CLASS NOTES

'60s

A father-son duo took center stage at Saint Vincent College's December commencement ceremony. **Thomas Gessner** (MD '68) received the honorary Doctor of Science degree from his undergraduate alma mater in Latrobe, Pa. Gessner's son, Christopher Gessner, president of Children's Hospital of Pittsburgh of UPMC and Western Psychiatric Institute and Clinic, served as the event's principal speaker. Thomas is an emeritus staff member at Excela Latrobe Hospital, where he has held positions as medical director and pediatrician. During his clinical career, he served on the faculties at Pitt, West Virginia University, and Thomas Jefferson University. Thomas also is president of the Latrobe Area Hospital Charitable Foundation Board, a member of Saint Vincent's board of directors, and a member of the advisory council for Saint Vincent's Herbert W. Boyer School of Natural Sciences, Mathematics, and Computing.

Thomas and Christopher Gessner

'70s

Psychiatrist **Bryan Stevens**'s (MD '71) ability to read faces inspired him to find "hidden elements" in what would become a serious hobby—collecting Mexican folk dance masks. "I approached them as if they were patients," Stevens says of the hundreds of dance masks he has studied. For instance, he learned that some of the masks displayed otherwise disguised feelings of mistreatment by conquerors. Stevens was introduced to Mexican masks on a trip to Santa Fe, N.M., in 1987. Nearly 30 years later, he is still taken with how "abstract and elegant" they are. After retiring from psychiatry six years ago, Stevens wrote a book, *Mexican Masks and Puppets: Master Carvers of the Sierra de Puebla*, and began sharing his anthropological findings at community lectures. He also blogs at mexicandancemasks.com.

Mexican dance masks have fascinated Stevens for decades.

'80s

Ask **Steven Zimmet** (Family Medicine Resident '81) about his career in medicine, and he'll tell you: "It's been an interesting trip." After practicing family medicine for a few years, Zimmet shifted his focus to dermatology and venous disease. "Until recently the disease process was basically ignored," says Zimmet. "Some people refer to venous disease as 'the Cinderella of medicine.' It's been a great time to be in the field because there has been so much technological evolution." Zimmet was one of the first doctors to use ultrasound to diagnose and treat venous insufficiency and to perform endovenous laser ablations—a now-standard treatment for varicose veins. Among his distinctions, Zimmet serves as president of the American Board of Venous & Lymphatic Medicine and as editor of *Phlebology: The Journal of Venous Disease*.

During her 31 years at Pitt, **Halina Zyczynski** (Obstetrics and Gynecology Resident '89) has garnered an abundance of titles: professor of obstetrics, gynecology, and reproductive sciences; founding director of the Division of Urogynecology and Pelvic Reconstructive Surgery; and medical director of the Center for Continence and Pelvic Floor Disorders. After years of working as a generalist in ob/gyn, Zyczynski recognized the need for better treatments for pelvic floor disorders, which affect upward of one in four women. "It didn't seem like a great achievement to help women live longer if we weren't going to simultaneously commit to improving the quality of their lives," she says. Since 2000, Zyczynski has continuously received NIH funding for her clinical research; in August, she published findings in *Obstetrics & Gynecology* showing that stress incontinence surgery helps alleviate most women's overactive bladder symptoms. "I love my patients, and that's where this all started."

Zyczynski

'90s

Jennifer Momen (Pediatrics Resident '94) has been appointed medical director of the School of Physician Assistant Studies at Alderson Broaddus University in Philippi, W.Va., where she teaches pediatrics and physical diagnosis, among other courses. Momen is also a student; she's pursuing her master of public health at West Virginia University. Her thesis plays off her enthusiasm for preventive medicine and concerns pediatric oral health: she's exploring the association between early dental visits and dental outcomes in childhood.

