CLASS NOTES

‘60s In the world of clinical trials, the status quo was shaken up a bit a few years ago, when University of Pittsburgh Trustee Catherine DeAngelis (MD ’69), the editor-in-chief of the Journal of the American Medical Association, and others on the International Committee of Medical Journal Editors (ICMJE) jointly decided that they would not publish reports of trials that withheld information from public view and failed to register with a public database. Federal law had long mandated that trials be registered in this way, but the law had never been enforced. DeAngelis and the ICMJE had, in effect, declared themselves the enforcers of this rule by pledging to deny publication to studies that came up short in the disclosure department. A recent New England Journal of Medicine editorial pointed out that only 8 percent of the nearly 3,000 pharmaceutical-industry registrations in the clinical trials registry from 2006 were missing outcomes information, compared to 26 percent of the more than 5,000 registrations before 2006.

‘80s Barbara Mittleman spent several years organizing youth programs in European community centers before switching gears and attending medical school. Mittleman (MD ’86, Internal Medicine Resident ’89, Rheumatology Fellow ’91) is the director of the program on public-private partnerships at the National Institutes of Health (NIH), working to leverage the resources and expertise of the NIH in synergy with a wide variety of for-profit and not-for-profit partners. Currently, she is the principal investigator on a large research project looking at health disparities in rheumatic diseases. The study is sponsored by the National Institute of Arthritis and Musculoskeletal and Skin Diseases, and it is based out of a novel community-based research clinic in Washington, D.C., that cares for many underserved and minority patients. She also chairs an international effort to identify and validate biomarkers for systemic lupus erythematosus.

The first patient Rosalind Ramsey-Goldman (Rheumatology Fellow ’86) cared for during her fellowship was pregnant—her fetus had a slow heartbeat caused by an antibody in the mother’s blood. The mother had lupus. Prior to the 1980s, women with lupus were told it was dangerous to get pregnant. This was when University of Pittsburgh Trustee Dave Shulkin’s (Internal Medicine Resident ’89, Internal Medicine Fellow ’90) colleagues were doing their rotations in oncology or cardiology, he was completing his at Blue Cross of Western Pennsylvania. “At that point, physicians really didn’t have an administrative track, so having an internal medi-
When someone backed out of Pitt’s program at the last minute, Robb (Plastic Surgery Resident ‘85, Microsurgical and Hand Surgery Fellow ’86) was accepted. His last-minute entrance has more than panned out. For 10 years, he has been professor and chair of plastic surgery at the University of Texas M.D. Anderson Cancer Center in Houston, which is among the largest plastic surgery groups at any cancer center in the world. All 14 faculty surgeons are experts in microsurgical reconstruction to restore form and function to cancer patients.

In the operating room, Robb specializes in breast, head, and neck reconstruction. He describes his administrative specialty as “herding cats.” The latest example of his herding skills: The tissue engineering initiative he and others have long fostered in M.D. Anderson’s plastic surgery department has taken on a life of its own, becoming a fully fledged Department of Bioengineering. —Chuck Staresinic

"70s" Jamie Calabrese (MD ’91), medical director of The Children’s Institute of Pittsburgh, codirects a new pediatric cardiac recovery program for children who require heart surgery. She and her colleagues are trying to improve the quality of life for these children and their families through neurodevelopmental assessments before and after surgery. Calabrese hopes this program (the only one like it in the world, she says) will redefine the standard of care for kids with heart disease. Another new venture at The Children’s Institute is a treatment program for chronic pain for children with reflex neurovascular dystrophy; these children’s muscles appear to be oversensitized, and they have pain out of proportion to their original injuries. The therapy includes overexercising them through five to six hours of physical and occupational therapy per day and supporting that with a therapy program to learn pain control methods. Calabrese was recently nominated to the American Academy of Pediatrics Committee on Hospital Portraits before and after surgery. Calabrese hopes this program (the only one like it in the world, she says) will redefine the standard of care for kids with heart disease. Another new venture at The Children’s Institute is a treatment program for chronic pain for children with reflex neurovascular dystrophy; these children’s muscles appear to be oversensitized, and they have pain out of proportion to their original injuries. The therapy includes overexercising them through five to six hours of physical and occupational therapy per day and supporting that with a therapy program to learn pain control methods. Calabrese was recently nominated to the American Academy of Pediatrics Committee on Hospital Care (which determines standards of care for hospitalized children). She hopes to elevate the profile of rehabilitation in the academy.

Aviva Abo sch (MD/PhD ’93) implants silicon-coated electrodes deep into the brains of her patients with essential tremor, Parkinson’s disease, and dystonia—a rare movement disorder. (You can picture the symptoms of dystonia as trying to bend your arm if your biceps and triceps contract at the same time. Imagine that type of problem throughout the body.) These implanted “deep brain stimulators” cause muscle tremors to abate and movement to return to normal. It is uncertain exactly how the electrical stimulation resets the brain activity, but if the stimulator is turned off, the motor symptoms return. Abo sch, assistant professor of neurosurgery and director of epilepsy and functional stereotactic neurosurgery at the University of Minnesota, plans to figure out how to fine-tune the electrical stimulation for a patient’s disease—currently the stimulator must be on 24 hours a day. With this technology, she envisions helping patients with severe dystonia by stopping their seizures with surgery. “You can potentially give them independence and allow them to move easily and hold down jobs,” she says.

