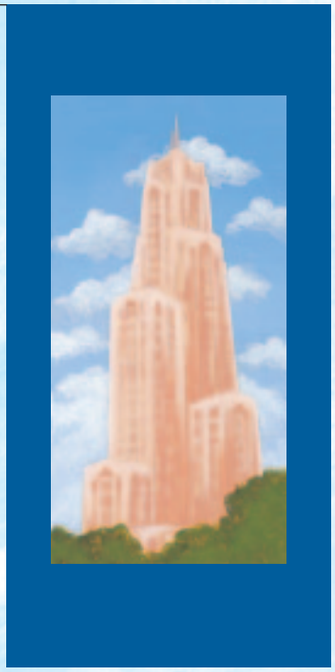


CLASS NOTES

'50s

In 1966, when newly minted Markle Scholar in Academic Medicine **Thomas Piemme** (MD '58) attended his first meeting of the Markles, he heard the term physician assistant (PA) for the first time. He was intrigued. "A lot of what a physician does, doesn't require a physician," the former Pitt assistant chief of medicine (1966–1970) says with a laugh. "The idea of a trained person who could assist the physician—in taking a history, doing a physical, entering orders, doing procedures [putting in an IV line, for example]—made great sense to me." In 1972, Piemme launched a PA training program at George Washington University, then one of only a handful of its kind. Today there are 156 programs and more than 80,000 practicing PAs—who are helping to cover the staffing shortage caused by the 80-hour workweek limit for residents, Piemme notes. He played a key role in establishing the National Commission on Certification of Physician Assistants. He's now coauthoring a history of the rise of PAs.

'70s

As a geriatric specialist, **Judith Black** (MD '74, Geriatric Fellow '87) has seen that, all too often, patients' wishes regarding end-of-life care aren't made clear to their family members. For decades, Black, clinical associate professor of medicine at Pitt and medical director for senior markets at Highmark, has been working with Pitt's Robert Arnold, the Leo H. Criep Professor of Patient Care and professor of medicine, on advance-care-planning. They've pursued various projects, including cofounding the Coalition for Quality End-of-Life Care. Black also led an effort called POLST (Pennsylvania Orders for Life-Sustaining Treatment), which produced a form that turns patients' treatment wishes into medical orders. In October 2010, Black saw a dream realized when POLST was adopted by the Commonwealth of Pennsylvania.

Dennis English (MD '76), vice president of medical affairs at Magee-Womens Hospital of UPMC, and his wife, Denise English, a Pittsburgh physical therapist, have led several teams to remote Haiti. Through the years, Dennis English, an ob/gyn, has taught midwives and nurses patient care, and the teams he has traveled with built homes and schools and established a medical clinic in Lacroix, Haiti. Helping to build self-sustaining medical resources in these areas has yielded "tremendous Haitian support," he says. Back at Magee, Dennis English helped establish the Dan Berger Cord Blood Program.

In **Jerry Collins'** (Pharmacology PhD '79) field, the research is just beginning to scratch the surface. He studies the largely misunderstood neurophysiological mechanisms of itch and its behavioral responses—a strange research interest, it may seem to some. However, "the reality is that itch is a profound clinical problem that a lot of people don't hear about," Collins says. "There's a fair overlap between the sensation of pain and the sensation of itch. The fibers may, in fact, be the same, and there may even be cross-talk between some of the systems so one can be interpreted as the other," he adds. Collins is a professor of anesthesiology at Yale University. He is also a consultant for the National Institutes of Health Office of Laboratory Animal Welfare. In that role he educates the research community about regulations regarding the ethical treatment of lab animals.

'80s

On **Ann McGaffey's** (Family Medicine Resident '83) desk is a photo of her after a rugby match, her nose bleeding, her forehead bandaged. She's brave in her day job, too, where she focuses on childhood health literacy, including obesity prevention and (gulp) sex education.

