

FINDINGS

Summer/Fall 2026 • omrf.org

JUST GETTING STARTED

Dr. Andy Weyrich
has big plans
for OMRF



**Bold ideas. Game-changing science.
Research that saves lives.**

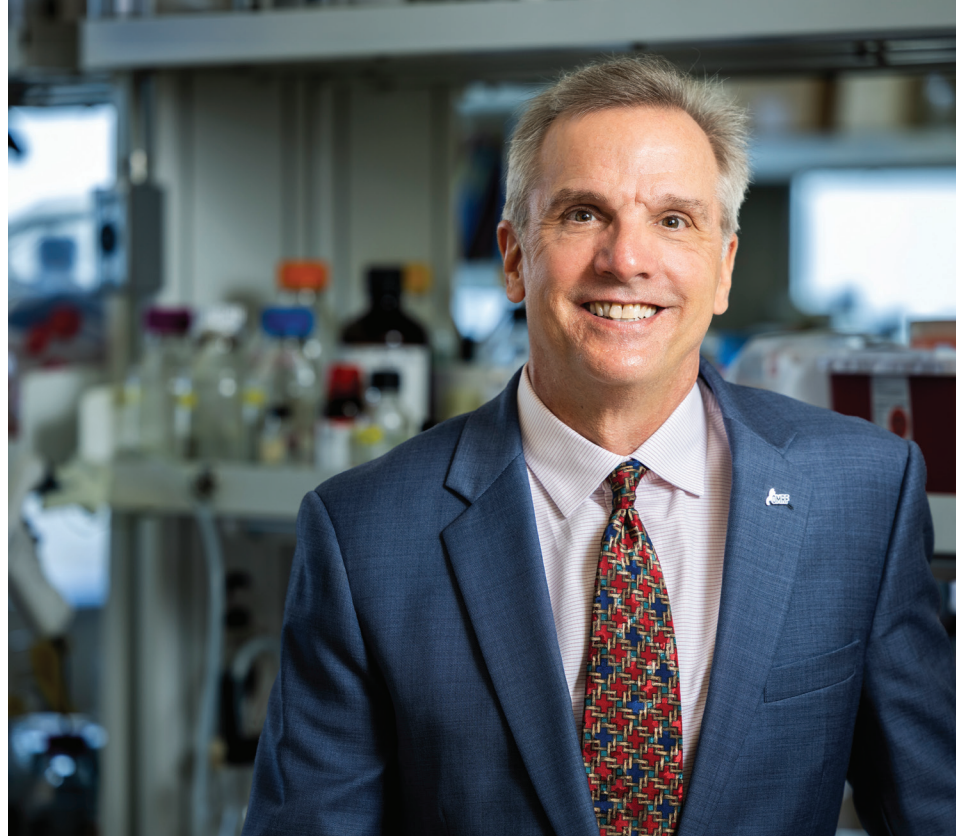


Cures Begin Here

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He's not done yet.



Chartered in 1946, OMRF is an independent, nonprofit biomedical research institute dedicated to understanding and developing more effective treatments for human disease. Its scientists focus on such critical research areas as cancer, diseases of aging, lupus and cardiovascular disease.

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A Special Birthday

OMRF's Fleming Scholars Program Turns 70



OMRF's 1957 Fleming Scholars with President Dwight D. Eisenhower (left) and the class of 2026 with Dr. Weyrich

As you probably noticed, the United States celebrated a pretty big birthday in July.

On July 4, our country commemorated 250 years since we declared independence from Great Britain. We marked the moment with fireworks, parades, tall ships and many remembrances of Founding Fathers like Benjamin Franklin, Thomas Jefferson and George Washington.

Two weeks later, we held a birthday party of our own at OMRF. Now, I wouldn't compare the anniversary we observed to our nation's founding. Still, it was a milestone well worth blowing out a few candles for.

Seventy, to be exact.

In 1956, OMRF launched its Sir Alexander Fleming Scholars program, named after the British scientist who discovered penicillin and who dedicated OMRF's first building. The idea behind the initiative was simple: to provide some of

the state's brightest young minds with an introduction to medical research.

Science teachers across Oklahoma nominated candidates, and OMRF chose a handful of high school and college students as its first class of "Flems." Those students would be the first of many to spend summers in OMRF's labs, where they got a firsthand taste of research by conducting experiments under the guidance of senior OMRF scientists.

Not all who completed the program went on to careers in science. But some did, including OMRF's own Dr. Judith James. (Be sure to check out her column on the next page.) Many others have used the experience to launch successful careers in other fields, from patent law to writing novels.

Along the way, the Flems have enjoyed a few moments in the sun. When in 1957 President Dwight D. Eisenhower traveled to Oklahoma City, he met that

summer's class of Fleming Scholars. In a nationally televised address, he then remarked on OMRF's "bright youngsters." "I congratulate you on them, and on the institution," he said. "You have every reason to be proud of both, and I hope other states will follow your example."

Over the years, more than 600 students have completed summers as Flems. It's even spawned a pair of companion programs. Thanks to the generosity of Dr. John Saxon, for nearly two decades we've hosted students from U.S. military academies through the Saxon Scholars Program. And in 2022, we added a partnership with Langston University that has enabled students to perform research on diseases that have included multiple sclerosis, arthritis, lupus and cancer.

This summer, we welcomed 21 students across the three programs. As always, their enthusiasm and fresh ideas are like an adrenaline shot for us. We love having them at OMRF, and we treasure the chance not only to teach them but also to learn from them.

By the time you read this, the students will be back to school (although a few may continue to work on their projects with us). And when they leave, there's always a bit of emptiness in their wake.

But before we know it, we'll be opening up applications for the class of 2027. Getting ready to train another group of bright young minds. And to add a 71st candle to the cake.



Dr. Adam S. Weyrich

Dear Dr. James,

While watching a period costume drama, I noticed there's inevitably a character who gets caught in the rain, resulting in a severe illness and, often, a coma. Can you really "catch your death" from being wet and cold? Or is it just a plot device?

Jenny Lee
Findings creative director and
Jane Austen movie buff

Movie Medicine

Dr. James Prescribes



In period dramas, getting caught in a downpour is practically a death sentence. And while these scenes are mostly myth, they're not entirely fiction.