If it aggravated your chronic pain, would you stick with a physical therapy program designed to benefit you in the long-term? In her research, Akiko Okifuji (Clinical Psychology Intern ’93, Psychiatry Fellow ’96) challenges sedentary fibromyalgia patients to do that, with the help of a behavioral preparation program to keep them motivated. Okifuji, associate professor of anesthesiology at the University of Utah, and her team are trying to understand the pathology of chronic pain caused by fibromyalgia and discover a successful treatment. Okifuji sees patients in the university’s pain management center.

Bert O’Malley Jr. (Head and Neck Oncology and Cranial Base Surgery Fellow ’95) codeveloped transoral robotic surgery (TORS) with Gregory Weinstein at the University of Pennsylvania. The system is made up of a mechanical robot with four arms—one arm has an endoscope to view the site more closely than human vision allows, and the others have instruments that allow the surgeons to operate in tight spaces with “miniature hands.” O’Malley, professor and chair in the Department of Otorhinolaryngology at Penn, and vice chair Weinstein have together removed head and neck cancers through the mouth, developing new techniques and procedures as they go. The reduction in surgical time (one to two hours for TORS versus six to 12 for standard open surgery), smaller incisions, fewer complications, and reduced bleeding are encouraging them to push further, developing instrumentatation and techniques for skull-base surgeries (behind and above the eyes to the brain). Because these are new techniques not yet FDA-approved or available at other centers, all of these procedures are part of a clinical trial.

90s One man’s kidney was destroyed by a gunshot. That same night another man punctured his bladder in a car accident. Both men ended up in the operating room when Damian Sorce (MD ’02), a third-year urology resident at the University of Colorado, was on call. These rare urologic traumas were valuable learning experiences for the doctor (and ultimately both patients recovered). Sorce spent two years in general surgery residency at Cornell University. His interest in urology began there. It really took off when he observed urologists performing donor nephrectomies—removing a kidney from a living donor—then assisted the general surgeons as they transplanted the organ to a patient. Urology has allowed Sorce to pursue his dream of becoming a surgeon, he says, while offering a work schedule that enables him to spend lots of time with his young son.

Katie Kwiatkowski (MD ’04) chose a residency in internal medicine in large part because of her participation in the Women’s Health Area of Concentration as a Pitt med student. Kwiatkowski realized during her outpatient clinic that she gravitated toward the patients with psychological problems and wished she could do more to help them. Today you can find her at Allegheny General Hospital as a third-year psychiatry resident.

—Katie Hammer & Chuck Staresinic
THE WAY WE ARE
CLASS OF '82

Carol Krupski (MD '82, Res '85), likes to think that the Class of 1982 was the “most in shape” class of its era. Back when the curriculum had students in the classroom for two straight years before they saw any patients, Krupski encouraged more than half of her classmates to work out at Trees Hall during their 90-minute lunch break. Krupski now specializes in obstetrics and gynecology and is president of the medical staff at Magee-Womens Hospital of UPMC. And though she can’t get into Trees Hall all since she gave up her student ID, Krupski says that she continues to work out faithfully, including playing squash, which she learned as a med student with classmate Dante Landucci.

Landucci (MD '82) lives in Greenville, N.C., where he seems to be collecting titles. He currently has four: assistant clinical professor of medicine at East Carolina University, clinical decision support coordinator for information systems (he is creating integrated medical records for all patients at his hospital), medical director of nutrition support (coordinating IV and tube feeding), and medical director of a LTACH program (long-term acute hospital care for people who need more medical attention than a nursing home and a longer stay than a 30-day hospital visit). The latter three positions are all at Pitt County Memorial Hospital. He is collaborating in research investigating long-term survival of patients who require ventilator support for more than 10 days.

April Dworetz (MD ’82, Res ’85, Fel ’86) stayed in Pittsburgh for a pediatrics residency and a pulmonary research fellowship at Children's Hospital of Pittsburgh. She finished her training with a National Institutes of Health fellowship in neonatology at Yale University. She is now a neonatologist and assistant professor of pediatrics at Emory University in Atlanta, Ga. She says she loves taking care of babies, because “they don’t ask back.” Dworetz investigates some of the parent/infant interactions that can help profoundly ill newborns in the NICU improve faster, go home sooner, and be healthier after they've been discharged.

Marrick Kukin (MD '82) directs the congestive heart failure program at St. Luke's Roosevelt in New York City and is a professor of clinical medicine at Columbia University College of Physicians & Surgeons. His current clinical trial evaluates the effects of beta blocker dosages after placement of a pacemaker in heart-failure patients. Beta blockers have been shown to reduce patients' morbidity and mortality. This study evaluates the combined effects of electrical resynchronization therapy and optimal beta-blocker dosing.

