

CLASS NOTES

'60s

Donald Malkoff (MD '60) majored in physics at Harvard University, studied medicine at the University of Pittsburgh, and trained to become a neurologist at the University of Michigan. He was a researcher in the fields of electron microscopy and biology at the Marine Biological Laboratory in Woods Hole, Mass., and at the National Institutes of Health in their Gerontology Branch. He ran his own neurology practice for several years and then got into the oil business, which required him to travel extensively throughout Europe and the Middle East (becoming "embroiled" in many adventures, he reports).

On his return to the States, Malkoff obtained a master's degree in computer science at the University of California, San Diego. He ended up serving as an expert in artificial intelligence for the U.S. Navy and as chief scientist for a number of defense corporations before retiring.

'80s

As a committee member for the American Academy of Ophthalmology, **Eydie Miller-Ellis** (MD '85) gives junior researchers a chance to gain exposure by inviting them to speak at national meetings; she also regularly organizes discussion panels where at least half of the members are women. Even so, Miller-Ellis says she was "pretty shocked" to be the recipient of Women in Ophthalmology's Suzanne Veronneau Troutman Award for championing women in her field. Miller-Ellis, professor of ophthalmology at the University of Pennsylvania and director of the Glaucoma Division for the Scheie Eye Institute, says that too often she sees doctors inviting their established colleagues to speak at events, leaving out capable up-and-comers who are eager to progress academically. "In order to advance and excel you need to have a recognized and national reputation," she says. "I try to make sure women who are clearly talented, but who people just haven't invited, get on the national stage."



Miller-Ellis keeps an eye out for up-and-comers.

As a professor and practitioner of emergency medicine at the University of Pennsylvania, **Jill Baren** (MD '89) faces ethical dilemmas on a daily basis. There are bedside decisions, like resolving when to terminate resuscitation and making choices for unconscious patients, among other difficulties. Her desire to enhance her knowledge in these complicated situations led Baren to pursue a mid-career master's degree in bioethics. Her particular interest in studying federal regulations gave her niche expertise in clinical trials where informed consent isn't possible.

Baren was recently named chair of the Department of Emergency Medicine in Penn's Perelman School of Medicine. In this new role, she plans to develop an emergency department with a strong patient- and family-centered position. "I think when you have that kind of outlook on clinical care," she says, "you're able to incorporate a lot of the principles that we learn in clinical ethics and ethical decision-making."



Baren heads emergency medicine at Penn.

'90s

William Kuzon (Microvascular and Hand Surgery Fellow '92) likes to think of plastic surgery as the house band. There's no set list of procedures; it's more of an approach to surgical problems, a practice of reshaping the patient's own tissues for better function and aesthetics. "You've gotta be able to play whatever the crowd wants to hear," he says. Kuzon is section head of plastic surgery at the University of Michigan. In his research, he's been known to riff on abdominal-wall reconstruction, "one of the major surgical problems of our day," he says. He also studies the basic science of why muscles fail to regain function after nerve injury. His group's observations were among the many that supported a shift in peripheral-nerve-injury treatment: In some situations, especially nerve injuries in the proximal arm, surgeons now favor nerve transfers (which borrow an intact nerve to substitute for the function of a divided one) over nerve grafts or repairs (which fix the original nerve). Kuzon's clinical repertoire runs the gamut, including treatment of facial paralysis, weight loss, various cancer or traumatic defects, and gender identity disorder. He directs surgical services for University of Michigan's Comprehensive Gender Services Program, a multidisciplinary outfit founded in 1993 that he helped organize.

'00s

With the advent of antiretroviral therapy, HIV patients are living decades longer, but they are developing new complications, such as cardiovascular disease, renal disease, and bone disease, says **Allison Ross** (MD '02), assistant professor of pediatrics at Emory University and attending physician at the Ponce Family and Youth HIV Clinic in Atlanta, Ga. Many patients battling the virus have low levels of vitamin D, which only makes things worse—even healthy people are at greater risk for immune dysfunction and other complications when their vitamin D levels decline. Ross has been conducting preliminary studies on the effects of high doses of vitamin D on children and young adults

with HIV, with encouraging results. Recently, she was awarded two five-year grants from NIH (an R01 and a K23) to continue her work, which she hopes will lead to better preventive measures for these patients. "I'd like to find simple measures like vitamin D supplementation that may allow children with HIV to live not only longer lives, but also live with less morbidity."

