‘50s When Roland Nord started practicing medicine in New Castle, Pa., he would get a call in the middle of the night if one of his patients ended up in the emergency room. It was his job, as a family physician, to go to the ER and care for his patients. That changed long ago with the advent of the ER physician. But Nord (MD ‘55) is still practicing in New Castle, more than 50 years after graduating from medical school. A grateful patient of 38 years noted the milestone in 2005 and alerted the local newspaper, which promptly sent a reporter to Nord’s office. In a warm response his work receives, it is occasionally too familiar. Patients and neighbors might show up on his doorstep for last-minute physicals or cold remedies. He laughs about conducting at least seven basketball physicals for young athletes in his living room. Through his service work in the community—cleaning parks and supporting a drug awareness program—he met an even more recognizable and much-loved denizen of Greenfield: local pol Bob O’Connor, who would become Pittsburgh’s mayor and his patient. O’Connor died of cancer last year, less than one year into his first term as mayor. Bernacki says his experience in Pitt’s family practice residency prepared him to deal with the psychological states that patients and their families experience during illness and at the end of life.

‘90s When the radio crackled and the operator said that there was a car over the mountainside, David Sherwood (MD ‘90), a family practice physician in rural Colorado, knew that the driver probably needed treatment as soon as possible. Sherwood arrived first at the scene of the accident. He saw an overturned car about 500 feet down the mountainside, so he grabbed his jump kit and roped down. After reaching the car and finding it unoccupied, he began to search the nearby brush, eventually finding a woman, splayed on a rock, unresponsive. She had been lying there 12 hours. Sherwood stabilized her before the mountain rescue team arrived with a helicopter to transport her to the nearest trauma center, about 110 miles away. (She later recovered.) Sherwood is one of three doctors for a clinic—which he owns—that treats about 3,000 people in the San Juan Mountains of Colorado. Serious car accidents like this occur about every other month, says Sherwood, medical director of Ouray County Search and Rescue. His clinic is about 30 miles from the nearest hospital. If a patient can’t pay, Sherwood has been known to

CLASS NOTES

While reading a magazine in 1999, critical care specialist Martin Doerfler (MD ’82) learned of a few Johns Hopkins professors who were ICU innovators. The following year he joined their fledgling company, VISICU, and is now a vice president for clinical operations there. The company’s eICU solution program combines information technology and staff training to reduce mortality and mistakes in the ICU.

Since completing his residency at UPMC Shadyside, Bernard Bernacki (Family Practice Resident ‘84) has treated patients in the Greenfield neighborhood of Pittsburgh, which is his home. Although he enjoys the warm response his work receives, it is occasionally too familiar. Patients and neighbors might show up on his doorstep for last-minute physicals or cold remedies. He laughs about conducting at least seven basketball physicals for young athletes in his living room. Through his service work in the community—cleaning parks and supporting a drug awareness program—he met an even more recognizable and much-loved denizen of Greenfield: local pol Bob O’Connor, who would become Pittsburgh’s mayor and his patient. O’Connor died of cancer last year, less than one year into his first term as mayor. Bernacki says his experience in Pitt’s family practice residency prepared him to deal with the psychological states that patients and their families experience during illness and at the end of life.

‘80s When Leslie Kahl (Internal Medicine Resident ’81, Rheumatology Fellow ’83) returned home after rounds during her residency, she often stayed up late into the night reading about rheumatic diseases. She found more questions than answers, making the specialty intriguing. As a rheumatologist today, she says she tries to listen closely to what patients say about their painful, sometimes debilitating diseases. She served as an assistant professor of medicine at Pitt in the 1980s. Now, as a professor of medicine and associate dean for student affairs for the medical school at Washington University in St. Louis, she finds her listening skills come in handy when she meets with students.

MARTIN SPRINGER

PUMP UP THE GAMOW BAG

Martin Springer (MD ’82) wants all his classmates to know: If you are ever in China, you really ought to look him up.

Rather than settling down and starting a family, Springer long ago opted for packing his bags and starting a family.

At the University of Chicago, he completed the emergency medicine residency he began at Pitt. He later worked at the Chicago Medical School’s teaching hospital on the boundary of competing gangs. “We saw a lot of trauma,” he writes of the six years he was in Chicago, “some of it inflicted in the ER waiting room.”

During those years, Springer took two four-month breaks to work in Nepal, caring for locals and tourists. At the clinic near Mount Everest, he and his colleagues introduced the Gamow Bag, a portable, hyperbaric chamber used to treat altitude sickness. Filled with air by a pump used to inflate a raft, it looks like an inflated duffle bag big enough to hold a person, and it’s now standard issue on high-altitude expeditions.

