'70s When a young breast cancer patient came to Francene Mason (MD ‘77) to design a fitness plan, the woman was a self-avowed couch potato struggling with self-esteem after a mastectomy. Months later she was racing her bike up the steepest hill in town—with Mason right behind her.

“This is a woman who was too embarrassed to go to the gym, and she did this bike ride in a Barbie-pink sports bra,” Mason says. “At the top, she takes off her bike helmet and says, ‘Look at me. I’m strong. I can do this.’”

Mason is a clinical instructor at the University of Colorado School of Medicine in Denver and medical director of a cancer survivorship program, designing custom exercise and nutrition plans for her patients. She’s also an oncology adviser for Runner’s World and a grant reviewer for the Lance Armstrong Foundation.

'80s On a typical day, Jeffrey Lewis’ (MD ‘82) patients may self-medicate with ceremonial tobacco and smudgings of cedar, sweetgrass, and sage. As head of the Red Cliff Chippewa clinic in Bayfield, Wis., Lewis understands and encourages these alternative remedies. “There’s the question of whether some of the social and economic burdens on the reservation are because of a loss of their cultural connections, so I certainly don’t want to be part of losing that connection,” he says. Lewis serves as both a family physician and palliative care doctor, overseeing four hospices in northern Wisconsin.

When he has a chance, Lewis shares his love of sailing with children who otherwise might not have the opportunity through North Coast Community Sailing, a nonprofit program he launched in 2001.

'90s Vishwajit Nimgaonkar (Psychiatry Resident ‘91) is a professor of psychiatry in Pitt’s School of Medicine and professor of human genetics in the Graduate School of Public Health. He published a study showing greater circadian rhythm disruption among bipolar patients. “It’s possible that people with bipolar disorder have their clocks out of sync,” says Nimgaonkar, adding that many of these patients achieve peak activity levels at night.

Newborns diagnosed with cystic fibrosis have a long struggle ahead of them, and Shruti Paranjape (née Phadke, MD ‘94) coaches her patients through every round. “I get to see them through the milestones that any kid would achieve, like walking, talking, going to school,” she says. “These kids have to fight their entire lives long, and their families do, too.” In 2005, Paranjape received a New Investigator Award for her work on cystic fibrosis bacterial infections from the American Lung Association with sponsor Timothy Mietzner (PhD associate professor in Pitt’s Department of Microbiology and Molecular Genetics). Her research focuses on antimicrobial peptides and their function in the airway’s defense against cystic fibrosis bacterial infections. She has since become an assistant professor of pediatrics in the pediatric pulmonology division at Johns Hopkins University.

'00s “It’s been a wild ride,” says Oscar Marroquin (Cardiology Fellow ‘03) of his research on drug-eluting stents and subsequent publication in the New England Journal of Medicine this year. Contrary to the FDA position that drug-eluting stents pose a higher
Nimgaonkar also does work in Egypt.

Hicks stresses the importance of getting minorities involved in clinical trials.

Twelve years ago, Jonathan Gitlin (MD ’78) cloned the gene for Wilson’s disease, a disorder of copper storage. It was one of many discoveries in his research on developmental nutrition and neurodegeneration.

“When you understand something new about nature and see the potential of it helping someone somewhere, then it really is exquisitely wonderful,” he says.

Gitlin, a professor of pediatrics and of genetics at Washington University in St. Louis, leaves in June to take over as chair of pediatrics at Vanderbilt University.

The summer after his second year of medical school, David Mallott (MD ’78) walked into a windowless examination room in the schizophrenia outpatient clinic at the Western Psychiatric Institute and Clinic. The minute he crossed the threshold, his patient screamed that she was sorry.

“She apologized for yelling so loudly, but explained that she had two heads, one of which was a dog barking loudly. She told me she had to yell so I’d hear her over the barking dog,” Mallott says. “I fell in love right on the spot, and I said, ‘This is the world for me.’”

Although he pursued internal medicine after his MD, Mallott knew he’d end up in psychiatry. “I think whatever we can do for these patients is more than the rest of the world is going to do for them. They are society’s neglected people in all sorts of ways,” he says.