Let me explain.

Before people knew anything about germs, they noticed that illnesses, particularly respiratory ones, surged in the winter. They also observed that people more frequently became ill after being chilled or soaked.

With no knowledge of viruses or bacteria, it was reasonable to conclude that moisture and cold temperatures cause sickness. It's from this belief that we get the phrase "catching a cold."

Although exposure to extremely low temperatures – think getting stranded outside in a blizzard – can cause death through hypothermia, cold alone generally will not cause sickness. The same is true with moisture.

To become ill in the cinematic situations you're describing, you need an underlying infectious agent. That means some type



of virus (like influenza, rhinovirus or respiratory syncytial virus), bacteria (which commonly cause pneumonia) or both.

Respiratory viruses and other infectious agents typically surge during times when people are grouped together inside. These are also the same times the weather is cold and wet. So, people assumed exposure to the weather caused sickness, when, in fact, it was the time they spent together avoiding the weather that probably did it.

In addition, several research studies suggest that cooling the body, especially the nose, may make it easier for viruses that are already present to gain a foothold. This may happen because cooling the nasal passages slows blood flow to the nose and slows the activity of some immune reactions.

Imagine if someone already exposed to a respiratory virus – but showing no symptoms – gets a good drenching on moors, then returns to a drafty castle.

Those cold conditions might tip the balance in favor of the virus, and the infection could take hold.

It's also worth noting that in the era depicted by period dramas, contagious and often-fatal illnesses like tuberculosis and influenza were commonplace. And most people who developed these infections also likely had been cold and wet at some time close to when they developed symptoms. Thus, they thought (wrongly, but understandably) that one led to the other.

The bottom line: You can't really "catch your death" from getting wet and cold. A rainy walk won't conjure up a virus out of thin air. But being chilled may weaken some of our natural defenses. And in a world full of germs – and lacking the tools of modern medicine – that was probably enough to make the old warning seem very real indeed.

Dr. Judith James, a rheumatologist and immunologist, is OMRF's executive vice president and chief medical officer. Submit your health questions at omrf.org/AskDrJames.

Vision for the Future

OMRF breaks ground on center for imaging, patient care

Dr. David Brown spent his career focused on vision. An ophthalmologist, he cared for thousands of Oklahomans' eyes. So, says his son, there's a certain symmetry that OMRF's new center for imaging will bear his name.

"My father would be thrilled," says Dr. Randy Brown.

In May, OMRF broke ground on a new building that will house the David R. Brown, M.D., Advanced Human Imaging Center. The three-story facility will also be home to a new institute that will focus on laboratory and clinical studies of chronic health conditions.

"This building has lived in our dreams for a long time," OMRF President Dr. Andy Weyrich said at the groundbreaking. The new facility will be funded primarily through two grants: \$9.9 million from the Tobacco Settlement Endowment Trust (TSET) and \$3.5 million from The Samuel Roberts Noble Foundation. Brown was a longtime member of the boards of both The Samuel Roberts Noble Foundation and OMRF.

The Brown Center will house a powerful MRI, which will enable physician-scientists at OMRF to perform research studies and clinical trials aimed at improving care for conditions such as multiple sclerosis and lupus. It also means that thousands of patients who visit OMRF's Multiple Sclerosis Center of Excellence each year will no longer need to travel elsewhere for magnetic resonance imaging, a staple of care for those living with the progressive neurodegenerative disease.

"MS can be debilitating," says Kelsey D'Emilio, an OMRF MS Center patient, "so I can't overstate the value of having a one-stop shop for patient care."

The Brown Center, which will house a variety of other medical imaging technologies in addition to the MRI, will occupy the first floor of the 15,000-square-foot building. Above it, the new TSET Institute for a Healthier Oklahoma will host laboratory and clinical studies focused on a trio of root causes of chronic disease: inflammation, impaired immunity and accelerated aging.

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This building has lived in our dreams for a long time.

DR. ANDY WEYRICH

The TSET Institute will be home to a center for healthy aging, where OMRF researchers and clinical staff will use methods proven through clinical research – targeted exercise programs, physical and cognitive testing – to reduce the burdens of aging. The institute will also include a telehealth hub to deliver remote specialty care and the chance to participate in clinical trials for patients who live outside the Oklahoma City metro area.

OMRF received a TSET Legacy Grant for the project, one of only 14 awarded in commemoration of TSET's 25th anniversary last year. Created by voters in 2000, TSET is an endowment trust funded by a percentage of payments from tobacco companies following a 1998 settlement agreement.

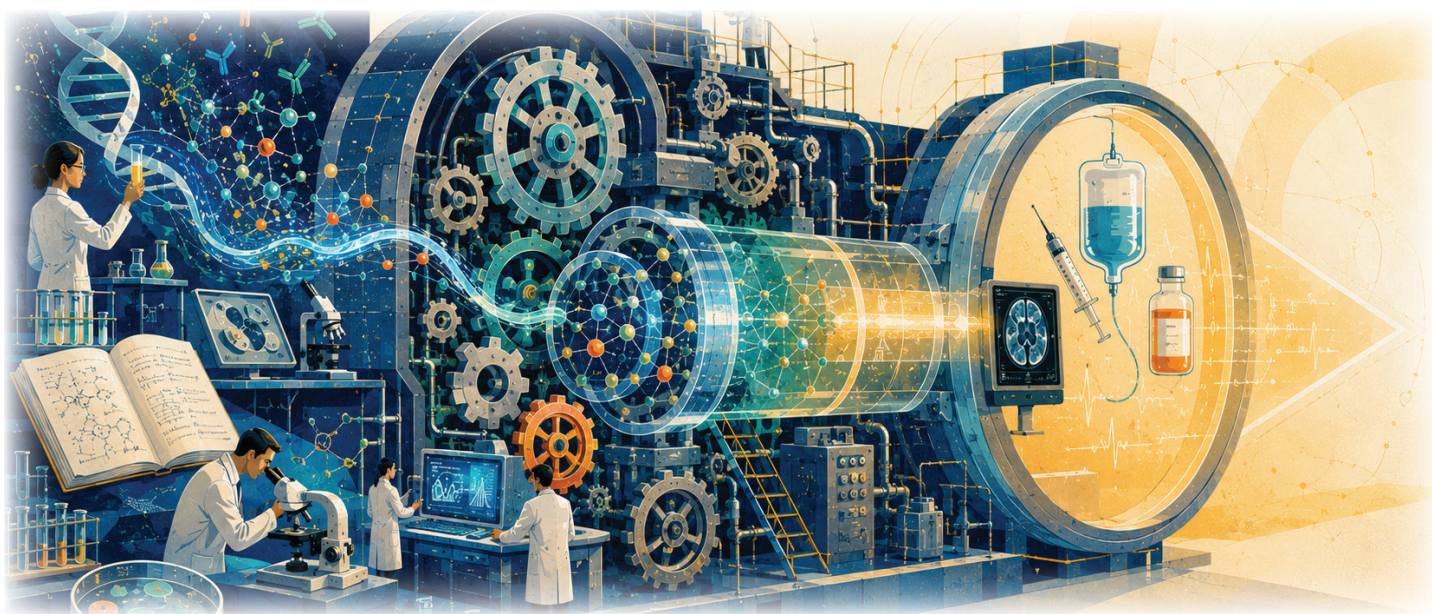
At the groundbreaking, Lance Thomas, the agency's interim executive director, said TSET was confident that the new institute at OMRF "will push boundaries" in finding new ways to intervene against both chronic disease and aging. "It will create a wide and very measurable impact on improving health here and, eventually, around the world."

