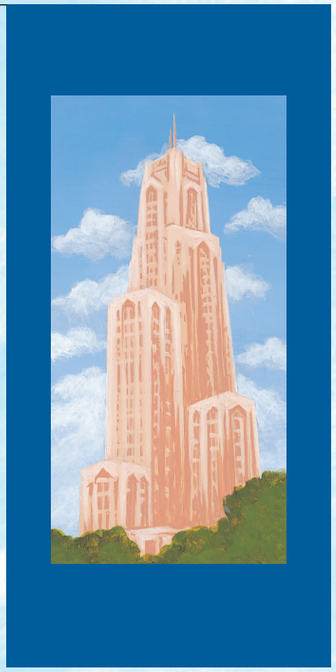


CLASS NOTES

JOHN ALTDORFER

Paul Caplan with his daughter, Roberta

'30s

Reflecting on his life recently, **Paul Caplan** (MD '36), who is 103 years old, leans back on the sofa in his Oakland apartment. He recalls starting out at Montefiore, the only Pittsburgh hospital that would employ him at the time as a Jewish physician. Treating soldiers wounded on D-Day on Omaha Beach. Traveling for 20 years as the Pittsburgh Symphony Orchestra tour physician. Building a thriving internal medicine and arthritis practice. And retiring at 96.

Seated beside Caplan is his daughter, Roberta Caplan (Educ '71), who, by the way, choreographed the 1971 Scope & Scalpel production. She reminds her father of other ways he and his wife, Gertrude Forman Caplan (Educ '41), made their mark, including endowing a research grant for the Division of Rheumatology and Clinical Immunology, funding an award to support a fellow at Pitt's Rheumatoid Arthritis Center, and establishing a scholarship for Pitt students to work with Shakespeare-in-the-Schools.

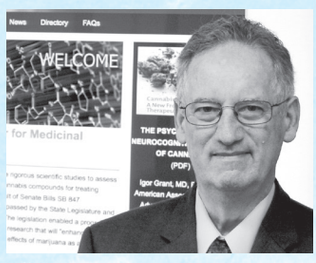
But Caplan, a former clinical assistant professor of medicine and a master of the American College of Rheumatology, prefers to remember the patients he treated—and the privilege it was to be part of their lives, saying, "I never worked a day in my life."

'60s

In this often noisy world, **Lawrence L. Feth** (PhD '69) believes it's increasingly important to better understand what he considers our "primary communication channel"—hearing. Feth, a professor of speech and hearing science at Ohio State University and a National Institutes of Health–funded investigator, recently coauthored a paper about a model that does "a better job at predicting the ability of human listeners to respond to sounds." Feth says although some of his work is more abstract, he also conducts "practical" research, like finding ways to improve a clinician's ability to hear in a loud hospital environment. His fascination with sound and technology began when he got an amateur radio license as a teen. Although this sparked an interest in electrical engineering, he later realized that his true passion lay in psychoacoustics research. "Somewhere along the line, I moved from being interested in antennas to being interested in ears," Feth says. "So, different kind of antenna."

'70s

When a significant number of patients weren't getting relief from neuropathic pain using FDA-approved medications, pain management specialist **Barth Wilsey** (MD '73) knew it was time for a change. "Some patients would tell me that the medications I prescribed weren't helpful and that they'd instead been going to a marijuana dispensary, because this herbal medicine alleviated their pain." So Wilsey, an associate physician at the Center for Medicinal Cannabis Research at the University of California, San Diego, investigated. Wilsey and colleagues picked apart which strengths of delta-9 tetrahydrocannabinol in cannabis are effective in treating neuropathic pain and also assessed side effects (e.g., cognitive impairment, psycho-activity). Their work was the subject of a *Discover* magazine feature story in October 2015.



Wilsey

'80s

Daniel Lattanzi's (Obstetrics and Gynecology Resident '82) practice extends far beyond Pittsburgh, where he's a Pitt assistant professor of obstetrics, gynecology, and reproductive sciences and codirector of the Ob-gyn Global Health Program at Magee-Womens Hospital of UPMC. In Haiti, he has helped establish working health systems. His work has also taken him to Guyana's Georgetown Public Hospital, which treats some of that nation's most underserved pregnant women, mothers, and infants. Lattanzi trains both UPMC and Guyanese physicians onsite. "As a result," says Lattanzi, "we've seen maternal deaths decrease . . . right before our eyes. We can save a woman's life."

