



the mayo effect

Mayo Clinic 2010 Annual Report

table of contents

John H. Noseworthy, M.D., Letter	2
The Mayo Effect	4
<i>Janis</i>	6
<i>Charles</i>	10
<i>Kristie</i>	14
<i>Srevar</i>	18
<i>Ron</i>	22
Community Impact	26
Financial Report	34
Trustees	40
Index	42

more stories online

mayoclinic.org/annualreport/2010

what's this?



A QR code. Download and install a QR code reader on your smart phone. Then, simply take a picture of any QR code in this annual report to get more information.

a commitment.

Every one of us at Mayo Clinic is committed to changing lives. Advancing medicine. Fostering hope. And transforming health care delivery.

Every day. For every patient.



a vision.



Hear Dr. Noseworthy talk about Mayo's future.

"The Mayo Effect ripples out to all those seeking a picture of hope."

When Dr. William J. Mayo envisioned the future of Mayo Clinic in 1931, he said, "I look through a half-opened door into the future, full of interest, intriguing beyond my power to describe." He and his brother had a vision for Mayo that cultivated us from our roots in frontier medicine to a multisite medical complex serving more than 1 million patients annually.

Our vision has been to become a premier academic medical center. Because of our excellent staff and benefactor support, we reached that goal. Our new vision seeks to push open that door Dr. Will described, to carry the candle of medical science into the future he once only imagined.

This new vision acknowledges that the spirit of Mayo Clinic is not rooted in a particular place but in patients' experiences of Mayo. In the future, we will provide our patients an unparalleled experience as their most trusted health care partner. We call this experience "The Mayo Effect." To bring the Mayo Effect to more patients in new ways, we're focused on four strategic requirements.

- Providing solutions and hope.
- Ensuring that Mayo is trusted and affordable.
- Generating, integrating and managing knowledge and information.
- Transforming health care delivery.

To reach this vision as a not-for-profit organization, Mayo Clinic relies on benefactor support. We recently received the largest outright gift in Mayo's history. Richard O. Jacobson, an Iowa philanthropist and longtime Mayo patient, donated \$100 million to establish the Mayo Clinic Proton Beam Therapy Program, which represents the latest advances in cancer treatment. This and other generous gifts demonstrate a profound trust in Mayo, a trust that we cherish.

We are cognizant of protecting and honoring our patients' trust in us as we respond to the current consolidation movement across health care organizations. While others quickly consolidate to address health care reform and an uncertain reimbursement environment, at Mayo we know from experience that integration better meets patient needs. We are focused on further developing our

integrated model of practice, education and research, as well as a range of external affiliations and relationships, to give more people seamless access to our unparalleled patient experience.

Our new vision to enhance our integrated health care experience, coupled with our commitment to reinvest financially in our practice, research and education, makes now the time to push open the door into the future. Now is the time to provide pictures of hope not just at our clinics and hospitals, but in patients' homes and communities, through connections with affiliated practitioners, or our online Mayo Clinic experience. Now is the time to ensure that the Mayo Effect ripples out to all those seeking a picture of hope and healing in their lives.

John H. Noseworthy, M.D.
President and CEO
Mayo Clinic

a purpose.

Solutions & hope

That's what patients and their loved ones expect from Mayo. And we strive to provide it — through our unique care environment, our world-class research and our groundbreaking medical education. We come to work at this leading academic medical center full of hope and ready to offer simple human kindnesses that positively affect those whose lives we are honored to touch.

the
mayo
effect

Trusted & affordable

Mayo Clinic is trusted worldwide, even among those who have never sought our services. We take this responsibility seriously. We are committed to offering our patients the best outcomes, safety and service available — while still being affordable. We remain competitive to third-party payers. And regardless of a patient's means, the end will be the same — integrated, patient-centered care.

Knowledge to delivery

Our goal is to bring all medical knowledge to the delivery of care for each individual — seamlessly. Yes, it's ambitious, but essential. To continue to achieve breakthroughs, we strive to create even tighter links between research and the practice of medicine. By doing so we can reduce costs, advance medicine and enhance both individual and population health.

*Working together
as a team to put the needs
of our patients first.*

Transforming health care delivery

The work of improving what we do never ceases. Solving complex medical problems, performing novel surgeries, caring for everyday aches and pains — all of it is within our scope. We strive to incorporate new care models and services, make connections across sites and disciplines, expand the range of our health care products and services, and extend our global reach.

a life. *Janis*



Hear Janis talk about how
Mayo changed her life.

Cancer-free after unprecedented pelvic surgery

"When I was diagnosed with a rare cancer, all I thought about was my husband and children."

Janis Ollson was pregnant with her second child and suffering unbearable back pain. Physicians in Canada diagnosed her with sciatica. Then an MRI revealed a potentially cancerous tumor on her lower spine. But confirmation and biopsies had to wait until after the birth of her baby.

A new baby and spreading cancer

Two weeks after her daughter was delivered by C-section, tests showed Janis had chondrosarcoma, a primary bone cancer. Because chondrosarcoma is rare in a younger person, Janis' physicians sent tumor tissue to Mayo Clinic in Rochester, Minn., where the diagnosis was confirmed.

Because chondrosarcoma does not respond to chemotherapy or radiation, Janis' only chance for survival was surgery. But removing the tumor and the spreading cancer presented a seemingly insurmountable challenge: Remove Janis' lower spine, half of her pelvis and her left leg.

A plan, a touch of hope

A multidisciplinary team of Mayo specialists led by orthopedic surgeon Michael Yaszemski, M.D., Ph.D., began designing a bold strategy for saving the young mother's life. The process began in the anatomy lab, where experts in biomechanics designed a unique, unprecedented method for reconstructing her pelvis.

20-hour reconstruction

Janis' first surgery removed her left leg, half of her pelvis where the tumor was located, her tailbone and part of her lower spine. It took Dr. Yaszemski and a team of eight Mayo surgeons, working with critical care medicine specialists, anesthesiologists and nurses, 13 hours and 20 units of blood.

In her second surgery, a seven-hour operation, Mayo surgeons used the top portion of the leg that was removed, rotated it and secured it to her pelvis. Then, they shifted her right leg and remaining pelvis and secured it to her spine. The reconstruction allowed Janis to maintain function of her right leg while providing a foundation for the possibility of a prosthetic left leg.

Janis was kept sedated during the week between the two surgeries. In that time, she and her husband should have celebrated their seventh wedding anniversary.

Today, Janis is cancer-free, although she lives with the knowledge it could return at any time. She lives the active life of a busy mom, using a wheelchair, crutches, or a prosthetic pelvis and leg to snowmobile with her family and transport kids to music, soccer, baseball and swimming lessons. "I will not sit on the sidelines," says Janis.



Renewing her vows

In May 2010, Janis and her husband, Daryl, renewed their vows on their 10-year anniversary, an emotional celebration of their life together. "I wanted to tell Daryl what he means to me," says Janis. "And since we grew in faith throughout our ordeal, we decided to baptize our children at the same time. It was a family vow, a recommitment."

"I will always be grateful to my amazing team at Mayo Clinic for the gift of my being here while my kids grow up."

give
hope.

Your gift will help Mayo Clinic pioneer medical innovations that help people like Janis.
mayoclinic.org/give

a gift.



\$100 million for cancer

Longtime Mayo patient and philanthropist Richard O. Jacobson has given \$100 million — the largest outright gift in Mayo’s history — to help establish the Mayo Clinic Proton Beam Therapy Program.

Mayo’s Proton Beam Therapy Program will include new facilities on both the Rochester, Minn., and Phoenix, Ariz., campuses. The Rochester building will be named in Mr. Jacobson’s honor.

“I trust Mayo to do work that truly matters,” says Jacobson. “I feel fortunate to help with this new endeavor that will provide innovative treatment for patients with cancer.”

Mayo’s national three-site cancer center

The Proton Beam Therapy Program is part of Mayo’s national three-site cancer center in Minnesota, Arizona and Florida.

“Our goal is to reduce the burden of cancer for patients and family members,” says Robert Foote, M.D., chair of Mayo Clinic’s Department of Radiation Oncology. “We want to preserve normal organ function and optimize patients’ quality and length of life.”

Pencil beam scanning is targeted, precise

The program will use intensity-modulated proton beam therapy — specifically, pencil beam scanning — which offers a more precise form of proton beam therapy for greater control over radiation doses, shorter treatment times, longer survival and fewer side effects. This targeted approach spares the tissue and organs that surround a tumor, and can therefore be used at higher therapeutic doses.

Especially effective for treating children

Because the proton beam can be adjusted precisely to the size and shape of a tumor, it is especially effective for treating children with anatomically complex tumors, located adjacent to critically sensitive organs such as the brain, eyes, spinal cord, lungs, heart, liver, bowel and kidneys. Children with cancer suffer the greatest long-term harm from conventional X-ray therapy since their organs are still developing.

Richard O. Jacobson

Generosity will benefit adults and children.

Awe-inspiring generosity

“Mr. Jacobson’s awe-inspiring generosity will benefit adults and children from all walks of life,” says John Noseworthy, M.D., president and CEO. Among the patients expected to be treated at Mayo Clinic’s proton beam therapy centers are children with all types of cancer, young women with breast cancer and young men with advanced prostate cancer.

Learn how Proton Beam Therapy benefits patients.