Srinivasan Beddhu (Nephrology Fellow '99), a professor of medicine at the University of Utah, and colleagues found that adding short, light-intensity activities to one's everyday routines is strongly associated with a reduced risk of early death. These results, which were published in the *Clinical Journal of the American Society of Nephrology* in July 2015, showed that walking or cleaning for just 2 minutes per hour could make a difference: "When we take 2-minute walks many times, the energy expended adds up, strengthening the heart and muscles and improving general health," says Beddhu, whose research interests include obesity and cardiovascular disease. He notes that Pitt med taught him the importance of building a strong research team—and, in fact, he's collaborating on studies related to diabetic kidney disease with Pitt's **Linda Fried** (Nephrology Fellow '96), a professor of medicine.

'00s

Randy Bruno (Neurobiology PhD '02) once aspired to be a computer scientist studying artificial intelligence, but he switched to neuroscience so that he could try to understand the human brain first. After receiving his Pitt PhD, he conducted postdoctoral research on neural connectivity underlying sensory perception with Nobel Prize winner Bert Sakmann at the Max Planck Institute for Medical Research in Heidelberg, Germany. Now an associate professor of neuroscience at Columbia University, Bruno studies how the neocortex mediates sensation and perception. His latest work shows that sensory signals from our environment are copied to both the upper and lower layers of the neocortex. Surprisingly, these two halves do not always communicate with each other about incoming sensory signals. Bruno has published these studies in *Nature Neuroscience*, *Neuron*, and *Science*. His laboratory is now investigating when the upper and lower halves of the cortex interact and how their interactions contribute to normal behavior. Bruno says this information may be important in identifying treatments for human neurological and psychiatric disorders.

Constantinos G. Hadjipanayis (Molecular Genetics PhD '05, Neurosurgery Resident '06) was appointed professor and chair of the Department of Neurosurgery at Mount Sinai Beth Israel in New York, N.Y., last fall. Hadjipanayis got his doctorate in molecular genetics and biochemistry while still a neurosurgery resident and intern at Pitt. Director of neurosurgical oncology at Beth Israel and an NIH-funded scientist, Hadjipanayis is particularly interested in novel treatment options for glioblastoma (a malignant tumor affecting the brain and/or spine). Hadjipanayis says he wants "to provide better ways to visualize and therapeutically target brain tumors so patients can beat this terrible form of cancer." He notes that he was the first doctor in North America to use fluorescence-guided surgery for gliomas, a technique that vibrantly lights up often-undetectable malignant brain tumors at the margins.

'10s

In June, **Jennifer Corbelli** (Internal Medicine Resident '10, Women's Health Fellow '13) will begin as program director for the internal medicine residency at UPMC Montefiore/Presbyterian. An assistant professor of medicine, Corbelli finds fulfillment in medical education—the subject in which she received her master's degree in 2013. In addition to teaching lecture-based courses like population health and medical interviewing, she takes pride in clinical teaching. She finds the best part to be "getting medical students to realize they aren't extraneous and do have something very important to offer, and helping the residents progress to become autonomous, independent doctors." The internal medicine residents at UPMC chose Corbelli to receive the Outstanding Teaching Attending Award last year. Corbelli also volunteers at the Birmingham Free Clinic in Pittsburgh's South Side and at the Women's Center and Shelter of Greater Pittsburgh.

—Imaz Athar, Jessica Boddy, Keith Gillogly, and Susan Wiedel

PRANAV SHETTY

EBOLA AND OPTIMISM

Perhaps Pranav Shetty's (MD '07) most formative experience at Pitt med was his disaster-relief work overseas. He's now global emergency health coordinator for International Medical Corps, a nonprofit organization that provides health and emergency services. During the Ebola outbreak of 2014, he traveled to West Africa to train responders and establish two treatment units in Liberia.

His work earned him an invitation from President Barack Obama to attend the 2015 State of the Union address, where Shetty represented military and civilian health care workers deployed to West Africa to combat Ebola. In regard to the outbreak, Shetty has maintained guarded optimism. "We're miles ahead of where we used to be, but it's still not over," he says, noting that new Ebola cases have appeared even after countries have received the all clear. "A threat anywhere is a threat everywhere."