A few years later, Springer relocated to Kathmandu with his wife and son and joined the staff of the CIWEC Clinic Travel Medicine Center, which cares for tourists, expatriates, and members of the diplomatic community. There he saw infectious diseases from
Sherwood grabs his jump kit and disappears down the mountain.

accept elk steaks or other services as payment.

Anita Courcoulas (General Surgery Intern ’89, Surgery Resident ’95, Pediatric Surgery Fellow ’96, Minimally Invasive Surgery Fellow ’00) leads Pitt’s Division of Minimally Invasive Bariatric and General Surgery. Courcoulas studies the outcomes of bariatric surgery through several National Institutes of Health grants. Because of several common side effects—including nausea, dehydration, mood change, hair loss, and excess skin—she says it’s important that researchers continue to delve into these areas. She serves as principal investigator on a longitudinal study of bariatric surgery in children. The methodology paper on the study came out in April.

During his residency at Magee-Womens Hospital of UPMC, Richard Legro was inspired by David Guzick, Magee’s director of the Division of Reproductive Endocrinology at the time, who shared his love of medical research. When Legro (Obstetrics and Gynecology Resident ’92) published a paper in The New England Journal of Medicine this year examining the common treatments for polycystic ovary syndrome (PCOS), he was pleased to see that Guzick—now dean of the University of Rochester School of Medicine and Dentistry—wrote the accompanying editorial. Legro is a professor of obstetrics and gynecology at Pennsylvania State University in Hershey, Pa.

Levi Downs (MD ’94), assistant professor of obstetrics, gynecology, and women’s health at the University of Minnesota, is glad there is now a vaccine to prevent women from contracting human papillomavirus (HPV), which causes most cervical cancers. But he notes the vaccine won’t help women who already have the virus and are susceptible to cervical cancer. He is investigating ways to shut down the proteins in HPV that cause the growth of new blood vessels that feed tumors. He experiments with RNA interference to stop the mechanism.

Doug Schuerer (MD ’95), an assistant professor of surgery at Washington University in St. Louis, researches a number of common problems that trauma surgeons see there, such as ATV and hunting accidents and blood infections. He has been named medical director of trauma at Barnes-Jewish Hospital and says he enjoys trauma surgery because it allows him to operate on the whole body. In January, he advocated for a Missouri bill proposing fines for drivers who don’t wear seat belts. He and his wife, Nickie Kolovos (MD ’96)—spotlighted in our Fall 2006 “The Way We Are”—expect their first child in July.

—Meghan Holohan & Chuck Staresinic

A Brahman offers blessings to Springer (in blue) before the doctor kayaks down the Kali River along the western border of Nepal.

all over the world, including typhoid, trypanosomiasis, schistosomiasis, malaria, dengue fever, visceral leishmaniasis, and Japanese encephalitis, to name a few. Playtime was also an adventure.

“I was lucky enough to be able to visit many of the remote parts of Nepal, kayak its rivers, and spend time with well-known members of the climbing and adventuring community,” he writes.

Today, Springer is chair of the emergency department in a rapidly growing private-venture hospital in Beijing. His outdoor pursuits now take him to remote Mongolia, where, “Instead of Nepali tea and coconut biscuit, it is alcoholic fermented mare’s milk and dried, rock-hard cheese.”

Where will Springer be in a few years’ time? Good question. He is looking forward to the 2008 Summer Olympics in Beijing. But his son plans to begin college this year in Colorado. Better note Springer’s location in pencil, not ink.

—Chuck Staresinic & Katie Hammer

THE WAY WE ARE
CLASS OF ’97

Sherri-Ann Burnett Bowie (MD ’97) is an instructor of medicine in Harvard Medical School. During her work on her MPH at Harvard, which she earned in 2005, Burnett Bowie noticed that often people with vitamin D deficiencies couldn’t process insulin as well as other people. So she is pursuing a study that will explore the connection between the two disorders. In 2005, she won the Massachusetts General Hospital Physician-Scientist Award and in 2006 she was a Chester Pierce Research Society Speaker at the hospital. Burnett Bowie says the problem-based learning sessions in medical school were great preparation for her work in endocrinology.