First-of-its-kind health care social media center

The Mayo Clinic Center for Social Media — the first of its kind focused on health care — is a network of health care organizations, hospitals and medical professionals committed to broader and deeper engagement in social media by hospitals, medical professionals and patients.

“Other organizations hold Mayo up as a reason their institutions should get involved with social media,” says Lee Aase, director of the new center. “We are in a position to lead the social media revolution in health care and encourage collaboration among providers.”

In addition to Mayo Clinic, the list of 40-plus participating health care organizations includes hospitals, medical centers, clinical practices, professional societies and trade organizations from around the country and across the globe.

“Through this work, Mayo looks to help improve health care literacy, health care delivery and population health worldwide,” says Aase. “Typically, health care is slow to adopt new things. With the Center for Social Media, we can help accelerate that pattern for the benefit of everyone involved.”



Smart phones and stroke robots share medical expertise

Doctors at Mayo Clinic and Mayo Clinic Health System are using telemedicine — smart phones, the Internet, even “stroke robots” — to bring medical expertise to doctors and patients in rural areas and around the globe.

On his smart phone, Mayo Clinic physician Bart Demaerschalk, M.D., can assess the brain of a stroke victim. “We’re able to see all the critical details. Early ischemic change is quite evident. If there’s a clot in a blocked artery, we can see it. If there’s a hemorrhage, it’s evident.”



Stroke robot

Dr. Demaerschalk has enough information to make a diagnosis, even though the patient is miles away. He can help emergency room doctors in remote areas determine the diagnosis and administer lifesaving treatment.

Mayo Clinic also uses “stroke robots” with video-screen faces as a way to evaluate acute stroke patients remotely and make treatment recommendations to emergency medicine doctors. The Mayo stroke specialist appears directly to patients and attending physicians, just as through they were all in the same room.

Another Mayo tool is the e-consultation, which allows doctors anywhere in the world with access to the Internet to get a second opinion from Mayo doctors within 72 hours.

a solution. *Charles*



Learn more about Charles,
his two artificial hearts
and heart transplant.

Charles Okeke had just turned 30 when a blood clot destroyed his heart. He had a heart transplant, and for 10 years life was good. Charles worked as a computer consultant and enjoyed life with his wife, Natalie, and their three beautiful children.

Then in 2008, Charles' body rejected his donor heart. Doctors discovered that his body produced antibodies that would make it especially hard to find a matching donor heart.

Two years tethered to "Big Blue"

Because a transplant wasn't likely, Charles received an artificial heart that replaced both ventricles and all four valves. Tubes exited his abdomen and connected him to a large machine, nicknamed "Big Blue," which pumped blood just like a human heart.

The size of the machine made it impossible for Charles to leave the hospital. So, for nearly two years, 43-year-old Charles Okeke tried to live a normal life at Mayo Clinic in Arizona while tethered to a 400-pound machine.

Charles exercised daily, kept his spirits up and played cards with Mayo employees. He was grateful for the care and support he got at Mayo, but he candidly said the hospital sometimes felt "like being in prison, but with very nice guards."

Small, portable "Freedom Driver" technology

Then the good news came. Charles would be the first U.S. patient to receive a groundbreaking portable heart. Called the "Freedom Driver," the 13.5-pound battery-powered device designed to be carried in a backpack or shoulder bag, a huge change from Charles' 400-pound companion.

As a certified heart transplant center, Mayo Clinic was eligible to care for Charles as part of the investigational device exemption clinical study.



Charles and "Big Blue"



Going home after two years

Returning home with a new heart and a new love for life

"I am about as happy of a person as you can have right now."

There's no place quite like home

Charles was ready to leave the hospital at last. When the elevator doors leading to the atrium of Mayo Clinic Hospital opened on that milestone day, Charles and Natalie were met by whoops, cheers and tears from hundreds of Mayo employees. This special patient had become a friend to many. Even CBS was there to capture the historic moment.

One Mayo staff member says, "The courage Charles displayed through his journey was a life lesson for us."

Back at home, Charles continued to take his situation day by day, "just enjoying the people around me — just enjoying the ride." Natalie was glad to have him home. "I want my husband to be around our kids. We want some laughing moments," she says.

Another joyful development

Then, there was another joyful development. Within just a few months, Charles was called back to Mayo Clinic in Arizona for a heart transplant, this time from a human donor. Because of stress on his kidneys following his first heart transplant, it was optimal to do a combined heart/kidney transplant.

"It was a long wait, but fortunately a donor heart was made available that was a good match for Charles' unique antibody makeup," says his physician, Francisco Arabia, M.D. "We expect Charles to do well."

Today Charles lives a full life with his family, unencumbered by machines and wires. "I want to thank the staff and nurses — they are incredible. The doctors are top-notch. Mayo has treated me better than I could ever imagine," says Charles.

a center.



Providing hands-on, high-tech medical training

The future of medical training may not be textbooks and lectures, but interactive simulation of real-life medical scenarios with computerized mannequins that bleed, cry, stop breathing, require difficult intubations and more.

The Mayo Clinic Multidisciplinary Simulation Center in Arizona opened last year, allowing health care professionals to practice real-life patient care on mannequins.

Risk-free, patient-centered care

“No other curriculum can replicate the heart palpitations and sweat that is typical in critical care,” says Paul Andrews, M.D., medical director of the Simulation Center. “Patients may never set foot in this facility, but they stand to benefit greatly from the real-world education that simulation learning provides.”

From rehearsal to reality

The lifelike setting replicates Mayo’s emergency department, intensive care unit, hospital rooms and exam rooms and uses stunningly realistic, computerized mannequins that exhibit human emotions and physical responses. Mayo Clinic Health System even has a 7-pound, 21-inch mannequin of a newborn that includes signs of seizure, heart murmur and lung congestion. Students use virtual reality task trainers and practice patient encounters with actors.

The gift of learning

Minnesota’s Multidisciplinary Simulation Center opened in 2005, and it already has contributed to patient safety and research into simulation-based education. Mayo facilities like those in Minnesota, Arizona and another planned for Florida rely greatly on the support of Mayo Clinic benefactors.

In 2010, the late Juanita Kious Waugh of Brookstone, Ind., bequeathed \$43 million to Mayo Clinic — the third-largest estate gift in Mayo Clinic’s history. Her gift names and endows the Executive Dean of Education and provides operating and endowment funds for educational programs and Mayo Graduate School scholarships.

“Ms. Waugh’s legacy will live on through her generosity to Mayo Clinic,” says Dr. John Noseworthy.



*Heal, repair,
regenerate.*

Regenerating damaged heart tissue

One day patients with damaged hearts may not have to wait for a donor heart or rely indefinitely on an artificial, mechanical replacement. The landmark work of Mayo Clinic researchers Andre Terzic, M.D., Ph.D., and Atta Behfar, M.D., Ph.D., shows that adult human stem cells can be programmed to effectively heal, repair and regenerate damaged heart tissue.

Stem cells isolated from patients normally have a limited capacity to repair the heart. But the innovative technology of Drs. Terzic and Behfar boosted the regenerative benefit by programming stem cells to acquire a cardiac-like profile. Primed by a mixture of recombinant cardiogenic growth factors, the stem cells harvested from the bone marrow of patients with coronary artery disease showed “superior functional and structural benefit without adverse side effects” over a one-year follow-up, according to their study.



Andre Terzic, M.D., Ph.D.

“These findings provide proof-of-principle that ‘smart’ adult stem cells have added benefit in repairing the heart, providing the foundation for further clinical evaluation,” says Dr. Terzic.

This research was supported by the National Institutes of Health, the American Heart Association, the Marriott Heart Disease Research Program, Cardio 3 Biosciences, the Ted Nash Long Life Foundation, the Ralph Wilson Medical Research Foundation, the Mayo Clinic General Mills Clinician-Investigator Fellowship, and Mayo Clinic.

*Mayo Clinic and Drs. Terzic and Behfar have a financial interest associated with technology related to this research program. In accordance with the Bayh-Dole Act, Mayo Clinic has licensed that technology to Cardio 3 Biosciences in exchange for equity. No royalties have accrued to date to the institution or the inventors.



Announcing first clinical hand transplant program

In 2010, Mayo Clinic launched the first clinical hand transplant program in the United States. It’s “an entirely new generation of transplant medicine,” that, while not lifesaving, can powerfully affect the quality of life, says Hatem Amer, M.D., Mayo Clinic transplant physician and co-director of the new program in Rochester, Minn.

The program allows patients to embark on reconstructive surgery without being required to enroll in experimental trials. Steven L. Moran, M.D., Mayo Clinic plastic surgeon and the program’s co-director, notes that hand transplant patients likely will be veterans who lost their hands in Iraq and Afghanistan, farmers or burn victims. According to Dr. Moran, there may be 200 or more such veterans.

Hand transplantation involves the reattachment of skin, bone, muscles, nerves, tendons and blood vessels. “Our hand transplant program highlights the integrative approach that is inherent in the Mayo Clinic Model of Care,” says Dr. Amer. “Our team is from Hand and Microsurgery, Transplant Medicine, Rehabilitation, Immunology, Psychiatry, Neurology, Transplant Infectious Disease and Nursing.”

a smile.

Kristie



Hear Dr. Edith Perez explain
the breast cancer research
that saved Kristie's life.