For Dr. Judith James, who will lead the new institute, adding the telehealth capacity to care for patients in more rural areas – and to include them in clinical trials of new medications – is key. "Research that stays inside a laboratory or clinic in Oklahoma City does not help a family in McAlester or Woodward or Altus," says James, a fifth-generation Oklahoman born in Pond Creek. With the institute, she says, the goal is "to extend the benefits of what we do at OMRF to the communities that bear the heaviest burden of chronic disease."

The new facility is projected to open in late 2027.



Multiple sclerosis patient Kelsey D'Emilio (third from left) is excited for the new imaging center. "MS can be debilitating, so I can't overstate the value of having a one-stop shop for patient care," she says.



OMRF Scores in New Ranking

The first Cure Innovation Index shows the impact of OMRF's work on patients' lives

A first-of-its-kind ranking placed OMRF among the top 25 biomedical research institutes and centers in the United States for its ability to translate scientific discoveries into real-world healthcare impact.

The inaugural Cure Innovation Index, which evaluated 303 universities, hospitals and other research organizations, ranked OMRF 21st among institutes and centers in the U.S. The index assesses how effectively biomedical research organizations convert their work into therapies, companies and measurable health outcomes.

To arrive at the rankings, the Cure Index reviewed data from federal and commercial sources, proprietary inputs from surveys of more than 3,000 researchers and industry leaders, and institutional audits. The index measured biomedical research entities in three core areas: research capability, entrepreneurial readiness and market translation.

"OMRF's ranking reflects our success in converting scientific discovery into clinical application," says Dr. Hemangi Pakala, who as OMRF's director of technology ventures leads the foundation's collaborative efforts with biotechnology and healthcare partners. Three drugs and two disease management tests born in OMRF's laboratories are currently in use in hospitals and clinics across the U.S. "That's a remarkable track record," says Pakala.

The drugs originating in OMRF's labs are: Adakveo, the first drug approved by the U.S. Food and Drug Administration to treat the pain crises in sickle cell disease; Soliris, an intravenous therapy for four autoimmune disorders that affect the blood, brain and spinal cord; and Ceprotin, a plasma-derived concentrate for patients with severe congenital protein C deficiency. OMRF discoveries also created Vectra, a test that assesses disease activity and treatment response in rheumatoid arthritis, and aiSLE DX, which tracks flare risk and disease activity in lupus.

Seema Kumar, CEO of Cure, says that OMRF's place in the rankings "reflects its leadership in translating scientific discovery into real-world impact." Previous measures have emphasized funding, publications or patents, but these metrics can fall short when it comes to capturing the bigger picture. "The index evaluates the full set of capabilities required to move innovation from concept to cure," says Kumar.

That journey, says Pakala, begins with boundary-pushing science. "The first and most important ingredient is strong and innovative research," says Pakala. "Another thing OMRF does particularly well is finding support and encouraging advancement of proof-of-concept stage research, which is critical before marketable discoveries can happen."

In addition to the medications and

tests currently available, other OMRF-based treatments are making their way through the drug development pipeline. An experimental therapy for the bleeding disorder hemophilia is currently undergoing clinical trials. And a medication to fight sepsis, the leading killer in intensive care units, is also in pre-clinical development.

Rankings can be a nice feather in the cap, says OMRF President Dr. Andy Weyrich. But he tries not to get too hung up on them. "You never know how, exactly, they're computed. And how others measure success will almost certainly differ from how you do," he says.

Still, in this instance, the Cure results generally align with Weyrich's own take. "We were founded 80 years ago to help people live longer, healthier lives," he says. "When our scientists make discoveries that lead to life-changing tests and therapies, they're doing just that."

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The first and most important ingredient is strong and innovative research.

DR. HEMANGI PAKALA

Opening Doors on Alzheimer's

Three OMRF scientists,
three different approaches

In the 125 years since German psychiatrist Alois Alzheimer identified the first case of the illness that would bear his name, the outlook for patients diagnosed with the deadly, memory-robbing disease has changed little. Despite significant advances in understanding the pathology and biochemistry of Alzheimer's, we still cannot say what causes the vast majority of cases. And, most importantly, researchers have yet to develop or identify any interventions that alter the course of disease.

Today, doctors use only a pair of medications approved by the U.S. Food and Drug Administration to treat Alzheimer's. Both show, at best, only modest benefit. Neither prevents the condition's progression.

Still, these drugs have fared better than the multitude of experimental therapies that have been abandoned in the wake of unsuccessful clinical trials. As these failures have piled up, experts in the field have increasingly reached a consensus: No single treatment will be the magic bullet for Alzheimer's.

At OMRF, scientists have embraced this mindset. Rather than a uniform approach, they're taking on the disease from a variety of angles.

Dr. Heather Rice centers her research on molecules in the brain called amyloid precursor proteins. These proteins form plaques in the brains of people with Alzheimer's and are thought to damage neurons and cause cognitive decline as the disease progresses.

