'50s Had Scope and Scalpel existed when Jane Woolley (MD '54) was a student, she might have been a playwright for the annual theater production. In the 1980s, Woolley penned comedies for staff parties while serving as founder and chief of staff of the anesthesiology group at USC Verdugo Hills Hospital in Glendale, Calif. The plays enlivened the work environment and got the medical and administrative staffs working together better, she says. Now retired, Woolley is cofounder of the Big Hearts for Little Hearts Desert Guild, a fundraising engine for Loma Linda University Children's Hospital whose charity events have funded life-support equipment and a pediatric pharmacy. This year, the hospital is building a much needed clinic in southwestern California's remote Coachella Valley. “The Desert Guild was the catalyst to make this epic event happen,” Woolley says.

'80s For Stacey Berg (MD '85, Pediatrics Resident '88), science fiction and research both seek answers to the question, “What if?” Dissension, her debut science fiction novel published in March 2016 by Harper Voyager Impulse, answers what might happen if humanity were fighting a regime of cloned soldiers (a sequel is forthcoming this spring). As associate dean for research assurances at Baylor College of Medicine and director of the developmental therapeutics program at Texas Children’s Cancer Center (among other titles), Berg is proud to be on the committee of Pediatric MATCH, a nationwide Children’s Oncology Group study that will identify children with genetically abnormal tumors that can be matched with targeted drugs. Berg, a lifelong Steelers and Penguins fan, is still deeply in tune with Pittsburgh; she even has Mineo’s pizza shipped in every year when she runs the Houston half-marathon (pizza isn’t as good in Texas, she says).

When transplant surgeon and immunologist John Fung (Transplantation Research Fellow ’86, Transplantation Clinical Fellow ’89) trained at Pitt med, the legendary Thomas E. Starzl served as his mentor. After completing his fellowship, Fung worked alongside Starzl for nearly two decades investigating, says Fung, “drug development, new procedures, and the elucidation of new pathways in liver immunity,” research that’s shaped the field of transplantation surgery. Fung was honored with Pitt’s inaugural Thomas E. Starzl Professor in Surgery, and he received the Thomas E. Starzl Prize in Surgery and Immunology in 2015. He is chief of the University of Chicago Section of Transplantation Surgery and founding director of its new Transplantation Institute.

'90s John Mahoney (MD '90) won Pitt’s 2016 Sheth Distinguished Faculty Award for International Achievement. Though Mahoney “caught the bug” for international work before entering medical school, his role as associate dean for medical education at Pitt has really sent him globe-trotting. In one of his projects, Passport to Care, native speakers teach students medical language skills as well as “the cultural differences that come out in language,” Mahoney notes that despite differences, “we all want the same things for our children and for our countries.” He brings that idea to Pitt’s collaboration with Nazarbayev University in Kazakhstan, where Pitt has helped establish a medical school. What started as training faculty and building a curriculum will end in something much bigger, he says. “We’re going to change health outcomes in the entire country. That’s pretty exciting.”

Surgeon S. Tonya Stefko (MD ‘97) directs the Orbital, Oculoplastics, and Aesthetic Surgery Service at UPMC; at Pitt, she was recently promoted to associate professor of ophthalmology with secondary appointments in otolaryngology with secondary appointments in otolaryngology.

For someone who hated swimming as a child, Theresa Guise (MD ’85, Internal Medicine Resident ’88) has come a long way. After being persuaded to try scuba diving in adulthood, she became fascinated by underwater flora and fauna. Guise is now an award-winning underwater photographer in addition to a notable endocrinologist. Her photo of red whip coral, which resembles the skeletal muscle fibers she studies, was selected for the November 2015 cover of Nature Medicine (left). In that same issue, her lab at Indiana University published a paper identifying the unique mechanism by which bone, when destroyed by cancer, causes muscle weakness. "That was my biggest career milestone, . . . the marriage between my hobby and my work," Guise says. Her latest project continues to go below the surface; she’s developing a clinical trial to test drugs on cancer-associated muscle weakness. (In the photo to the left, Guise is photographing a tiger shark in the waters of Fiji as part of an effort to promote shark conservation. “An ocean without the apex predator shark is an unhealthy ocean,” Guise says.) —Christine Schauer
Owonikoko, who currently have limited treatment options. Findings from ex vivo study of these grafts matched findings of a tumor model, which he found that human tumor grafts grown in rodent models were a better testing ground compared to traditional human cell lines. He said these tumor models could be used in preclinical testing to help develop new treatments for cancer, which is now considered a much better testing ground compared to traditional human cell lines.