COURTESY INTERNATIONAL MEDICAL CORPS/STUART J. SIA

Shetty in Liberia

Shetty was born in India, but when he was 1, his family moved to Trinidad and eventually to Pittsburgh. His relief efforts have also brought him to Haiti, Libya, South Sudan, Jordan, Iraq, the Philippines, Europe, and Yemen.

He completed a residency in emergency medicine at Harbor-UCLA Medical Center and a fellowship in global health and international emergency medicine at the University of Maryland, where he also received his Master of Public Health degree.

During his emergency medicine instruction at Pitt, Shetty says he learned an important truism that he's applied to his Ebola response efforts and elsewhere: Don't try to learn everything about the patient before trying to help. "You don't have to have everything figured out before you could save somebody's life," he says. "Don't let lack of knowledge become lack of action." *—KG*

MAA SAYS, MEET THE HENCH AWARD WINNER

When **Eric Klein** (MD '81) was a urology resident at Cleveland Clinic, radical surgery was the main option for many patients with prostate cancer, which was then a much deadlier disease. Because half of newly diagnosed cases were metastatic, there were no good medical alternatives to castration.

Klein

Some 30 years later, Klein, chair of the Glickman Urological & Kidney Institute and a staff member in the Taussig Cancer Institute at Cleveland Clinic, has seen a sea change in the field. Patients come to him with elevated levels of PSA, an early marker for prostate cancer (as well as a number of benign conditions). Those who require treatment for prostate cancer are far fewer—and their cancers are usually curable. Many more turn out to have low-grade, nonlethal cancers, so the majority of the time, "the main goal is to prevent people from being overtreated. . . . It's really been an interesting evolution."

In the intervening years, the field has learned that not every PSA-detected cancer needs surgery, radiation, or other treatment, all of which come with side effects that can mean quality of life takes a hit. The trick, of course, is deciphering what separates those who need treatment from those who are better off with watchful waiting. Klein—who was honored with Pitt's Philip S. Hench Distinguished Alumnus Award in August 2015—has been at the forefront of this effort throughout his career as a physician-scientist.

More than 20 years ago, he started a database that linked prostate-tumor biopsies with patients' outcomes, a powerful tool that's made Cleveland Clinic an important ally in broadening our understanding of the biology of prostate cancer. His group has been involved in developing or validating three of the four genomic tests for prostate cancer that have entered the market in recent years. Now, they're investigating how genomics can inform precision medicine across all stages of prostate cancer: how best to use imaging studies, when treatment is necessary, which treatments are best for which patients. It's a far cry from his training days, he says. "That's been very satisfying."

To nominate candidates for the Hench award, contact Jen Gabler at jag188@pitt.edu.

—Elaine Vitone

JEANNE COOPER

JUNE 29, 1921–NOV. 14, 2015


Cooper

Jeanne Cooper (Res ’56) knew something was wrong. Her sister-in-law had recently undergone a hysterectomy and was in pain, but the surgeon who had performed the procedure thought she was fine. Cooper, an MD, wasn’t convinced, so she ran tests. It turned out her sister-in-law’s bowel was leaking, which could have led to life-threatening infections. The surprised surgeon hesitated about what to do next. According to Cooper’s daughter, Toni Ault, a poised Cooper said, “Look, I booked an OR. I’ll meet you upstairs in an hour.” In the end, Cooper’s sister-in-law survived and lived a long life.

Cooper’s father died when she was an infant, and she grew up during the Depression. But, says Ault, the challenges her mother faced made her empathetic and inclusive.

Cooper “had high self-esteem, high confidence, and ability and wisdom,” recalls Robert Hartsock (MD ’57), who served on Pitt’s pathology faculty with Cooper.