Breast cancer survivor, marathon runner, mom

"Mayo made sure my daughter would have a mother."

On a Monday morning eight years ago, Kristie Naines was diagnosed with invasive breast cancer. That Friday she had a bilateral mastectomy. Nineteen of her lymph nodes were removed, 18 were positive. When she went for the follow-up pathology report, she was told she had a 30 percent chance of surviving.

"And what are my chances with chemo?" she asked the oncologist. "That is with chemo," was the answer.

"I went home and held my baby daughter and cried and cried," says Kristie.

"I want to see my little girl go to kindergarten"

"The next day I determined I didn't like that answer," says Kristie. "My goal was to see my little girl go to kindergarten, to watch her walk through that school-house door."

Kristie was 32, her daughter was 16 months, her diagnosis was Stage III invasive HER2+ breast cancer.

In an anguished week, Kristie sought second opinions, encountered physicians who couldn't look her in the eye, and was told there was nothing more that could be done. Finally, she was referred to Edith A. Perez, M.D., professor of medicine at Mayo Medical School and breast cancer researcher.

Message of hope

"Dr. Perez gave me the first message of hope I had received," says Kristie. "She said, to me, 'You've been cancer-free since your surgery, Kristie. And I intend to keep it that way.'"

Dr. Perez invited Kristie to enroll in an international clinical trial at Mayo. Dr. Perez was the principal investigator of the trial testing the effectiveness of the drug Herceptin, a medication designed for patients with an abnormal amount of human epidermal growth factor receptor 2 (HER2), a protein that helps drive the cancer's growth. As part of the trial, Kristie received Herceptin infusions weekly for a year, along with 12 weeks of chemotherapy and 47 days of radiation.

And she is alive today. Eight years later. With a daughter in third grade. "My daughter loves Dr. Perez. She's her hero," says Kristie.

Today, Kristie is a principal gifts officer in the Department of Development at Mayo Clinic in Jacksonville, Fla.

"I understand the importance of Mayo's research firsthand," says Kristie. "Mayo research saved my life, and I need to tell people that. Our benefactors make a huge difference. Their gifts help us fund the clinical trials and cancer research that saves lives."



"This is for you, Momma"

Kristie is happy to share her story, whether it's with an interested benefactor or with supporters of the national marathon to finish breast cancer, called the "26.2 with Donna" marathon. Kristie has run in the 26.2 with Donna marathon for four years. "There were thousands of people on the beach cheering us on, writing messages of hope on banners on the beach."

"My daughter signs the banner every year," says Kristie. This year she wrote, "This is for you, Momma." Kristie's voice catches. Then she continues, "I'm here today telling this story because of Mayo. Mayo made sure my daughter would have a mother."

a team.

Revolutionizing breast cancer detection

A Mayo Clinic team has developed a promising new method of detecting breast cancers called Molecular Breast Imaging (MBI). In a recent study, when high-risk women with dense breasts were screened for the first time using MBI, the procedure detected three times as many cancers in the group as mammography.

Mammography is the current standard for annual screenings. Because both breast tumors and dense breast tissue appear white on a mammogram, mammography is significantly less effective in detecting tumors, especially in women whose breasts are considered dense. "For every cancer you were finding, you were missing one," says Deborah Rhodes, M.D., a preventive medicine specialist at Mayo. "Some women were coming in for mammograms and going away with a false sense of reassurance."

Potential low-cost, low-risk option

Dr. Rhodes teamed with medical physicist, Michael O'Connor, Ph.D., who was developing a new type of gamma camera at Mayo Clinic. "Gamma radiation has the distinct advantage of being unaffected by the density of the breast tissue," says Dr. O'Connor. "Imaging the breast with gamma detectors allows you to detect tumors that would be obscured on mammogram by the background density."

Working with Carrie Hruska, Ph.D., a biomedical engineer, and a team of Mayo Clinic radiologists, the MBI team focused on reducing the radiation dose associated with MBI so that it would be comparable to mammography. The preliminary results of an ongoing study comparing screening mammography with low-dose MBI are striking.

Amy Conners, M.D., one of the Mayo radiologists working on MBI, notes that of the eight breast cancers detected thus far in the study, MBI found seven and mammography found none. "We are very excited about MBI. It offers the potential of a low-cost and low-risk option for patients whose cancers may be invisible on the mammogram," says Dr. Conners.

Improve early detection

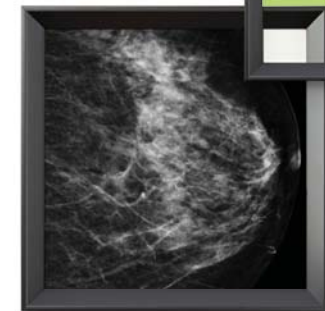
From a patient's perspective, MBI is similar to a mammogram but with two-thirds less compression of the breast. MBI, which is now Food and Drug Administration approved and available at Mayo Clinic in Minnesota, may not replace mammography, but it will help improve the early detection of breast cancer.



Learn more about Mayo's groundbreaking breast cancer research.



Deborah Rhodes, M.D., & Michael O'Connor, Ph.D.



Mammogram



Molecular Breast Imaging (MBI)



Sandhya Pruthi, M.D.

*Fast, mobile access
to medical information.*

Providing answers through breast cancer education

“You have a lump and it could be breast cancer.”
Those are words no woman wants to hear.

After the initial shock, the questions come: What does my diagnosis mean? What type of surgery should I have? What about chemo or radiation?

When a patient is diagnosed with breast cancer, it can feel overwhelming and raise many questions. Detailed explanations may be too much too soon if a patient isn't emotionally ready. Sandhya Pruthi, M.D., a breast health specialist at Mayo Clinic in Rochester, Minn., wanted to take away the fear of overwhelming information and create a resource that starts with the basics and then teaches in a step-by-step process. That resource is a new computerized education tool that combines video and color images to explain the pathology of different breast cancers, their staging and grade, as well as surgical, medical, radiation and reconstructive treatment options.

Numerous leading medical institutions have expressed interest in using this tool for patient education, and Dr. Pruthi hopes to soon make the tool available worldwide.

Sharing knowledge through AskMayoExpert

Mayo Clinic's AskMayoExpert is an electronic database for Mayo physicians to share their best and most up-to-date medical knowledge. Doctors can search for disease, treatment and clinical trial information quickly and easily. If the answer to their question is not found in the database, they can use the system to find the right physician to consult.

Rick A. Nishimura, M.D., a Mayo cardiologist, is leading the AskMayoExpert project. A mobile version of AskMayoExpert is available for Apple's iPhone, iPad or iPod Touch, giving Mayo Clinic physicians fast, mobile access to critical information.

AskMayoExpert epitomizes Mayo teamwork and brings to life one of the four pillars of the Mayo Effect: knowledge to delivery.

With so much valuable information stored in AskMayoExpert, Mayo Clinic is looking at opportunities to share its physician knowledge base nationwide and even worldwide.



a future.

Trevor



Hear Trevor talk about how Mayo changed his life.

At age 21, Trevor Bougill had big plans: two years in the Peace Corps in South America.

Unfortunately, Trevor had felt sick for months. His skin had taken on yellow tones, and he was losing weight. His doctors in New York initially attributed his symptoms to hepatitis of unknown origin and told him he would be fine. Instead, his symptoms worsened. "I remember looking in the mirror and seeing this emaciated, deteriorating figure. I was really scared," he says.

Getting answers, devising a plan

On his 22nd birthday, Trevor was diagnosed with primary sclerosing cholangitis, a chronic inflammatory disease of the large bile ducts. The disease is progressive, often leading to liver damage and eventually, liver failure. After consulting with medical experts in New York, Trevor learned that a liver transplant was his best option.

Trevor researched organ procurement time and survival rates and found that Mayo Clinic in Jacksonville, Fla., had the best results. "I saw that the average wait for a liver transplant in New York was two to three years. I didn't have that long," he says.

Another diagnosis, then hope

Physicians at Mayo Clinic's Florida campus evaluated Trevor in early 2009 and told him his disease had progressed to bile duct cancer, or cholangiocarcinoma. Mayo Clinic is a national referral center for primary sclerosing cholangitis patients and one of the few facilities in the country with a clinical trial for treating bile duct cancer with a liver transplant.

Trevor underwent chemotherapy and radiation treatments to shrink the tumor. By June 2009, that treatment was effective enough to get him on the waiting list for a liver transplant. "Sometimes I struggled to stay positive," Trevor says. "It's hard to live your life when you have to put everything on hold."

His wait ended on Dec. 2, 2009, the day he received his transplant at Mayo. "The same day I had surgery, I was up and walking the hall," Trevor says. "I had a renewed spirit."

Cancer-free and ready to take on the world

Today, Trevor is cancer-free, although he lives with the knowledge it could return at any time. He has quarterly checkups, and Mayo Clinic hepatologist Denise M. Harnois, D.O., remains optimistic about his future. "A vast majority of patients with cholangiocarcinoma who undergo a transplant — more than 70 percent — have a long-term survival without evidence of a recurrence," she says. "I believe Trevor to be one of them."

Although his disease prevented him from serving in the Peace Corps, Trevor is still finding a way to give back, participating in transplant support groups and raising awareness about organ donation.