Anda Vlad (PhD '02, Immunology Fellow '04), MD/PhD assistant professor of obstetrics, gynecology, and reproductive sciences at Pitt, had a very merry Christmas, indeed. At the end of December, she received word that her R01 grant application was accepted. Her $1.4 million from the National Cancer Institute will fund her research on ovarian cancer and vaccine candidates against it, using a first-of-its-kind animal model that she developed. Vlad's triple-transgenic mice generate ovarian tumors that closely mirror those of humans, developing and spreading through the abdomen in the same insidious way ours do. But more importantly, ovarian tumors in these mice express the very same antigen as we do. "It's a very savvy tool," she says. "We're able to identify the influence of a human molecule—and one that's very well studied—in the biology of the disease."

Brian Zuckerbraun (Surgery Fellow '03, General Surgery Resident '05), associate professor of surgery at Pitt, is giving the veggie-haters of the world another reason to hold their noses and swallow their spinach. This nitrate-rich veggie triggers the release of nitric oxide (NO), an important signaling molecule in the blood vessels that helps maintain cellular communication and vascular health. Recently, Zuckerbraun discovered an alternative method of NO production in the body. During injury, the nitric oxide synthase pathway is ineffective; therefore, the body's response is to open another gate in order to bring extra nitric oxide to the site of the wound. Further, Zuckerbraun found, supplementing rats with nitrite before inducing vessel injury protected them, whereas a diet low in nitrate and nitrite made matters worse. Zuckerbraun's study was published in the *Journal of Clinical Investigation* last year.

Alexis Colvin (Sports Medicine Fellow '08), an assistant professor of sports medicine at Mount Sinai Hospital in New York City, has worked with a long list of professional athletes (including members of the Pittsburgh Steelers and Penguins while a fellow). For the past three years, she has helped care for professional tennis players at the U.S. Open in Flushing, Queens, N.Y. Colvin specializes in the surgical treatment of knee, shoulder, and hip disorders. This spring, she'll be presented with the 2012 Women on the Move award by the Arthritis Foundation, New York Chapter.

—Dennis Funk, Shermi Sivaji, Elaine Vitone

ISMENE PETRAKIS

A TRIPLE THREAT TO DUAL DIAGNOSIS



PHOTO ILLUSTRATION BY JESSE LENZ (BASED ON A PHOTO COURTESY I. PETRAKIS)

Veterans with both psychiatric and substance-abuse disorders need help on multiple fronts, says Petrakis.

When Ismene Petrakis (MD '87) completed her residency in psychiatry at Yale, she wasn't ready to hang up her stethoscope. "I didn't want to forgo my medical training after graduating from Pitt," she says, adding that she could see herself continuing to treat both bodies and minds because "the faculty there was so well-grounded in both." Now a professor of psychiatry at Yale and chief of psychiatry at the Veterans Administration Connecticut Healthcare System, Petrakis calls on her skills as a physician, educator/researcher, and administrator in caring for U.S. veterans of the wars in Afghanistan and Iraq, many of whom suffer from a combination of substance abuse and psychological disorders.

"There's plenty of evidence to show that combat veterans with post-traumatic stress disorder are more likely to develop substance abuse problems," she says. "But, historically, the two issues were kept at arm's length. People trained to treat psychiatric disorders were uncomfortable dealing with substance abuse. And people treating addictions didn't focus on psychiatric issues. Because of increased awareness and interest in these issues, we've developed an understanding that these issues do co-occur and that we can't isolate them from each other and adequately serve the client."

With nearly 25 years of experience with these comorbid patients and intensive clinical research on the problem in the past decade, Petrakis has found that various medications can be used to simultaneously treat mental disorders and substance abuse, and with encouraging results. Still, there is no magic bullet. Since 1949, when the FDA approved disulfiram, the first drug to treat alcoholism, just three additional medications have received the agency's approval.

That means more work needs to be done, says Petrakis, and "[primary care] physicians must be better trained to spot the issues when they occur and know how to treat them."

Fortunately for the vets under her watch, Petrakis will continue to hold on to her stethoscope. *—John Altdorfer*

MICHAEL STANG

A PROCEDURE INSPIRED BY TABOO

Traditionally, to remove the thyroid, the butterfly-shaped gland near the trachea, an endocrine surgeon parts the muscle bands, dissects the surrounding tissue, and excises the organ. This method is "extremely reliable," says Pitt's Michael Stang (General Surgery Resident '08, Endocrine Surgery Fellow '09). But it leaves a scar, about two inches long, on the front of the neck.