Cooper knew she wanted to be a doctor at a young age. She and her brother, William M. Cooper (Res ’44, ’48), played doctor–doctor as kids, not doctor–nurse. Cooper received her medical degree from Hahnemann Medical College in Philadelphia in 1947. After completing her Pitt residency at the VA Hospital and Presbyterian Hospital, she became a staff pathologist at Mercy Hospital in Pittsburgh and later the department’s chair and laboratory director.

Cooper also served as a clinical professor of pathology at Pitt. Although some instructors were domineering, a “self-assured” Cooper would teach by example and understanding, says Hartsock. She was awarded the Pathology Teaching Award in 1988. Although Cooper was demanding of her coworkers, she developed camaraderie with them, even giving dating advice at times.

“If we all tried to emulate her, maybe we’d all be a little better,” Ault says. “She treated everyone with dignity and respect.”

—Imaz Athar

NIEL WALD

OCT. 1, 1925–NOV. 28, 2015

Growing up in a Manhattan high rise, Niel Wald didn’t have many opportunities to connect with nature. As an adult, he took his children fishing and sailing. He didn’t reel in many big catches, says his son, David: “He just loved being out there. He liked to be in control but respected nature.” That respect informed Wald’s career, which he devoted to caring for people affected by one of the most powerful natural forces: radiation.

Wald, a specialist in radiation health, traveled to Nagasaki and Hiroshima, and to Chernobyl and Three Mile Island, where he treated patients and assembled what’s considered the most important compilation of data on human exposure to radiation. He also developed a more efficient way of assessing it: a computerized method that automatically detects chromosomal aberrations in patient samples. Wald’s colleagues note that he put nuclear concepts into perspective for patients simply by approaching the matter with a calm demeanor and positive outlook—both kept strong by his trust in science.


Wald

When he was about 10 years old, Wald decided to pursue a medical career after receiving a book about science from his uncle, a physician. Wald received his MD from New York University in 1948. After serving as a flight surgeon and radiobiologist in the U.S. Air Force, he was hired as an associate research professor of radiation health in Pitt’s Graduate School of Public Health and as an assistant professor of medicine at Pitt’s School of Medicine in 1958.

Wald retired from Pitt in 2004 and was named professor emeritus. Soon after, he began writing an autobiography that, although unfinished, contains vivid stories of his early career—the most unusual, perhaps, is that of his affection for a rhesus lab monkey he nicknamed Mo.

“When he had a question,” says his son, “he stayed at it until it was solved. Science was his religion.” *—Jessica Boddy*

IN MEMORIAM

’40s

WILLIAM W. SCHILDECKER
MD ’43
JAN. 20, 2016

ROBERT S. VANDERVORT
MD ’46
JAN. 7, 2015

STANLEY F. KACZOR
MD ’49
JAN. 25, 2016

’50s

JAMES S. BATES
MD ’53
JAN. 27, 2016

DAVID M. SIMPSON
MD ’53
JAN. 20, 2016

WILLIAM VICTOR LYDEN
MD ’55
NOV. 15, 2015

WILLIAM J. CRAWFORD II
MD ’56
MARCH 3, 2016

JOSEPH T. ANZALONE
MD ’57
FEB. 2, 2016

’60s

ROBERT J. REED III
RES ’60, ’62
JAN. 31, 2016

KARL HARRIS MORGAN
MD ’61
APRIL 6, 2015

GEORGE M. FITTING JR.
MD ’64
MARCH 4, 2016

ROBERT F. GREENE
FEL ’64
MARCH 8, 2016

RONALD CHARLES LENTHALL
MD ’66
JAN. 30, 2016

PAUL H. ZANETTI
RES ’66, ’68, ’72
MARCH 11, 2016

’70s

INDRAVADAN N. PANDIT
RES ’70, FEL ’71
JAN. 20, 2016

’80s

MICHAEL SCHUSTER
RES ’86
DEC. 14, 2015

’90s

MARK A. STOREY
RES ’90, ’93
FEB. 3, 2016

’00s

JOHN A. KNAPP JR.
RES ’07
FEB. 9, 2016

FACULTY

RAYMOND B. KARASIC
RES ’80
JAN. 19, 2016

GREGORY HOYSON
MD ’82
DEC. 27, 2015

JOSEPH M. KETTERING
MD ’90, RES ’91
JAN. 10, 2016

LINDA VAN MARTER
BIG LEAPS FOR LITTLE LUNGS

BY SARAH C. BALDWIN

COURTESY KATHERINE C. COHEN/BOSTON CHILDREN'S HOSPITAL

Van Marter's clinical research helped identify risk factors for persistent pulmonary hypertension of the newborn.