In April 2010, he joined Mayo Clinic's cycling team and participated in the Katie Ride for Life, an event that promotes organ donor awareness. Trevor also recently joined Mayo's Department of Public Affairs as an intern and hopes to earn a degree in public affairs.

"I have the opportunity to achieve new goals," he says. "Life beyond cancer, beyond transplant, is even better than you can imagine."

Living life with gusto after bile duct cancer and liver transplant

*"Life beyond cancer,
beyond transplant,
is even better than you can imagine."*



Trevor with Denise M. Harnois, D.O.

a pledge.

Donating a kidney to a patient

Melissa Blevins runs the solid organ transplant unit at Mayo Clinic in Phoenix, Ariz. Every day she hears about people who die because no donor organs are available. The day she saw two little children die while waiting for transplants, her life changed forever.

"It struck me that night that both of those deaths were so unnecessary," says Melissa. "It really turned a corner for me, and I thought we've got to do more. I've got to do more. And then I met Risa."

Living with kidney disease and waiting

Risa Simon was on the waiting list for a kidney transplant. "I had polycystic kidney disease, also known as PKD," says Risa. Melissa volunteered to donate one of her kidneys to Risa.

A life-giving commitment

"We matched as close as sisters," says Risa.

Giving up a kidney is not risk-free, so Melissa's health was thoroughly evaluated. On the day of the operation, transplant teams worked simultaneously to remove both of Risa's damaged kidneys and one of Melissa's healthy ones. Risa received the healthy kidney, and the women started on the road to recovery — together.

"She calls her kidney, the one that I donated, MAK. That's an acronym for 'Melissa's amazing kidney,'" says Melissa.

Giving hope to others

"Not only did Melissa give me a new kidney, she allowed me to give someone else my place in line," says Risa.

"I'm overwhelmed by her spirit, her selflessness, her desire to not only be passionate about spreading the word about living donation, but to be walking the talk," says Risa.



Risa Simon (left) received kidney from Mayo's Melissa Blevins (right)

Offering hope for patients at risk for colon cancer

A simple stool test developed in part by Mayo Clinic physician David Ahlquist, M.D., could help in the detection and prevention of colon cancer.

As many as 1.4 million people in the United States suffer from inflammatory bowel diseases (IBD) like Crohn's disease and ulcerative colitis. Medication and sometimes surgery help manage IBD for most patients, but the diseases put them at higher risk than the general population for developing colon cancer.

IBD patients usually show detectable signs of disease progression, including premalignant dysplasia where cell structure shows drastic changes, or serrated polyps, a type of adenoma or pre-cancerous lesions in the bowel.

Detecting pre-cancer.

"If you don't detect the pre-cancer, you don't prevent the cancer," says Dr. Ahlquist. "Given the limitations of colonoscopies in detecting these lesions, stool DNA testing could play a complementary role to improve the effectiveness of cancer surveillance."



David Ahlquist, M.D., (left) and Kevin Halling, M.D., Ph.D.

Delivering real-world advice to a virtual world

Mayo Clinic offers a second chance at life to patients every day, but it was a first when a Mayo physician was invited into Second Life™, an online virtual community, to make a presentation on atrial fibrillation (a-fib).

Peg Lloyd, M.D., Mayo Clinic cardiologist, gave the a-fib presentation to more than 40 people, more accurately called "avatars," which are animated, often fanciful representations of registered Second Life users.

"All the conversation among the participants after the presentation was very positive," says Dr. Lloyd. "The real value is it can be interactive and real-time. And people may feel freer to ask questions if they don't have to reveal their identities."



Listen to David Ahlquist, M.D., discuss the detection of pre-cancerous lesions in inflammatory bowel disease.



Mayo Clinic Island in Second Life



Currently, there are more than 18 million registered users on Second Life. The Virtual Mayo Clinic is located on Mayo Clinic Island in Second Life. The island includes a re-creation of Rochester's Gonda Building lobby, a conference center to host presentations and educational events, meditation, and social meeting areas, and a new bookstore.

In addition to the a-fib presentation, Mayo has already hosted a virtual conference about colon cancer, with more educational events to come. Mayo's presence in Second Life continues to grow, in alignment with Mayo's ongoing commitment to deliver reliable medical information and explore innovative ways of providing patient care.

a rescue. *Ron*



Learn more about
Ron's story.

Tornado survivor, proud grandfather to 23

"I remember bouncing along, like a giant was hammering me into the ground."



The giant couldn't crush Ron Woodside's spirit.

The giant, a violent tornado that dropped from the sky on June 17, 2010, destroyed his home and took away the irreplaceable — his wife of 18 years. But Ron, age 77, has survived and thrived.

Ron and Kathy Woodside lived in rural Albert Lea, Minn., and were attuned to the weather that day, which would set a new Minnesota record with 48 tornadoes. Ron recalls seeing an approaching rain cloud. Within moments, his home blew apart and the couple was at the mercy of the twister, with wind speeds around 175 mph.

27 broken bones, lost blood

Ron was the first tornado victim to arrive at Mayo Clinic Health System in Albert Lea. In all, he had 27 broken bones. All 11 ribs on his left side were broken, most of them in more than one place. His lung was punctured. His right elbow was dislocated. Ankle ligaments were torn. Both shoulder blades and a cheekbone were broken.

Steven Wiese, M.D., Albert Lea Emergency Department physician, says the care team focused on stabilizing Ron's breathing, managing pain and replenishing lost blood. Ron was then readied for the 50-mile drive to Mayo Clinic in Rochester via Gold Cross, the advanced life support ground ambulance. The Mayo One helicopter was grounded because of the turbulent weather.

Ron received blood and plasma transfusions en route to maintain his blood pressure. Initially, his vital signs were stable. But as they traveled, paramedics inserted a breathing tube to ease Ron's increasingly labored breathing. "We had the resources to provide the care he needed," says Thomas Fryer, Mayo flight nurse. But he adds, "We were worried."

As a Level I Trauma Center, Mayo Clinic's Saint Marys Hospital was prepared for Ron with the highest level of emergency care. Mayo trauma surgeons ascertained his chest wall trauma was most concerning. A few days later, a surgical team led by Mayo physician Brian Kim, M.D., stabilized many of his broken ribs with titanium plates and screws, a specialized procedure that has been offered at Mayo Clinic for about two years.

"Without rib stabilization surgery, it's difficult for ribs with multiple breaks to fuse back together in proper alignment," says Dr. Kim. "The result would likely be a collapsed chest, chronic pain and lifelong breathing difficulties."

Mayo team approach

"The Mayo team approach to care worked well for Mr. Woodside," says Michael Torchia, M.D., orthopedic surgeon. Ron's team also included a supportive family: his children, stepchildren, their spouses, 23 grandchildren and his brother, Jack.

Five weeks after the tornado, Ron was discharged to a care center in Albert Lea to continue recovery. "One doctor said I was like Benjamin Button," he chuckles, a reference to the literary character who progressively gets younger.

Resilience, recovery, a return home

Ron is living in a new house built on the farmstead. He has been a regular spectator at his grandson's high school basketball games. And his hunting rifles, found amidst the debris, have been restored and are ready for a new season.

"My story is unusual," says Ron. "I'm grateful. Normally a person wouldn't live after being out in a tornado."

a mission.

Emergency care in the sky

A tour bus veers out of control, rolls on its side and traps injured passengers on an interstate highway in southern Minnesota. Seconds count as emergency crews rush to the scene. Fortunately, Mayo One emergency medical helicopter service can be in flight within minutes of dispatch to assist trauma victims and transport them to the nearest medical facility as quickly as possible.

A lifesaving history

Mayo One and its crews have saved thousands of lives since service began in 1984. Motor vehicle crashes capture the biggest headlines, but many Mayo One transports involve moving patients from rural hospitals to regional medical centers that offer specialized levels of care.

“The situations you encounter in emergency services are gratifying,” says Kathy Berns, a certified clinical nurse specialist and flight nurse with Mayo One. “You make a difference for people during the worst day of their life.”



Learn more about patient care at Mayo.



Equipped for emergencies

As a mobile emergency room, Mayo One has the equipment necessary to handle nearly any patient with serious trauma injuries or a critical illness. The crew can monitor patients' vital signs, use a portable lab analyzer and provide patients with blood and plasma. The crew relies on external defibrillators, external pacemakers and other advanced-level equipment to aid patients with acute injury or illness.

New discoveries on board

Mayo Clinic is committed to providing the best care anywhere, including at a height of 2,500 feet. Even in extreme conditions, the Mayo One crew contributes to scientific research. A study funded by the National Institutes of Health will determine how a flight crew's ability to assess medical shock can impact patient care.

\$12 million Beacon Grant for EMR research

Mayo Clinic in Rochester, Minn., was selected to receive a \$12 million Beacon Grant from the U.S. Department of Health and Human Services for a three-year research project in southern Minnesota that will study whether better sharing of patients' health information through electronic medical records will improve treatment of diabetes and childhood asthma. Mayo Clinic was the only rural-area recipient to receive this funding.

The electronic medical record (EMR) has long been critical to Mayo's ability to deliver health care quality, safety and efficiency while reducing health costs. Today, Mayo Clinic has one of the largest EMR systems in the world.



Kathleen Sebelius

Diabetes and childhood asthma

Starting as a pilot program, the southeast Minnesota “Beacon Community” will combine the efforts of public health offices, public schools, medical centers and Mayo Clinic Health System communities to show how electronic exchange of health information can lower health care costs, facilitate care management and improve community health.