'90s

Simon Mears (Neurobiology PhD '94, MD '96) is an orthopaedic surgeon and professor of orthopaedic surgery at the University of Arkansas for Medical Sciences in Little Rock, where he also serves as the medical director of musculoskeletal services. In this role, says Mears, "I take care of a lot of patients with arthritis who need joint replacements," many of whom are elderly. His focus on the treatment of geriatric patients is taking him around the globe: Mears serves as president of the International Geriatric Fracture Society, an organization that works to advance geriatric fracture care globally. As the winner of a fellowship sponsored by the American Orthopaedic Association, Mears recently toured orthopaedic centers in Austria, Switzerland, and Germany.

William Yancy Jr. (Internal Medicine Resident '98, Chief Resident '99) has devoted nearly two decades to the study and treatment of obesity at the Department of Veterans Affairs and, most recently, at Duke University, where he is associate professor of medicine and director of the Duke Diet and Fitness Center. In a study published last year in *Annals of Internal Medicine*, Yancy and his coauthors showed that patients may benefit from having an expert shape their diet practices as opposed to being left to individual choices.

'00s

For emergency medicine physician **Henry Wang** (Emergency Medicine Research Fellow '02, Clinical Research MS '06), patience pays off. This past December, Wang began an NIH-funded, randomized trial of paramedics in 30 agencies across the United States. "Essentially I've been waiting 15 years to do this," he says, noting that it builds on research he conducted at Pitt's Institute for Clinical Research Education when he was a grad student. In the trial, paramedics will treat a total of 3,000 cardiac arrest patients in need of oxygen, either with

a standard endotracheal intubation or the newer King laryngeal tube, to determine which method is the safest and most efficient outside of the hospital setting. Wang is an adjunct associate professor of emergency medicine at Pitt as well as professor and vice chair for research in the Department of Emergency Medicine at the University of Alabama at Birmingham.

Cope

As a medical officer at the Centers for Disease Control and Prevention, **Jennifer Cope** (MD '04) is the subject-matter expert for free-living amoeba infections. Such infections—including the infamous brain-eating amoeba *Naegleria fowleri*—have begun to respond to treatment with miltefosine. During Cope's first summer at the CDC in 2013, the successful administration of miltefosine saved an infected girl's life, and she made a full recovery—making this patient the first U.S. survivor of *N. fowleri* in more than 30 years. "It was great to be a part of that milestone," says Cope.

Rouzan Karabakhtsian (Gynecologic and Breast Pathology Fellow '06) is an associate professor of pathology at the Albert Einstein College of Medicine and an attending pathologist at Montefiore Medical Center. In January, she coauthored a paper in *Modern Pathology* showing an association between MRI-detected lobular neoplasia—an atypical increase of cells in the breast lobule—and breast cancer. An MRI from the study made the cover. Karabakhtsian also co-edits the anatomic pathology abstracts section of *CAP Today* and is a founder of the Armenian American Pathology Association. She presents widely, both nationally and internationally; recently she spoke on a cost-effective model for starting new histology labs in developing countries.


Kasi

'10s

As a kid in high school, **Pashtoon Murtaza Kasi** (Internal Medicine Resident '13) would help his physician parents with their research. Today, the oncology/hematology fellow and assistant professor of oncology/medicine at Mayo Clinic is author of a book on research and 57 journal articles. Some of his clinical trials focus on individualized cancer treatments. "Previously, we only had surgery, radiation, and chemotherapy as three tools in our toolbox," Kasi says. "Now, we have the option of immunotherapies and targeted therapies that act on one particular aberration." Such approaches, Kasi notes, are personalizing treatments as cancers evolve within patients. Recently, Kasi accepted a staff position in gastrointestinal oncology with a focus on colorectal cancers at Mayo Clinic's Jacksonville, Fla., campus. His work made the cover of the *Wall Street Journal* in March.

—John Altdorfer, Imaz Athar, Jessica Boddy, Rachel Mennies, and Susan Wiedel

NATALIE SHAW

LET SLEEPING KIDS LIE


COURTESY NIEHS/STEVE MCCAW

Shaw

A butterfly undergoes metamorphosis inside a chrysalis. A tadpole transforms while swimming around a pond. For humans, the big change happens beneath a comforter.