In 2007, McGaffey collaborated with Kristin Hughes, associate professor in Carnegie Mellon University's School of Design, who created Fitwits (www.fitwits.org), an interactive online tool that uses games and imaginative characters (McGaffey's favorite is "Elvis Pretzley") to make health ed fun. In East End schools and at Bloomfield-Garfield Family Health Center, where McGaffey is medical director, she's using Fitwits to teach kids about nutrition, portion control, and healthy cooking, as well as the birds and the bees. The project has been instrumental in improving the dialogue between

PETER ELLIS: LESS IS MORE

There's an awful lot of duplication in cancer treatments. For metastatic lung cancer alone, there are 38 distinct recommended chemotherapy regimens. How on Earth is a doc to know which to choose for a given patient?

"We said, 'Boy, we could really do ourselves a favor if we narrowed that down to the most effective regimens,'" says Peter Ellis (MD '85), director of the medical oncology network for UPMC Cancer Centers and associate professor of medicine at Pitt. "'And if there's more than one most-effective regimen, let's pick the one that's the least toxic to the patient. And if there are multiple most-effective, least-toxic regimens, let's pick the one that's most cost effective—for the patient, for the cancer center, and for society.'"

That, in a nutshell, is the idea behind Via Oncology, a new subsidiary of UPMC. Since 2004, Ellis has led a team at UPMC Cancer Centers in a massive effort to arrive at the ideal "pathway"—the surest, most tolerable, and least costly option—for every state and every stage of disease, and did this for 13 separate diseases. Each pathway was determined by a committee of disease-specific expert physicians, which was co-chaired by a community clinician and physician-scientist. All of UPMC's 110 oncologists were invited to join in on the effort to comb through the literature for the strategies that would best fit each unique

MARY JANE BENT

doctors and patients on this formidable subject matter, McGaffey reports.



MEGAN MCGREEVY

LAISSEZ LES BON TEMPS ROULER!
As part of Alumni Weekend 2011, the Class of 1961 boarded Pittsburgh's *RiverQuest* for a private cruise and a concert by Dixie Doc and the Pittsburgh Dixieland All Stars. Unfortunately, because of strong currents, the boat never left the dock, but the Doc (a.k.a. Richard Paul, MD '61—that's him on the cornet) and his crew still made a splash. Catch an encore at the Allegheny Elks Lodge on Pittsburgh's North Side, where they play once a month (schedule at www.dixiedoc.com).

'90s

Cervical cancer is far more prevalent in the developing world than in the United States. The hospital in Tegucigalpa, Honduras, for example, treats 60 cases a day. Among these, many are curable, but unfortunately, surgeons who are trained to treat them are in very short supply. Many follow career opportunities abroad, not only because they can make a better living, but because they are frustrated by the lack of technology at their disposal, says **Frederic Price** (Obstetrics and Gynecology Resident '90). "You can try to solve this problem by sending all the money and equipment you want, but if there's no trained manpower, it's not going to work." Price, chair of the Society of Gynecologic Oncologists International Network, has organized a training program for surgical residents in Tegucigalpa. To date, he has made six trips there. He plans to launch a similar program in Ethiopia this December. "We're trying to train indigenous doctors in the hopes that they will stay and work to solve the problems in their own country," he says.



Price (right) with colleague Linus Chang of New York in Honduras.

Throughout his career, **Steven Roy Daviss** (Psychiatry Resident '93) has worked to educate people about psychiatry. "I do often get a sense that people, even other physicians and health professionals, don't really understand it," says Daviss, chair of psychiatry at Baltimore Washington Medical Center and a clinical assistant professor at the University of Maryland School of Medicine. "It's not Hannibal Lecter, and it's not Frasier Crane, and all the media images that people have." Recently, Daviss and two of his colleagues, psychiatrists Dinah Miller and Annette Hanson, coauthored *Shrink Rap*, which aims to demystify psychiatry for both lay and professional audiences. The book is based on the team's popular blog of the same name, which gets thousands of hits per day, as well as their podcast, which is online at MyThreeShrinks.com.