In a study published in the *Journal of Translational Medicine*, Owonikoko and Chandra Belani, Owonikoko conducts translational research on small-cell lung cancer as an associate professor of hematology/medical oncology at Emory University. Owonikoko, who is also medical director of the phase I research program and codirector of thoracic oncology, has developed a growing tumor bank to address the lack of sufficient models for taking leads from the lab to the clinical level. Owonikoko says that the tumor models have become a valuable resource for researchers and clinicians, providing a more realistic and predictive model of human cancer. He added that the models have also helped to identify new targets for drug development, which could lead to new treatments for cancer.

In the 2000s, when Trevor Snyder (Bioengineering and Surgery Fellow ’07) wanted to figure out how useful new technology could be in the treatment of cancer, he relied on accountants at his Oklahoma City start-up, VADovations, to help him design a blood pump. Snyder, vice president of research and development for VADovations, says his Pitt education taught him that making a VAD patient-friendly is just as important as designing the pump itself. "I never would have known that if I hadn't worked in Pitt's clinical program with the artificial heart team."

Recently, he's been developing a VAD for the smallest of users. Snyder and Pitt McGowan Institute's Peter Wearden (Thoracic Surgery Resident ’05) received a Small Business Innovation Research grant from the National Institutes of Health to develop the first available blood pump for infants and toddlers. Pittsburgh was not part of Volker Musahl's (Orthopaedic Resident ’08) long-term plan. After interning in orthopaedics in Berlin, Musahl decided to come to Pittsburgh for one year to train with his mentor's colleague, Pitt orthopaedic surgery chair Freddie Fu; one year became 16. Musahl is now director of the Orthopaedic Robotics Laboratory in the Swanson School of Engineering. What does Musahl love most about teaching residents and fellows? "Closing the circle so that former students become colleagues. But you remain their mentor for a lifetime."

After studying in Nigeria, Germany, Baltimore, and Philadelphia, Taofeek Owonikoko (Clinical Hematology/Oncology Fellow ’08) says, "Everything sort of came together for me when I was in Pittsburgh." Drawing on inspiration from Pitt mentors like the late Merrill Egorin and Chandra Belani, Owonikoko conducts translational research on small-cell lung cancer as an associate professor of hematology/medical oncology at Emory University. Owonikoko, who is also medical director of the phase I research program and codirector of thoracic oncology, has developed a growing tumor bank to address the lack of sufficient models for taking leads from the lab to the clinical level. In a study published in the *Journal of Translational Medicine* in 2016, he found that human tumor grafts grown in rodent models were a much better testing ground compared to traditional human cell lines. Findings from ex vivo study of these grafts matched findings of a phase II trial. He hopes to have a direct effect on patients with small-cell lung cancer, who currently have limited treatment options.

—Ali Greenholt, Cara Masset, Rachel Mennies, Christine Schauer, and Susan Wiedel

### Edward Dubovi

Edward Dubovi (PhD ’75) may peer into his microscope to discover the cells of an alligator, an elephant, or a goat. "Maybe we’re confronted with an outbreak of [miscarriages] in sheep," says the Cornell professor of virology. "Or maybe it’s an upper respiratory issue in a cat."

Whatever the species, it’s Dubovi and Cornell University’s Animal Health Diagnostic Center’s job to track down the virus responsible for the outbreak. Most of the facility’s work focuses on agricultural animals like horses and cows; dogs come in third. When a mysterious respiratory illness started making its way through the dogs of Chicago in 2015, Dubovi’s laboratory was called in to find the culprit. He’d isolated a canine influenza virus back in 2004 and first thought it might be the same strain. But after two weeks of genetic analysis, Dubovi says, they were able to pinpoint the source of the outbreak as a different virus that had been seen in dogs in China and Korea several years earlier.

But finding a match still left one question: How does a virus jump across an ocean? The flu isn’t caused by a pathogen that can lie dormant, like malaria or HIV, explains Dubovi. That means for the virus to make its journey, it would have to have traveled in a sick pup. And this is how Dubovi suspects the virus made landfall—incoming companion animals aren’t scrutinized nearly as thoroughly as imported livestock.

"Were this a virus of pigs or cows, everybody would have gone nuts," he says. Although the dog virus isn’t something most pet owners need to worry about—unless you live in Chicago, of course—it’s an interesting example of what Dubovi’s lab offers. That is, a bridge between the research labs developing theories about emerging viruses and everyday people who need solutions.

