CLASS NOTES

‘70s Bleeding is personal, too. Ernest Moore (MD ‘72), a vice chair for research at the University of Colorado’s department of surgery, is taking personalized medicine into the realm of critical care. “Ten years ago, everyone’s bleeding got the same treatment. We think the treatment has to be tailored to their unique coagulation abnormality,” says Moore, who’s studying personalized blood coagulation treatments with Pitt med’s Jason Spery, assistant professor of surgery and critical care medicine. Moore spent much of his 40-year career in Colorado as chief of surgery and trauma at Denver Health Medical Center and training for ultramarathons with his coworkers. Today, life has hardly slowed down. He only runs regular marathons now, but he’s taken on a new gig as editor of the journal Trauma.

Jeffrey R. Botkin (MD ‘79) came to Pitt following in the footsteps of three generations of Botkin physicians. He is now professor of pediatrics and associate vice president for research integrity at the University of Utah, overseeing the university’s institutional review board and research ethics education. In his studies, he examines ethical and legal challenges of newborn and prenatal screenings, as well as issues of patient education and informed consent. He is chair of the NIH’s Embryonic Stem Cell Working Group as issues of patient education and informed consent. He challenges of newborn and prenatal screenings, as well education. In his studies, he examines ethical and legal treatment. We think the treatment has to be tailored

Committee.

and member of the FDA’s Pediatric Ethics Advisory Committee.

‘90s “I went from being a cancer doctor,” says Naoto Tada Ueno, “to a cancer patient.” As a result, Ueno (Internal Medicine Resident ‘93), a medical oncologist, has seen the cancer community from three different sides: patient, doctor, and researcher. This gives Ueno unique insight into his work at the University of Texas MD Anderson Cancer Center. As executive director of the center’s Morgan Welch Inflammatory Breast Cancer (IBC) Research Program and Clinic, “the world’s largest IBC-specific research program,” his work focuses on the development of IBC drugs “from scratch to the clinic.” Ueno, who is “passionate about creating the next generation of oncology leaders,” was honored with an Outstanding Teaching Award from the UT Health System in 2013.

When Lara Kunschner Ronan (MD ‘94), an academic neurologist and neuro-oncologist, worked at Allegheny General Hospital in 2012, using Botox to treat migraines was an emerging practice nearly approved by the FDA. Trained by a colleague, “I was an early adopter despite initial skepticism,” Ronan notes. Botox allowed Ronan’s patients to decrease their dependence on daily medications, helping patients to feel “less sedated,” without “bothersome side effects.” Today, Ronan directs the Dartmouth-Hitchcock neurology residency program and serves as an associate professor of neurology and medicine at Dartmouth. Botox remains part of her patient-treatment arsenal for migraines; Ronan also cares for patients who have primary or metastatic tumors of the nervous system, in addition to neurological illnesses related to cancer, paraneoplastic disease, and various autoimmune conditions.

Constantin Aliferis (PhD ‘98), professor of medicine and data science at the University of Minnesota and director of its Institute for Health Informatics, is “very, very excited” about how rapidly his field is growing. His work to shape informatics infrastructure in precision medicine training has resulted in new educational programs across the United States, including 18 new in-house courses. Aliferis is interested in solving long-per-plexing problems in his own research. One recent grant proposal examines ways to predict and prevent suicide—“one of the hardest things to do,” Aliferis says, in terms of predictive modeling. He hopes his work, alongside that of colleagues at New York University, will pave the way for new treatments and prevention.

‘00s When we last met Nima Sharifi (MD ‘03) in 2014, he was busy accepting the American Association for Cancer Research Award for Outstanding Achievement in Cancer Research, given in part for his work on abiraterone metabolites’ ability to block androgen promotion in tumors of the prostate. Now Sharifi and his team at the Cleveland Clinic have discovered that some of these metabolites do quite the opposite: Through a clinical trial, Sharifi’s team verified that, “beyond that first metabolized form, abiraterone actually becomes a bad metabolite [5-alpha-abi] that promotes tumor progression,” he says. They then realized that by “giving another drug [dutasteride] along with it, you can actually reverse the production of that bad metabolite that promotes tumor progression.” Recently, Sharifi accepted the 2017 Richard E. Weitzman Outstanding Early Career Investigator Award from the Endocrine Society, presented yearly to an early career doctor with exceptional research accomplishments.

The what: He is a two-time Jeopardy winner who earned more than $25,000 in three episodes earlier this year. The answer: Who is Nima Sharifi (MD ‘03), assistant professor in the pediatric emergency department at Seattle Children’s?