"The brain is what controls puberty, and when it turns on, it releases hormones that then tell the ovaries or the testicles to make estrogen or testosterone, respectively," says Natalie Shaw (MD '04), a researcher at the National Institute of Environmental Health Sciences in North Carolina.

"And the neat thing is that we think the brain first turns on those signals while kids are asleep," she says. The intricacies of how this works remain murky, but Shaw's work suggests that slow-wave sleep, the deepest sleep, is important. As a pediatric endocrinologist, Shaw seeks to discover what triggers puberty and how sleep communicates with the reproductive centers of the brain. Unraveling these mysteries may have important implications for kids who don't get enough sleep (like sleep apnea sufferers) or kids for whom puberty is delayed.

Shaw is also part of a group at Massachusetts General Hospital conducting research on Kallmann syndrome, a genetic disorder characterized by delayed or absent puberty, infertility, and an inability to smell (or, rarely, the absence of the entire nose). Defects in the two very different systems—reproductive and olfactory—occur together because the brain cells responsible for starting puberty begin life in the nose and must migrate along the olfactory system "highway" to reach the brain.

Shaw credits the endocrine program at Children's Hospital of Pittsburgh of UPMC for encouraging her early interest in the field and says the city is still near and dear to her. "I miss it and try to visit often," says Shaw. *—Jason Bittel*

MAA SAYS, "A BLACK-CODE AFFAIR"



GEORGE THOMAS MENDEL/CIDDE

TOP PHOTO: Professors Georgia Duker and Joan Harvey with McGarry. BOTTOM: Cisneros, Thomas, and the Fridmans.

"We were a very close class—everybody hung out together," said Pitt assistant professor of medicine Holly Thomas (MD '09) as she hovered over the Class of 2009's yearbook. She and her husband, pediatrician Gabriel Cisneros (MD '08), gathered with nearly 70 others, who hailed from classes ranging from 1958 to 2019, on a drizzly night this May to reminisce, nosh, and mosey around the Andy Warhol Museum.

The shindig, sponsored by the Medical Alumni Association, welcomed classmate extraordinaire Ryan McGarry (MD '09) back to the 'Burgh. McGarry was in town to speak at the School of Medicine's commencement. He also gave talks at Pitt related to his role as executive producer of the new CBS series *Code Black*, which is based on his award-winning documentary of the same name.

Also around the yearbook: Hilary Fridman (MD '09), an academic hospitalist at the VA Pittsburgh Healthcare System and clinical instructor of medicine, and her med school sweetheart, cardiology imaging fellow Yaron Fridman (MD '09). The Fridmans shared stories of McGarry's party-planning prowess: As class president, he organized an epic semiformal in a surprise location that wasn't revealed until the guests arrived. They emerged from school buses with blacked-out windows to find themselves at Heinz Field.

This spring's quasi-reunion was organized by MAA to hold folks over for a spell. The annual Medical Alumni Weekend has moved to the fall—mark your calendars for September 23–25. (For information contact Ashley Knoch at akk57@pitt.edu.)

While you're at those fall festivities, stop and say hi to Kelsey Thayer, the MAA's first-ever assistant director. And in the meantime, stay in touch with your alumni association through Instagram (@PittMedAlum) and Twitter (@PittMedAlum). *—Robyn K. Coggins*

MEDICAL ALUMNI ASSOCIATION MAA.PITT.EDU

Hoyson

GREGORY M. HOYSON

OCT. 3, 1956–DEC. 27, 2015

From the time he was a Pitt med student, Gregory Hoyson (MD '82) had an ability to form strong connections with people, says Jan Madison (MD '85). It was Hoyson she called when she moved back to Pittsburgh after her training and needed a pediatrician for her son. "I had such trust in Greg as a person and knew he'd be the right choice."

Hoyson, 59, died of colon cancer in his McCandless home last winter.

Madison, president of the Medical Alumni Association (MAA), notes that as an MAA board member of six years, Hoyson served with commitment and enthusiasm, regularly attending meetings and assisting in fundraising events. Previous President Brian Klatt (MD '97) says Hoyson was instrumental in raising the profile of the MAA. "I had hoped he would serve as its next president. He had deep devotion to his family, his profession, and his patients."

Hoyson's bond with Pitt med spanned 37 years, from student to resident at Children's Hospital of Pittsburgh of UPMC to clinical associate professor of pediatrics. He also served as chair of pediatrics at UPMC Passavant and on the executive medical committee at Children's.