"Right now, everyone’s jumping up and down about Zika virus," he says. "The diagnostic world is coming up with testing and technology to come to grips with that."

And it’s people like Dubovi who are looking through the eyepiece of the microscope. —Jason Bittel

Dubovi with his 14-year-old cockapoo, Chelsea.
WILLIAM J. “DOC” DOYLE
JAN. 26, 1952–OCT. 21, 2016

Colleagues call William J. “Doc” Doyle, a Pitt professor of otolaryngology, a giant in his field. “I realized immediately he was a genius,” says Charles Bluestone, Distinguished Professor Emeritus of Otolaryngology, recalling their first meeting in 1974, when Doyle was a PhD candidate in anthropology at Pitt. Doyle’s training allowed him to follow his early passion for research on the middle ear, especially the Eustachian tube, where damage or disease appeared to be causing more deafness in Native American groups than others. Doyle’s PhD thesis provided evidence that their skull shape made them more susceptible to middle-ear problems.

Doyle directed the ear, nose, and throat research lab at Children’s Hospital of Pittsburgh of UPMC from 1986 until his death. “He wrote paper after paper,” securing funding from the National Institutes of Health from 1976 to his current $7 million NIH grant, Bluestone says. “He is the world’s authority on middle-ear physiology and pathophysiology. No one is his peer.” Doyle’s magnum opus on gas exchange in the middle ear was published online in January in Annals of Otology, Rhinology & Laryngology.

Eugene Myers, Distinguished Professor Emeritus of Otolaryngology and chair emeritus of the department, says Doyle was “at it right up until the end,” working in the department’s walk-in hyperbaric pressure chamber in the Oakland Medical Building. “He certainly was a leader in his field and a very valuable member of our department for decades.” —Marty Levine

IN MEMORIAM

'40s
GEORGE H. GRAY JR.
MD '46
DEC. 30, 2016
KIRKLAND W. TODD JR.
MD '46
SEPT. 27, 2016
JOHN J. GUEHL JR.
MD '49
NOV. 13, 2016
RAYMOND A. YOURD
MD '49
DEC. 11, 2016

'50s
LOWELL G. LUBIC
MD '50
OCT. 9, 2016

'60s
CHARLES E. PIPER JR.
MD '52
OCT. 4, 2016
JAMES S. BATES
MD '53
JAN. 27, 2016
ROBERT C. SMITH
MD '53
DEC. 15, 2016
BERNARD B. VINOSKI SR.
MD '53
NOV. 29, 2016
SANFORD M. KLEIN
MD '56
MAY 12, 2016
RICHARD A. WILSON
MD '57
JAN. 2, 2017
BURTON S. HUTMAN
MD '60
OCT. 24, 2016
JAMES G. PITCAVAGE SR.
MD '60
DEC. 26, 2016
EUGENE LIPSON
MD '61
AUG. 28, 2016
JOHN F. DELANEY JR.
MD '64
NOV. 27, 2016
JOSEPH D. PHILLIPS
MD '64
DEC. 10, 2016
DAVID L. STEINBERG
MD '66
OCT. 18, 2016

STANLEY L. Malkin
MD ’68
NOV. 24, 2016
JOHN K. WHITEFORD
MD ’68
FEB. 24, 2016

'70s
ROBERT H. EHRHART
MD ’74
NOV. 16, 2016
JAMES A. HIMMELBERGER
MD ’77
OCT. 3, 2016
CHRISTOPHER M. WEISS
MD ’78
NOV. 11, 2016

FACULTY
M. MICHAEL BARMADA
PHD ’99
DEC. 2, 2016

JANICE MENDELSOHN
OCT. 22, 1922–JUNE 25, 2016

The Vietnam War had been under way only a few weeks when Janice Mendelson (MD ’47) joined the Army Medical Corps in December 1955. She credited her enlistment to “the embattled country. "Vietnam was the greatest challenge of my life," Mendelson said. "My mission was to help the Vietnamese military to provide the best possible surgical care and rehabilitation to the patients."

In 1959, when Mendelson achieved the rank of major, there were just eight female doctors in the army. As surgical advisor to the Office of the Command Surgeon for the Military Assistance Command in Saigon from 1970–71, the lieutenant colonel was the sole female army surgeon in the embattled country. "Vietnam was the greatest challenge of my life," Mendelson said. "My mission was to help the Vietnamese military to provide the best possible surgical care and rehabilitation to the patients."

