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large collections of human tumor samples that were
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nostics, make sure that there was an appropriate meth-
from the human genome program into molecular diag-
Diagnosis Program. Her team worked “to bring the value
sion to drum up support for a worthy cause.

'60s Bertram Lubin (MD ‘64) is well
known for his research in sickle cell anemia, his public
health initiatives regarding screening newborns for
hemoglobin disorders, and his success in starting one of
the first national cord blood banking programs
for families whose children have blood disor-
ders. Lubin, president and CEO of UCSF Benioff
Children's Hospital Oakland, Calif., one of the
top 10 NIH-funded children's hospital programs
in basic, clinical, and translational research,
received Pitt’s Hench Award in 2007. He's now
focused on political advocacy for underserved
populations and building a bridge between
the technology sector and medicine. Lubin,
who serves on the UC Berkeley Engineering
Advisory Board, says that engineering innova-
tions can help distribute health care more
broadly and address income and health disparities.
He once thought he might become a jazz drummer
instead of a doctor. In Pittsburgh, he played jazz clubs in the
Hill District; now he still breaks out the kit on occa-
sion to drum up support for a worthy cause.

'70s Sheila Efron Taube (Microbiology
PhD ’70) spent most of her career at the National Cancer
Institute, where she rose to director of the Cancer
Diagnosis Program. Her team worked “to bring the value
from the human genome program into molecular diag-
nostics, make sure that there was an appropriate meth-
ood to evaluate diagnostics, and ensure that they were
clinically relevant,” Taube explains. They established
large collections of human tumor samples that were
used in several pivotal studies, one of which substanti-
ated the Oncotype DX Breast Cancer Assay test that
significantly changed treatment for breast cancer. Her
work has also influenced her children’s view of science, she reports. Her daughter is a PhD in materials science.
Years ago, when her son learned that a man who was a
family friend was a neuroscientist, the boy exclaimed,
“Oh, boys can be scientists, too?”

'80s Stephen Haines (Neurological
Surgery Resident ’81), professor and chair of neurosurgery
at the University of Minnesota, has been recog-
nized as a top doc again and again (included in Best
Doctors in America since 2000, among other nods).
But what he’s even more passionate about is pushing
clinical research forward in his field. Last November he
couathored a paper in Neurosurgery challenging the
idea that certain age-old treatments are so obviously
effective that no evaluation is required—or even pos-
able. Back in 2002, the journal had run an op-ed that
scoffed at the idea—it was a satire on the effective-
ness of parachute use (lots of luck recruiting for your
double-blind trial?!). But Haines’s recent paper con-
cluded that even old-faithful practices can and should
be scrutinized—using historical data. He demonstrated
as much with careful analyses of an old-faithful inter-
vention (treating acute epidural hematomas) ... as well
as of parachute use itself. (For the curious: Mortality
rate for this kind of hematoma averages 98.54 percent
without treatment, 12.9 with. Mortality for skydiving
with a dud parachute is 74 percent; with a good one,
50/50 chance of having Alzheimer’s,

'90s “More people in the world
have cell phones than have toilets,” says Elizabeth
McGovern (MD ’97)—a fact that, ironically, is aid-
ing in the success of her most recent global health
project. As founder and executive director of the
NGO WEEMA International, she works with local
communities in southwestern Ethiopia to provide
clean water, education, economic opportunity, and
health care. Recently, WEEMA and collaborators began supplying
health care providers with smartphone applications
that will enable them to communicate with supervisors and other
colleagues in the field, create medical records, and keep track
of pharmaceutical supplies. “I’ve volunteered abroad as a doc-
tor [previously], and it felt like a Band-Aid solution. You go in
and dispense medication for a couple of weeks, then leave. I’d
prefer to offer solutions that strengthen the existing infrastruc-
ture.” When not in Ethiopia (she makes the trip about three
times a year), McGovern works as a family physician in urgent
care at a community health center in Lynn, Mass.