Pitt also prepared Devin Brown (MD ’97) for her career at the University of Michigan as a physician-scientist. As medical students, Brown and classmate Teresa Smith (née Jacobs, MD ’97) investigated the prevalence of primitive reflexes in healthy young adults to aid clinical evaluations of neurological disease. These infantile reflexes do not typically persist into adulthood, unlike, say, the sneeze reflex. But they are common in patients with frontal lobe lesions, schizophrenia, and Alzheimer’s disease. In 1998, the duo published their paper in Neurology with the help of former Pitt neurologist Laurie Knepper (MD ’85).

Today as an assistant professor of neurology, Brown studies sleep apnea in stroke patients.

As the training director of the Office of Critical Event Preparedness and Response and assistant professor of emergency medicine at Johns Hopkins University, Ed Hsu (MD ’97) travels throughout the world evaluating medicine and public health problems in disaster-prone areas.

Hsu has worked with physicians and healthcare professionals in many nations, training doctors to handle medical situations following emergencies.

One month after classmate Brian Klatt (MD ’97) completed his tour as an attending orthopaedic surgeon in the U.S. Air Force, he visited Nepal and met some of Hsu’s colleagues who were helping the Nepalese plan for emergency care during earthquakes. Klatt served for five months in a field hospital at Camp Anaconda in Balad, Iraq, north of Baghdad, where he stabilized U.S. soldiers for transport to Germany and performed surgeries for Iraqis. During that time, though there were only three orthopaedists at the camp, more than half of the 1,200 surgeries the doctors performed were orthopaedic.

Klatt now works as a fellow in adult reconstruction at Thomas Jefferson University in Philadelphia. When we spoke with him, he was organizing his class’s events for Medical Alumni Weekend. —MHI
ROBERT BASFORD
AUG. 21, 1923–MAR. 11, 2007

Robert Basford enjoyed life as a scientist so much that it would surprise many who knew him to learn that his formal education nearly came to an end after high school. The North Dakota native told his students that he danced in the street for coins during the Great Depression. As a young man, he was an office manager before starting college. He received his PhD from the University of Washington in 1951 and spent five years on fellowships at the University of Wisconsin, Madison.

His career at the University of Pittsburgh School of Medicine began in 1958, when he joined what was then the Department of Biochemistry. Students and fellows remember him as a hands-on scientist who never hesitated to do the hard work himself or to give credit where credit was due. He was an avid cook and gardener who, with his wife, Carol Phebus-Basford (MD ’68), once invited his lab group over to see his night-blooming cactus. He made important contributions to understanding metabolism in the immune system and in the brain. He was acting chair of his department for four years, beginning in 1976, and retired as an emeritus professor in 1993.

—Chuck Staresinic

ANDREW KEVERLINE
APR. 13, 1974–JAN. 22, 2007

Andrew Keverline was admired as the charismatic doctor who returned from the city to take over his dad’s ophthalmic practice following the elder Keverline’s death in 2002. Then Andrew Keverline (MD ’00, Res ’04) died this winter in a snowmobile accident in northwestern Pennsylvania. He was 32 years old.

Keverline was the fourth in his family to graduate from Pitt’s School of Medicine. He followed his father, Paul Keverline (MD ’69), brother Michael Keverline (MD ’97, Res ’01), and sister-in-law Sharon Keverline (MD ’97, Res ’01).

JAMES A. MAGOVERN
JUNE 8, 1954–MAR. 17, 2007

When James Magovern (MD ’80) was diagnosed with renal cancer in 2003, he put his surgical practice on hold to devote time to his research and his family. Magovern was the principal investigator on a National Institutes of Health study of a left ventricular device. He was also director of cardiac surgery research at Allegheny General Hospital and surgical director of the hospital’s Gerald R. McGinnis Cardiovascular Institute. Two of his research papers were in press at the time of his death. The father of four hails from an esteemed medical family. His father, George Magovern, was an early leader in developing artificial heart valves. Brother George Jr. received his MD from Pitt in 1978. Daughter Megan is currently in medical school.

—CS

CAMPBELL MOSES
FEB. 12, 1917–FEB. 11, 2007

A planned birthday party for Campbell Moses (MD ’41) suddenly became a memorial service, but it remained a celebration of his life. Moses died February 11, one day before his 90th birthday.

Moses earned his undergraduate and medical degrees at the University of Pittsburgh. He was a researcher who took part in the clinical trials of Jonas Salk’s polio vaccine and an associate professor of physiology and pharmacology. He directed and helped build the Addison H. Gibson Laboratory, which re-established live animal research at Pitt.

