national consensus statement on integrating rib fixation into clinical practice.

Once a basic science finding proves worthy of moving to a clinical trial, a whole new hurdle awaits: finding patient volunteers who meet the study's criteria. Usually, researchers rely on their IT departments to create database reports, which can take months. But **Andrew Post** (PhD '06), assistant professor of biomedical informatics and clinical informatics architect at Emory University, has developed a better way, dubbed Eureka! Clinical Analytics. The open-source software cuts out the middle meta-analyzer, allowing scientists to do their own searches. In 2013, his *Journal of Biomedical Informatics* paper on the software, which is now in a test-driving/fine-tuning phase, got a nod in an annual roundup of best articles from the biomedical informatics literature.

You may recall two bioterrorist attacks in the United States since 1945: salmonella in 1984 and anthrax in 2001. Two attacks in all that time isn't bad, you might say. However, "the question is, are you prepared for this? Not how frequently [do] these things happen," says **Amesh Adalja** (Infectious Disease Fellow '09, Critical Care Fellow '10), a senior associate at the UPMC Center for Health Security. It's not just terrorists and pathogen-spread that his office is concerned with, but also natural disasters. In 2010, following Haiti's devastating earthquake, Adalja traveled to that country on behalf of the U.S. National Disaster Medical System to see patients. In his down time, Adalja catches air. He's an avid skateboarder, as well as a heavy metal fan.

—Nick Moffitt, Zach Nichols, and Elaine Vitone

LYNN E. TAYLOR

LET'S ELIMINATE HEP C

Lynn E. Taylor (left) at WaterFire, a World Hepatitis Day event in Providence, in July.

The ever-widening epidemic of hepatitis C virus—the leading cause of liver transplants in the United States—has long been ignored and neglected, says Lynn E. Taylor (MD '97), assistant professor of medicine at Brown. This is partly because of its stigma, and partly because the real weight of it is just beginning to hit. Hep C has a decades-long dormant period before symptoms arise; and in the coming years, that clock will run out on the Baby Boomers, an estimated 1 in 30 of whom have the infection, according to the Centers for Disease Control and Prevention.

Yet Taylor is finding more reasons to be optimistic than at any other time in her 15 years of fighting hep C—both in the clinic, where she specializes in hep C/HIV coinfection, and in her research, where she's working to scale up hep C screening and treatment.

In her own institutions, Taylor has worked to meet the needs of these complex cases by educating students in Brown's med and public health schools about hep C, and by founding and directing the HIV/Viral Hepatitis Coinfection Clinic in Brown's affiliate, Miriam Hospital.

At the state level, in 2013, a grant enabled her to launch a three-year, $300,000 campaign to eliminate the disease in Rhode Island—a lofty goal, she admits. But she stresses it's time to begin framing the discussion in this way. The infection is indeed curable, though many people don't realize it.

In the last two years, the FDA approved the first pills for hep C treatment, which either greatly shorten or eliminate the need for the highly toxic interferon injections that were previously these patients' only hope (many of them can't tolerate interferon). She's now advocating for improved access to these meds, which cost upwards of $80,000 per course. Insurers balk at the price tag, but she's spreading the message that that's small potatoes compared to the alternatives: liver transplants and end-of-life care for 50- and 60-year-olds cut down in their prime.

"I've seen so many advances in the field of HIV," she says, "and to witness [the same progress in hep C] condensed into five years, I just have to pinch myself." *—EV*

MAA SAYS, "VICTORY LAP!"

Geller

David Geller (Surgical Intern '89, Surgical Research Fellow '94, Chief Surgical Resident '96, Transplantation Fellow '98) calls his relationship with Pitt a "25-year love affair," the first 10 years of which he was a trainee and the last 15 as a faculty member. And being named the William S. McEllroy awardee, the Medical Alumni Association's (MAA) annual recognition of a Pitt residency alum, has his heart all aflutter. "I'm very honored," he says.

Geller, Richard L. Simmons Professor of Surgery at Pitt and director of the UPMC Liver Cancer Center, has devoted his career to improving treatments for liver cancer. (Because of the spread of hepatitis C, primary liver cancer is on the rise—see our spotlight on Lynn E. Taylor, above, for more on the epidemic.) Traditionally, this notoriously bleeding-prone organ wasn't considered safe to operate on minimally invasively. But in the early 2000s, after perfecting his techniques on pigs, Geller brought them to the clinic—first for patients with benign liver cysts, then for patients with liver cancer. Today, about a third of UPMC's liver cancer procedures are done laparoscopically.

With this "Band-Aid surgery," patients are healing much faster, with less pain and fewer complications. And, as detailed in Geller's recent paper in *Surgery*, doctors now have long-term survival data to prove that outcomes are just as good with laparoscopic liver procedures as with open liver procedures.

To date, Pitt/UPMC has performed some 800 laparoscopic liver resections—about 10 percent of all cases worldwide. Geller taught the first course in the United States in 2004 and has since trained hundreds of surgeons around the world in these techniques.

Geller has also made notable inroads into the basic science behind liver cancer signalling, including the Wnt/ß-catenin pathway.

On November 5, Geller will give a lecture, lead grand rounds, and receive his honor at the McEllroy Award Dinner. *—EV*

MEDICAL ALUMNI ASSOCIATION WWW.MAA.PITT.EDU