In David Madoff’s (MD ’95) years as an interventional radiologist, what has surprised him the most is how, as of late, cancer has become so multidisciplinary. (For example, specialists now come together to manage tumors affecting the liver, kidney, and lungs.) “In the past, radiology was largely limited to image interpretation. Nowadays, interventional radiologists often offer primary oncologic therapies that are minimally invasive, improving survival and quality of life, with low complication rates.” In September 2014, a book he co-edited, Clinical Interventional Oncology, received a “highly commended” citation from the British Medical Association.

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MAA SAYS, “ICE, ICE, BABY.”

In 1897, Queen Victoria celebrated 60 years on the throne of England, and the party was so big, it got a name—the Diamond Jubilee. Since then, that flashy gemstone has become the traditional gift for a six-decade affair.

What’s that got to do with Pitt’s School of Medicine? Funny-you show Scope and Scalpel will mark the big 6-0 with a special anniversary production. Pitt Med: SPU has an irreverent Law & Order vibe. Check out scopeandscalpel.org/videos to see a trailer for the upcoming act. And this year, the Class of ’55 will celebrate a whopping 60 years of camaraderie at the Medical Alumni Association’s Alumni Reunion Weekend, this May 15–18.

There are plenty of other gems to be found during the celebrations: Classes ending in 0 or 5 are invited to reunite during this extended weekend of laughs and memories (and maybe a few giveaways). The alumni weekend intentionally coincides with the School of Medicine’s graduation (Monday, May 18), so scholars young and not-so-young can party together.

Of particular intergenerational interest: the Champagne Breakfast, which will be Saturday, May 16 at 9 a.m. As usual, attendees will brunch with the dean, get a quick school update, and witness the Philip S. Hench Distinguished Alumnus Award ceremony. But this year’s breakfast comes with a new element—a student panel, which “will give the alumni an opportunity to ask questions about the students’ day-to-day activities, as well as the type of projects they have been a part of,” says Pat Carver, executive director of MAA.

So join your Pitt med brothers and sisters (and daughters and sons), and raise a glass to the next 60 years. May they be just as sparkling. —RKC

NICOLE SHIRILLA
UPHOLDS LIFE, AND DEATH

Outside a hospital in Port-au-Prince, Haiti, in 2008, several Pitt med students huddle around a priest. “Poverty degrades people’s humanity, and it doesn’t end when they die,” Father Rick Frechette warns. They see what he means when they enter a morgue where the bodies of deceased patients—whose families do not have the means to bury them—have been placed. Together they honor the dead with a burial service.

Among the med students is Nicole Shirilla (MD ’12), who arranged this trip after learning of the St. Luke Foundation for Haiti, an organization that provides education, medical care, employment opportunities, and humanitarian outreach to Haiti’s most underserved. After inviting six other classmates to volunteer with her during spring break, Shirilla approached professor of emergency medicine Susan Dunmire (MD ’85), then-executive director of the Medical Alumni Association, to inquire about financial assistance.

“They were incredibly responsive and supportive,” Shirilla says. With MAA’s green light, the group observed day-to-day life in Cité Soleil, a region near Port-au-Prince that, with 200,000 residents living without proper sanitation or infrastructure, is considered the largest slum in the Western Hemisphere. In Tabarre, Haiti, the students volunteered alongside Haitian doctors at St. Damien pediatric hospital, which successfully treats thousands of patients. At a nearby chapel, they paid tribute to those who died. This experience bolstered Shirilla’s desire to focus her life’s work on palliative care.

The 2010 earthquake magnified the area’s need, and Shirilla has maintained her connection to St. Luke, returning to Haiti when possible. Alongside the pediatric facility, a makeshift general hospital was erected; Shirilla has volunteered in its emergency department.

Now, as a hospice fellow at the University of California, Irvine, Shirilla remains committed to upholding the dignity of all, particularly those suffering from terminal illness or approaching the end of their lives. She often recalls those moments of honoring the dead in Haiti: “Your work doesn’t end when you can’t cure someone.” —Liberty Ferda

A FRIEND INDEED
Got the scoop on a fellow alum who’s doing something great? We’re all ears at medmag@pitt.edu.