Visit from Secretary of Health and Human Services Sebelius

During a visit to Mayo Clinic in Rochester, Minn., Secretary of Health and Human Services Kathleen Sebelius saw how Mayo is “delivering high-value care at lower costs than most Americans have access to.” She said, “Initiatives like the Beacon Community health IT pilot project and Mayo’s coordinated care model to bring down costs and improve health can show providers across the country what is possible.”

Medical homes focus on community as a caregiver

A patient-centered medical home isn’t a place. Instead, it’s a new approach to health care that began as a collaborative project between Mayo Clinic’s Center for Innovation and the Mayo Clinic Health System in Austin, Minn.

Team members concluded that most medical care is episodic, and that the best health care needs attention every day — especially for patients with chronic diseases, such as diabetes, hypertension, asthma, and heart disease. These findings led to the creation of patient-centered medical homes, where care is coordinated by certified providers to address day-to-day needs and to better connect patients with community resources.

In 2010, the Mayo Clinic Health System in Austin, Minn., became one of only 11 clinics in Minnesota to receive health care homes certification, making it eligible for medical homes services reimbursement from the state. The medical homes concept fits into Mayo’s overall efforts to drive down costs while improving quality by addressing health issues before they become bigger, more costly problems.

Sharing health information.



a responsibility.

Mayo Clinic collaborates with public, private and nonprofit organizations to sustain and enhance the communities where our employees live and work — Phoenix and Scottsdale, Ariz., Jacksonville, Fla., Rochester, Minn., and the communities of Mayo Clinic Health System, a network of clinics and hospitals serving more than 70 areas in Iowa, Minnesota and Wisconsin. The following pages highlight our 2010 efforts to strengthen our local communities and global society.

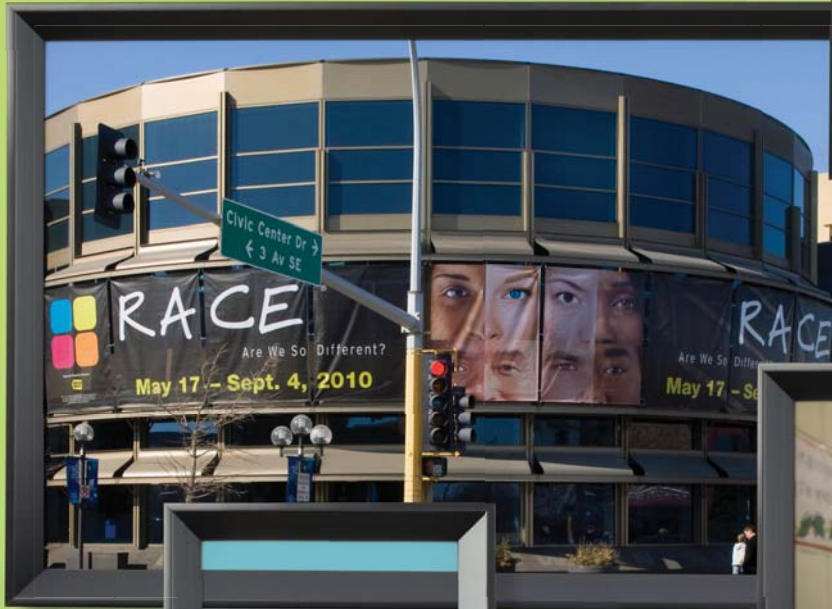
→ Fostering healthy, informed communities

→ Reaching out to underserved communities and diverse populations

→ Connecting patients to more resources

→ Actively participating in national health care reform

→ Spreading medical expertise to meet needs throughout the world



a community.



Social Responsibility

\$3.1 million investment in community programs

Mayo Clinic invested more than \$3.1 million in 2010 to support more than 100 community programs and projects in Rochester, Minn., Jacksonville, Fla., and Phoenix and Scottsdale, Ariz., as well as the communities of Mayo Clinic Health System.

Significant economic, social impact

In 2010, the Battelle Memorial Institute released a study showing that Mayo directly and indirectly supports more than 144,000 jobs throughout the United States. Its annual economic impact on the U.S. economy is \$22 billion, and every dollar spent by Mayo Clinic on operations generates \$2.05 for the overall national economy. The study also recognized Mayo Clinic's qualitative social benefits including high quality and value, patient-focused health care, medical practice innovation, biomedical education and workforce development, biomedical research and development, and charity care and community service.

Affordable health care for all

All patients deserve access to and benefit from high-quality, affordable health care. That's why The Mayo Clinic Health Policy Center advocates for patients locally and regionally, facilitates national dialogue and action, and contributes to health policy reform. The center's goals for reform include creating value, coordinating care, reforming payment and providing health insurance for all.

Helping flood victims

In September 2010, destructive floods disrupted the lives of many southeast Minnesota residents, including Mayo patients and employees. Mayo Clinic responded with \$300,000 in donations to help local relief organizations. Mayo employees also donated time and supplies.

Hope to Haiti

As a health care organization committed to humanitarian benefit, Mayo Clinic reaches out to assist in large-scale humanitarian tragedies. When devastating earthquakes struck Haiti in January 2010, Mayo Clinic and its employees responded. Mayo helped aid organizations already established in Haiti by providing immediate financial assistance of \$500,000.

Small teams making a big impact

Mayo sent a team to Port-au-Prince, Haiti, in May 2010 to evaluate how Mayo could use its specialized strengths to provide care to earthquake victims. After determining that the best service for the region would come from small teams, the Mayo Clinic teams began traveling to Haiti each month in early 2011, with Mayo paying for travel expenses, food and lodging.



Expanding green efforts

Environmental health and public health go hand in hand. That's why Mayo Clinic has consistently worked to minimize the environmental impact of its operations. In 2010, Mayo Clinic expanded efforts to conserve energy, build more sustainable buildings and strengthen environmentally responsible purchasing and waste management programs.

Building a bright future

Mayo Clinic increased its use of renewable energy by adding solar panels to the roof of the Damon Patient/Visitor Parking Garage in downtown Rochester, Minn. The Gabriel House of Care on its Florida campus is the first Mayo Clinic building to be Leadership in Energy and Environmental Design (LEED) certified. In Eau Claire, Wis., Mayo Clinic Health System received a "Green Business" designation from the Eau Claire Chamber of Commerce for installing energy-efficient light bulbs and devices, recycling more than 90 percent of waste from new construction and adding low-flow aerators to reduce water consumption.

Fiscally responsible environment protection

Mayo Clinic was recognized with the 2010 Environmental Achievement Award from Olmsted County and Rochester Public Utilities for its system-wide commitment to fiscally responsible environment protection practices.

Mayo continues to explore opportunities for improving sustainability practices, including increasing the recycling and reprocessing of materials and sourcing more renewable energy.

Mayo supports RACE exhibit

Mayo Clinic partnered with the Rochester Public Library and more than 53 community organizations and businesses to bring the interactive, traveling museum exhibition "RACE: Are we so different?" to Rochester, Minn. The exhibit was offered free to more than 37,000 visitors, including 8,500 K-12 school students from 40 schools representing 26 regional communities. The American Anthropological Association and the Science Museum of Minnesota developed the RACE exhibit to tell stories of race from biological, cultural and historical points of view.

a community.

Health Care & Wellness



See Mayo Clinic
in the community.

\$64.4 million in charity care

In 2010, Mayo Clinic provided \$64.4 million in charity care to individuals throughout the United States and the world. Mayo Clinic's charity care programs serve patients with significant financial need and with medical conditions for which Mayo Clinic is uniquely qualified to provide care.

Quality of life, health and well-being

Mayo Clinic has a long history of providing care to patients regardless of their ability to pay. Charity care services include:

- › Helping patients find sources to fund their care, including opportunities to work with outside agencies.
- › Providing individualized payment plans, medical services at reduced rates or at no cost, based upon the patient's ability to pay.
- › Providing emergency care to stabilize patients, regardless of ability to pay.

Helping underserved communities

Mayo Clinic provides financial, in-kind and volunteer support to local clinics that serve community patients who lack health insurance and/or the ability to pay for care. Mayo Clinic employees also donate their time and talents to provide care to patients at free and reduced-cost clinics.

Community health care safety net

Mayo Clinic participates in several health access collaboratives in the communities we serve, including communities in Minnesota, Florida and Arizona. Mayo Clinic provides free or reduced fee care to patients unable to pay. Employees and volunteers assist with patient examinations, registrations, medication evaluations, X-rays, lab testing and more.

Fit Forever

In an effort to promote fitness and healthy nutrition, reduce the incidence of childhood obesity and create lifetime good health habits for parents and children in Freeborn County, Minn., Mayo Clinic Health System in Albert Lea worked with community partners to advance the Fit Forever program in 2010.

Fitness, healthy nutrition and fun

The Fit Forever program sponsored fun nights at area schools and the Albert Lea Family Y, provided health education and organized a triathlon that emphasized participation over competition. "It's fantastic to see the excitement from the kids participating," says Dennis Dieser, Albert Lea Family Y director and member of the medical center's Community Relations Committee. "Our partnership with the school and medical center enables us to offer programs to improve health we wouldn't be able to do on our own. And once we get kids interested, we hope their parents will come along, too."