“I watch enough that I thought I could do it,” says Uspal, who typically catches Jeopardy over dinner with his partner. Following an online tryout, Uspal was invited to audition. Then, nothing, not even a letter. Two years later, he was called to appear on the show and faced a medical category. “There was one where I said, ‘cortisone,’” he says. “So that was mildly embarrassing.”

‘10s As a recent college graduate, Laura Goodman (MD ‘12) taught English in Mongolia. One day in a friend’s ger—a Mongolian tent—she reflected on her life and how she could help the people around her. “I had a clear moment,” she says, “where I realized medicine was the way to give back.” Goodman, who’s now a general surgery resident at the University of California, Davis, has returned to Mongolia, this time as a Harvard T.H. Chan School of Public Health research fellow. She’s studying birth defects specific to
the Mongolian region as well as Mongolia’s surgical infrastructure and capacity, Goodman says in the public health sphere, “global surgery has always been neglected...up until now.” Before her return to the States in May, Goodman plans to present her team’s findings to Mongolia’s minister of health. “I hope that through painting this picture, we can recommend some changes,” she says.

As an undergraduate, Cynthia Grady (MD ’15) didn’t have a mentor to lead her toward medical school acceptance. At her small, historically black university, she noticed too many students were starting out as pre-med and not enough were ending up in medical school. “I had to pave the way myself, in terms of figuring out what I needed to do to get into med school,” she says. Today, Grady is a cofounder of the PavedPath (pavedpath.musc.edu), a Web site launched last year that serves as a portal for pre-med students, particularly those in underrepresented groups, to connect with admissions officers, successful medical students, and their peers. Grady, an obstetrics and gynecology resident at Louisiana State University, says though free time to run the site can be hard to come by, “if it’s something you feel is worthwhile, you’ll put forth the time and effort.” —Evan Bowen-Gaddy, Gavin Jenkins, Rachel Mennies, Susan Wiedel, Kylie Wolfe

ROBIN WEST
TURNING ATHLETES RIGHT SIDE UP

After more than a decade as an orthopaedic surgeon and sports doc, Robin West (Fel ’03) figured she had the hang of her work. Then a bicycle accident left the amateur triathlete with a concussion, multiple broken ribs, and a shattered shoulder.

“I have a totally newfound respect for the medical and psychological aspects of recovery,” says the 45-year-old, who underwent two shoulder repair operations and was sidelined from triathlete training, as well as her appointment as chair and medical director for Inova Sports Medicine in the Washington, D.C., suburbs. “It’s not just the pain of surgery, but your whole life is turned upside down. I understand how scary it is wanting to get back to where you were before,” adds West, who serves as head team physician for the Washington Redskins as well as lead team physician for the Washington Nationals.

While not all injuries can be avoided, West has made prevention a cornerstone of her practice. In 2015, she led an overhaul of the Nationals’ medical program, instituting database analytics to monitor the overall health of players and detect issues before they become full-blown injuries. She credits mentor Freddie Fu, chair of Pitt’s Department of Orthopaedic Surgery, with spurring her commitment to making herself available to patients. “Any time a Pitt athlete was injured, they were seen immediately,” says West, who worked with Fu as a fellow and garnered two Super Bowl rings during her decade as assistant team physician for the Pittsburgh Steelers.

Availability is challenging in the sprawling D.C. metropolitan area, says West, who earned licensure in D.C., Maryland, and Virginia so that she can treat players whether they’re at a training site, on the playing field, or in her office. At Inova, she’s hired athletic trainers, physical therapists, concussion experts, and a neuropsychologist, in addition to fellow surgeons and primary care docs. “We’re a one-stop shop for players and everyday athletes.” —Sharon Tregaskis

MAA SAYS, “PUT SKIN IN THE GAME”

Plantains—those starchy cousins of bananas—have skins that are similar to the human epidermis, making them useful for practicing suturing techniques. Daiji Kano (MD ’16) learned this tip while he was in Ecuador last year for an independent clinical and research elective. He joined Ecuadorian medical students in practicing “simple interrupted” and “horizontal mattress” stitches on plantains. Using the widely available fruit for suturing practice was just one insight into how medical teams in Ecuador are ultra-efficient with their resources. During his three-week experience, he researched acute care surgery outcomes at Hospital Vicente Corral Moscoso and found that its outcomes are comparable to those of hospitals in the United States. Efficiency and solid clinical judgments make up for fewer technological resources, he found.