Moses left Pittsburgh for New York City in 1967 and became the medical director of the American Heart Association. Peers called Moses a gifted communicator and innovative medical educator who used film as an educational tool as early as 1949. After leaving the association in 1973, he was senior vice president for medical services at Medicus, a medical communications agency. He was an enthusiastic Manhattanite, frequently walking his adopted city and reveling in the many restaurants, cafes, and neighborhood shops where he was known by name.

Among the fond memorial service remembrances from his four children was a thank-you for demonstrating how to live a “principled and ethical life” and for “trying hard” to teach a son how to tie a bow tie. One of his 12 grandchildren added, “I am grateful you weren’t afraid to roll around on the floor and be silly. Thank you for keeping tetanus shots in your freezer.”

—CS

IN MEMORIAM

‘40s
ALFRED R. CONTI
MD ’44
MAR. 10, 2007

ROBERT E. JOHNSTON
MD ’46
DEC. 31, 2006

‘50s
JAMES C. FRIES
MD ’50
JAN. 16, 2007

RICHARD W. ZIMMERMAN
RES ’57
JAN. 30, 2007

KENNETH KOST
MD ’59
MAR. 28, 2007

‘60s
HOWARD B. EISEN
MD ’60
MAR. 12, 2007

ROBERT H. BROUGHER
MD ’61
NOV. 21, 2006

ROY E. BOHL
MD ’62
OCT. 2, 2006

BERNARD I. COHEN
MD ’64
JAN. 26, 2007

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—CS
Michael Grever (MD '71, Res '74) has learned that believing in second chances can pay off. An experimental drug he championed that once seemed ineffective now shows promise for leukemia patients.

Grever, who also received his undergraduate chemistry degree from Pitt and was recognized recently as one of the University’s Legacy Laureates, was a full professor in the Department of Internal Medicine at Ohio State University in the 1980s. There, he ran some of the first clinical trials of new cancer drugs. He would receive drugs from the National Institutes of Health (NIH) with instructions. His job was to determine their efficacy and to evaluate, when something went wrong, whether it was because of the new therapy or the underlying disease. Later, at the National Cancer Institute (NCI), he learned how the instructions were written. In 1989, Grever became deputy director of the NCI’s Division of Cancer Treatment and Diagnosis.

Grever eventually directed the institute’s drug discovery and drug development programs for cancer and AIDS. His team cracked the molecular biology of exotic new compounds in search of targeted cancer therapies. They brought the most promising ones forward through animal studies until they were ready for clinical trials.

“As a result, we put about 19 to 21 new therapies into patients with cancer or AIDS,” he says, including pentostatin and fludarabine.

In the early 1990s, Grever and colleagues at the NCI began looking at a drug called flavopiridol as a treatment for chronic lymphocytic leukemia (CLL). In the Petri dish, it was a winner. There was a lot of excitement about moving it into Phase I testing in humans. When they tried it in patients, however, it bombed.

“It didn’t do anything,” says Grever. “It just produced diarrhea, and that wasn’t a very attractive side effect.” These disappointing results were repeated across the United States and in Europe. Before long, the drug company decided to drop the project, and the NIH began to lose interest, too. But Grever wanted an explanation.

In the lab, his team took human leukemia cells suspended in the patient’s own plasma and figured out how much drug was needed to kill the cancer cells. It took a much higher concentration of drug than anyone had thought it would. Why? The original lab tests used fetal calf serum, because human plasma is prohibitively expensive. Most of the drug was bound to human plasma protein and unavailable for killing cancer—something that hardly happened at all in calf serum.

Grever personally lobbied the NIH and the drug company to test flavopiridol again with different dosages and a new schedule of drug administration. These studies were conducted in his research laboratory at Johns Hopkins University. Shortly thereafter, he was back at Ohio State as chair of internal medicine—a position where he could make the drug a priority. In clinical trials, Grever says, the drug “was so effective that, for a while, it was killing the leukemic cells too fast. We went to the FDA, and they said, ‘Well, you can’t give up on this, because it’s very promising.’”

In fact, the rapid destruction of a large number of cancer cells can cause a major problem, because the body must clean up the mess and the toxic byproducts. Grever hopes flavopiridol can be used in combination with other proven leukemia drugs to achieve complete remission. He and colleagues reported the latest news on flavopiridol this January in the journal *Blood*, but there will soon be more. They have a Phase II study in CLL patients under way, and other institutions are trying to reproduce their work.

“We’ve treated over 80 patients,” Grever says, “and this is all holding up. This is going to be one of the most active agents in the treatment of this disease.”

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**LINDA WALLEN**

An experimental leukemia drug Grever championed actually kills cancer too fast.