People keep asking Catherine DeAngelis (MD ’69), who stepped down as editor-in-chief of JAMA in July 2011, how she came to be the first woman and first pediatrician to get that gig. So she’s writing a memoir, JAMA Mama, in response. Last year, the Johns Hopkins University Distinguished Service Professor Emerita published a book on patient care and professionalism with Oxford University Press. She serves on the University of Pittsburgh Board of Trustees and teaches at Hopkins. This April, the esteemed “Dr. De” will be awarded the Howland Medal of the American Pediatric Society, one of the highest awards in pediatric medicine, bestowed annually for distinguished service in the field.

Robert Kisilevsky (PhD ’69) hand-carved his own chess board, its pieces, and its storage case from wood local to Kingston, Ontario, Canada, where the Queen's University professor emeritus of pathology and molecular medicine now lives. And before he founded his own biotechnology company, Neurochem, (now Bellus Health) in 1993, he carved out the insights that were key to the company's work in amyloids, narrow protein deposits found in several disease states. Kisilevsky revealed mechanisms of amyloid deposits, then developed compounds to remove them and block their formation—work that has applications in Alzheimer's, adult-onset diabetes, and malaria. Kisilevsky says Pitt was a good choice for him. “Not only did I get the training, but I found my wife there, too.” Barbara (Smatsky) Kisilevsky, a School of Nursing graduate, has published widely on a fetus’s ability to hear voices from inside of the womb.

The Joseph P. Kennedy Jr. Intellectual and Developmental Disabilities Research Center at the University of Chicago, directed by Nancy Schwartz (MS ’67, PhD ’71), has been awarded more than $1 million this year in grant support, mostly from the National Institutes of Health, to examine the mechanisms of brain injury and genetic disorders. Among the group’s many research endeavors is the use of nanoparticles to treat disorders associated with intellectual disability caused by abnormal folding of proteins. In Schwartz’s own research, she focuses on genetic abnormalities implicated in chondrodystrophies, disorders that affect the development of cartilage. Schwartz is also the postdoctoral dean at the University of Chicago.

The Penn State Milton S. Hershey Medical Center vice chair of anesthesiology for chronic pain management, director of pain medicine, and professor of anesthesiology works with former Pitt classmate Lisa Sinz (Anesthesiology Resident ’95, Anesthesiology/Critical Care Fellow ’96), who directs Penn State’s simulation lab.

Manny Hernandez (MD ’00) jokes about when he used to get evaluations back in medical school that said his personality was well suited for emergency medicine. “I think that some of the clinical specialties may have seen that as a polite way of giving me some feedback. I saw it as a compliment.” Hernandez recently authored a chapter, “Assessing Your Needs,” in a new textbook from Cambridge University Press titled Emergency Department Leadership and Management: Best Principles and Practice. Hernandez, who earned his MBA in 2006, divides his efforts between part-time clinical work at the University of Florida in Jacksonville and a full-time leadership position with the health care advisory services practice for CannonDesign, a design firm.

When Melina Kibbe (Surgery Resident ’02) returns to Pitt this May for the first time in 13 years, she’ll give the Richard L. Simmons Lecture at the 2015 Department of Surgery Research Day (and hopefully partake in a few pierogies while she’s in town, she says). At Northwestern University, Kibbe studies novel nitric oxide–based therapies for patients with vascular
The first program speakers addressed just one topic: diabetes prevention. With more than 200 alumni and friends gathered in Naples, Fla., began planning a one-day program that would showcase University of Pittsburgh researchers, clinicians, and educators. The second program featured speakers addressing the future of health care and others discussing the impact of Pitt research on personalized medicine and phar- macogenomics. But the morning wasn't without its food and food poisoning. — Robyn K. Coggins

Many universities have special winter events in Florida that offer educational and other alumni relations programs, but none do it quite like Pitt. Eleven years ago, Arthur S. Levine (the John and Gertrude Petersen Dean and senior vice chancellor for the health sciences), a team from the Health Sciences Foundation, and a few "snowbirds" down in Naples, Fla., began planning a one-day program that would showcase University of Pittsburgh researchers, clinicians, and educators. The first program featured speakers addressing just one topic: diabetes prevention. With more than 200 alumni and friends gathered in Naples, Fla., began planning a one-day program that would showcase University of Pittsburgh researchers, clinicians, and educators. The second program featured speakers addressing the future of health care and others discussing the impact of Pitt research on personalized medicine and pharma- genomics. But the morning wasn't without its food and food poisoning. — Robyn K. Coggins