—Pamela Goldsmith

Jannetta

PETER J. JANNETTA

APRIL 5, 1932–APRIL 11, 2016

"Imagine being Tasered in the face—for hours, sometimes days," Charlotte Kemerer says of trigeminal neuralgia, a chronic facial pain disorder that's been known to drive sufferers to suicide. When she turned to UPMC for help, she didn't know to what extent she was coming to the right place.

Peter Jannetta—who headed neurosurgery at Pitt for some 30 years, starting in 1971—had made a discovery back in his residency at UCLA while he was dissecting cranial nerves. He devised a procedure known as microvascular decompression that would eventually deliver many people from the torture of trigeminal neuralgia—but first, he had to convince a very skeptical profession of the appropriateness of the approach. A. Leland Albright (Fel '76, Res '78), one of Jannetta's first residents, recalls, "[Colleagues] scoffed. But the way he convinced people was to have the top neurosurgeons in the world come, one by one, to operate with him. Then they'd go back home and do it in their patients."

Jannetta trained more than 150 surgeons and operated alongside countless residents and med students, including Pitt's Paul Gardner, who treated Kemerer. Gardner (whom Kemerer calls "magnificent") first had her try medication, but that turned her into a "zombie." After the surgery, the pain was gone, and she knew she'd be okay.

"This literally saved my life. Nobody understands, unless you've had it, how horrible the pain is. …[Jannetta's procedure] has saved thousands of people from that pain."

—Sarah C. Baldwin

INDRAVADAN N. PANDIT

JAN. 20, 2016

Birthdate withheld at family's request.

From his boyhood in Visnagar, India, medicine was the obvious path for Indravadan Pandit (Res '70, Fel '71), says his daughter Neha Pandit. It enabled him "to help people on an individual basis, to be true to who he was, even if it meant studying under the streetlights at night and using outdated books." At the local temple, he made sure there were always fresh flowers and food for people to take. And he continued giving to others throughout his life, volunteering at Pittsburgh's food bank until he was 77.

Pandit, director of the catheterization laboratory at UPMC Shadyside, died in January.

As chair of the American Association of Physicians of Indian Origin Charitable Foundation, Pandit gave back to Visnagar, which was 90 minutes away from the nearest hospital. He organized the construction of a new hospital and also established mobile medical units to bring free medical care and immunizations to area villages. Pandit was also a founding member and board chair of the Hindu Jain Temple of Pittsburgh.

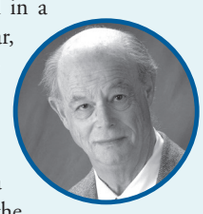
"He was such a loving man who didn't ask for anything in return," says Neha.

—Susan Wiedel

Pandit

PETER M. WINTER

AUG. 5, 1934–MAY 14, 2016



Winter

As a teenager, Peter Winter served in a medic unit during the Korean War, after which he decided to pursue a career in medicine. "He was interested in scientific research, I think, for a lot of the same reasons he was interested in the outdoors," says his son, Chris Winter, "a sense of exploration and adventure and the unknown."

Winter chaired anesthesiology and critical care medicine at Pitt from 1979 to 1996, succeeding Peter Safar, who taught him the importance of multidisciplinary approaches to anesthesiology. Winter made innovations in neurological, cardiac, and transplant surgery; nearly eliminated anesthesia-related deaths at Pitt; and about doubled his faculty and trainees. Raymond Planinsic and William McIvor, both professors of anesthesiology, express gratitude for Winter's commitment, not only to building a highly respected department, but also to their personal development as doctors.

Perhaps Winter's greatest legacy is creating the Peter M. Winter Institute for Simulation, Education, and Research (WISER). What started in 1994 as a two-room simulation laboratory in Montefiore is now a sprawling 16,000-square-foot facility with seven satellite sites. "Prior to this, there weren't really good ways to train on how to manage patients who had difficult airways," says McIvor, associate director of the institute. Today, using dozens of human simulators that cough, cry, bleed, breathe, and monitor student performance, WISER trains thousands of health care providers.