But Rice and Dr. Michael Hasselmo, a collaborator at Boston University,

have also found that amyloids have beneficial functions. "So, we want to explore whether those helpful functions could lead to new treatment avenues for Alzheimer's," she says.

In a recent study published in the journal *Alzheimer's & Dementia*, the researchers used computer modeling to look at whether an amyloid fragment might hold promise as a potential therapeutic. They found that the fragment helped keep memory connections stable.

While Rice cautions that the work is a prediction, it lays the groundwork for future therapeutic approaches. "Similar strategies are being used successfully in new treatments for schizophrenia," says Hasselmo, "and those same drugs could potentially help people with Alzheimer's."

Meanwhile, OMRF's Dr. Tommy Lewis has focused his investigations on the role that mitochondria, often called the powerhouse of the cell, could play in Alzheimer's. "Mitochondria are best known for generating the energy a cell needs, but they also have other purposes," says Lewis.

Specifically, Lewis wants to know how mitochondria communicate, how they move to the right place within cells, and, he says, "What happens when something goes wrong?" These questions are

particularly important when it comes to neurons, the brain's primary cells.

Unlike cells in other parts of the body, neurons don't regenerate when damaged. That means that any harm a neuron suffers in the Alzheimer's disease process becomes permanent.

Fueled by a five-year National Institutes of Health grant he received this past spring, Lewis will use high-resolution microscopy and advanced protein analysis to search out a deeper understanding of mitochondria. This information, he hopes, can pave the way to repair or regenerate neurons, which would represent a potential game changer for Alzheimer's.

Dr. Sarah Ocañas has also received a new Alzheimer's grant. This one, from the BrightFocus Foundation, will study why more women than men develop the disease. Ocañas suspects that our immune systems may hold a key.

"We're going to explore how immune cells in aging ovaries send signals to the brain," she says. That process, she believes, "may worsen memory problems and drive the disease."

Ocañas, Lewis and Rice are each treading markedly different scientific paths. If even one proves promising, it could lead to a new day for Alzheimer's, a moment that has long been overdue.



DR. HEATHER RICE



DR. TOMMY LEWIS



DR. SARAH OCAÑAS

Hot off the Presses

A news story leads to a new center for brain disease research

Mo Grotjohn has been reading The Journal Record for many years. A retired banker and longtime trustee and treasurer of the Meinders Foundation, Grotjohn likes to keep his finger on the pulse of what's happening in Oklahoma City.

Unlike many publications, the business and legal newspaper still comes out with a print edition each weekday. And as Grotjohn thumbed through the paper one morning in February 2025, one story caught his eye.

The article told of a new National Institutes of Health grant OMRF's Dr. Mike Beckstead had received to study Parkinson's disease. Grotjohn's dear friend, Herman Meinders, whom he'd worked with for many years as his closest business advisor, had lived with the neurodegenerative disease for more than a decade. Both personally and through his foundation, Meinders – an Oklahoma City businessman and philanthropist – had made substantial donations to support Parkinson's research and care.

But never to OMRF. In fact, Grotjohn was unaware that OMRF scientists even studied Parkinson's.

"As I learned about Dr. Beckstead's research, I became convinced this was a cause worth supporting," remembers Grotjohn. "So, I contacted Len Cason." Cason, an Oklahoma City attorney, had worked with Grotjohn, Meinders and the Meinders Foundation for just about as long as he's been chair of OMRF's Board of Directors, a role he's held since 2001.

Cason talked to Grotjohn about OMRF. He also provided Grotjohn with materials describing OMRF and its Parkinson's research, which Grotjohn passed on to members of the Meinders family. "Ultimately, we met with OMRF's physicians and scientists who study Parkinson's," Grotjohn says. "We all agreed that Herman would consider this a worthy endeavor."

Meinders made a \$2 million donation to OMRF before his death in March 2025. The Meinders Foundation followed this gift with another \$6.25 million. Together,

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Our goal here is to help people live longer, healthier lives, and it's always amazing when our mission lines up with a private donor like this.

DR. MIKE BECKSTEAD

those funds provided OMRF with the capital needed to transform an unfinished floor in its research tower into a hub for studying brain diseases.

In February, OMRF – along with Grotjohn and representatives of the Meinders family – dedicated the Meinders Center for Neurodegenerative Research. In the center, OMRF researchers will investigate brain diseases like Parkinson's and Alzheimer's, with the goal of improving the therapeutic landscape for these conditions.

Eleven OMRF scientists lead teams that study various aspects of neurodegenerative diseases, and the Meinders Center will integrate the work of these researchers. The center features eight laboratories, two conference rooms, office spaces, a walk-in freezer and facilities for sample storage in ultra-low-temperature freezers.

At the dedication ceremony, Grotjohn announced an additional gift from the Meinders Foundation: a \$1 million endowed fund at the Oklahoma City Community Foundation to benefit OMRF. The foundation made the donation in honor of Cason, who will determine how to utilize distributions from the endowment each year.

For Beckstead, the scientist whose work served as the first domino that led to the center's creation, the entire chain of events has invigorated him. "Our goal here is to help people live longer, healthier lives, and it's always amazing when our mission lines up with a private donor like this. I'm eager to get to work and make some progress."





Andy Weyrich Knows How Lucky He Is

OMRF's president talks about his first five years on the job – and what's next.

By Adam Cohen

It's been a half-decade since Dr. Andy Weyrich took the helm as president of OMRF. An accomplished medical researcher, he'd spent his career investigating blood clotting and inflammation at the University of Utah. As a scientist, he'd worked closely with collaborators at OMRF for decades. So, he was quite familiar with OMRF when he decided to leave the University of Utah to become OMRF's seventh full-time president. Or so he thought. But even he was surprised to find an organization so poised for success.

This interview has been condensed and edited.



Dr. Weyrich traveled to all 77 counties of Oklahoma to celebrate OMRF's 77th birthday. "It amplified our history and strengthened our relationships with communities around the state," he says.

Before OMRF, you'd spent your entire career at the University of Utah. What was the biggest adjustment?

At a university, there are so many moving parts. You have research, but you also have education, work in the community, and clinical pieces. Then there are levels of administration, and at a state university like Utah, there are extra layers, like the state appropriations process. At OMRF, I realized I didn't have to worry about any of that. I could focus on what I love: medical research.

