CLASS NOTES

’40s  In October, Distinguished Service Professor of Surgery Bernard Fisher (MD ’43) received the American College of Surgeons’ 15th Jacobson Innovation Award in Chicago. The following month, the American Philosophical Society presented Fisher with the John Scott Award, which recognizes innovators who have contributed to the comfort, welfare, and happiness of mankind. Fisher says he’s especially humbled by the latter honor, given that its previous recipients include Marie Curie, Thomas Edison, the Wright brothers, and Pitt’s own Jonas Salk.

Fisher overturned the Halsted anatomic and mechanistic paradigm, which had held radical mastectomy as the standard of care for breast cancer. In a landmark 1985 paper, he showed that lumpectomy was just as effective as mastectomy, because cancer did not spread from one area of the body to the next in an orderly sequence, as Halstedians believed. Rather, it was a systemic disease that traveled through the bloodstream and metastasized in no predictable pattern. These insights revolutionized cancer research and treatment.

’90s  Simon Mears (Neurobiology PhD ’94, MD ’96) followed in his father’s footsteps—eventually. The assistant professor of orthopaedic surgery at Johns Hopkins University is the son of former UPMC Shadyside chief of orthopaedic surgery Dana Mears and critical care medicine fellowship.

“We studied the needs of critically injured victims, particularly in major earthquakes,” says Mears.

In response to the tragedy, Pretto’s Miami colleagues helped establish a 300-patient-capacity tent complex—one of the largest in Port-au-Prince—and Pretto, again in Haiti, was the anesthesia point man.

’00s  Brad Dicianno (MD ’01) envisions a world where docs can say, “There’s an app for that.” Director of Pitt’s Adult Spina Bifida Clinic, Dicianno is principal investigator of a new telerehabilitation study funded by the National Institute on Disability and Rehabilitation Research (NIDRR) and the Verizon Foundation. He believes such technology will help patients manage their health, especially those in rural and underserved areas or those with cognitive problems.

Dicianno’s patients with spina bifida often end up in the ER with preventable health issues like urinary tract infections, he says. To help them head off these problems before they start, his team is providing study participants with smart phones, as well as several applications they’re designing to help patients manage their medications, bladder catheters, nutrition and exercise programs, and other important tools and therapies. The smart phones will send reminders to keep the patients on schedule, and the patients’ responses will go directly to a wellness coordinator, who will follow up if anything goes awry.

More than a year after publishing The Anti-Cancer Cookbook, Julia Greer (Cancer Epidemiology and Prevention Fellow ’05; Gastroenterology, Hepatology, and Nutrition Fellow ’07) says her parents still make the balsamic chicken with pears weekly. “It has a sweet and tangy blend of flavors,” she says. The cookbook, which includes

MEHDI GHAJARNIA
GLOBAL VISION

Working at University Hospital, one of two hospitals in Kabul, Afghanistan, Mehdi Ghajarnia (MD ’03, Res ’07) did his best to put aside his own fears of a possible terrorist attack. Fortunately for him, corneal surgery and the simple act of communicating with a patient require one to be in the moment and attentive to detail.

For too long in countries like Afghanistan, war, poverty, political agendas, and violence have taken attention away from the basic medical care of its citizens, Ghajarnia says. He

Ghajarnia (center) at an outreach camp for cataract patients in Dhading, Nepal, in December 2008.
200-some recipes designed to reduce cancer risks, was inspired by her work exploring the relationship between diet and cancer. Now a research assistant professor of gastroenterology, hepatology, and nutrition at Pitt, she’s exploring new technologies for their potential use in risk-factor evaluation. Collaborating with division chief David Whitcomb, Greer is helping to develop a computational risk model for pancreatic cancer. She’s also contemplating writing another book on nutrition for people who are undergoing cancer treatment or preparing for surgery.

Like most of his colleagues, Aaron Skolnik (MD ‘07) has what one might call a high-velocity work ethic; but he takes his to the road. A member of the American Motorcyclist Association, Skolnik rode his Triumph motorcycle cross-country to Phoenix, Ariz., last year before he began a rotation at that city’s Banner Good Samaritan Medical Center. Currently a clinical fellow in emergency medicine at Brigham and Women’s Hospital (and 2010-11 chief resident in emergency medicine), he’s even been known to slog through Boston’s streets in more than a foot of snow. Skolnik says he likes living life on the edge. “I love to practice in the sometimes-chaotic environment of a busy emergency department,” he says. Upon completing his residency in 2011, he’ll head back out west for a fellowship at Banner Good Samaritan.

