresses a protein that helps tumors develop drug resistance. Now, Spector can extend the time his patients will benefit from cancer therapy.

He and Kornbluth look forward to conducting a clinical trial so that this finding can reach women around the world. “Traditionally, there have been excellent basic scientists working in the laboratory, and then there have been excellent physicians working in the clinic,” says Spector. In the new Duke Cancer Institute, doctors like Spector and scientists like Kornbluth are coming together to solve problems.
It’s time to improve delivery models.

Duke Medicine excels at developing innovative models of care delivery that improve the health of populations and individual patients. From a state-of-the-art cancer center to new, community-based health strategies, we are always seeking better ways to advance the practice of medicine. We remain committed to our founding mission: the delivery of evidence-based, compassionate care to all segments of the population, here and around the world.

CENTERING CANCER CARE AROUND PATIENTS

Perhaps our most impressive innovation in clinical care, the new Duke Cancer Center opened its doors in February 2012. The state-of-the-art, 267,000-square-foot facility houses the Duke Cancer Institute, which is designed around a revolutionary, multidisciplinary academic model.

A patient-centered environment designed with input from patients themselves, the new facility creates the ideal setting for cancer care teams to work side-by-side to provide the best possible care. From physicians, nurses, and clinical researchers to pharmacists, social workers, and dietitians, each team develops a personalized, high-precision plan of attack for every patient. The new cancer center is also the hub of clinical cancer research and education, helping doctors and scientists work more closely together to find and develop new drugs and advanced therapeutics.

With amenities such as spacious waiting rooms, a specialty pharmacy, and a rooftop terrace garden, this new building doesn’t just change the physical landscape of the medical campus, but embodies Duke’s never-ending ambition to change medicine as a whole and offers hope and healing for countless individuals affected by cancer.
Using science to improve outcomes. The best patient care is informed by rigorous science. Nowhere is this more evident than in Duke’s Lung Transplant Program, the country’s largest and a leader in short- and long-term survival for some of medicine’s most complex cases.

Because of our size, Duke can offer shorter wait times to transplant. Because of our expertise, Duke gives older, sicker patients more options for treatment. And because of our clinical research into human genetics and genomics, Duke has been able to develop new models of care that save lives.

**MAKING PATIENTS FEEL AT HOME**

There’s no place like home—especially when it comes to medical care. Leaders at Duke have long recognized that creating a “medical home” for individual patients could improve the health of communities while reducing the overall cost of care.

Duke was an early pioneer of the patient-centered medical home model, which surrounds the patient with a team that provides coordinated, evidence-based care. In 1997, Duke’s Department of Community and Family Medicine worked with the State of North Carolina to pilot one of the first networks to pay care teams to coordinate health services for Medicaid patients. Today there are 14 such networks statewide and estimates indicate that the program has saved the state more than $1.2 billion.

Duke has also collaborated with our local community to create Durham Health Innovations, an initiative that integrates medical, social, and mental health services into “social hubs” such as places of worship, salons, and barber shops. This approach has increased access to care in resource-poor settings around the world, and Duke is proud to apply it closer to home.

Thanks to home- and community-based models like these, Duke is seen as a national leader in care redesign. Our innovations are already raising standards and accelerating progress, and we look forward to implementing many more going forward.
A NEW ROLE FOR NURSES: IMPROVING ACCESS, AFFORDABILITY, AND QUALITY

Recognizing the need for a new kind of health care provider, the School of Nursing has entered into a first-of-its-kind partnership with Horizon Health Innovations, a Horizon Blue Cross and Blue Shield of New Jersey company, to train Population Care Coordinators. These nurse managers will implement evidence-based science to manage the care of an entire primary care practice. Following the patient-centered medical home model, nurses will serve as coordinators for a team of caregivers who will work with individual patients. They will serve as educators, analysts, facilitators, and care coordinators, leaving primary care physicians free to oversee patient health planning and provide higher-level care to the sickest patients. This kind of partnership between an academic institution and a major insurance company is almost unheard of. It’s the kind of innovation Duke is known for, and it promises to become a new model of care for a healthier nation.

Because of our strong network of community care sites, the caliber of our nursing education, and our reputation for clinical nursing excellence, Health and Human Services Secretary Kathleen Sebelius chose Duke as one of five national partners in an ambitious new initiative to dramatically increase the number of advanced-practice nurses providing primary care to people in underserved areas. Duke will receive funding to double the number of nurse practitioners, certified registered nurse anesthetists, and clinical nurse specialists it trains. With an emphasis on elder care and population health, the project aims to cut costs, increase access, and ensure high quality of care.
It’s time to prepare the next generation of leaders.