As director of Pitt's Biomedical Informatics Training Program, **Rebecca Crowley** (MD '94) oversees some 30 core faculty, 50 affiliated faculty from 25 University departments and centers, and 40 grad students. Plus, she adds casually, she "teaches and all that stuff, too." The associate professor of biomedical informatics, intelligent systems, and pathology has taught post-graduate classes for 10 years. Recently, she was awarded two American Recovery and Reinvestment Act supplements to support new students, faculty, and course offerings.

Crowley's research interests include using technology to develop teaching tools and information systems for research. She's working on several federally funded projects, including Cancer/Text Information Extraction Systems (a highly detailed, anonymous, patient-report system for biomedical researchers) and SlideTutor (an intelligent tutoring system that guides new pathologists through their training).

'00s

At Pittsburgh's Hilltop Community Healthcare Center, pediatrician **Amy Nevin** (Pediatric Resident '02) is making a difference for children in the economically disadvantaged neighborhoods hidden in the hills above the city's South Side, where 90 percent of her patients are on Medicaid. She educates groups about the dangerously high lead levels she sees among her patients and has even advocated to have dilapidated buildings demolished. "I'm like a country doctor in the middle of the city," she says. "Personal presence and relationships carry a lot of weight." **Barbara Ayars** (MD '86), Nevin's residency mentor at Wilkinsburg Family Health Center, greatly influenced her. "She taught me to look outside of the office to see how poverty and physical and psychiatric illness around a child affect that child's health."



Nevin

—Brian Connelly, Megan Kopke, Marc Melada, Elaine Vitone, and Alexis Wnuk



Ellis' initiative helps doctors care for cancer patients.

patient subpopulation.

Ellis says this program has been shown to slow the rise in the cost of cancer care in the region. And in a recent internal review, UPMC Cancer Centers found that the hospitalization rates in their breast cancer patients were actually reduced, though survival rates stayed the same. "Because we're not giving people a toxic regimen they shouldn't get," says Ellis.

Each center uses a common Intranet system designed especially for UPMC, which has built-in features designed to make oncologists' jobs easier, like flagging patients for genetic testing to determine whether certain drugs are safe for them. Several practices across the country have purchased the system. "We've had the compliment of people wanting to copy us," says Ellis. "Dana-Farber called and said, 'How'd you do this?' and the Mayo Clinic called and said the same thing." *—Elaine Vitone*

YOU NEVER WRITE ...

We want to hear your news: career advancements, honors you've received, volunteer work, publications, and we love to hear old Pitt memories.

To get us your news, drop us a line at medmag@pitt.edu or see our postal address on the inside front cover.

SEYMOUR M. ANTELMAN

OCT. 27, 1938–JUNE 10, 2011



Antelman

Perhaps the most enduring contribution of Seymour "Sy" Antelman is his study of dopamine systems in normal and abnormal behavior. Prior to the PhD's 1975 *Science* paper, the only known function of the neurotransmitter was movement. Antelman, a Pitt professor emeritus of psychiatry, died in June.

Using an animal model of unexpected stimulus (a pinch on the tail), Antelman found that the resulting increased dopamine-system activity heightened the animal's response to biologically important aspects of its environment (e.g., food, threat, offspring). "What changes is your outlook," says Henry Szechtman (PhD '75), professor of psychiatry and behavioral neurosciences at McMaster University in Hamilton, Ontario, who worked with Antelman as a graduate student. "You need dopamine not just to move but also for things to be interesting. Without it, you can't assess and appraise." This finding helped elucidate the relationship between mental illness and stress.

Later in his career, Antelman focused on Time Dependent Sensitization (TDS)—a model in which the effects of drugs and of stress increase as time progresses—which stirred controversy. But Antelman enjoyed a good argument, Szechtman says of his old, vertically gifted friend. "Tall trees catch more wind." —*Elaine Vitone*

B. FRANKLIN DIAMOND

JAN. 30, 1942–MAY 17, 2011



Diamond

B. Franklin Diamond (MD '67, Res '69) established the Stroke Center at Abington Memorial Hospital, the first Joint Commission-certified stroke center in Pennsylvania. He also created the Diamond Stroke Tool, a protocol to help EMTs recognize strokes in the field and deliver the best pre-hospital care. Diamond himself succumbed to a stroke in May at the age of 69.