What surprised you?

Our budget was really good! [Laughs] After the initial honeymoon at a new institution, you expect to find some major issues. But that never happened. Our problems were little stuff.

Okay – what didn't surprise you?

I knew OMRF had great science.

Was it tough coming in after a president like Steve Prescott? He led OMRF for 15 years and did a pretty good job.

Steve was a fantastic leader, and he was loved. That worried me at first. Could I fill his shoes? But I think I've been able to build on what Steve did while also developing my own niche. I guess I've kind of filled Steve's shoes but also got my own pair. [Laughs]

Enough about shoes! Can you talk about a few of the accomplishments you're proudest of?

Definitely our 77 for 77 campaign. We connected with people across Oklahoma. It amplified our history and strengthened our relationships with communities around the state. On the scientific front, we've done really well in recruiting, and none of our existing principal investigators have been recruited away. We have this place where people want to be.

Capital projects have also been another point of emphasis for you.

For sure. We've opened two new research hubs – our Center for Biomedical Data Sciences and the Meinders Center for Neurodegenerative Research. We're modernizing facilities and growing this place. But we're doing it slowly and systematically, in a fiscally responsible manner. We don't have any debt.

So, as you look to the horizon, what are your key priorities for the institution?

Strengthening clinical research and continuing to grow our fundamental discoveries. Retaining and bringing in people. Building scientific programs. All while keeping us in a really good financial position.

You already have some irons in the fire.

We just broke ground on the David Brown, M.D., Advanced Human Imaging Center and, with a grant from the Tobacco Settlement Endowment Trust, the TSET Institute for a Healthier Oklahoma. We're also recruiting a new chair for our Cell Cycle and Cancer Biology Research Program. Cancer is an area where we want to expand our research, but in a way that connects with all of our other programs. I want to position this place so that whoever takes it over next time will be in a really great situation.

You're already thinking about leaving?

No! [Laughs] It seems like I just got here!

I want to shift gears and ask about something personal. Your family suffered a tragedy after you joined OMRF when your son, Sam, passed away. Could you talk a little about how his death has affected your family and you?

Thank you for asking this question, because today is Sam's birthday. He'd be 26. [Pauses] It continues to be hard.

I can only imagine.

But we just keep being struck by the love and support we've received since we lost Sam. Not just from everyone at OMRF, but from the broader community. Amy, Sarah and I started a foundation for Sam, the Sam the I Can Man Foundation. We don't believe that would've happened if we weren't in Oklahoma. We'd only been here for 2 ½ years when Sam passed, but he loved it here. [Former OMRF Vice President of Research] Rod McEver put it really well. He said, "Sam was an Okie."

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I want to position this place so that whoever takes it over next time will be in a really great situation.



The Weyrich family started the Sam the I Can Man Foundation in memory of Sam Weyrich, who passed away in 2024.

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I think we're making major steps on getting in front of disease – seeing who's at risk and doing things that can stop people from getting sick in the first place.

If you could use three words to describe your time at OMRF and in Oklahoma, what would they be?

I'd start with "humbled." I feel humbled to have gotten this opportunity. It's such a great place. And I wonder, why me? How'd I get so lucky? Before I came here to interview, I called [Steve Prescott's widow] Susan Prescott and asked, "Why should we come?" She said, "The people." And she was right. The scientists. The staff. The Board. The donors. Everyone has been so welcoming and supportive. So, the second word, which isn't an adjective, but I'll use it anyway, is "people."

That's two.

For the last one, can I cheat a little?

I can look the other way. This isn't a standardized test.

I'll say, "The sky's the limit." We are set up to do great things. I've been fortunate to come into a mature foundation. Now we get to stand on the shoulders of those who've come before and build.

Your tenure at OMRF has coincided with some of the most uncertain times for U.S. medical research ever. What do you see for the future as you look to the horizon?

I think that medical research will withstand these tough times. I do think the funding challenges we've seen at the federal level will potentially set us back for a little while, especially investigators who are just launching their careers. We'll need to convince young people that medical research is a good place to be.

What do you see as some of the biggest threats or uncertainties?

Artificial intelligence, for one. It's a game changer. AI represents a tremendous opportunity, but it's also a threat. Will we begin not to trust humans and what they can do? I worry about whether people will trust AI more than clinicians who've seen countless patients over their careers. And it's the same with scientists. Will we ignore all the talents and insights a human can bring to the lab?

How about federal research funding? The government's support of the National Institutes of Health, which makes grants to places like OMRF, has been kind of shaky lately. If the federal government cuts or even quits investing in biomedical research, that would be a huge threat. There are not enough private or industry resources for the U.S. to lead the world. The reason we are international leaders is the federal government's 80-year history of investment and partnership with institutions like OMRF. Ninety-nine percent of all treatments on the market today have been seeded by grants from the NIH. Drug companies don't want to do that. Discovery science is not their strength. They want to take something that's almost done and push it across the line.

Where does China fit into the picture?

They're committing huge resources to medical research. They know that resources are what's going to take them to the top. We committed after World War II, and that's how we got to where we are. China's seen that example and they're emulating us. If we don't invest at that level and more, they will surpass it. We have to keep up.