Prevention, detection and treatment of breast cancer

As part of its Health Disparities Initiative, Mayo Clinic co-hosted the 4th Annual ABC Breast Health Summit in Florida in October 2010. The event, co-sponsored by the Women of Color Cultural Foundation and the African Methodist Episcopal Church, focused on educating women about prevention, detection and treatment of breast cancer. It featured keynote speeches by Mayo physicians from Florida and Arizona as well as a panel of experts from Mayo Clinic in Florida's Breast Clinic.



Coalition of Blacks Against Breast Cancer

The Mayo Clinic Cancer Center and Community Affairs Office in Arizona partnered with community-based organizations to create the Coalition of Blacks Against Breast Cancer (CBBC) in 2009. In 2010, CBBC added a breast cancer survivors' group for African-Americans who are diagnosed, undergoing and/or post-breast cancer treatment. The CBBC was developed to bring education and awareness, to provide access to treatment, and to better understand health care disparities among African-American breast cancer patients.

Helping new Americans navigate health care, find careers

In 2010 Mayo Clinic supported the Community Health Care Worker program through the Intercultural Mutual Assistance Association, in Rochester, Minn., an organization that helps newly immigrated citizens with health education and access. This program encourages promising graduates to pursue more advanced careers in health care to increase diversity and enhance cultural understanding within our local health care professional workforce.

a community.

Research & Education

\$790 million in research and education programs

In 2010, Mayo Clinic invested \$790 million in research and education to advance the science of medicine, improve disease prevention and treatment, and prepare the next generation of health care professionals.

Identifying tomorrow's medical breakthroughs

Advances in research improve disease prevention and treatment opportunities, as well as pave the way for medical innovation. In 2010, Mayo's combined research programs generated:

- > 2,384 new protocols
- > 8,030 human research studies
- > 4,738 research publications and review articles in peer-reviewed journals

Preparing future health care professionals

Educational programs prepare the next generation to provide outstanding, compassionate care, both to Mayo Clinic patients and patients at other health care organizations throughout the world. In 2010, the College of Medicine, Mayo Clinic, educated 2,014 medical and allied health program students and 1,483 residents and fellows.



Health concerns of diverse communities

Through its Center for Translational Science Activities (CTSA), Mayo Clinic collaborates with diverse community members to help community medical providers incorporate practice-based research and research-based change. This type of research unites community organizations and health care professionals in improving health outcomes and eliminating health disparities.

Striving to improve community health

Building on more than a century of Mayo Clinic medical research and education expertise, CTSA seeks to improve the health of the communities served by Mayo Clinic in Minnesota, Arizona and Florida, and regions served by the Mayo Clinic Health System.

Researching at-risk populations

Cancer research and prevention took to the road in 2010. Mayo Clinic's mobile "research lab on wheels" expanded the reach of Mayo researchers who can now recruit and evaluate high-risk populations within their communities. The RV-style vehicle has two exam rooms, a laboratory, private areas for patient interviews and audiovisual equipment to bring health education resources to community members.



Reaching Diverse Populations

Taking the mobile research unit into the community makes it easier to reach people who face health care access and transportation challenges. Mobile research also helps scientists focus new research efforts on populations that are traditionally underserved in biomedical research. Studies in 2010 included Multiple Myeloma in African Americans in Northeast Florida and Metabolic Syndrome among Latinos in Maricopa County, Arizona. By using the mobile research unit and building relationships within the community, Mayo Clinic researchers can help patients address illness, fight disease and undertake lifestyle changes.

Academic collaborations enrich communities

Mayo Clinic collaborates with numerous academic organizations throughout the world to advance medicine through biomedical research and education. Academic partnerships accelerate research findings, preventions and treatments for disease, as well as expand education and economic development opportunities in local communities.

Partnerships with Arizona State University, Florida State University and the University of Minnesota are

exploring individualized drug therapies for cancer treatments, collaborating on African-American Alzheimer's caregiver training, applying bioinformatics and leveraging scientific leadership.

Team Mayo joins the race to finish breast cancer

Mayo Clinic employee volunteers (Team Mayo) joined 7,500 participants for the 26.2 with Donna, the National Marathon to Finish Breast Cancer, in February 2010. The race started and finished on Mayo Clinic's Florida campus and received support from 700+ Mayo runners, walkers and volunteers. The Donna Foundation uses proceeds from the race to support breast cancer research at Mayo Clinic and to help women living with breast cancer.

REACH prepares students

Mayo Clinic and the Salvation Army's Good Samaritan Health Center/Dental Center collaborate to facilitate REACH, the Rochester Education and Advocacy for Community Health Program. Through REACH, Mayo medical students and pharmacy students learn about the complex issues of community health care needs and assist physicians in providing medical care and education to patients without health insurance or the means to afford care.

Mayo support enriches schools

Mayo Clinic supports numerous efforts to enrich educational opportunities for children in K-12 Minnesota schools, including programs in science, technology, engineering and math, as well as appreciation and awareness for diversity, music, fine arts, and career exploration.



"Our staff's extraordinary response to tough times allowed us to recover in 2009 and to flourish in 2010."

John H. Noseworthy, M.D.

Financial Report

Mayo Clinic is driven by its mission to inspire hope and contribute to health and well-being by providing the best care to every patient through integrated clinical practice, education and research. As a not-for-profit institution, Mayo invests all of its net operating income back into programs that support this mission.

Well-positioned for successful future

Mayo Clinic leaders are pleased to announce that Mayo Clinic ended 2010 in a strong financial position. "Mayo Clinic employees have done a remarkable job achieving a rapid recovery and positioning the organization well for the future," says John Noseworthy, M.D., president and chief executive officer of Mayo Clinic. "While the national and global economies are recovering slowly from the 2008 financial crisis, our staff's extraordinary response to tough times allowed us to recover in 2009 and to flourish in 2010."

Operating performance

In 2010, Mayo's income from current activities (net operating income) was \$515 million, which translates to a 6.5 percent operating margin and aligns with the clinic's long-term objectives. Because Mayo Clinic is a not-for-profit organization, all income is reinvested into Mayo Clinic patient care, education and research programs. Mayo sets its long-term operating margin objectives based on a determination of what is necessary to reinvest in these programs.

Growing revenue, holding expenses

Mayo Clinic achieved its 2010 operating margin primarily by holding expenses to a 2.5 percent increase while growing revenue by 4.7 percent over the same period. Shirley Weis, the clinic's chief administrative officer,

notes that Mayo Clinic improved on its solid 2009 financial performance in 2010 by continuing to focus on expense management, controlled growth in staffing, and practice redesign that eliminates waste and overutilization.

"Mayo Clinic employees across the enterprise continue to focus on quality while identifying and eliminating work that duplicates effort or that doesn't add value for our patients," says Weis.

Focused efforts from all parts of organization

Jeff Bolton, Mayo Clinic's chief financial officer, notes that Mayo's financial turnaround since 2008 is the result of focused efforts from all parts of the organization.

"These efforts have significantly improved our operational effectiveness, and we continue to work to reduce the cost structure for delivering our services," Bolton says.

Recognizing that the road ahead is uncertain with slow economic recovery and variables surrounding health care, Mayo Clinic will continue to closely manage expenses and make measured investments in capital projects and programs.



Shirley Weis, Vice President and Chief Administrative Officer

Jeff Bolton, Chief Financial Officer

Clinical practice

The Mayo Clinic Practice represents approximately 84 percent of Mayo's total operations. Mayo Clinic hospitals admitted 123,000 patients in 2010. Mayo Clinic staff cared for 1,050,000 individual patients in 2010. This figure includes 533,000 Mayo Clinic Rochester, Florida and Arizona patients and 517,000 Mayo Clinic Health System patients, the latter number reported for the first time in 2010. Mayo Clinic Health System is a network of clinics and hospitals serving more than 70 areas in Iowa, Minnesota and Wisconsin.

Investing in research and education

Mayo Clinic's net operating income is invested to advance the science of medicine and to teach the next generation of health care professionals.

Overall funding for Mayo research and education programs was \$790 million in 2010, an increase of \$21 million over 2009. Over 8,000 active human studies were under way in 2010. Government, foundations and industry sources provided \$393 million in 2010 for Mayo research and education programs. Mayo Clinic funds and benefactor gifts for research and education totaled \$397 million in 2010.

The College of Medicine, Mayo Clinic, educated 2,014 medical and allied health program students and 1,483 residents and fellows in 2010. There were 116,814 physician and allied health participants in continuing medical education programs.

Mayo will continue to partner with foundations, benefactors, government and industry with mutual aims to support education programs that train the next generation of medical professionals and research programs that identify tomorrow's medical breakthroughs.

Support from benefactors

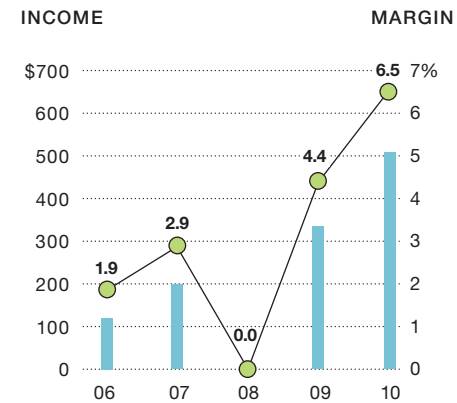
To support Mayo programs, gifts from benefactors included in Mayo Clinic's 2010 financial statements totaled \$208 million. An additional \$151 million was pledged in trusts, estates and other commitments that will be realized in the future. Support from grateful patients, foundations, corporations and other organizations is essential to Mayo Clinic's ability to carry out its mission in practice, education and research, and to provide outstanding facilities and technology.