Now the associate professor of psychiatry is also associate dean of medical education and director of the office of medical education at the University of Maryland, Baltimore.

“I didn’t realize at the time just how forward-looking the education at Pitt was,” Mallott says, pointing to Pitt’s focus on biochemistry before it was popular, as well as today’s requirement for independent research. “There are ‘new things’ that people talk about in medical education these days that seem awfully familiar going back to when I was at Pitt.”

Andrew Burger (MD ’78) swapped his cap and gown for a wedding tux when he married classmate Mary Fleet two days after graduating from Pitt. After a whirlwind honeymoon, the two plunged into residencies at the University of Connecticut. Back then, he says, the couple learned to use the little time they had together wisely.

After more than a decade at Beth Israel Deaconess Medical Center, Burger recently relocated to the University of Cincinnati, where he’s professor of clinical medicine and associate division director of cardiovascular disease. Burger, whose funded research focused on natriuretic peptides and heart failure, plans to return to the lab after helping to expand the cardiology division at his new home institution.

Though Mary Burger (née Fleet, MD ’78) did seven years of cardiology research with her husband, Andrew, at Beth Israel Deaconess, pediatrics is Burger’s first love. “I like educating the parents of newborns and trying to show them the things their baby is capable of, that their baby actually has a personality,” Burger says. She is currently the consultant on a National Institutes of Health–funded stroke onset study at Harvard. —MD
Paul Birnbaum (MD ’01) chose critical care medicine because he wanted to go where he thought he was needed most. “That’s where people are at the wall, where it’s life or death. He wanted to help people whose pain was greatest,” says his mother, Josie Birnbaum, of Bensalem, Pa.

Paul Birnbaum died suddenly after a brief battle with illness in San Francisco. He was 37 and a fellow in pulmonary and critical care at the University of California, San Francisco.

As a Pitt medical student in 1997, Birnbaum helped set up Pitt’s Area of Concentration in Disabilities Medicine in memory of a friend with disabilities who died while under medical supervision. He was a member of Alpha Omega Alpha, the medical honors society.

As word spread of Birnbaum’s death, testimonials from former patients and their families poured in. As a resident, he was known to fetch a bowl of chicken soup at two in the morning for a patient or come in on his day off to check on someone under ICU care. “One woman wrote to us and said, ‘Thank you to check on someone under ICU care. “One morning for a patient or come in on his day off to check on someone under ICU care. “One woman wrote to us and said, ‘Thank you to check on someone under ICU care. “One woman wrote to us and said, ‘Thank you for raising your son,’” says Josie Birnbaum.

—Reid R. Frazier

When Edwin Fisher (MD ’47) started studying breast cancer in the 1950s, there was only one course of treatment—radical mastectomy. He helped change that.

Fisher was a professor of pathology at the University of Pittsburgh from 1958 to 1985, as well as the chief of laboratory services at the VA Hospital and director of laboratories at Shadyside Hospital. Working with his brother, Bernard Fisher (MD ’43), he was among the first to show that cancer was systemic and could not be treated by tumor removal alone. The Fishers helped establish that lumpectomy and follow-up therapy worked at least as well as radical mastectomy. Their work led to the use of more systemic treatments like chemotherapy and tamoxifen, which have greatly improved survival rates and treatment options.

“He was dedicated to trying to make some contribution for the betterment of mankind,” Bernard Fisher says. “He helped to transform the way in which cancer was thought about.”

Edwin Fisher died in Florida, where he was undergoing treatment for pancreatic cancer. Throughout the course of his career, he authored or coauthored more than 600 scholarly articles and received numerous awards, including the 1992 Philip S. Hench Distinguished Alumnus Award from Pitt.

Fisher trained hundreds of pathologists at Pitt during the three decades he was on the faculty. For more than 30 years, he also served as principal pathologist for the National Surgical Adjuvant Breast and Bowel Project. —RRF

Frank Dixon was 31 years old when he arrived at the University of Pittsburgh in 1951 as the new chair of pathology. An MD who trained at Harvard University, Dixon brought with him a new experimental technique. He had developed a way to tag proteins with radioactive iodine and trace them through a living organism. He would apply it to autoimmune kidney disorders, helping to establish the field of immunopathology. While at Pitt, he was named the nation’s leading medical researcher under the age of 35 by the American Association for the Advancement of Science. Dixon left Pitt after 10 years to establish the Department of Experimental Pathology at the Scripps Clinic and Research Foundation in La Jolla, Calif. This was the core of what would become the Scripps Research Institute, which Dixon founded and led until 1986. In 1975, he was awarded the Albert Lasker Award for Basic Medical Research.

Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, notes, “He’s a very important person in human biomedical research, because at a time when people were not necessarily making extrapolations from the experimental situation to human disease, the one thing that Frank Dixon was always very passionate about was how a particular process that he was working on relates to real human disease.”

In a 2001 interview, his daughter Janet Dixon Keller said, “The quintessential memory of my dad is climbing up a high peak in the Tetons or Yellowstone—a real challenge—but having him stop on the way and appreciate the beauty of the scenery, maybe put out his hand to quietly draw my attention to a moose. It’s a competition with himself and with that darn mountain, but it’s joyful.” —Leah Kauffman
There’s a lunch box printed with Leonardo da Vinci’s “The Last Supper” in Susan Blank’s office. She noticed, not long after she won it in the holiday gift swap at work, that everyone who saw it invariably opened it.

“What to put into a da Vinci lunchbox that everyone opens? Condoms, of course!” she says. “When you’re a carpenter, everything is a nail.”

She snaps the lunchbox shut with a mischievous grin and scurries over to her desk.

“And this, of course, is my penis,” she says, picking up a small, phallus-shaped squeeze toy on her desk. “It’s amusing how frequently colleagues stop in and play with it before realizing what they’re doing,” she says, drumming the toy on the table for dramatic effect.

Blank’s career path from aspiring engineer to pediatrician to assistant commissioner at New York City’s Department of Health and Mental Hygiene, where she directs the Bureau of Sexually Transmitted Disease Control, hasn’t exactly been by the book. But her direct approach has helped her make a big impact on the sexual health of the city’s 8 million residents.

Blank (MD ’87) became interested in medicine after spending a few years studying chemical engineering. “I just missed human contact,” she says. She chose the University of Pittsburgh School of Medicine, in part, because of how friendly everyone was. “I didn’t expect to like it, but I did,” she says. Blank decided on a pediatrics residency because, well, it fit her—literally. “The patients are smaller,” she says. (Blank is not even 5 feet tall). Though she’s still a card-carrying pediatrician today, a visit to Tanzania during a clinical rotation drew Blank in yet another direction: public health.

In East Africa, Blank cared for children dying of diseases like measles—infections that have been all but eradicated in the United States thanks to widespread vaccination programs. Upon returning home, she was shocked to come across parents refusing to vaccinate their children for these same infections. “I just saw these incredible inequities and what seemed like very backward priorities,” Blank recalls. Public health, she realized, was where she really wanted to make a difference.

After her residency and a fellowship at the Centers for Disease Control and Prevention’s Epidemic Intelligence Service (“sort of a disease-hunting group,” she explains), Blank started working at the New York City Health Department, on assignment from the CDC. She remains there today.

From January to September 2007, reported chlamydia and syphilis cases in the city rose by 20 percent compared to 2006. Blank’s team has been tracking down each syphilis case to learn more about the types of behaviors that put people at risk. From these interviews, Blank and her team have found that most of the city’s syphilis cases occur among men—in particular, men who have unprotected sex with other men—and that half are HIV positive. Her department is now working to ensure that city outreach programs target such residents and that providers likely to treat them know about the heightened risk of syphilis. Blank’s department has also launched an online service allowing people to anonymously warn previous sexual partners of potential STD exposure. This year they plan to screen (and, if necessary, counsel and treat) 30,000 high school students for gonorrhea and chlamydia for free.

“We’ve had really a lot of excellent support from the [city health] commissioner and especially from the mayor to do the work that we think is going to save lives,” she says, gesturing to the top of her filing cabinet, where a newspaper clipping of the commissioner’s face smiles back from the front of a Wheaties cereal box. (She decorated it with his picture one day for fun.) “Our successes are premised on hard work and persistence,” she says of her many 15-hour workdays. Then she adds, “and a good sense of humor.”