One might assume that Linda Van Marter (MD '80) was destined for a life in medicine. Born in Magee-Womens Hospital while her father, Neal (MD '54), was in his first year of medical school at Pitt, she grew up in Erie, Pa., in the top two stories of a three-story house: The first floor was where her father, by then a family practitioner, had his office. She remembers observing him with patients there and even rounding with him at the hospital. But it didn't occur to her that she might follow in his footsteps.

"I didn't realize then that girls could be doctors," says Van Marter. "Boys became lawyers and doctors, and girls—if they didn't become homemakers—became teachers and nurses."

Because her father had referred patients to Massachusetts General Hospital (MGH), she was aware of the nursing school there, so she headed to Boston. "It was at MGH that I encountered women physicians—including a former nurse—who inspired me to go to medical school," she recalls. She then enrolled at Pitt as an undergrad and stayed on through medical school, supporting herself by working as a cardiovascular weekend charge nurse at UPMC Shadyside Hospital. Then it was back to Bean Town for her internship and residency at Boston Children's Hospital, followed by a neonatal-perinatal medicine fellowship at Harvard (where she picked up an MPH along the way). In 1986, she joined the faculty of Harvard's Division of Newborn Medicine in the Department of Pediatrics, where she was the first to pursue a research career in neonatal epidemiology. Since 1988, she has practiced exclusively at Brigham and Women's Hospital, which contains Harvard's largest perinatal-neonatal service, accommodating some 9,000 births per year, many of which are designated high-risk.

Neonatology was a relatively new field then, Van Marter says, "but I was fascinated by the medicine, the clinical challenges, the research opportunities, the intensity." That fascination has not ebbed in 30 years, and she continues to serve as associate professor of pediatrics at Harvard and vice chair of pediatric newborn medicine. Her research has focused on the epidemiology of neonatal cardiopulmonary disorders, including persistent pulmonary hypertension of the newborn (PPHN), which generally affects otherwise normal full-term infants, and chronic lung disease of prematurity (also called bronchopulmonary dysplasia). Van Marter was among those who identified the association between PPHN and factors such as maternal intake of nonsteroidal anti-inflammatories and antidepressant and antianxiety drug exposure during pregnancy (specifically, SSRIs). She was also in a group that evaluated treatment of PPHN babies with inhaled nitric oxide versus heart-lung bypass—two therapies that have dramatically reduced mortality.

"It was very, very hard early on," she says. "When I was training, 30 to 50 percent of full-term babies with PPHN died. To be able to save them now is wonderful."

But, she says, "We still have a lot of work to do in the chronic lung disease of prematurity. We now know that extremely preterm babies suffer from structural as well as biochemical lung immaturity and are at increased risk of long-term lung problems. My research focuses on the intersection of the biological immaturity of these babies and the impact of specific care practices on the likelihood of an infant developing chronic lung disease. I strive to discover new treatments that will enhance survival and lifelong health of ill or immature infants."

Van Marter considers herself "an intensivist at heart," relishing the challenges of complex medicine, the procedural aspects, the hands-on work. But she also loves the "softer side"—counseling families, supporting them as they're reunited with a baby who is hospitalized. She often develops a relationship with the family and has continued to follow some of her patients for decades.

Even more than loving the research and practice and teaching and learning, she says, "I love seeing healthy babies go home to their families and grow, thrive, and become happy children and productive adults." ■