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For info on next year’s events: Michael Laffan, michael@pmhsf.org

414-647-9071

SPRING 2016
**IN MEMORIAM**

**'40s**
- FALK K. ARNHEIM
  MD '43A, RES '44
  JAN. 31, 2015
- JAMES F. CULLETON
  MD '43
  JAN. 23, 2015
- JAMES GIACOBINE
  MD '44
  JAN. 20, 2015
- J. FRASER JACKSON
  MD '44
  MARCH 8, 2015
- ROBERT M. CHESNEY COYLE
  MD '45
  JAN. 1, 2015
- J. FRASER JACKSON
  MD '44
  MARCH 8, 2015
- JOSEPH A. CIPCIC
  MD '54
  JAN. 9, 2015
- LOUIS A. HERRMANN
  MD '54
  JAN. 21, 2015
- SAMUEL LOWERY
  MD '55
  FEB. 3, 2015
- DAVID B. RAAB
  MD '56
  MARCH 10, 2015
- NICK L. TEREZIS
  MD '56
  MARCH 16, 2015
- EDWARD J. CARNEGIE
  MD '57
  JAN. 11, 2015

**'50s**
- JOHN DAVID RODGERS
  MD '50
  FEB. 27, 2015
- STEPHEN C. BRUNO
  MD '51
  JAN. 15, 2015
- RALPH J. MILLER SR.
  MD '52
  FEB. 24, 2015
- DAVID C. BORECKY
  MD '53
  FEB. 28, 2015
- JOSEPH A. CIPCIC
  MD '54
  JAN. 9, 2015
- LOUIS A. HERRMANN
  MD '54
  JAN. 21, 2015
- SAMUEL LOWERY
  MD '55
  FEB. 3, 2015
- DAVID B. RAAB
  MD '56
  MARCH 10, 2015
- NICK L. TEREZIS
  MD '56
  MARCH 16, 2015
- EDWARD J. CARNEGIE
  MD '57
  JAN. 11, 2015

**'60s**
- MICHAEL J. SHAUGHNESSY
  MD '65
  FEB. 22, 2015
- RICHARD S. GEHL
  MD '70
  MARCH 10, 2015
- JERRY K. LYNN
  PHD '72
  DEC. 25, 2014
- DANIEL J. O’DONNELL
  MD '75
  APRIL 3, 2015
- RONALD J. PENKROT
  MD '77
  MARCH 21, 2015

**'70s**
- ANIL PUROHIT
  LONE, BUT NOT ALONE

**FACULTY**
- ERNEST STERNGLASS
  FEB. 12, 2015

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**ANIL PUROHIT**

**LONE, BUT NOT ALONE**

When Anil Purohit (Res ’11) opened his first cardiology clinic in Lilongwe, Malawi, a line of 50-some patients stretched out the door. Some had sold items from their homes to pay for transportation there. Nearly all were suffering from serious heart complications.

The third-year cardiology fellow and clinical instructor of medicine has been in Malawi since August 2014 as part of an NIH-funded Fogarty International Center Global Health Program for Fellows and Scholars. (Only 20 clinicians nationwide were selected.) His yearlong project focuses on the effects of aspirin as a primary prevention strategy for cardiovascular disease in HIV patients. “Aspirin is the most powerful medication we have in Malawi to treat cardiac illness,” he says. (In place of potassium supplements normally indicated for congestive heart failure, he prescribes three bananas a day.)

But as the only cardiologist in the country, he soon found the heart-health needs of an entire population on his shoulders.

“It took me a month, but I finally realized my role here in Malawi is not to put these bandages in these big holes and to save lives [immediately]. My role here is basically to . . . build capacity and train Malawians.”

In November, Purohit gave a three-day lecture series at the Malawi College of Medicine, teaching medical students and clinical officers (similar to physician assistants) how to interpret electrocardiograms. There were a couple of ECG machines available, he recalls, but no one had ever been taught how to use them. In the clinic, “that’s probably the biggest impact I can make,” he says. “Our role at the end of the day is not to take over. It’s to teach and transfer these skills so that the Malawians can be in charge of their own health.” —MC

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Lisa M. Grandinetti


As a dermatology resident at the Cleveland Clinic, Lisa Grandinetti was struck by how much skin conditions affected quality of life for her patients who also had gastrointestinal diseases, even when their GI symptoms were under control. From the time she joined UPMC in 2009, she began receiving GI referrals. And as this roster grew, she became convinced that the 30 percent of people with celiac disease and inflammatory bowel disease (IBD) who also suffered from rashes, psoriasis, and skin ulcers needed specialized coordinated care. She realized this dream two years ago when she opened the first gastrointestinal dermatology clinic in the country as its founding director. Patients traveled from as far as the Carolinas to see her.