Kano, now a surgery resident at NewYork-Presbyterian/Queens, recently blogged about his experience in Ecuador on the Pitt Medical Alumni Association’s Web site. (MAA’s virtual home at maa.pitt.edu got an upgrade this spring, including a student blog!) Kano’s trip was supported by MAA’s Student Resource Fund. The fund chips in for research-related travel for about a dozen Pitt meders each year. If you find the Student Resource Fund, er, appealing, consider a gift. MAA’s Assistant Director Kelsey Thayer (kelsey.thayer@pitt.edu) will go bananas over your contribution. You might just set students like Kano onto something good.

The best part of suturing practice in Ecuador? Afterwards, they cooked up the plantains for lunch. —Cara Masset

MEDICAL ALUMNI ASSOCIATION: MAA.PITT.EDU
INSTAGRAM | FACEBOOK | TWITTER: @PITTMEDALUM
Michael Barmada (PhD ’99) took the notion of “self-help” to a whole new level.

When diagnosed with a rare form of gastrointestinal cancer, the computational geneticist considered himself “lucky” to have the expertise necessary to search for a targeted therapy. His quest included DNA and RNA sequencing of his own tumor and normal esophageal tissue—as well as the creation of a mouse model on which to test potential chemotherapy regimes. He wasn’t doing this just for himself, he wrote, but for other scientists and the patients of tomorrow.

That can-do optimism and generosity characterized the Detroit native, who is widely remembered as being unstinting with his knowledge and time, not only mentoring numerous graduate students over the years but also training his colleagues in next-generation sequencing. Barmada was associate director of the Center for Simulation and Modeling and codirector of the Bioinformatics Resource Center in the Institute for Precision Medicine. He was an associate professor of human genetics in the Graduate School of Public Health with a secondary appointment at the med school in biomedical informatics.

Uma Chandran, codirector of Cancer Bioinformatics Services at UPCI and a research associate professor of biomedical informatics, calls his contribution to high-throughput computing “invaluable.”

In 2012, she says, “Mike single-handedly introduced the entire University community of biologists to high-performance computing by offering two-week, hands-on workshops” to standing-room-only crowds in the Graduate School of Public Health auditorium.

“Our world is full of divas,” says colleague Rebecca Jacobson, also a professor in biomedical informatics and a collaborator of Barmada’s. “Mike was not a diva. He wanted to get these advances into the hands of grad students and postdocs. He believed in the future.

“Science goes on without any of us. We perish; the field advances,” Jacobson says. “I measure this loss in more human kinds of ways. It’s the loss of Mike as a person, a colleague, a friend.” —Sarah C. Baldwin

Richard L. Wechsler
April 22, 1923—Jan. 13, 2017

Walking into the waiting room of physician Richard Wechsler (MD ’47) was more like walking into a living room, says Wechsler’s son, Lawrence Wechsler (Res ’80), Pitt’s chair of neurology. With its ornate chairs and abstract and African art, the waiting room distinguished itself from a common doctor’s office. “It was his feeling that, if patients have to sit and wait, they ought to be in a stimulating environment that has some beauty to it.”

Richard Wechsler, a gastroenterologist and the second in a line of four Wechslers to train practice medicine at Pitt hospitals, died Jan. 13.

Born in Squirrel Hill, Richard Wechsler attended Harvard College and then Pitt med. After earning his medical degree, Wechsler began practicing with his father, an internist. At the time, Pittsburgh was not yet the trailblazing medical hotspot that it is today, but Wechsler was determined to help make it so, says his stepson, Carl Kurlander. Wechsler would say, “When this town gets behind something, they do amazing things, like tackle polio.” Then he would laugh in hindsight about turning down a job in Jonas Salk’s lab, thinking that the research “wasn’t going anywhere.”

Nevertheless, Wechsler left his own mark. He was one of the first doctors in the region to perform endoscopies, colonoscopies, and cancer screenings. He also served as editor of the American Journal of Digestive Diseases, which published much of the early research of Thomas Starzl (see our remembrance of the beloved transplant surgeon on p. 12).

Wechsler “was not afraid of being different,” says Kurlander. In fact, even Wechsler’s sleeping patterns were different. Lawrence Wechsler says he’d come home from work, sleep from 7 to 9 p.m., then call patients from bed and look at x-rays until midnight. All of these idiosyncrasies—the ultra-comfortable waiting room, the in-office treatments, the late nights with x-rays—his son says, emerged from Wechsler’s care for others. “He was doing it, thinking of his patients.”