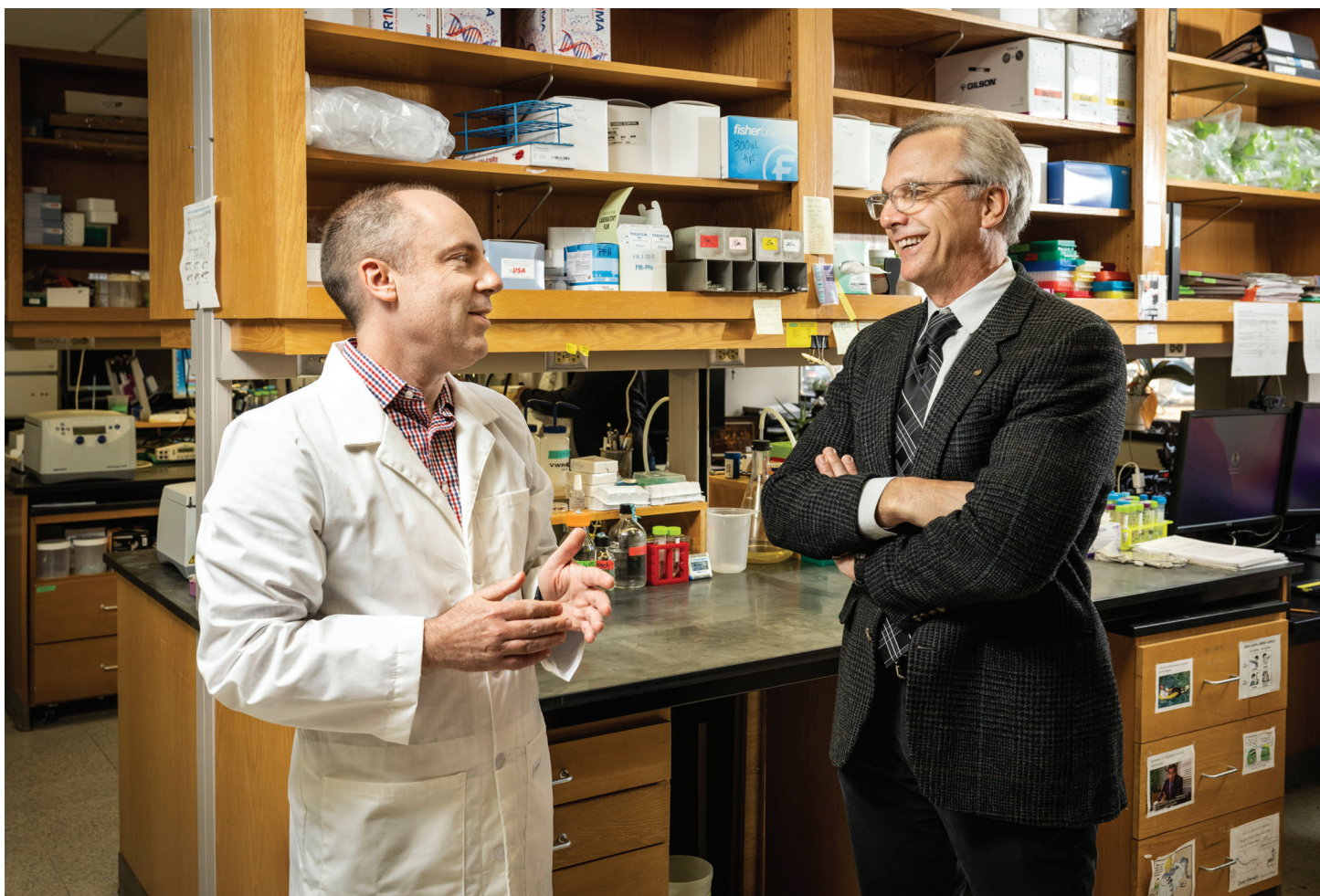
Okay, let's flip to the other side of the coin. Where are the biggest opportunities in medical research right now?

Historically, the focus has been on therapies to treat disease. But we're now moving to ways to better predict and even prevent disease. I think we're making major steps on getting in front of disease – seeing who's at risk and doing things that can stop people from getting sick in the first place.



Dr. Weyrich during a visit to Marlow Middle School during the 77 for 77 campaign (above) and with OMRF's 2025 Teen Leaders





Dr. Weyrich, pictured here with Dr. Chris Sansam, says he misses his days in the lab as a scientist. "But, really, I get more excited about other people's successes."

Where do you expect to see the biggest advances?

You're starting to see some in neuroscience, particularly Alzheimer's. We've taken steps in cancer with immunotherapies and other targeted approaches to treatment. But now we're seeing unwanted secondary effects, like people who receive cancer immunotherapy developing autoimmune disease. So, we have to get better at countering side effects like these, at helping to improve quality of life in complicated disease situations.

When you talk about preventing disease, it seems like OMRF fits into this with its efforts in healthy aging.

Absolutely. We have a number of projects in the works, starting with our Center for Healthy Aging. We'll begin construction this fall, and that will build on research we're already doing. Our researchers are looking for ways to enhance people's healthspan. Their quality of life. Their so-called biological age. If you're 70, we want you to feel like you're 60, not 80.

How about autoimmune disease?

We're one of the world leaders in autoimmunity, in diseases like lupus, Sjögren's disease and rheumatoid arthritis. We'll keep pushing the envelope there, especially on the clinical research side. And this is an area where we're looking hard at prevention.

Any other areas where you believe OMRF can make a mark?

We continue to be cutting-edge in cardiovascular biology. We have three FDA-approved drugs in this area, plus two more in the pipeline. We'll also keep pushing in neuroscience, especially Alzheimer's, Parkinson's and multiple sclerosis. And we're strong in big data, so we'll lean into that to help all science at OMRF.

Becoming president of OMRF meant you had to shut your lab and hang up your lab coat. Do you miss it?

When I go to a seminar and I hear about the latest work, or if I go into a lab and see people making discoveries, I miss it. But, really, I get more excited about other people's successes. Here, I'm uniquely positioned to see a lot of that. And by fundraising and providing resources and support, I can help them. So, yes, I miss it, but I love what I'm doing now.

What have been your favorite parts of the job?

I love the people. I love interacting with folks, getting out into communities and connecting with people. I continue to be impressed by the excellence of our science, so I can speak highly of OMRF and really believe it! [Laughs] It's fun when you can talk about something that's the real deal.

I know you say you love it all, but surely there's at least one thing that stresses you out about the job?

We have a lot of driven, smart people. It takes a lot of work to understand all of their points of view and to hear them out, especially if you're not in full agreement. It's tricky trying to keep everyone happy. But that's a high-class problem.

Does it seem like five years?

No. I can't believe it. It feels new still. My hair's grayer, but that's just because I'm older.

If today's Andy could say anything to Andy five years ago as he was considering this job, what would you say?

You'd be crazy not to take it! 🇺🇸



I THINK
WHAT I'M
DOING
MAKES ME
A SORT OF
GUINEA
PIG.

DAN LITTLE



NO FINISH LINE

1982
First
marathon at
age 39

OMRF Director Dan Little has completed 274 marathons and ultramarathons. He's not done yet.