"Frank was way ahead of his time in terms of realizing the importance of stroke centers and in terms of rapid treatment, which is so critical to the success of treating a patient with a stroke," says David Eskin, an MD, former chief of staff at Abington Memorial Hospital, and a close friend of Diamond.

Prior to joining the staff at Abington in 1974, Diamond served in the U.S. Air Force for two years as chief of neurology at Sheppard Air Force Base in Texas. From 1993 to 2007, he was Abington's chief of neurology.

Eskin frequently referred patients and family members to Diamond; he saw the neurologist as intelligent, creative, and compassionate. He was the "kind of person that I wanted to take care of a member of my family," he says.

—*Alexis Wnuk*

IRENE JAKAB

JULY 15, 1919–JUNE 18, 2011

In 1974, Irene Jakab launched Western Psychiatric Institute and Clinic's (WPIC) John Merck Program for children with intellectual disability and co-occurring psychiatric disorders. Today, Merck is part of a continuum of WPIC services for dual-diagnosis patients throughout the life span—the only program with this distinction, notes John McGonigle, assistant professor of psychiatry. An early recruit of WPIC director Thomas Detre, a fellow Hungarian, Jakab directed child psychiatry at Pitt throughout the '80s and developed a training program on dual diagnosis that was attended by physicians from around the world. As an emeritus professor, in 1989 she returned to Massachusetts—she'd held an academic position at Harvard since 1966 and was still a lecturer there at the time of her death.

Among her devoted old "Mercky" friends, Jakab is sorely missed. She supported patients' interest in art and Special Olympics. She threw grand holiday parties—think live Christmas tree adorned with lighted candles and Hungarian candy. (McGonigle stood by with the fire extinguisher.) She encouraged professional development in every level of her staff. "Susan," she asked mentee Susan Glor-Scheib in her thick accent, "you *will* go get your doctorate someday, won't you?" Glor-Scheib is now professor of special education and clinical services at Indiana University of Pennsylvania. —*EV*



Jakab

KALIPATNAPU N. RAO

MARCH 7, 1937–JULY 4, 2011



Rao

Even after retiring from Pitt's pathology department in 2004, Kalipatnapu N. Rao, a PhD, maintained his interest and work in clinical and forensic toxicology, chiefly in writing a textbook, *Forensic Toxicology: Medico-legal Case Studies*, which he finished just a few weeks before his death in July.

The longtime pathology professor and native of India came to Pitt in 1971 as a research associate. In 1989, he became chief of toxicology in the Division of Clinical Chemistry, a position he held for 15 years. He also served as the director of the laboratory group for Toxicology and Therapeutic Drug Monitoring for UPMC Presbyterian and Children's Hospital of Pittsburgh of UPMC.

Beyond his highly respected research in pancreatic carcinogenesis and the management of patients with toxins exposure, Rao will also be remembered as a great listener. He preferred to discuss clinical and scientific topics with colleagues and students over a cup of tea, says Mohamed Virji, an MD/PhD and pathology professor. Rao recognized the importance "of getting individuals away from the busy laboratory environment so that issues could be addressed objectively," he says. —*AW*