—Evan Bowen-Gaddy

IN MEMORIAM

40S
Milton L. Caplan
MD ’40
March 7, 2017

George F. Edmonston Jr.
MD ’43
Jan. 12, 2017

Eugene Emerson
MD ’43
May 28, 2016

Ralph kniseley
MD ’43
March 1, 2017

Richard N. Mcgarvey
MD ’48
Jan. 9, 2017

50S
Gertrude Blumenschein
MD ’50
Feb. 10, 2017

Samuel B. Challinor Jr.
MD ’52
Jan. 23, 2017

Edward D. Radasky
MD ’53
Jan. 18, 2017

60S
Joseph James scarlet
MD ’53
Jan. 19, 2017

Robert L. Eisler
MD ’55, Res ’56, ’59
July 15, 2016

Anthony Paul Fenello
MD ’59
Feb. 15, 2017

Hugh H. Harkins
MD ’59
Dec. 27, 2016

70S
Richard H. Kuhn
MD ’61
Jan. 31, 2017

James r. Smolko
MD ’61
March 19, 2017

Dwight M. Strum
MD ’62
Feb. 10, 2017

80S
Harry W. Waters Jr.
MD ’83, Res ’87
Dec. 1, 2016

Donald L. Powell
Res ’84
Sept. 22, 2016

90S
Sherilyn Gordon-Burroughs
FEL ’95
March 19, 2017

FACULTY
Thomas E. Starzl
March 4, 2017

Julius S. Youngner
April 27, 2017

38 PITTMED
Wounded men, women, and children arrived by the truckload at the makeshift emergency bay of the chicken farm-turned-hospital. Brian D’Cruz and a dozen other Doctors Without Borders health care workers—all of whom volunteered to work in northern Syria—rushed to their aid. Scores of civilians had been targets of bombings that day in the lush, mountainous region near the Turkish border. D’Cruz remembers that three people died. Had the hospital not been there, he says, there would have been at least 20 more. “That was my best day in Syria.”

When Doctors Without Borders (aka Médecins Sans Frontières, or MSF) first approached D’Cruz (MD ’04, Res ’07) about a project in Syria, he said no. Although he had been a part of prior missions in Chad, the Republic of the Congo, and the Central African Republic, he was especially worried about security in the Middle East.

After a few months, he had a change of heart. “Essentially, the more I read about it, the more I was seeing that people there just had no access to care,” recalls D’Cruz. “I’m an ER doctor, I work in a trauma center, I’m capable of doing that kind of work, and there’s a desperate need for people who are able to do it.”

The hospital where he worked, which originally began in a cave, had moved to the converted chicken farm (an industrial building fortified with concrete) because its location was relatively safe and the structure was solid. Generators provided power. “At the time, we were the most advanced hospital in the area,” D’Cruz remembers.

There, MSF served as a lifeline for people to receive the quality of medical attention they once had. Prior to the bombings, medical care in Syria was sophisticated and readily available. “Patients would carry copies of their MRIs and CTs and all the information they had before the war,” D’Cruz says. “That’s the first place I’ve ever worked with MSF where the medical care had been that advanced and then had essentially been taken away.” Soon after D’Cruz finished his assignment, MSF was forced to close the hospital. It could no longer guarantee the safety of the staff.

D’Cruz speaks fondly of the Syrian people he met, their beautiful countryside, and their persistence in offering homemade meals as a gesture of appreciation. “They were just regular people like us. It was nice to see how different it wasn’t—even in the middle of a war.”

Since Syria, D’Cruz has participated in three other MSF projects—two in conflict-ridden African countries and one in Guinea serving as the supervising medical doctor for a 90-bed Ebola treatment center.

“They trade and cover shifts for me so I’m able to go. A lot of them have told me, ‘I’m not able to do what you’re doing, so I’ll make it possible for you to do it. I’ll work in your place so that you can go.’”

D’Cruz has always been drawn to providing medical care during a crisis—something he calls limited-resource disaster response. When he was a Pitt resident, he helped medical teams in New Orleans and Baton Rouge after Hurricane Katrina. In 2011, he went to Haiti after the earthquake. It was in Haiti, while working for another organization, where he first saw MSF in action and applied to be part of their volunteer team.

A labor of love for D’Cruz, providing trauma relief drives his practice forward. “That’s part of the reason why I went into medicine—to take care of lots of sick people who don’t have anywhere else to go. Even though it’s horrible that those things happen, it’s very satisfying to do the work as a doctor.”