Emily Brown (MD ‘07) is certainly entitled to some bragging rights. This year, she’ll join Skolnik as a chief resident in emergency medicine at Brigham and Women’s and Massachusetts General Hospital; Brown is currently wrapping up her emergency medicine residency. In 2008, when the Steelers beat the New England Patriots 33–10, the Pitt grad was in vaunt mode, fashioning a Steelers shrine right in the middle of Massachusetts General Hospital’s emergency department. Brown’s creativity has

travels twice a year to poor and troubled nations as a volunteer, treating patients and sharing expertise with local physicians.

Ghajarnia, an ophthalmologist at the California Eye Institute in Fresno, started taking part in medical missions abroad when he was a Pitt resident. With others from UPMC Eye and Ear Institute, he traveled to Honduras, and he was gratified by how much he was able to help people with unmet medical needs and by how appreciative they were.

Since then, he has performed corneal and cataract surgery in Nepal, Madagascar, Tajikistan, and Afghanistan. On these trips, he has had the experience of restoring sight to patients who were legally blind. His expeditions have been supported by Surgical Eye Expeditions, Lions of Madagascar, and Pittsburgh-based Global Links.

On several of these trips, Ghajarnia has carried corneas on ice from the United States to his destination. Afghanistan and other countries do not have their own eye banks, but Ghajarnia is working to change that.

—Jamar Thrasher and Chuck Staresinic

THE WAY WE ARE
CLASS OF ’85

The curtain rose, and clouds of smoke billowed from the stage, blinding the band and the audience. Fortunately, the Scope and Scalpel pyrotechnics fiasco of 1985 didn’t scare director Susan Dunmire (MD ’85, Res ’88) and music director Sam Tisherman (MD ’85, Res ’93, Fel ’94) away from the theater for good. Now associate professor of emergency medicine and associate professor of surgery and critical care medicine, respectively, Pitt’s Dunmire and Tisherman have been Scope and Scalpel faculty advisors since 1991. They’ve also been married since a few days after their class’s ill-fated performance. They’d met on the first day of class, at a cocktail party in Scaife Hall.

Dunmire recently developed a course called “Getting Ready for Residency,” one of several courses she teaches in Pitt’s Peter M. Winter Simulations.

Afshar in Patagonia.
burden off the heart will allow it to heal.

Cardiology dogma reserves mechanical devices for the last resort in class IV cases; and challenging that dogma has been, well, challenging, Dowling says. But he’s drawn inspiration from mentor Bernard Fisher, Distinguished Service Professor of Surgery, who revolutionized breast cancer research and treatment after years of resistance from his peers (see Class Notes, p. 36).

“Sometimes, when you’re doing the right thing, people tell you you’re crazy,” says Dowling. “But you have to try anyway.”

Neal ElAttrache (MD ’85) can’t recall ever seeing Dowling wear anything but scrubs during their training. “I’d see him around Oakland, at the O, at the hospital, and he never wore a set of real clothes.” (Could it be he’s wearing scrubs in the rafting-trip photo to the left?) ElAttrache rubs shoulders with uniformed folks of all stripes these days. Based in Los Angeles, the orthopaedic surgeon consults for the Anaheim Ducks, the St. Louis Rams, the PGA tour, the L.A. Dodgers, and the L.A. Lakers. He’s also a clinical instructor of orthopaedic surgery at the University of Southern California, Los Angeles, and director of the sports medicine fellowship at Kerlan-Jobe Orthopedic Clinic.

ElAttrache has published widely on throwing-related injuries of the shoulder and elbow, including an arthroscopic technique he developed for rotator-cuff repair. Historically, most of these surgeries have failed. But ElAttrache’s patented SutureBridge had a healing rate of almost 90 percent in one 2008 study of 25 patients. The technique is now used widely throughout the world.

Since he started caring for the likes of Tom Brady, game day has taken on a different meaning for ElAttrache. “Instead of rooting for the team, you end up rooting for the guys you’ve taken care of,” he says. “[My athlete patients] have taught me a lot about the psychology of healing. I take those lessons to everyone in my practice.” —EV

In Memoriam

Richard Bruno

R ichard Bruno (MD ’76) died in the catastrophic earthquake in Haiti on January 12 while leading a group of students on a humanitarian mission.