In 2010, Stang, assistant professor of surgery, started performing the procedure using robotic tools to remove a patient's thyroid—through the armpit. "Anatomically, it makes perfect sense," Stang says. If you raise your arm in the air,

he explains, your clavicle also extends upward, and your underarm is just a few inches from your thyroid.

The robotic technique is still used experimentally in America—only a handful of surgeons, Stang included, perform the surgery regularly. (An FDA review is pending.) But in South Korea, the robotic procedure is the norm. "In Korean culture, the display of a scar nonverbally displays a history of illness, which is not acceptable from a cultural standpoint," Stang



PHOTO ILLUSTRATION BY JESSE LENZ (BASED ON A PHOTO COURTESY M. STANG)

Stang makes his mark with a new procedure that leaves no visible scars.

says. The Korean scar taboo is particularly strong for women, who are also about five times more likely to be affected by thyroid disease than men worldwide.

To learn the technique, Stang spent nearly a month in South Korea shadowing Woong Youn Chung, the surgeon who pioneered the practice. Today, Stang is the most experienced robotic thyroid surgeon in the Northeast and has performed the procedure nearly 90 times.

For Stang, the technique is a perfect example of the kind of innovation surgeons can achieve through robotics. "The uses are going to expand," he says. "We're just at the beginning."

—Jenelle Pifer

MOREY S. MORELAND

MARCH 20, 1939—OCT. 2, 2011

In 2003, after almost three decades as a practicing orthopaedic surgeon, Morey S. Moreland—the William F. and Jean W. Donaldson Professor of Orthopaedic Surgery at Pitt since shortly after his arrival in Pittsburgh in 1989—became the department's executive vice chair of research. His new job was helping researchers set up labs rather than seeing to the health of children with orthopaedic issues. So Moreland decided to retire his collection of more than 50 Mickey Mouse ties he wore to help put his young patients at ease.



Moreland

"He told me to get rid of them," his wife, Marilyn Moreland, says, "but I put them in a box." When she had her husband's colleagues and friends over shortly before his funeral, "I put [the ties] in a bowl by the front door and asked everyone to take one. I think people really enjoyed having something to remember him by."

Moreland published more than 60 papers in peer-reviewed journals on such topics as scoliosis and hip dysplasia. He is remembered as an excellent instructor, earning a Golden Apple teaching award in 2000, generous with his time and expertise. He frequently visited Honduras with Marilyn as a member of CURE International, an organization dedicated to bringing medical care to underserved children.

Outside of work, Moreland skied, swam, and sailed. "He was always active, and he loved his work," Marilyn Moreland says. "He was a wonderful person to be around."

—Joe Miksch

OSCAR M. REINMUTH

OCT. 23, 1927–SEPT. 23, 2011



Reinmuth

Oscar Reinmuth, who chaired Pitt's Department of Neurology for more than a decade and influenced the careers of a great many clinicians and scientists in the field, died in September.

Known to one and all as "Mack," Reinmuth helped to pilot stroke research into a new era, according to Lawrence Wechsler, professor and chair of neurology. Reinmuth received his MD from Duke University in 1952 and completed a residency in internal medicine at Yale. He then completed a second residency in neurology under Derek Denny-Brown, an influential physician-scientist at Boston City Hospital and Reinmuth's most important mentor.

As one of the early stroke specialists, Reinmuth made important contributions to the study of cerebral blood flow and stroke, says Wechsler. "The fact that he was editor of the journal *Stroke* for four years [1987-1991] also demonstrates that he was at the very top of his profession."

A collegial and highly social man, Reinmuth inspired loyalty in his patients. He was known for both his bedside manner and his bedside teaching. After leaving Pittsburgh in 1993, Reinmuth became a clinical professor of neurology at the University of Arizona and enjoyed many years of caring for patients and teaching in Tucson. His family asks that donations be made on his behalf to the long-standing Reinmuth Resident Graduation Award in Pitt's Department of Neurology. (For more information on the award, contact Jim Olsen at jao28@pitt.edu or 412-647-7781.)