'00s A study that ran in Pediatrics
in January showed that strict rest after a concus-
sion did not benefit anyone. One of its auteurs,
Danny Thomas (Pediatrics Resident ’05, Pediatric
Emergency Medicine Fellow ’08), says that since the
study, “I don’t focus on the symptoms. I focus on the
rehabilitation. I want them to recover safely and get
back to school.” Thomas is an assistant professor
of pediatric emergency medicine and a physician
at Children’s Hospital of Wisconsin. He became
interested in treating concussions and head trauma
in Pittsburgh, caring for patients with shaken baby syndrome
as a resident and evaluating head injuries as a fellow. In the
emergency department, Thomas strives to make children feel
more comfortable and often uses humor or distraction to ease
anxiety. “There is literature that tells us you can refraime
experience [by changing] what’s happening around the time
you are experiencing pain.” He’s a big believer in the power of
comic relief. “I always wear red Chuck Taylors. It reminds me of
clown shoes and makes me more approachable. I’m also really
good on bubbles.”

'10s By the time we’re 90, we have a
50/50 chance of having Alzheimer’s, Chrisitin Glorioso
(Neurobiology PhD ’10, MD ’11) notes. But if she has
her way, those odds will improve. A postdoc in the
Paul F. Glenn Center for the Science of Aging Research
at MIT, she mines data to find smart ways to identify
genes that determine our brain’s health. Examining
tissue from human brains of all ages, Glorioso looks
at genes and their levels of expression to identify
master regulators. “People’s brains age at different
dates—a person may be 45 but be 40 at the molecular level. If
we can determine what governs brain aging rates, we can take
steps to prevent age-related neurological diseases.”

—Kristin Bundy, Lori Ferguson, and Susan Wiedel
The Class of 1990 produced so many leaders in academic medicine that one may wonder what was in the special sauce. John Mahoney (MD ’90) says he’d love to find out.

Mahoney took to teaching naturally. In fact, he started teaching an elective in emergency medicine on his first day as a Pitt med faculty member in 1994. “In retrospect, what were they thinking?” says Mahoney, now the associate dean for medical education. “Though apparently it’s worked out, ‘cause I’m here now.” Academic medicine was not always part of Mahoney’s plan; he wanted to be a physician in an emergency medicine department. But after he finished his emergency medicine residency at George Washington Hospital, he reconsidered. “I could be individually impactful as a clinical physician, or I could teach future doctors a better way to treat patients.”

Leon Haley (MD ’90), who also specializes in emergency medicine, shared Mahoney’s realization. Among many titles, Haley is Emory School of Medicine’s executive associate dean of clinical services for Grady Memorial Hospital—in other words, the chief liaison between the med school and its clinical home base. “I feel like I have the ability to impact health care at not just a one-person level but at a population level.” A native of Pittsburgh, Haley credits Pitt for giving him broad exposure to his field and the opportunity to understand leadership in health care. “I’m very grateful for that.”

Patrick Brunett (MD ’90) also chose emergency medicine and medical education—a combination he believes just works. “Emergency physicians interface with every other specialty, making the ED a good place to build relationships in academics,” he says. Brunett, associate dean of graduate medical education at the Oregon Health & Science University, isn’t surprised that so many of his classmates are leaders at med schools across the country. “Leadership is the highest calling for a physician, and Pitt breeds excellence.”

After working as a student in the Diagnostic Evaluation Center at Western Psychiatric Institute and Clinic, Glenn Currier (MD ’90) knew he had found his niche: psychiatry in the emergency setting. “I found people’s stories fascinating,” he says, “and I wanted to be able to help them in both the clinical and research settings, so I knew early on I wanted to be in academic medicine.” In July, Currier began a new position as the chair of psychiatry and behavioral neurosciences at the University of South Florida. One of Currier’s areas of expertise is mental health care for veterans at risk of suicide. “My family has lots of veterans, so my interest naturally grew.”

For Frank Leone (MD ’90), the academic life became a necessity in order to pursue the subject he fell in love with: tobacco dependence. “Because it’s tobacco, it can’t just be a clinical interest or a research interest or an administrative interest or a policy interest; it almost has to be all of them,” he says. In addition to his position as associate professor of medicine at the University of Pennsylvania, Leone is the founding director of Penn’s Comprehensive Smoking Treatment Program; he studies how tobacco creates dependence, the clinical manifestations of dependence, and the most appropriate treatments of tobacco dependence. In 2005, Leone and Mahoney completed a project with Pennsylvania’s Department of Health to implement and evaluate novel instructional methods about tobacco dependence treatment.