BY ADAM COHEN

Despite all evidence to the contrary, Dan Little doesn't believe he's exceptional.

"I was never a great athlete," he says. "I didn't play organized sports in high school." He waited until he was almost 40 to begin running, and even then he knew he wouldn't be winning any races. Still, he found personal satisfaction in pushing himself to achieve things he'd never believed possible. "It didn't matter that I'd often finish in the back of the pack."

After a few years of running local 5- and 10-kilometer races around Madill, the southern Oklahoma town where he grew up and still practices law, Little decided he'd try a marathon. The 26.2-mile distance proved extremely challenging, but he managed to make it to the finish line. "Golly, I was sore," he recalls. But he was also hooked.

In the ensuing four-plus decades, he's finished another 273 races of marathon-distance or longer. In 2019, at the age of 76, he completed the World Marathon Challenge, becoming the oldest person ever to log seven marathons on seven continents in seven days. He then broke that record four years later, wrapping up the grueling event as an 80-year-old.

The event is as taxing as they come, with competitors flying in a specially chartered plane from continent to continent, then running 26.2 miles almost as soon as they touch down. To make the seven-seven-seven logistics work, the courses are located close to the airports and are all loops, some as short as 500 meters. Competitors eat and sleep on the plane and often run in the dark of night. Still, race temperatures in places like Perth (Australia) and Dubai (Asia) approach 100 degrees.

Last year, at 82, he nearly bested his own mark, finishing six of the marathons.

But in Antarctica, where competitors ran on packed snow in wind chills that punished every inch of exposed skin, Little dropped to 13.1 miles. With that, he became the oldest person to complete a half-marathon on each of the continents in a week – even though, as he notes, "all but one of those half-marathons was done as a part of a marathon."

Little joined OMRF's Board of Directors in 2012. "I believe deeply in the mission of what we're doing," he says. He's particularly proud that "we're able to do science in Oklahoma at the highest levels." During his tenure on the Board, he's enjoyed meeting and interacting with OMRF's researchers, whose work he finds "fascinating." One scientist whose studies especially intrigue him is Dr. Benjamin Miller, who investigates muscle aging, with the aim of trying to preserve muscle quality and function as we grow older.

"I think what I'm doing makes me a sort of guinea pig," says Little.

Miller, for one, agrees. "There's always this assumption that people become too old to do these things, but Dan and others like him show that's not true," says Miller. "Aging is inevitable, but the things Dan is accomplishing show you can maintain incredibly high function if you continue an active lifestyle."

For Little, that active lifestyle means working out every day. Without fail. "If you exercise seven days a week, it's never a question of if, which takes willpower," he says. "It's just a question of when, which requires almost no willpower." Little estimates that he hasn't missed a daily workout – which he defines as at least two miles of running or 20 minutes of cross-training like riding a bike or swimming – in at least a decade.



I WAS NEVER A GREAT ATHLETE.

These days, Little is running 35 to 40 miles a week, training for the same marathons he completed last fall: Marine Corps in Washington, D.C., then New York City the following weekend. If he makes it to the finish line in Central Park, it will mark the 30th time. A few weeks later, he'll be back in Antarctica just shy of his 84th birthday, trying to break his own record as the oldest person to finish the World Marathon Challenge.

His times have slowed over the years. From a personal best of just under 3 ½ hours, it now typically takes him 6 ½ to 7 hours to complete the 26.2-mile distance. "I no longer say I run marathons," Little says. "I say I do marathons."

For people who want to get active, he says, "you're never too old to begin." His advice? "Start slowly and do it every day."

He proceeds to discuss his plan for next spring: an Ironman triathlon in New Zealand. The event – 2.4 miles of swimming, followed by a 112-mile bike ride and a 26.2-mile run – is decidedly ambitious. Even for him.

When asked if he can imagine a time he'll no longer attempt such feats, Little pauses. Then he reads from a poem, "Dan's Widower's Creed," which he wrote after the death of his wife, Prudence.

"I want each day to ... experience the beauty, goodness, joys, delights and physical pleasures of life – and agonies and ecstasies of life." Those wonders "can only come from pushing oneself to the limit and living and loving with passion."

In other words, no finish line in sight. 📍

2019
7 marathons
7 continents
7 days

2023
At age 80
breaks his
own record

2026
Back
to Antarctica
at age 83

2027
New Zealand –
still chasing
possibilities

SEVEN CONTINENTS. SEVEN MARATHONS. SEVEN DAYS.



2025 Honor Roll

Every year, people from all four corners of Oklahoma and beyond are moved to support medical research at OMRF. They want to remember a loved one, promote education of scientists, further the study of a particular disease or ensure world-class research continues in Oklahoma. Whatever the reason, your generosity continues to raise the bar of medical research and spark new discoveries. Thank you!

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Goodbye, Paul and Chuck

OMRF loses a pair of scientific pioneers

Dr. Paul Kincade grew up on a farm in Clarion, Mississippi. Dr. Charles “Chuck” Esmon likewise described himself as “a country boy,” having spent his childhood in rural Illinois.

Beyond their shared upbringings, the two had little in common. Paul was soft-spoken, the consummate Southern gentleman. Chuck was more mercurial, never suffering fools gladly.

Still, it was OMRF’s good fortune when both joined the foundation in 1982. Chuck and Paul would both spend the balance of their careers at OMRF, and each would emerge as internationally recognized leaders in their fields.

So, perhaps it is only fitting that their stories came to an end in parallel, with both passing away in the past year. They leave legacies that continue to shape research at OMRF and beyond.

Paul studied the development of the immune system. He had a particular interest in understanding how defects in this process lead to cancers and autoimmune disorders. He discovered that marrow stem cells – which reside in our bones and generate the blood cells essential to life – possess receptors that recognize viruses and bacteria. This finding, which defied previous understanding, represented a major shift in our understanding of immunity.

The implications of this breakthrough have been broad, providing a better understanding of how infections like influenza and Covid-19 reshape our immune system. It’s also pointed at ways that infection and chronic inflammation might drive cancer, autoimmune diseases and aging.