—Ali Greenholt

IN MEMORIAM

'40s

N. BRUCE TANNEHILL SR.
MD '42
APRIL 9, 2016

'50s

JOHN C. HAIRSTON JR.
MD '54
APRIL 21, 2016

ROLAND T. KEDDIE
MD '57
MAY 22, 2016

BARRY C. HARRIS
RES '59, '65, FEL '68
APRIL 16, 2016

'60s

J. DARRELL SHEA
RES '67
JAN. 20, 2016

RAIS A. BEG
RES '68
OCT. 12, 2015

TERENCE MCAULIFFE
FEL '68
MAY 7, 2016

DAVID C. NORRIS
RES '69
MAY 26, 2016

'70s

RICHARD A. PROPPER
MD '76, RES '80
MAY 31, 2016

'80s

KAREN A. KRUGER
FEL '83
DEC. 31, 2015

'90s

HARRY BONET
FEL '92, '93
FEB. 10, 2015

DWAYNE A. MCQUITTY
FEL '96
APRIL 18, 2016

FACULTY

RAYMOND E. FELGAR
PHD '90, MD '92
APRIL 18, 2016

JACKSON WRIGHT JR. TAKING AFRICAN AMERICAN MEDICINE TO HEART

BY SHARON TREGASKIS

UNIVERSITY HOSPITALS CASE MEDICAL CENTER

Why do racial disparities in health outcomes exist? Wright's research has unveiled some surprising answers.

Author and orator Booker T. Washington was just 59 years old when he was hospitalized for exhaustion and difficulty breathing. "Racial characteristics are, I think, in part responsible," his physician told the *New York Tribune* in November 1915, just days before Washington's death. Readers of the time understood the statement as a veiled reference to syphilis, fueling speculation that the emancipated slave, a champion of morality and virtue to advance racial progress, had died a hypocrite.

A century later, Jackson T. Wright Jr. (MD '76, PhD '77), an emeritus professor of medicine at Case Western Reserve University, put the issue to rest with a review of Washington's original medical records—including the blood test that had confirmed for Washington's own physicians that he never had syphilis. Actual cause of death? Malignant hypertension. (Wright presented his findings at a historical clinical pathology conference at the University of Maryland in 2006.)

In Washington's day, doctors knew little of the fatal cascade of organ damage precipitated by hypertension. Today, we know a lot more about this disorder, and physicians have a wealth of weapons in their arsenal for prevention and management of the disease. We also know that high blood pressure is an epidemic among African Americans. What role do characteristics related to ethnic heritage play?

As program director of the William T. Dahms MD Clinical Research Unit and the Clinical Hypertension Research Program at Case Western, Wright untangles the biological, cultural, and medical roots of racial disparities in kidney disease and hypertension. Last year, the American Heart Association recognized his labors with its 2015 Clinical Research Prize.

"One of the objectives of mine has always been to obtain credible data in African American patients so we'd better understand why racial differences in health outcomes exist," says Wright, who was two years into his PhD studies in pharmacology when he decided to earn a medical degree, in part to advance the clinical applications of his research. "At the time I started training, most of the data in black patients was either anecdotal reports, very small studies, or opinion. There were almost no well-controlled scientific studies."

Four decades later, Wright has authored more than 200 peer-reviewed papers detailing the prevalence of hypertension among African Americans, revealing contributing factors, and—because his work has shown that African Americans respond differently to some drugs—offering treatment guidelines.

He has also served as a principal investigator for multiple long-term, National Institutes of Health–funded clinical trials, including the 1,100-participant, 21-center African American Study of Kidney Disease and Hypertension Trial (AASK); the 42,400-participant Antihypertensive and Lipid-Lowering Treatment to Prevent Heart Attack Trial (ALLHAT); and the Systolic Blood Pressure Intervention Trial (SPRINT), the latter of which was published in the *New England Journal of Medicine* in November 2015 and prompted changes in hypertension guidelines.

In 2013, *NEJM* published a report coauthored by Wright revealing a variant of the *APOL1* gene that speeds the progression of kidney disease and is more common among black people. And yet, he says, relatively few racial disparities in kidney disease and hypertension owe to genetic explanations. Rather, patterns of diet, exercise, stress, income level, toxin exposure, access to health care, and other aspects of life in America that correlate with race likely have an outsized effect.

The study of racial differences in disease presentations, especially in populations at highest risk, provides critical information that benefits all populations with the disease, says Wright. He notes that simply asking patients whether they consider themselves black remains a potent predictor of risk for hypertension and its consequences.

"Even though the answer may not necessarily define the genetic makeup of the person, it clearly in many instances defines their risk of developing and suffering from a disease." Why that is remains an important unanswered question. ■