Mahoney, who describes Leone as one of his best friends in med school, says, “It was a treat to work with Frank after all those years.” —SW
TANYA J. HAGEN

A
ter Tanya Hagen (Res ’01, Fel ’02) was in a car accident her senior year of high school, a head injury left her with memory loss and blindness. Although her sight later returned, most of what she’d learned in her coursework did not. So she studied for hundreds of hours.

Fifteen years later, as a Georgetown School of Medicine graduate and University of Pittsburgh–trained orthopaedist, Hagen became an assistant professor and the first female sports medicine specialist in Pitt’s Department of Orthopaedic Surgery. For the last decade, she directed the sports medicine fellowship program, of which she is an alumna. Freddie Fu (MD ’77, Fel ’79, Res ’82), department chair and director of sports medicine who hired her, describes Hagen as “a warm, compassionate, wonderful person, and the doctor I trusted with my own kids.”

Hagen died in June.

Her professional and volunteer accomplishments hint at her passion for sports medicine: 10 years as a Pittsburgh Steelers’ consultant and training physician; 13 as team physician for the Pittsburgh Penguins; 13 as consultant and training physician; two as team medicine: 10 years as a Pittsburgh Steelers’ physician for the Passion Professional Women’s Football Team; 11 as head team physician for all athletics at Robert Morris University. Mike Vittorino, head athletic trainer at RMU, recalls Hagen’s caring nature. “Tanya … treated the person, not just the injury.” She worked on holidays so she could celebrate with her patients. She gave her patients her cell phone number and told them to call whenever they needed her. Jerry Abrams, Hagen’s father-in-law, says, “She just gave, and gave, and gave.” He adds that Hagen’s sons—Cal, 10, and Cash, 7—were “her world.” —SUSAN WIEDEL

MICHAEL KRAK
FEB. 20, 1922–JUNE 27, 2015

At the start of his career, Michael Krak (MD ’49, Res ’50, ’54) aided Jonas Salk in conducting clinical research on the polio vaccine. And throughout his decades of private practice in Munhall, Krak, a gifted diagnostician, taught and mentored Pitt residents and fellows as an associate professor of pediatrics.

Krak died in June in his Mt. Lebanon residence at age 93.

Lawrence Adler (MD ’57, Res ’60), a colleague at Homestead Hospital, describes Krak as an “outstanding” physician and human being. Krak’s daughter Edith Lowe remembers him as a doctor whose devotion to his patients went beyond his shifts; he was known to remain with patients overnight to watch over them, and he treated them in their homes. Many of the families he cared for depended on the steel mills for income, and if patients could not pay for treatment, Krak saw them at no cost.

In 1997 Krak was awarded the Howard A. Mermelstein Award for Excellence in Pediatrics, given to physicians who are highly regarded by the Pittsburgh community and are committed to the health of children and their families. After 44 years of practice, Krak retired in 1999 and was appointed associate professor emeritus. Krak was also a member of the Alpha Omega Alpha Honor Medical Society and cochair of the Class of ‘49 reunions. —SW

MEYER SONIS
JAN. 29, 1919–APRIL 26, 2015

When describing his work, Meyer “Mike” Sonis liked to tell the story of a boy he’d once met. This boy was perhaps psychotic, perhaps not; he talked to everyone about an airplane he said he’d built. Most people dismissed him as “crazy,” but Sonis wasn’t sold. So he made a house call. And lo and behold, in the boy’s home was an airplane he’d made himself—out of cardboard.

Sonis realized his passion for child psychiatry under the wing of the internationally renowned Frederick H. Allen at what is now Drexel University. In 1961, Sonis came to Pitt as chief of child and adolescent psychiatry and director of the Pittsburgh Child Guidance Clinic. He went on to become instrumental in establishing child and adolescent psychiatry as an academic field as the first director of the Western Psychiatric Institute and Clinic’s Office of Education and Regional Programming, where he developed programs for continuing education of mental health specialists.

Toward the end of his career, Sonis was appointed assistant vice president for the health sciences at Pitt. He retired from Pitt as professor emeritus in 1987.

What many remember most about Sonis is his genuine enthusiasm for children.