The McKeesport native practiced family medicine in South Carolina before joining the U.S. Foreign Service, in which he served for more than two decades. Bruno managed U.S. Embassy health units in Nigeria, Germany, South Africa, Saudi Arabia, and the Caribbean. Traveling out of the Regional Center in Fort Lauderdale, he provided medical support for American diplomats and their families. Several secretaries of state numbered among his patients, including George Shultz, Warren Christopher, and Colin Powell.

In 2004, Bruno retired from medicine and moved to Florida. He began tutoring that year at Lynn University in Boca Raton and later went on to direct its tutoring center. In 2007, he joined the Lynn faculty as an assistant professor, teaching health sciences. His enthusiasm, compassion, and special gift for helping struggling students made him one of the university’s most-respected instructors, says Lynn’s vice president for academic affairs, Cynthia Patterson.

At Lynn, Bruno helped organize Journey of Hope, a monthlong service-learning course in the Caribbean. For the course’s first run in January 2009, students distributed food, built homes, and visited schools and orphanages in Jamaica. It was on the second Journey of Hope, which travelled to Port-au-Prince, that Bruno died. —EV
When Bernd Groner arrived in Pittsburgh from Germany in 1970, he hadn’t yet gotten the hang of conversational English. You’d think that would have presented a problem for the young biochemist, but it turned out to be an asset of sorts.

“I really relied on Nancy and four or five other graduate students for help translating and explaining things,” says Groner (PhD ’75), laughing. “It was so kind of them, especially because graduate school was expected to be so competitive.”

Nancy is Nancy Hynes (PhD ’75), who entered the biochemistry PhD program in the University of Pittsburgh School of Medicine at the same time as Groner. Amid numerous and frequent requests for help understanding English, the two became fast friends. By the time they were selected to work in the lab of former Pitt professor Steven Phillips, they were a couple. After graduation, they married in Berlin, where each had secured a postdoctoral fellowship at the Max Planck Institute. Nearly 40 years after meeting in Pittsburgh, they are still crossing borders, often just to get together.

Groner is the director of the Georg-Speyer-Haus Institute for Biomedical Research in Frankfurt, Germany. Hynes is a senior staff scientist at the Friedrich Miescher Institute for Biomedical Research in Basel, Switzerland. On the weekends, Groner typically drives the three hours to the family home in Basel.

The living arrangement works well, says Hynes—except when there are major home renovations, like a recent five-week project. “He managed to avoid the dust, while I was with it every day,” she says, chiding him with a laugh.

At the Miescher Institute, a basic research center funded by Novartis and linked to the University of Basel, Hynes runs a lab that is focused on breast cancer.

“We want to sort out the different types of breast cancer and see whether we can come up with new therapeutic targets,” she says, adding that some of their work has led to new therapies that are in the clinic today. It’s a long process. For example, Hynes’ lab began investigating a gene for RTK (receptor tyrosine kinase) in 1986. They demonstrated that it was overexpressed in 20 to 25 percent of breast cancers.

“We were the first to show at the level of the protein that it is overexpressed and that this would correlate with other signs of poor prognosis in the clinic,” says Hynes.

The lab did a lot of the early work to learn what the gene did and how it worked. The researchers later experimented with creating antibodies as therapy. Eventually, the biotechnology giant Genentech ran a series of large clinical trials of antibodies, resulting in the 1998 approval of the synthetic antibody trastuzumab (marketed as Herceptin) for breast cancer. It has been highly successful.

As director of Georg-Speyer-Haus, Groner leads a cancer research institute of approximately 100 people. The institute is closely aligned with the Johann Wolfgang Goethe University of Frankfurt, where Groner is a professor of tumor biology and infectious diseases, as well as a researcher with Frankfurt University Hospital. He has been a leader in cancer research for more than 25 years. Groner’s lab is focused on a protein called Stat3, a well-known contributor to cancer. Breast and brain tumor cells appear to be dependent upon Stat3, which helps to regulate such key cancer-cell activities as proliferation, survival, angiogenesis, and migration. In animal models, Groner and his colleagues integrate a peptide into a recombinant protein, which then is able to enter tumor cells, inhibit the function of Stat3, and thereby kill the tumor cell. The group is investigating this therapeutic approach for cancer and for other disease processes, such as chronic inflammation.

Hynes, who grew up in Syracuse, N.Y., says that her family appears to be continuing the traditions of scientific investigation and pond jumping that she and Groner began. Their daughter, Anna, is wrapping up a PhD in biological sciences in Lausanne, Switzerland. She is planning to do a postdoctoral fellowship in the United States.