Just as Dean Davison understood in the 1930s, Duke Medicine recognizes the need to prepare doctors, nurses, and scientists to confront challenges and opportunities that we can’t yet imagine. That means developing an innovative course of study that includes cross-discipline problem solving, global and community care settings, leadership training, and longitudinal whole-patient care.

PREPARING LEADERS FOR TOMORROW
Too many of the best and brightest minds are leaving academia for business—at a time when their creativity and leadership are needed most. Duke is working to stem the tide and groom ranks of leaders equipped to advance the future of medicine.

Our 18-month Management and Leadership Pathway for Residents gives select doctors-in-training the knowledge and skill sets for both clinical practice and administrative management. They study health system management, financial management and planning, quality improvement and safety, information technology, technology transfer, global strategy, business development, research enterprise management, and supply chain management. The program takes them across Duke’s campus to the Fuqua School of Business and the Terry Sanford Institute of Public Policy. Some will stay at Duke, while others will lead from academic medical centers across the country and around the world.

WORKING BETTER TOGETHER
It’s no longer enough to simply educate the best doctors and nurses. Duke is educating health care professionals today who will know how to practice medicine in the future. Medicine is rapidly moving toward a team-based approach, with physicians, nurses, and other providers collaborating closely to manage chronic disease and prevent illness among a population of patients.

A great example is the School of Nursing, which became the first in North Carolina to offer the doctor of nursing practice degree, designed to develop nurses who can put science into practice to improve health outcomes. Recently, the School of Nursing brought together 175 nursing and medical students to role-play as patients, nurses, and physicians in simulation labs. “We talk a lot about the importance of teamwork,” says Marissa Moncayo, a nursing student, “but until you are in the other person’s shoes, it’s hard to fully grasp the importance of communication, support, and respect for the role of every member of the health care team.”

Duke’s medical school curriculum has long been known for its emphasis on intellectual curiosity, scientific study, and an understanding of the relationship between research and advances in care. Our medical students cover the basic sciences in year one and see patients a year earlier than most medical students. They dedicate their third year to a scholarly research project—often publishing findings in peer-reviewed journals—and return to clinical rotations in year four.

TeamLEAD is an innovative teaching approach developed by faculty at Duke-NUS, our partner medical school in Singapore. Before coming to class, students read medical texts and watch academic videos; in class, they work in groups to tackle medical challenges together. This kind of interactive pedagogy is now shaping medical education on our Durham campus, around the country, and abroad.
Alison Betof (center) is a student in Duke’s M.D./Ph.D. program, one of the country’s oldest training programs for elite physician-scientists. Her research has uncovered a correlation between breast cancer and exercise. Using mouse models, she worked with Duke radiation oncologists Mark Dewhirst (right) and Lee Jones (left) to reveal that aerobic exercise can reduce tumor growth and increase tumor cell death. Her research is now in a clinical trial with Duke breast cancer patients.

Duke medical students like Alison begin the Ph.D. program during the third year of medical school. Some go on to work as basic scientists whose clinical experience informs their scientific pursuits; others divide their time between the clinic and the laboratory, working to bring new therapies rapidly to the bedside.

CREATE is a new online clinical research education and training certificate program designed to empower physician- and nurse-scientists around the country and the world. CREATe is supported by a U.S. regulatory framework and customized to address local and cultural requirements.
We all have life experiences that inspire us to use the skills we have to help others. I am an immigrant to this country. I was born in mainland China and remember fleeing to Hong Kong with my family during the Communist takeover. My family witnessed a great deal of suffering and overcame significant difficulties. The experience shaped the person I am today.

When I think back to the founders of Duke Medicine—a tobacco and electrical power industrialist with a dream of better health for people in the Carolinas, and the upstart, British-schooled Davison, who built a medical school and hospital in a pine forest on the edge of Duke University’s campus—and all of the giants who followed them and paved the way for me, I think that, though our paths were different, we share the same spirit of creative “dissatisfaction” and relentless innovation.

We know that medicine not only can cure disease, but it can profoundly advance human potential. We must use our creativity and our science to relieve human suffering and ensure equal access to the highest-quality health care.