—Chuck Staresinic

IN MEMORIAM

'40s

CARL W. HOCH
MD '43B
JAN. 11, 2012

FRANK P. CLEVELAND
MD '44
NOV. 28, 2011

WILLIAM E. PALIN
MD '44, RES '51
DEC. 22, 2011

'50s

EDWARD LOREN FARRELL
MD '51
NOV. 29, 2011

ROBERT LEWINE
MD '53
JAN. 26, 2012

'70s

JUDITH ELLEN ORIE
MD '78, RES '79, FEL '84
NOV. 5, 2011

'80s

DAVID LEE WULKAN
MD '80
NOV. 22, 2011

'90s

DAVID A. COFFEY
MD '91
JAN. 17, 2012

FACULTY

ANN LOUISE BUCK
NOV. 17, 2011

KODI AZARI
A SURGEON'S HANDIWORK

BY SHARON TREGASKIS



COURTESY AZARI

Azari (right) arm wrestles U.S. Marine Corporal Josh Maloney, UPMC's first hand-transplant recipient.

As a Persian immigrant, 13-year-old Kodi Azari was expected to choose a career in medicine, engineering, or law. He told his relatives he'd study medicine, "just to get them off my back." Soon after, a family friend in Pittsburgh began sending newspaper clippings about the pioneering liver-transplantation surgeon and Pitt professor of surgery Thomas Starzl. Azari was hooked.

Today, the 43-year-old is chief of reconstructive transplantation and founding surgical director of the UCLA Hand Transplant Program and associate professor of orthopaedic surgery and plastic surgery in the David Geffen School of Medicine at the University of California, Los Angeles. He keeps a pair of Starzl's scissors in his desk drawer and a copy of Starzl's autobiography, *The Puzzle People*, on his bedside table, rereading it annually. "I live in L.A., so I get to meet a lot of my heroes," he says. "Inevitably, they let you down. But, boy, did Dr. Starzl live up to expectations."

That fateful meeting came when Azari (General Surgery Resident '00, Plastic Surgery Resident '03) came to Pitt in the late '90s. The human hand had captured Azari's imagination in 1993, during his first-year gross anatomy class at East Carolina University School of Medicine. "I am not a religious man," he says, "but if there is an argument for creation, it is the hand." He started dreaming of marrying his interest in transplantation with his awe of the hand.

Azari was convinced that training at the academic medical center that had welcomed Starzl would speed his dream to reality, and in 1998, he began his general surgery residency at UPMC. In the operating room, he begged Chester Gist, Starzl's one-time scrub tech, for tales of the early days. He completed a research fellowship in bone tissue engineering at Carnegie Mellon University, then a plastic surgery residency at UPMC. After a hand and microsurgery fellowship at UCLA, he joined the UPMC faculty team committed to launching a hand-transplant program. Starzl was among the team's advisors. "Despite all of the self-doubts we had, he was the one who said, 'No, you have to do it.'"

The first hand transplant—by Ecuadorian surgeons in 1964—lasted just two weeks before profound rejection set in. The second attempt came in 1998, a year after Azari began training at Pitt. Doctors in Lyon, France, employed the trifecta of developments that would prove critical: binocular operating microscopes, reliable microsurgical equipment, and the sophisticated drug cocktails—many of them developed at Pitt—that stave off rejection.

On May 14, 2009, Azari was one of 40 physicians and nurses in UPMC Montefiore's OR No. 40 who first performed the procedure at UPMC. Over the course of 11 hours, they attached a donor hand to U.S. Marine Corporal Josh Maloney's right arm; he'd lost his hand in a munitions accident on base at Quantico, Va. Since then, Azari has performed the surgery three times at UPMC and once at UCLA. Each patient commits to a regimen of three to six hours a day of physical therapy, six days a week, for the first year with the new hand, as well as a lifetime of immunosuppressants that carry a litany of risks, from diabetes to cancer. Known as "life-enhancing," the procedure is elective because of the dangers of immunosuppression.

Azari, who promises patients his technical best, can't say what decision he'd make if he were faced with the choice they confront.

"When there are self-doubts, and I'm lying there in bed, Dr. Starzl comes to mind," he says, recalling the uncertainty that plagued his hero in the early, experimental days of liver transplants.

"I don't know what it means not to have a hand. I have an idea, because I get a paper cut and don't use it for a day. But I truly don't know what it means not to have a hand." ■

To hear Azari tell his story, run these Internet search keywords: Moth Kodi Azari

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