Operating Performance (in millions)

	2010	2009	CHANGE
Total Revenue	7,942.0	7,582.1	4.7%
Total Expenses	7,426.7	7,248.9	2.5%
Income from current activities	515.3	333.2	
Percent of Revenue	6.5%	4.4%	2.1p

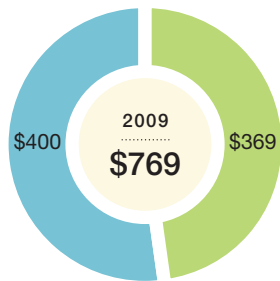
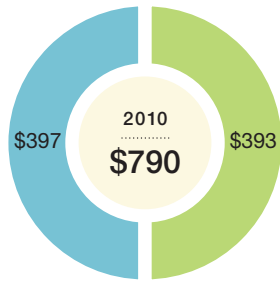
Income from Current Activities

(in millions and % of revenue)



Research & Education Funding (in Millions)

- Mayo Clinic Funds + Benefactor Gifts
- Extramural Funds



Endowment

Mayo Clinic's endowment of \$1.8 billion helps provide a stable funding source for Mayo Clinic research and education programs. Mayo's goal is to continue to increase the endowment in coming years. Mayo Clinic's endowment is a critical element in providing a long-term funding base for these programs.

Investment performance

Mayo's investments in the financial markets made significant gains, returning 11.5 percent. Each year, a portion of the investment return is used to fund research and education programs. However, because there is significant variability of results from year to year, Mayo cannot rely on strong stock market performance as a source of funding for the long term.

Mayo contributed \$223 million to its employee pension plans to keep them strong and secure for the future.

Investments in clinical infrastructure

Despite constrained capital spending during 2009 and 2010, Mayo Clinic made important investments in clinical infrastructure and a number of critical information technology projects to enhance its clinical practice, such as institution-wide radiology and laboratory systems, electronic medical records system installation in the Mayo Clinic Health System and electronic medical record system replacement in Arizona. Given stronger operating performance, Mayo is now in a position to make significant investments in strategic new diagnostic and therapeutic equipment and facilities. At the end of 2010, Mayo committed to invest in the Mayo Clinic Proton Beam Therapy Program (page 8), and is planning additional commitments in 2011.

Investment Performance (Annualized Return)

	ONE-YEAR	THREE-YEAR	FIVE-YEAR
General Fund	11.5%	1.0%	6.9%
Benchmark	11.9%	-0.4%	5.1%

Consolidated Statements of Activities Years Ended Dec. 31, 2010 & 2009 (in Millions)

	2010	2009
Revenue, gains, and other support:		
Net medical service revenue	\$6,735.7	\$ 6,473.7
Grants and contracts	344.6	324.9
Investment return allocated to current activities	122.8	101.2
Contributions available for current activities	178.7	106.0
Premium revenue	108.6	105.9
Other	451.6	470.4
Total revenue, gains, and other support	7,942.0	7,582.1
Expenses:		
Salaries and benefits	4,911.8	4,796.7
Supplies and services	1,725.0	1,677.4
Facilities	590.7	574.8
Provision for uncollectible accounts	160.1	161.1
Finance and investment	39.1	38.9
Total expenses	7,426.7	7,248.9
Income from current activities	515.3	333.2
Non-current and other items:		
Contributions not available for current activities, net	24.0	78.3
Unallocated investment return, net	274.5	315.4
Change in net deferred tax asset	(27.3)	(4.0)
Other	6.3	(5.2)
Total non-current and other items	277.5	384.5
Increase (decrease) in net assets before other changes in net assets	792.8	717.7
Pension and other postretirement benefit adjustments	(250.0)	1,227.6
Increase (decrease) in net assets	542.8	1,945.3
Net assets at beginning of year	4,271.0	2,325.7
Net assets at end of year	\$4,813.8	\$4,271.0

Consolidated Statements of Financial Position Years Ended Dec. 31, 2010 & 2009 (in Millions)

Assets	2010	2009	CHANGE
Cash and cash equivalents	\$ 73.8	\$ 41.0	\$ 32.8
Accounts receivable for medical services – net	1,221.0	1,106.8	114.2
Investments – at market	3,963.0	3,428.8	534.2
Other assets	831.6	900.0	(68.4)
Property, plant, and equipment – net	3,489.6	3,511.9	(22.3)
Total assets	\$9,579.0	\$8,988.5	\$590.5
Liabilities and Net Assets			
Accounts payable and current liabilities	\$1,635.8	\$1,542.3	\$ 93.5
Long-term debt	1,360.4	1,244.4	116.0
Other long-term liabilities	1,769.0	1,930.8	(161.8)
Net assets	4,813.8	4,271.0	542.8
Total liabilities and net assets	\$9,579.0	\$8,988.5	\$590.5

Mayo Clinic Services and People	2010
Measures of Service	
Total clinic patients*	1,050,000
Hospital admissions	123,000
Hospital days of patient care	571,000
Number of Personnel (including temporary and supplemental employees)	
Staff physicians and medical scientists	3,700
Allied health	49,100
Residents, fellows and students	3,300
Total	56,100

This summary is intended to present a brief review of Mayo Clinic's financial condition and activities for 2010 compared with 2009. The Consolidated Financial Statements of Mayo Clinic for the years ended Dec. 31, 2010 and 2009 were examined by *McGladrey & Pullen, LLP*.

A copy of their report and Mayo Clinic's financial statement can be obtained by writing to:

Treasurer
Mayo Clinic
200 First Street SW
Rochester, MN 55905

*Individual patients are counted once annually.

Community Benefit Summary: Benefits to those in need and the broader community¹ Year Ended Dec. 31, 2010 (in Millions)

Cost of benefit provided to those in need	2010
Charity care	\$ 64.4
Unpaid portions of Medicaid and other indigent care programs	215.5
Total quantifiable benefit to those in need	\$ 279.9
Cost of benefit provided to the broader community	
Non-billed services and cash and in-kind donations	\$ 3.1
Education and Research ²	790.1
Total quantifiable benefit to the broader community	\$ 793.2
Total estimated cost of quantifiable benefit to those in need	\$1,073.1
Unpaid portions of Medicare and other senior programs	\$ 810.0

¹ The estimated cost of benefits to those in need and the broader community were calculated in accordance with the guidelines set forth by CHA/VHA.

² IRS guidelines for reportable education and research funding were expanded in 2010. This amount includes externally sponsored funding that totaled \$392.8 million in 2010.

Positive Economic Impact of Mayo Clinic

Battelle Memorial Institute, 2010



Mayo Clinic 2010 Board of Trustees

The Mayo Clinic Board of Trustees is a 33-member group of public representatives and Mayo physicians and administrators. It has overall responsibility for the charitable, clinical practice, scientific, and educational mission and purposes of Mayo Clinic as set forth in its Articles of Incorporation and Bylaws.

Public Trustees

Bradbury H. (Brad) Anderson

Vice Chairman
Best Buy Co., Inc.
Richfield, Minn.

James L. Barksdale

Barksdale Management Corporation
Ridgeland, Miss.

Thomas J. (Tom) Brokaw

Special Correspondent
NBC News
New York, N.Y.

France Córdova, Ph.D.

President
Purdue University
West Lafayette, Ind.

A. Dano Davis

Former Chair, Board of Directors
Winn-Dixie Stores, Inc.
Jacksonville, Fla.

Samuel A. Di Piazza, Jr.

Retired CEO
PricewaterhouseCoopers Int'l Ltd.
New York, N.Y.

Louis L. Gonda

President
Lexington Commercial Holdings
Beverly Hills, Calif.

Roy A. Herberger, Ph.D.

President Emeritus
Thunderbird School of
Global Management
Phoenix, Ariz.

Patricia E. Mitchell

President and CEO
The Paley Center for Media
New York, N.Y.

Marilyn Carlson Nelson

Chair, Mayo Clinic Board of Trustees
Chairman, Carlson, Inc.
Minneapolis, Minn.

Ronald L. Olson

Partner
Munger, Tolles & Olson, LLP
Los Angeles, Calif.

Aulana L. Peters

Retired Partner
Gibson, Dunn & Crutcher, LLP
Los Angeles, Calif.

Hugh B. Price

John L. Weinberg/Goldman Sachs
Visiting Professor
Princeton University
Princeton, N.J.

Lee R. Raymond, Ph.D.

Retired Chair of the Board
ExxonMobil Corporation
Irving, Texas

Anne M. Tatlock

Retired Chair and CEO
Fiduciary Trust Company
International
New York, N.Y.

Elias A. Zerhouni, M.D.

Senior Advisor
Johns Hopkins Medicine
Former Director, U.S. National
Institutes of Health
Baltimore, Md.

Internal Trustees

Richard L. Ehman, M.D.

