



*Philip M. Farrell, MD, PhD*

## A fruitful and gratifying collaboration

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**I** proudly join the Wisconsin State Laboratory of Hygiene (WSLH) in celebrating its 100th anniversary this year. University of Wisconsin Medical School—indeed, the entire state—is deeply indebted to the WSLH for the critical role it has played in helping protect the health of Wisconsinites and their environment.

Coincidentally, the Medical School also recently marked a coming centennial event when it welcomed the Class of 2007 in August. The school began under our first dean, Charles Bardeen, MD, with a 2-year curriculum in 1907. When the Wisconsin General Hospital opened in 1925, the curriculum then advanced to a 4-year program, with 2 pre-clinical years followed by 2 years of clinical training.

UW Medical School's connection to the WSLH has existed on many levels the entire time. For example, the Department of Medical Genetics has contributed to WSLH's cytogenetics program, infectious disease faculty in the Department of Medicine have as-

sisted experts in WSLH's communicable disease division, and the Department of Pediatrics has been significantly involved in the newborn screening program.

The Medical School and WSLH also are closely linked by the fact that 4 WSLH directors have had appointments at the Medical School. The current director, Ronald Laessig, PhD, is a UW Medical School professor of population health sciences and of pathology and laboratory medicine; Stanley Inhorn, MD, is a Medical School emeritus professor of pathology and laboratory medicine; Alfred Evans, MD, was a professor and chair of preventive medicine (now population health sciences); and William Stovall, MD, was a faculty member at the Medical School and served as director of the hospital's clinical laboratories.

In addition, the 2 institutions share similar missions: patient care (via laboratory medicine for the WSLH), community service, research and teaching.

I personally have had a fruitful and gratifying collaboration with WSLH for more than 25 years. After I joined the Medical School faculty in 1977-1978 and began a program in pediatric pulmonology, I soon learned that lead-

ers in the Wisconsin Legislature were investigating adding cystic fibrosis (CF) to the newborn screening program WSLH had begun offering with phenylketonuria testing in the 1960s. I first studied the existing test for CF—based on meconium analysis—but found it unsatisfactory.

Researchers in New Zealand published data in 1979 on a better test—using newborn dried blood specimens to measure immunotrypsinogen levels—so I approached Dr Laessig at the WSLH to discuss a collaborative investigation to assess the benefits and risks of the new test before offering it as a service. Our agreement was that we would seek outside support to initiate a screening program. Soon after, we obtained approval from the University's Human Subjects Committee, achieved National Institutes of Health grant funding and implemented a research program. WSLH eventually added the new test to its newborn screening panel in 1994.

Wisconsin's CF screening program has since become the best in the country, and that makes it the best in the world. This is not surprising because the entire Wisconsin newborn screening program is second to none. As a result, the

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Centers for Disease Control and Prevention is planning a workshop in November that will result in recommendations for national and international CF screening of newborns. The guidelines will be published as a supplement in *The Journal of Pediatrics*. I'm on the organizing committee of that effort, and I'm helping coordinate other efforts to "export" the Wisconsin CF newborn screening program to Ireland and France.

Another exciting development stemming from our collaboration is that EraGen Bioscience, a Madison-based company that designs, develops and commercializes genetic-based diagnostic products, has teamed with the Medical School and WSLH to develop a rapid, automated test sys-

tem for CF. The NIH is supporting this initiative with 2 grants. The new test should represent a major step forward in CF screening. We believe that once the medical community embraces this system, neonatal screening for some 50 possible mutations in the CF gene will become standard.

The CF story clearly illustrates just how productive and important the relationship between the WSLH and UW Medical School has been and will continue to be. For me, this privilege has been one of the highlights of my career. Congratulations to Dr Laessig and Wisconsin's preeminent State Laboratory of Hygiene for all their successes.



The mission of the *Wisconsin Medical Journal* is to provide a vehicle for professional communication and continuing education of Wisconsin physicians.

The *WMJ* (ISSN 1098-1861) is the official publication of the Wisconsin Medical Society and is devoted to the interests of the medical profession and health care in Wisconsin. The managing editor is responsible for overseeing the production, business operation and contents of *WMJ*. The editorial board, chaired by the medical editor, solicits and peer reviews all scientific articles; it does not screen public health, socioeconomic or organizational articles. Although letters to the editor are reviewed by the medical editor, all signed expressions of opinion belong to the author(s) for which neither the *WMJ* nor the Society take responsibility. The *WMJ* is indexed in Index Medicus, Hospital Literature Index and Cambridge Scientific Abstracts.

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