His classmate Krupski may be onto something about that fitness thing. Kukin fondly remembers spirited softball matches during his med school years, as well as the cold pints that followed. —KH

WILLIAM F. DONALDSON JR.
MAY 12, 1921 – NOV. 22, 2006

William F. Donaldson Jr. (MD '43, Res '50) started many a Saturday by loading a few of his four children into the car and driving to Children’s Hospital of Pittsburgh to do rounds. The orthopaedic surgeon was treating children with scoliosis then. He corrected the curvature of their spines, and he often got to know the children and their families as well as they spent a few months in casts at the hospital.

His son, William Donaldson III, played with his dad’s patients on those rounds and is now a Pitt associate professor of orthopaedic surgery and of neurological surgery.

After the elder Donaldson died in November, cards and letters began to arrive in the mail. By mid-December, his son estimated there were about 60. Each writer seemed to say the same thing: You don’t know me, but I need to tell you how important your father was. Most talked about how spinal surgery had dramatically changed their lives when they were children.

Donaldson was medical director of Children’s Hospital for 13 years. In retirement, he served on Children’s Board of Trustees and was an emeritus trustee of the University of Pittsburgh. He was also a Distinguished Clinical Professor in the med school.

EVA ANNE “EV” VOGELEY
JAN. 29, 1950—DEC. 27, 2006

Eva Anne Vogeley, who spent 20 years as an emergency room physician at Children’s Hospital of Pittsburgh, died in December. A 1975 graduate of the University of Pittsburgh School of Medicine, Vogeley also earned a law degree from Duquesne University (she took classes at night), and a Master of Divinity from the Pittsburgh Theological Seminary.

She was also a musician and photographer. “She was voraciously interested in everything,” says Richard Hurst, her photography teacher at the Pittsburgh Center for the Arts, with whom Vogeley traveled the Rust Belt chronicling industrial decay.

Vogeley chaired the Human Rights Committee at Children’s, served on two Institutional Review Board committees, and mentored medical students in research and pediatric emergency care, says colleague Willa Dean Lowery (Res ’68).

“In whatever she did, she was guided by a supreme sense of justice and fairness and the right of all people to be treated with decency,” Lowery says, recalling the tender manner in which Vogeley treated the harried, worried, and, sometimes, grieving parents of her patients. —Joe Miksch
When a woman is expecting a baby in America, her name somehow ends up on a list. And while she's knitting booties and painting the nursery, free samples of disposable diapers and baby formula start arriving in the mail. There's often more swag waiting in her hospital room after the birth, such as a diaper bag with more free formula samples.

"That's not by accident," points out Todd Wolynn (MD '92). "There are billions of dollars out there, and they're all aimed at getting kids to use formula because it's a huge moneymaker."

Wolynn, a pediatrician, is unusually well-versed in the economics of breast-feeding. He's also familiar with the obstacles facing women who want to breast-feed—the ubiquity of formula, the sexualization of the breast, and the general loss of a culture in which breast-feeding is the unquestioned norm and mothers, aunts, sisters, and neighbors provide support for new moms.

Wolynn's group practice in Pittsburgh's Greenfield neighborhood goes to great lengths to help breast-feeding mothers. Five doctors (soon to be six) in the practice, including Wolynn, are certified lactation consultants. In August 2006, they opened the Breastfeeding Center of Pittsburgh and hired four nonphysician lactation consultants. As of this January, they operate a freestanding office in Squirrel Hill with room enough to hold classes for 20 to 30 people and two lactation consultation rooms.

It's an unusual model for a pediatric practice. Pediatricians are experts in children, not grown women, and breast-feeding generally falls outside their realm of expertise.

Women who encounter trouble breast-feeding may see a lactation consultant, but this often involves a return to the hospital. The visit is rarely covered by insurance. But all babies should visit the pediatrician in the first days out of the hospital—which is also when most lactation issues must be addressed if mothers are going to breast-feed successfully. So, Wolynn says, it's only natural that pediatricians should help with breast-feeding.

Plus, he says, it's not that hard to make a difference. Wolynn estimates that 75 to 90 percent of the issues that bring women from as far away as Ohio and West Virginia to see him and his partners—who include Albert Wolf (MD '97) and Nancy Brent (Res '82)—are related to the latch where the mother's breast meets the infant's mouth. Many breast-feeding difficulties can be resolved with one visit, while others will require follow-up visits. It's an incredibly fulfilling experience, he says: "Women come in with pain, or significantly distraught, and to be able to show them a couple of little, easy things about how to latch better, and how to tell when the baby is on and nursing well ... It's a really cool thing to make such a difference on such an important thing without having to order lab work and get a surgeon or something like that."

Wolynn is also working on a master's degree in medical management at Carnegie Mellon University; his pet project is to develop a breast-feeding business model that could be applied nationally.

"I'm not deluding myself thinking that I'm changing the world," he says. "But if I can help create a model where pediatricians, at least from a business standpoint, aren't afraid to get directly involved ... then they may feel more comfortable and can be more supportive of breast-feeding."