Chuck’s work focused on blood clotting and how it relates to inflammation. Swimming upstream against the scientific orthodoxy, he demonstrated that activated protein C – until then an overlooked part of the blood system – plays a major role in how the blood coagulates. That led to the only treatment ever green-lit by the U.S. Food and Drug Administration for sepsis, the leading killer in America’s intensive care units. “For people where nothing else that you were doing was working, that is the one thing I could say turned the corner for them,” says a critical care specialist who used the drug extensively.

The research Chuck did at OMRF also gave birth to a drug to treat children with

life-threatening protein C deficiency. That medication, Ceprotran, also broke ground as the first approved under the European Union’s centralized licensing procedure.

Chuck’s insights earned a seemingly unending parade of plaudits. He became the first scientist outside of a university to be named a Howard Hughes Medical Institute Investigator, one of the highest honors in medical research. He received prizes from, among others, the National Institutes of Health and the American Heart Association, and he was elected to the National Academy of Sciences.

Paul’s work also garnered numerous honors. But among his proudest achievements were mentoring junior scientists and advocating for medical research. During his career, he did so in leadership roles of national scientific societies. He served as president both of the American Association of Immunologists and of the Federation of American Societies for Experimental Biology, the nation’s largest association of biological scientists.

Paul loved many things outside the lab: flying (he earned his pilot’s license), riding his motorcycle, traveling to Japan, and his family – his daughter, Kathleen, his grandson, Will, and his wife, Melanie. But when he died this past fall a week before his 81st birthday, he left a \$500,000 estate gift to OMRF, the place he called his scientific home for four decades.

“

Paul loved science, and I know how attached he was to OMRF.

MELANIE KINCADE

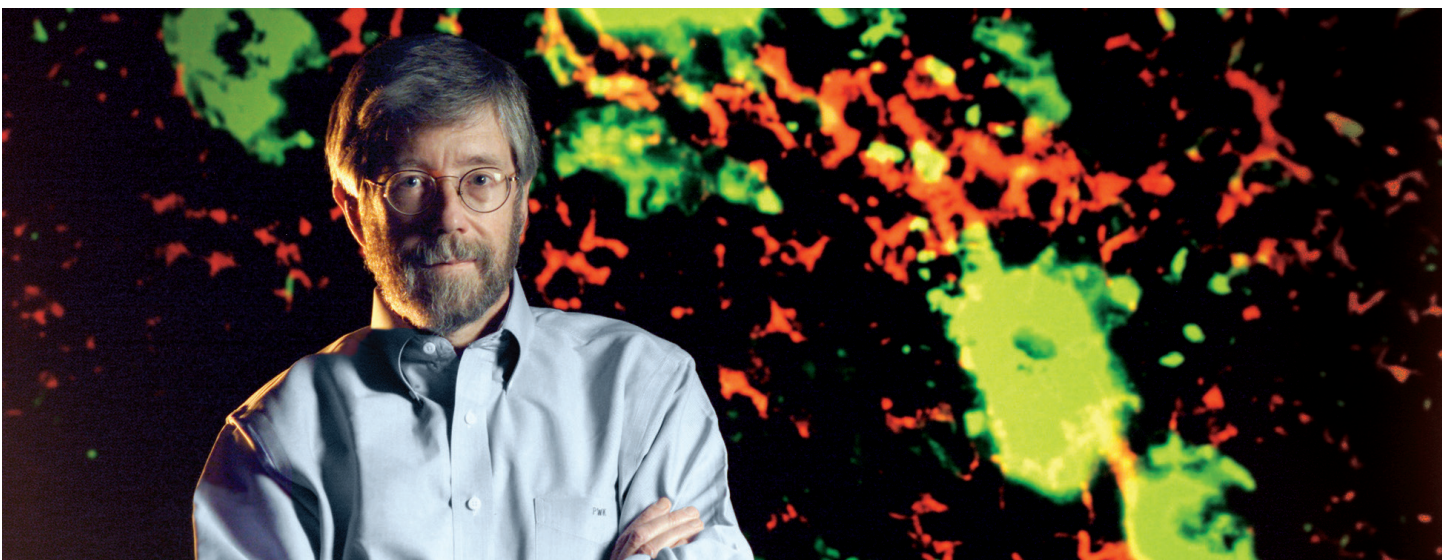
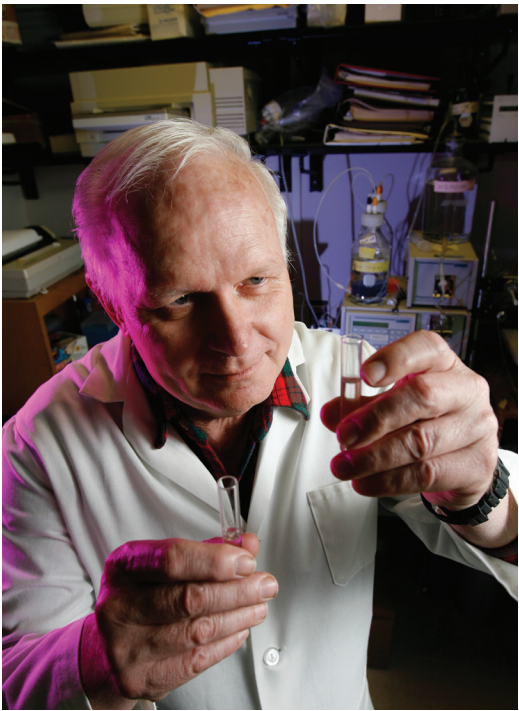
“I’m just so happy about this gift,” says Melanie Kincade. “Paul loved science, and I know how attached he was to OMRF.”

Chuck and his wife and longtime scientific collaborator, Dr. Naomi Esmon, enjoyed skiing, deep-sea diving, underwater photography, and raising and caring for many dogs over the years. When Naomi died in 2025, it deeply affected Chuck, but he stayed active scientifically. Even in the week before he passed away in May at 79, he participated in calls to help guide the development of yet another medication – this one to treat hemophilia – based on his work.

Perhaps it was Paul who put it best when, a decade ago, Chuck earned yet another feather in his scientific cap. “Oklahoma is blessed to have some very accomplished scientists, and Chuck Esmon may be the best of them. Again and again, he has made discoveries that really matter and ones that impact human health.”



Dr. Charles Esmon, April 3, 1947 - May 1, 2026



Dr. Paul Kincade, Oct. 10, 1944 - Oct. 5, 2025



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