“For my dad, helping kids wasn’t a career, it was an inextricable part of him,” says his son William Sonis (MD ’74), who is also a child psychiatrist. “He put himself at risk for children because his own life as a child was difficult. He was a wounded healer.” —SW

IN MEMORIAM

‘40s
ROBERT HAROLD YOCHEY
MD ’40
APRIL 3, 2015

WILLIAM K. SIEBER
MD ’41
MAY 4, 2015

MILTON BILDER
MD ’44
JUNE 2, 2015

HARRY G. BENZ
MD ’48
MAY 20, 2015

‘50s
ANGELO S. RUNCO
MD ’50, RES ’54
MAY 21, 2015

JAMES F. O’KEEFE JR.
MD ’53
MAY 16, 2015

JOHN L. BRASUK
MD ’57
FEB. 12, 2015

WALTER NELSON ZUCK
MD ’59
JUNE 11, 2015

‘60s
JOHN BARON
RES ’63, ’65
MAY 22, 2015

GERALD L. LOGUE
MD ’66
JUNE 7, 2015

‘90s
MATTHEW F. SEVCIK
RES ’97
MAY 17, 2015

‘00s
JASON A. CILLO
RES ’03
JUNE 4, 2015
Doctors have learned a great deal about sickle cell disease in the past century. We now know what causes the disorder, and we have some treatments that can give its sufferers longer and more comfortable lives.

But Yuet Wai Kan (Res ’63), the Louis K. Diamond Professor of Hematology at the University of California, San Francisco, wants to do more than just treat the disease. “Our aim now is to try to cure sickle cell disease,” he says. “There are some drugs and treatments now that are very helpful, but our aim is to try to cure it, so you don’t need to take any more medicine.”

Sickle cell disease is a genetic condition in which the body produces abnormally shaped red blood cells. Whereas normal red blood cells look like a donut without a hole, sickle cells resemble a crescent roll. Because of their shape, sickle cells can get trapped in the body’s circuitry and cause blockages. These cells also die much more quickly than normal blood cells, so the body is always struggling to keep up with production.

Sickle cell disease affects about 100,000 Americans and millions worldwide, primarily in sub-Saharan Africa, the Mediterranean, the Middle East, and Asia. Sickle cell disease and a closely related blood disorder called thalassemia account for the most common genetic diseases on Earth.

To unravel these life-threatening diseases, Kan is spearheading a five-year, $6.7 million study supported by the National Institute of Diabetes and Digestive and Kidney Diseases.

Today, the only cure available is a bone marrow transplant, which is both costly and difficult to come by—siblings make the best donor matches, but the parents of these patients tend to have fewer children for fear of passing on the troublesome genes again. Additionally, because this procedure involves introducing DNA from another person, it carries the risk of a serious complication known as graft-versus-host disease. (Another approach using a virus to introduce a normal globin gene into the patient’s genome is being tested.)

Kan’s group is developing a work-around to the immunological complication of graft-versus-host disease: using the patient’s own blood cells instead. From these, they will render pluripotent stem cells (they aren’t from an embryo, yet they can form all adult cell types). The team will then “reprogram” these blood stem cells using a method that seamlessly corrects the mutations. Because no foreign DNA is used, no immune rejection is expected, he says.

The result: normal blood-cell factories. That’s the hope.

Kan has dedicated his career to decoding these genetic disorders. After completing medical school in Hong Kong, he came to the United States and completed a residency at UPMC where he studied under the late Jack Myers.

“[Myers] was a renowned clinician, diagnostician, and teacher. He was the reason why I chose the University of Pittsburgh,” Kan says.

Kan’s trajectory has also included stints at MIT and Harvard as well as 27 years as a Howard Hughes Medical Institute Investigator. He is a fellow of the Royal Society, London; a member of the National Academy of Sciences, the American Philosophical Society, and the Academia Sinica; and a foreign member of the Chinese Academy of Sciences. He won the Lasker-DeBakey Award for Clinical Medical Research in 1991. In the last 50 years, he has become widely recognized for opening up the fields of genetics and hematology.

For instance, Kan was the first to prove that a single mutation in our DNA can lead to a disease, and the first to use DNA to diagnose a human disease. He discovered a phenomenon called DNA polymorphisms—the single-nucleotide sequence differences between the DNA of individuals. These differences are now widely used for gene discovery and determination of disease susceptibility.

This fall, Kan will receive Pitt’s William S. McEllroy Distinguished Resident Award, an honor bestowed upon outstanding physicians who undertook residency training here.

When asked about all the things he’s accomplished during his career, Kan deflects to the future, to the prospect of a cure. “We can do these kinds of things in a lab routinely, but the question is how you translate the technique to patients. There’s still a lot of work to be done.”