Grandinetti, a nonsmoker, was diagnosed with stage 4 lung adenocarcinoma in October 2014 and died four months later.

She was assistant professor of dermatology at the University of Pittsburgh and director of the dermatology residency program. And Grandinetti was known to make time for patients at a moment’s notice. Once, she quietly paid out of pocket for a man’s cab fare across town when he couldn’t afford the trip. Likewise, she had an open-door policy with her residents, says Melissa Pugliano-Mauro, a dermatology colleague at UPMC, making herself available to them day or night.

“She really served as a mentor for me, even though we were the same age,” Pugliano-Mauro says. “She was a really good role model to just say, ‘Gosh, you’re never too young to take the opportunity to have an impact on a department.'”

—Micaela Corn and Elaine Vitone
For 36 years, Marvin Grubman (PhD ’72) began his workday with a decontamination shower. Then, each night before leaving the lab, he’d take another. And if his work that day meant visiting a room housing an infected animal, that’d be two more showers—one upon entering the room, another before exiting.

That’s just how it goes when your office is on a restricted island where you’re tasked with fighting infectious diseases for the Department of Homeland Security. Grubman was a lead scientist with the Plum Island Animal Disease Center, just off the northeast coast of Long Island, until he retired in 2013.

“It’s not an easy place to work,” he says with a laugh.

Grubman has worked with many diseases throughout his career, but none of them more intimately than a potentially fatal one that infects cloven-hooved animals like cattle, sheep, and pigs. You know it as foot-and-mouth disease.

Not to be confused with hand, foot, and mouth disease, an illness common in children, foot-and-mouth disease is one of the most infectious diseases among animals and is potentially fatal. The virus causes lesions on the gums, lips, and tongue, as well as blisters on the animal’s feet that can result in lameness. Thankfully, it’s exceedingly rare for people to contract foot-and-mouth disease.

In 2001, the United Kingdom’s livestock industry suffered more than 2,000 cases of foot-and-mouth. Because the virus spreads so quickly—from contact between animals, aerosols, or even inanimate objects like tractors—the UK opted to slaughter more than 10 million sheep and cattle in a desperate attempt to stop the outbreak. Some estimates put the total cost of containment at well over $16 billion.

The goal of the Plum Island facility is to ensure that a similar fate never befalls the United States. And thanks to Grubman, the chance of that may now be smaller than ever.

In 2012, Grubman developed a novel vaccine for foot-and-mouth disease that has two major benefits. The first is that the vaccine contains no active virus, which means it can be produced on the mainland. (The United States forbids any endeavor that would allow the active virus to make landfall, including scientific research—hence Plum Island’s whole Fortress of Solitude-esque setup.)

The second benefit is that the vaccine can be identified in a blood sample, so livestock owners can differentiate between animals that have been infected and those that have been inoculated. This last bit means we’d only have to euthanize truly sick animals in the event of an outbreak, as opposed to every animal exposed to an infected one.

To create the vaccine, Grubman produced the virus’s outer protein shell, or capsid, without the infectious ribonucleic acid center—kind of like a hollow M&M. Once inside an animal, its immune system spots the defanged capsid and creates antibodies to fight off the virus. It took seven straight years of tinkering before Grubman got this latest iteration of the vaccine, a combination of a hollow shell and virus-suppressing interferon, to work properly.

“I remember when we first got the results,” he says. “It was amazing.”

Grubman was amazed that it worked at all, and also amazed that it worked so quickly to protect the test pigs. “This was the first demonstration that any approach could so rapidly protect naturally susceptible animals,” he says.

Larry Barrett, director of the Plum Island Animal Disease Center, called the discovery the biggest news in foot-and-mouth disease research in the last 50 years.

Grubman is a touch more modest. “There’s still lots and lots and lots to do,” he says, “but, over time, this will be improved and one day soon, hopefully, it can be used in the field.”

Grubman and his wife, Annette, have since moved to Atlanta to be near their daughter, Susan. The couple also has a son, David, who got his law degree from the University of Pittsburgh and still resides in the area. Marvin still serves on the editorial board for the Journal of Virology.

Though he’s been retired for two years now, Grubman keeps in touch with his colleagues at Plum Island to see how the vaccine is progressing. He says one of the things he misses about work is the sheer pursuit of it all, the constant struggle to make the vaccine better, but so far retirement agrees with him.

At the very least, there aren’t as many showers.