What can you bring to the Duke Medicine team? Our future starts now. I encourage you to learn more about us over these next five years. Find your passion, and together, we will deliver medicine that changes the world.
This historic $1.2 billion campaign funds medical innovation that will change the world. But we can’t do it without your help. We seek philanthropic investment across three key areas. Will you lead with us?

**Leading Discovery**
We seek to grow our historic strengths in the basic sciences, invest in new areas of innovation, foster greater collaboration, and accelerate progress from laboratory bench to human application.

**Leading Clinical Care**
We seek to improve the delivery of care for complex and chronic diseases, to improve the health of people in communities large and small, and to ensure that the best care is available to all who need it.

**Leading Education**
We seek to develop future leaders in health care with team-based learning, independent study, cross and interdisciplinary education, simulation, patient and family experience, management training, and global and community health experiences.

**Ways to Give**
Many donors support Duke Medicine through a combination of outright and deferred gifts. Let us work with you and your financial advisor to develop a gift plan that meets your personal and philanthropic goals.

**Outright Gifts**
The most common types of outright gifts to Duke Medicine are contributions by check, credit card, or stock. You can make a secure gift online at dukeforward.duke.edu/dukemedicine. To notify Duke University of plans to transfer securities, please go to dukeforward.duke.edu/makeagift.

**Matching Gifts**
Many companies and foundations will double or even triple the value of charitable gifts made by employees and their spouses, board members, and retirees. To find out if a particular company or organization matches gifts, consult our matching gifts database at dukeforward.duke.edu/makeagift.

**Life Income Gifts**
A life income gift provides philanthropic support for Duke Medicine, and provides both a tax deduction for you and an income stream for you and/or your loved ones. Life income gifts can provide income benefits comparable to—or in some cases exceeding—those that might be earned in non-charitable vehicles. Ultimately, your gift will benefit the Duke program area of your choice.

**Charitable Gift Annuities**
A charitable gift annuity provides a fixed income for life. The payout rate is determined at the time the gift is made. Donors may also choose to defer income for a period of years, resulting in a larger immediate tax deduction and higher payout once payments begin. A “deferred payment gift annuity” can be a useful retirement planning tool for younger donors.

**Retirement Plans**
Naming Duke Medicine as a primary or contingent beneficiary of a retirement plan (e.g., IRA, SEP, 401[k], 403[b], ESP) may be one of the most tax-efficient ways to include Duke Medicine in your estate plan. If left to an heir, retirement plan assets may be subject to taxes; if left to a charitable organization, these assets are exempt from state and income taxes. Please notify Duke Medicine’s Director of Gift and Endowment Planning if you have named Duke Medicine as the primary or contingent beneficiary of your plan so we can recognize your support and help ensure that your wishes are met.

**Charitable Lead Trusts**
A charitable lead trust can be used to transfer assets to loved ones while incurring significantly reduced gift and estate tax liability. The trust makes a fixed payment to Duke Medicine for a specified term, measured either by someone’s life or as a selected number of years. After the trust term ends, the assets become the property of children or other designated heirs, and applicable estate or gift taxes are reduced or completely eliminated. The tax savings from a charitable lead trust may allow you to provide significant support for Duke Medicine at little or no cost to heirs, in terms of ultimate inheritance.

**Wills or Revocable “Living” Trusts**
Some of the most transformational gifts an institution receives come in the form of a bequest contained in a person’s will or revocable (living) trust. Please notify Duke Medicine’s Director of Gift and Endowment Planning of your delivered gift plans so we can recognize your generosity and help ensure that your wishes are met.

**Real Estate or Retained Life Estate**
You can generate a current income tax deduction by giving a home or farm to Duke Medicine while retaining the right to use the property during your lifetime. Please contact Duke Medicine’s Director of Gift and Endowment Planning to learn more about the appraisal and approval process for gifts of real estate.

All gifts to Duke Medicine will contribute to the success of our campaign. We seek endowed funds that support faculty research and provide student scholarships; outright gifts to fuel research, recruit young faculty, and construct new buildings; unrestricted support for research and education; and planned gifts to sustain excellence across our missions of research, education, and patient care.
It’s time for Medicine that Changes the World.

Duke Medicine’s culture of interdisciplinary collaboration, drive to innovate, and passion for making the world a better place make this our time to lead.

We seek the passion and philanthropy of alumni, patients, and friends to realize our ambitious goals. When this campaign ends in 2017, more than 80 years after James Buchanan Duke’s original gift, we will together take his dream of better health care for the Carolinas to the next level. Duke Medicine will deliver on our promise of medicine that changes the world.