Mendelson voluntarily extended her deployment from 12 to 18 months to oversee a model burn unit’s launch at Cong Hoa Hospital. Fluent in Mandarin and French, she worked with Vietnamese colleagues to refine skin-grafting and infection-prevention protocols in limited-resource settings, topics on which she would later publish.

A lifelong lover of international folk culture, Mendelson founded a dance group that met regularly on the roof of the USO outpost near Saigon. In San Antonio, where she resided after her 1980 retirement from the Academy of Health Sciences at Fort Sam Houston, Mendelson endowed the International Folk Culture Center at Our Lady of the Lake University. "You can’t hate a country whose dances you love," she told the San Antonio Express-News. “This is my mission for world friendship.” —Sharon Tregaskis

EUGENE ORRINGER
NOV. 10, 1943–NOV. 10, 2016

“A ‘no’ from the NIH just means: Call them.” That was one of the many pieces of advice that Eugene Orringer (MD ’69) offered mentees throughout the years. The professor of medicine and director of the MD/PhD program for more than two decades at the University of North Carolina at Chapel Hill was a dedicated hematology researcher and physician. What Orringer enjoyed most in his career, as he told Pitt Med in 2005, was “helping young people.”

Orringer directed the Education, Training, and Career Development Core at UNC’s Clinical and Translational Science Award program and led mentoring efforts for junior faculty members. Among them was Julia Brittain, now an associate professor of cell biology and anatomy at Augusta University, who says Orringer helped her earn her first K award from the NIH. She still applies his lessons, including picking up the phone to talk to grant officers. “I had to walk through the door, but he definitely showed me how to get to it,” she says.

Orringer was funded by the NIH from 1982 until the time of his death. He studied sickle cell disease, and he helped to establish the Duke-UNC Comprehensive Sickle Cell Center, one of only 10 NIH-funded comprehensive sickle cell centers in the country.

In 2006, Orringer received the Philip S. Hench Distinguished Alumnus Award, Pitt med’s highest alumni honor. —Cara Masset
On a highway in Nigeria, as a bus barrels along at full speed, an oncoming car swerves into its path. The bus driver scowls but stubbornly holds course until the last second, when he jerks the wheel and careens out of the way, narrowly missing collisions with several other vehicles. Passenger Joseph Nwadiuko (MD ’15), a 21-year-old American who plans to begin medical school at Pitt upon his return to the States, exhales.

This isn’t his first bus ride, and by now Nwadiuko, whose parents immigrated to the United States from Nigeria, should know that traffic regulations in his ancestral land function more like polite suggestions than laws. The bus is full of physicians and volunteers like himself setting out on a public health service trip.

Harrowing ride aside, meeting his fellow passengers had an impact on him, Nwadiuko reports six years later. “When I asked physicians in Nigeria about their future career plans, I learned that many of them planned to go get advanced public health degrees here in the U.S. or in the U.K. … and then stay there.”

Those discussions made Nwadiuko wonder how often Nigerian physicians in diaspora return home to help out—not just for brief medical mission trips, but in ways that create lasting change.

Upon his return to the States, he discovered little in the literature on the question, which later prompted a research project at Pitt.

Nwadiuko learned that while many Nigerian-born physicians express a strong interest in improving health care in their home country, they often struggle to find a clear path to doing so because of a lack of information or reliable partners on the ground. (Take a look at his findings published in the June 14, 2016, issue of Globalization and Health.) When he expanded his research, he realized that the same thing held true in many parts of the world with struggling health systems.

Nwadiuko is now taking action on the problem as cofounder and executive director of the Diaspora Health Network, an organization that is equipping U.S.-based health care professionals originally from poorer nations like Nigeria, India, and Mexico to effectively give back to their home countries. (He’s leading the organization while also training as an internal medicine resident at Johns Hopkins, his partner in founding the organization.)

The network’s strategy consists of three steps: resources, training, and placement. Real-time reports on the needs of various health systems are provided through online “gateways” at diasporahealthnetwork.org. Training is offered by institutions teaming up with the Diaspora Health Network. For instance, UPMC’s international division funded several attendees at a global health boot camp at the University of California, San Francisco. Once Diaspora Health Network participants are equipped to “do good, well,” the next step is placement. The network is running pilot projects in India and Nepal, where participants are placed at universities to teach courses on health research in an effort to increase the number of trained health researchers.

“Our vision for the long term is to develop a diverse corps of physicians who have experience growing up within a low-income health system, but have also witnessed the potential of what an effective health care system can be,” Nwadiuko says.

“If we can merge those two realities together, we can bring health care to everyone—regardless of how much money they may or may not have.”