PLAYBILL FROM SCOPE AND SCALPEL’S 1955 PMS IV.
University of Pittsburgh professor emerita of psychiatry and social work Carol Anderson, a PhD, “was incredibly innovative and far-sighted—she turned the treatment of schizophrenia completely on its head,” says Armando Rotondi, PhD associate professor of critical care medicine and health policy and management at Pitt. Anderson, coauthor of Schizophrenia and the Family: A Practitioner’s Guide to Psychoeducation and Management, widely viewed as a seminal publication in the field, died in November.

After earning her PhD in interpersonal communication at Pitt, Anderson joined the Yale University School of Medicine faculty in 1968 and then returned to Pittsburgh in 1973, as part of Thomas Detre’s team of researchers and clinicians at the School of Medicine and the Western Psychiatric Institute and Clinic.

At WPIC, Anderson established a psychoeducational program for patients with schizophrenia and their families (teaching them how to best deal with the disorder), which became a national model for treatment. Anderson “was a pioneer” in this area, says Gretchen Haas, a PhD and Pitt associate professor of psychiatry and psychology.

“Her approach to treatment was radical and had far-reaching effects on mental health care,” says Rotondi. —Lori Ferguson

Stanley Schultz, an MD, was renowned both as an outstanding scientist and skilled educator.

A former dean of the University of Texas Medical School at Houston, Schultz was a critical figure in advancing the understanding of epithelial ion transport. His early work demonstrated, for the first time, sodium-coupled sugar and amino acid absorption by the small intestine and underpins the science of oral rehydration therapy (ORT), a process cited by the World Health Organization as second only to vaccination as a lifesaving intervention.

Schultz joined the Department of Physiology at the University of Pittsburgh in 1967 where he earned several Golden Apple awards. “I learned how to teach from Stan,” says John H. “Jack” Byrne, a PhD and the chair of neurobiology and anatomy at UTHealth.

“He was a master of pedagogy.”

“Stan had the unique ability to explain difficult concepts by use of examples and humor,” notes Raymond Frizzell, a PhD professor of cell biology and director of the Cystic Fibrosis Research Center at Children’s Hospital of Pittsburgh of UPMC. (Schultz once likened the way a pair of charged molecules moves through a membrane channel to establish a diffusion potential to a poor swimmer being attached to an Olympic swimmer via a rubber band.) “He was a mentor to us all,” says Frizzell. —LF

Aron E. “Bob” Szulman, MD professor emeritus of pathology, conducted groundbreaking work on rare uterine masses known as hydatidiform molar pregnancy and choriocarcinoma, notes Pitt pathology chair George Michalopoulos (an MD/PhD who is the Maud L. Menten Professor of Pathology). “He nurtured and trained a lot of people on the role of chromosomes in embryonic development and maternal fetal medicine. And he was one of the nicest people I’ve ever met.”

Szulman, who joined Pitt in 1964 and became full professor in 1981, was a popular lecturer, speaking frequently at symposia internationally. His contributions were recognized upon his retirement with the establishment of an annual scientific lectureship at Pitt.

Szulman “had an amazing sense of humor and a great intellectual curiosity, both of which he maintained until the end of his life,” observes Urvashi Surti, a PhD and director of the Pittsburgh Cytogenetics Laboratory. “Even in his final days, he was very interested in discussing my latest research.”

The pathologist was a member of the World Health Organization Scientific Group and a fellow of the UK’s Royal College of Pathologists. —LF

Morris Turner (MD ’73, Res ’76) hit his 60s before his chair in Pitt’s Department of Obstetrics, Gynecology, and Reproductive Sciences, W. Allen Hogge, an MD, told him he needed to slow down. Turner was still on call every fourth night, providing services to women who otherwise might not have had access to care.

“I can’t slow down,” he told Hogge, who recently retired as chair. Turner was too concerned about making sure the women of Pittsburgh got the care they needed. As a med student, Turner saw the devastating effects of back-alley abortions, and when he opened his East Liberty practice in 1976, he became one of the few abortion providers in the city. He and his partner later planted clinics throughout the county.