IN MEMORIAM

'40s

EDWIN BAYLEY BUCHANAN, MD '47
APRIL 23, 2011

'50s

JOHN H. WILKINSON MD '50
FEB. 2, 2011

E. DAVID CHERUP MD '51
NOV. 23, 2010

ROBERT E. SCHNEIDER, MD '54
MARCH 26, 2011

HAROLD W. SLONE MD '55
JUNE 10, 2011

MICHAEL R. ZERNICH MD '57
JUNE 1, 2011

DONALD H. QUINT MD '59
MAY 5, 2011

'60s

ROBERT J. DONOVAN MD '60
JUNE 17, 2010

CHARLES PAUL GENNAULA MD '63
NOV. 7, 2010

ROBERT GOLDWYN FEL '63
MARCH 23, 2010

SAMUEL C. MINES MD '63
APRIL 8, 2011

'70s

ROBERT JENKINS JR. MD '70
JUNE 13, 2011

'80s

DAVID SERVAN-SCHREIBER RES '87
JULY 24, 2011

FACULTY/STAFF

ARTHUR PHILLIPS JR.
APRIL 24, 2011

GEORGE F. THIERS
JUNE 9, 2011

BROCKTON HEFFLIN BRINGS NAMING RIGHTS TO THE MEDICAL ARENA

BY SHARON TREGASKIS



FRANK HARRIS

What's in a name? Hefflin builds a taxonomy for safety.

In the Biblical account of creation, Adam named the animals of the Earth in a single day. Eighteenth-century Swedish botanist Carl Linnaeus, the father of modern taxonomy, spent more than two decades cataloguing both plants and animals for his *Systema Naturae*. Medical epidemiologist Brockton Hefflin (MD '90) has spent the last 14 years creating a taxonomy of another sort—a searchable, online catalog of medical devices.

As a Washington, D.C.–based medical officer in the U.S. Food and Drug Administration, Hefflin serves as cochair of the expert team overseeing the Global Medical Device Nomenclature (GMDN) project, an international effort to create a standardized system for naming and categorizing all medical devices—from acupuncture needles to prosthetic toe joints.

"Medical devices reach the borders of all countries now," says Hefflin, noting that patient care often involves treatment with items designed and manufactured overseas. "It's important to be able to identify devices in the post-production arena. Approval [in the United States, by the FDA] takes place with a clinical trial, but we need to perform post-market surveillance after a device is approved. Having a standardized nomenclature helps to facilitate that."

Launched in the early '90s by European Union officials hoping a shared vocabulary would ease the reporting and tracking of safety data and adverse events among member countries, the GMDN has grown to contain 20,000 preferred terms (e.g., *polydioxanone suture*), each with an associated code and definition, as well as more than 1,000 collective terms (e.g., *suture* and *bioabsorbable*). Already, the database has been translated into more than 25 languages, including every official tongue of the European Union.

Perhaps the most challenging element of Hefflin's work with the GMDN has been developing the intellectual framework to accommodate thousands of existing medical devices—all regularly modified by their manufacturers—as well as those yet to be invented. "We're constantly editing the terms," says Hefflin.

He and cochair Alan Fields, a British engineer, review 30 applications for new terms every month, with help from a committee comprised of an in vitro–diagnostics expert from Australia, a radiological-device expert from the Netherlands, and a U.S.-based cardiovascular-device expert from Ghana.

Hefflin, a 48-year-old Pittsburgh native—whose travels as a volunteer medical missionary have included stints in Guatemala, Haiti, and throughout Africa—credits two mentors with putting him on the path his career has taken.

His father, Charles Hefflin (MD '74), a lifelong learner who worked as a microbiologist and then a dentist before becoming a family physician in Shadyside, urged his son to enroll at Pitt for an MD. While the elder Hefflin was a clinician "par excellence," in his son's words, the younger Hefflin—intrigued by medical anthropology and international health care—was ambivalent about clinical work; still, he took his father's advice.

After completing his MD, he enrolled in the Centers for Disease Control and Prevention's Epidemic Intelligence Service (EIS) post-graduate program.

His EIS training assignments included investigations of the health effects of the fuel additive methyl-tertiary-butyl-ether in Alaska, seasonal dust storms in Washington State, and exposure to mercury in latex exterior paint used by professional painters in California's Bay Area.

Hefflin recalls how Pitt's former dean of students Fred Rubin, an MD, pointed him toward the EIS:

"He recognized that my interest went beyond anatomy and physiology." ■

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