Consultant, MRI Research
Mayo Clinic

R. Scott Gorman, M.D.

Consultant, Internal Medicine
Mayo Clinic in Arizona

Jeffrey O. Korsmo

Executive Director
Mayo Clinic Health Policy Center
Mayo Clinic

Jack P. Leventhal, M.D.
Consultant, Pulmonary Medicine
Mayo Clinic in Florida

Dawn S. Milliner, M.D.
Consultant, Nephrology
Mayo Clinic

Robert E. Nesse, M.D.
CEO
Mayo Clinic Health System

John H. Noseworthy, M.D.
President and CEO
Mayo Clinic

Kerry D. Olsen, M.D.
Consultant, Otolaryngology
Mayo Clinic

William C. Rupp, M.D.
Vice President and CEO
Mayo Clinic in Florida

Nina M. Schwenk, M.D.
Vice President, Mayo Clinic
Consultant,
General Internal Medicine
Mayo Clinic

Craig A. Smoldt
Chair,
Dept. of Facilities Support Services
Mayo Clinic

Victor F. Trastek, M.D.
Vice President and CEO
Mayo Clinic in Arizona

Shirley A. Weis
Vice President and CAO
Mayo Clinic

Additional Officers

Jeffrey W. Bolton
Chief Financial Officer
Chair, Department of Finance
Mayo Clinic

Cynthia R. Nelson
Interim Chair
Department of Development
Mayo Clinic

Michael Camilleri, M.D.
Medical Director
Department of Development
Mayo Clinic

Jonathan J. Oviatt, J.D.
Secretary
Chair, Legal Department
Mayo Clinic

Emeritus Public Trustees

Lilyan H. Affinito
Robert E. Allen
H. Brewster Atwater Jr.
Ambassador Howard H. Baker Jr.
Barbara M. Barrett
Barbara P. Bush
Richard B. Cheney
Catherine B. Cleary
John H. Dasburg
Thomas A. Daschle
Allan R. DeBoer
George C. Dillon
Frances D. Fergusson, Ph.D.
Bert A. Getz
Hanna H. Gray, Ph.D.
Robert A. Hanson
W. Thomas Johnson Jr.
Sister June Kaiser
Richard L. Knowlton
Philip R. Lee, M.D.
Whitney MacMillan
Ambassador Charles T. Manatt
Joan D. Manley
J. Willard Marriott Jr.
Ambassador Donald F. McHenry
Newton N. Minow
Honorable Walter F. Mondale
Luis G. Nogales
Frederick W. Smith
Edson W. Spencer
Donald M. Stewart, D.P.A.
Paul A. Volcker
Rawleigh Warner Jr.
Robert C. Winters

Index

- 26.2 with Donna Marathon, 15,33
- Aase, Lee, 9
- ABC Breast Health Summit, 31
- Academic partnerships, 33
- Adenoma, 20
- Adult stem cells, 13
- African Methodist Episcopal Church, 31
- Ahlquist, David, M.D., 20
- Amer, Hatem, M.D., 13
- American Anthropological Association, 29
- American Heart Association, 13
- Andrews, Paul, M.D., 12
- Arabia, Francisco, M.D., 11
- Arizona State University, 33
- AskMayoExpert, 17
- Atrial fibrillation, 21
- Battelle Memorial Institute, 28,39
- Bayh-Dole Act, 13
- Beacon Grant, 24,25
- Behfar, Atta, M.D., Ph.D., 13
- Berns, Kathy, Clinical Nurse Specialist, 24
- Big Blue, 11
- Biomechanics, 7
- Blevins, Melissa, 20
- Bolton, Jeff, Chief Financial Officer, 34
- Bougill, Trevor, 19
- Breast Clinic, 31
- Cancer
 - Bile duct, 19
 - Breast, 8,15,16,17,31,33
 - Children with, 8
 - Colon, 20
 - Primary bone, 7
 - Prostate, 8
 - Stage III, 15
- Cancer Center, 8,31
- Cardio 3 Biosciences,13
- Center for Innovation, 25
- Center for Social Media, 9
- Center for Translational Science Activities, 32
- Charity care, 30
- Chemotherapy, 15
- Cholangiocarcinoma, 19
- Chondrosarcoma, 7
- Clinical trials, 15
- Coalition of Blacks Against Breast Cancer, 31
- College of Medicine, Mayo Clinic, 32,35
- Community Affairs Office, 31
- Community Health Care Worker program, 31
- Connors, Amy, M.D., 16
- Crohn's disease, 20
- Demaerschalk, Bart, M.D., 9
- Department of Health and Human Services, 24,25
- e-Consultation, 9
- Electronic Medical Record (EMR), 24
- Environmental Achievement Award, 29
- Fit Forever, 30,31
- Flood victims, 28
- Florida State University, 33
- Foote, Robert, M.D., 8
- Freedom Driver portable heart, 11
- Fryer, Thomas, 23
- Gabriel House of Care, 29
- Gamma radiation, 16
- Gold Cross ambulance, 23
- Green efforts, 29
- Haiti, 28
- Hand transplant, 13
- Harnois, Denise M., D.O., 19
- Health Disparities Initiative, 31
- Health Policy Center, 28
- Heart transplant, 11
- Herceptin, 15
- Hruska, Carrie, Ph.D., 16
- Human Epidermal Growth Factor Receptor 2 (HER2), 15
- Inflammatory bowel diseases (IBD), 20
- Intercultural Mutual Assistance Association, 31
- iPad, 17
- iPhone, 17
- iPod Touch, 17
- Jacobson, Richard O., 3,8
- Katie Ride for Life, 19
- Kidney transplant, 20
- Kim, Brian, M.D., 23
- Leadership in Energy and Environmental Design (LEED), 29
- Level I Trauma Center, 23
- Liver transplant, 19
- Living donation, 20
- Lloyd, Peg, M.D., 21
- Magnetic Resonance Imaging (MRI), 7
- Mammography, 16
- Marriott Heart Disease Research Program, 13
- Mastectomy, 15
- Mayo Clinic General Mills Clinician-Investigator Fellowship, 13
- Mayo Effect, The, 3,4,5,17
- Mayo One helicopter, 23,24
- Mayo, William, J., M.D., 3
- Medical homes, 25
- Metabolic syndrome, 33
- Molecular breast imaging (MBI), 16
- Moran, Steven L., M.D., 13
- Multidisciplinary Simulation Center, 12
- Multiple Myeloma, 33
- Naines, Kristie, 15
- National Institutes of Health, 13,24
- Nishimura, Rick A., M.D., 17
- Noseworthy, John H., M.D., President, CEO, 3,8,12,34
- O'Connor, Michael, Ph.D., 16
- Okeke, Charles, 11
- Ollson, Janis, 7
- Pelvic surgery, 7
- Pencil beam scanning, 8
- Perez, Edith A., M.D., 15
- Polycystic kidney disease, 20
- Pre-cancerous lesions, 20,21
- Premalignant dysplasia, 20
- Primary sclerosing cholangitis, 19
- Proton beam therapy, 3,8
- Pruthi, Sandhya, M.D., 17
- RACE Exhibit, 29
- Radiation Oncology, Department, 8
- Radiation, 15
- Ralph Wilson Medical Research Foundation, 13
- Research and education, 32
- Rhodes, Deborah J., M.D., 16
- Rib stabilization surgery, 23
- Rochester Education and Advocacy for Community Health Program (REACH), 33
- Saint Marys Hospital, 23
- Salvation Army Good Samaritan Health Center/Dental Center, 33
- Sciatica, 7
- Science Museum of Minnesota, 29
- Sebelius, Kathleen, Secretary of Health and Human Services, 25
- Second Life™, 21
- Serrated polyps, 20
- Simon, Risa, 20
- Simulation Center, 12
- Stool DNA testing, 20,21
- Stroke robot, 9
- Ted Nash Long Life Foundation, 13
- Telemedicine, 9
- Terzic, Andre, M.D., Ph.D., 13
- Torchia, Michael, M.D., 23
- Ulcerative colitis, 20
- University of Minnesota, 33
- Waugh, Juanita Kious, 12
- Weis, Shirley, Chief Administrative Officer, 34
- Wiese, Steven, M.D., 23
- Women of Color Cultural Foundation, 31
- Woodside, Ron, 23
- Yaszemski, Michael, M.D., Ph.D., 7

a good feeling.

Join us today in our quest to bring hope, healing and wellness to people of all walks of life — all over the world. Your support changes lives.

mail
Mayo Clinic
Department of Development
200 First Street SW
Rochester, MN 55905

phone
507-284-8540
online
[mayoclinic.org/give](https://www.mayoclinic.org/give)

Visit mayoclinic.org/annualreport/2010
to read the interactive version of this report

We strive to tread lightly to preserve our environment. This Mayo Clinic Annual Report uses paper made with 10% postconsumer recycled fiber and fiber sourced from well-managed forests. It is independently certified by SmartWood to meet Forest Stewardship Council (FSC) standards. This has been handled in an environmentally friendly manner in each manufacturing step, from raw forest material to the final printed piece you're holding.



4500 San Pablo Road
Jacksonville, FL 32224

200 First Street SW
Rochester, MN 55905

13400 East Shea Boulevard
Scottsdale, AZ 85259

MC0710-2010

www.mayoclinic.org

©2011 Mayo Foundation for Medical Education and Research (MFMER).
All rights reserved. MAYO, MAYO CLINIC and the triple-shield Mayo logo
are trademarks and service marks of MFMER.