Turner served as president of the medical staff at Magee-Womens Hospital of UPMC, chief of gynecological services at UPMC McKeesport, and medical director for both Adagio Health and Allegheny Reproductive Health Center, as well as a member of the Allegheny County Medical Society’s Board of Directors. At Pitt med, he was an active student mentor and member of the Admissions Committee.

—Amy Whipple
Surgical oncologist Herbert Zeh (MD ’94) says he isn’t a runner. And yet he signed up for the Pittsburgh, New York, and Dublin marathons. “It seemed like an interesting challenge,” says the Pitt associate professor of surgery, who completed every step of the 26.2 mile routes in New York and Pittsburgh. (And the Dublin finish line? “The pint of Guinness seemed more important,” he quips.)

And as a third-year medical student, Zeh signed up for a post in the laboratory of the University of Pittsburgh’s Michael Lotze, investigating the role of the immune system in cancer. The collaboration was so productive, Zeh took a year off from his coursework to author seven papers on their findings.

So don’t let that quip about the Guinness distract you—Zeh is tenacious. Consider his chosen field. He is chief of UPMC’s Gastrointestinal Surgical Oncology Division and codirector of the UPMC Pancreatic Cancer Program.

Typically identified late in its progression, pancreatic cancer kills 75 percent of patients in the first year after diagnosis. “Pancreas cancer was the highest mountain out there,” says Zeh, who also directs clinical research for UPCI’s Division of Surgical Oncology.

Prospects for survival are better for those who undergo the Whipple, a complex surgical procedure with an ominous reputation among surgeons and patients alike. During the operation, surgeons remove the head of the pancreas, the gallbladder, and portions of the small intestine, bile duct, and sometimes the stomach.

Then they replumb the whole system to excise pancreatic tumors and their blood supply while preserving gastrointestinal function.

Despite significant advances in the past 40 years, about 40 percent of patients experience significant postsurgical complications. Zeh mastered the procedure as a senior resident and fellow at Johns Hopkins Hospital, training at the elbow of John Cameron. “When Cameron started in the ’70s, patient mortality was 30 percent from the Whipple,” says Zeh. “By the time I graduated, only 1 to 3 percent of our patients died from the surgery. But we hadn’t made any progress on survival from the pancreatic cancer. Even if we did a successful surgery, 90 percent of the time, the cancer would come back.”

In 2002, Zeh joined the Pitt faculty and set about developing a robotic surgical program to further minimize the trauma and blood loss of the conventional Whipple and speed recovery. Recently, he partnered with assistant professors of surgery Melissa Hogg (Fel ’13) and Amer Zureikat (Fel ’10), to develop a surgical training program using the robotic techniques.

“By the time I graduated, only 1 to 3 percent of our patients died from the surgery. But we hadn’t made any progress on survival from the pancreatic cancer. Even if we did a successful surgery, 90 percent of the time, the cancer would come back.”

In 2005, they started work on a study that would be published in 2005 by the Journal of Immunotherapy, “Addicted to Death.”

“We suggested that cancer cells had learned to die in the wrong way, and [that] what we see as cancer is a consequence of their dying—a terrible, awful, crying out loud, blood-in-the-streets kind of death,” says Lotze. “ Virtually everything we imagined has come true.”

The two have since coauthored 56 papers, many on aspects of what is known as autophagy, a process that recycles damaged cellular components and returns a cell to useful service and, in cancer, appears to fuel a malignant cell’s survival.

In a series of ongoing investigations, Zeh, Lotze, and Daolin Tang, a PhD assistant professor of surgery, are testing tactics to interrupt autophagy in pancreatic cancer and elucidate the molecular mechanisms by which the cellular repair process runs off course. Promising data from clinical trials of a drug that halts autophagy in pancreatic cancer patients suggest the trio is on the right track. “Over the last two years, we’re starting to see changes that make me think we might get the rock up the hill,” says Zeh. “And I’m crazy enough to think the gods won’t push it back down.”