

# MAGEE

SPRING 2015

A PUBLICATION OF MAGEE-WOMENS RESEARCH INSTITUTE & FOUNDATION



## NEXT IN LINE

MEET DR. ROBERT EDWARDS, THE NEW CHAIR OF  
OBSTETRICS, GYNECOLOGY & REPRODUCTIVE  
SCIENCES AT MAGEE-WOMENS HOSPITAL

**ADVANCED UROGYNECOLOGY**  
Research to Help More Women  
Live Normal Lifestyles

**A JOURNEY OF INNOVATION**  
The Magee-Womens  
Research Institute

**MAGEE WOMANCARE INTERNATIONAL**  
Bringing Health Care Education  
to Pittsburgh's Many Cultures

# MAGEE

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## EDITOR

Christine Caruso

## CONTRIBUTING EDITORS

Robert Edwards, MD, professor and chairman,  
Department of Obstetrics, Gynecology &  
Reproductive Sciences, University of Pittsburgh  
Yoel Sadovsky, MD, director, Magee-Womens Research Institute

## ADVISORY COUNCIL

David Kaplan, chairman  
Board of Directors, Magee-Womens Research Institute  
Arthur M. Scully III, vice president, Development  
and Communications, Magee-Womens Research Institute

## DESIGN & PRODUCTION

Garrison Hughes

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## No One Dies Alone Program Provides Compassionate Caregiving

Ideally, we should all die with loved ones around us, but some patients don't have someone to comfort them. That's why Magee-Womens Hospital of UPMC instituted a No One Dies Alone (NODA) program in 2014. The program, sponsored by the Patient and Family Centered Care (PFCC) End of Life Care Experience Working Group through their Vigil Coordinators, trains nurses, social workers, and volunteers from all backgrounds and ages to sit with a patient who is within 48 hours of dying. The NODA program originated in Eugene, Oregon at Sacred Heart Medical Center in 2001. (See sidebar for details.) Unlike hospice care, which provides medical care for those who are terminally ill and within six months of dying, NODA provides more personal care, like reading to the patient, holding their hand, and playing soothing music. One patient was given a stuffed teddy bear to hold. Most patients are not able to talk, but some can hear or respond by nodding.

Cathy Harger, an Intensive Care Unit (ICU) nurse at Magee, cites her own experience with a dying patient. "This patient was not one of my patients, but as I was walking through the ICU, I was asked if I could sit with her because she had no family to be with her. I pulled up a chair, put the relaxation channel on the television to provide background music, and began talking to her.

"The phone rang and it was an out-of-state relative who wanted me to put the phone up to her ear. I was skeptical because I thought the woman was unconscious, but as the relative talked, I saw the patient nod several times during the conversation. She died peacefully before an ambulance came which would have taken her to an in-patient hospice."

**"No one dies alone ... Each human should die with the sight of a loving face."**

—Mother Teresa of Calcutta

Kathy Klocek, who is the full-time chaplain at Magee and who leads the hospital's Pastoral Care program, got involved with NODA through Magee's PFCC initiative. "We initially asked student nurses to sit with the patients so that the process of dying would be demystified for them. Two of the students spoke during a sharing meeting about their experiences and, as a result, many more employees wanted to sign up as volunteers. I am amazed at the caring and dedication of employees who come in early or stay late after their regular jobs to perform this worthwhile volunteer work."

"The vigil with patients can last up to 48 hours, so volunteers sit with them in two to three-hour shifts," explains Michaela Lynch, MSW, a social worker at Magee. "Training consists of a two to three-hour presentation which covers the program's purpose and what the volunteer can and cannot do, such as sitting on the bed, which is not permitted."

Lauren Leigh Gorman, RN, MSN, unit director, Magee Adult ICU, says, "About 20 to 30 volunteers attend a class, including a PowerPoint presentation about death and dying. We like to include lunch, because we find that when a meal is included, the volunteers interact more informally and compare experiences.

"Volunteers are given a suitcase which contains flameless candles which can be placed around the room and nondenominational religious reading materials. Often the Caring Channel is turned on or the volunteer prays."

Gorman explained how patients are connected with the program. "When a patient is dying and their physicians have placed a Comfort Measures Only (CMO) order, if there are no family members available to be with the patient, the next of kin are contacted to see if they are interested in a vigil. Death needs to be imminent, usually within a few days. Once the family members give permission for the vigil, the NODA vigil coordinator or nursing supervisor will activate the volunteer phone list and seek available trained volunteers to sit with the patient.

The nursing staff or social worker on the unit is the contact for the patient's family. PFCC is the methodology used to help guide the NODA program at Magee. PFCC looks at the end of life experience through the eyes of the patient and their families. Magee's Palliative Care Team also plays an important role in providing support to patients who are actively dying. The Palliative Care Team provides guidance on pain management, symptom management, and support for the patient. Through donations from former patients' families, grateful friends, and other supporters, the team is able to provide a food cart, and other resources for families, which allows them to stay close to the patient."

The NODA program in Pittsburgh began at UPMC Mercy. Later, UPMC Presbyterian, UPMC Montefiore, and UPMC St. Margaret also adopted NODA programs.

For more information about the program or becoming a volunteer, contact Magee's chaplain, Kathy Klocek, at 412-641-4525, Michaela Lynch, MSW, at 412-354-3318. To support the Palliative Care Program, visit [www.mwrif.org](http://www.mwrif.org).

### How NODA Got Started

Sandra Clarke, an ICU nurse at Sacred Heart Medical Center in Eugene, Oregon initiated NODA in 2001. One night, during the beginning of her rounds, one of her seven patients, an elderly man who was near death and had a Do Not Resuscitate (DNR), asked, "Will you stay with me?" Clarke responded, "Sure, as soon as I check on my other patients." An hour and a half later, she returned to find the man had died. "I felt awful," she said. "It was his time to die, but not alone." After talking with staff and administrative personnel at Sacred Heart, NODA was established in November 2001.

## ADVANCED UROGYNECOLOGY RESEARCH, TO HELP MORE WOMEN LIVE NORMAL LIFESTYLES



Dr. Halina Zyczynski

It wasn't that long ago that the field of urogynecology didn't exist. But thanks to some persistent researchers, this growing niche in women's health has been recognized in 2013 by the American Board of Obstetrics and Gynecology and American Board of Urology as a distinct sub-specialty called Female Pelvic Medicine and Reconstructive Surgery. The name is a mouthful and many in the field continue to use the term Urogynecology as it aptly describes the field's blend of gynecology and female urology.

Urogynecology is focused on improving the quality of life of women affected by pelvic floor disorders. These disorders occur when the nerves, muscles, and connective tissue of the pelvic floor are weakened. The damage can be caused by numerous life experiences including childbirth, obesity, smoking, neurologic conditions, or genetics to name a few. The symptom burden of these disorders can be very disruptive to women's lives since they cause problems with bladder and bowel control, pelvic and vaginal pain, and pelvic organ prolapse.



Dr. Pamela Moalli

One doctor who has been at Magee for 30 years, Dr. Halina Zyczynski, is a self-proclaimed "grandmother of the field."

"I fell in love with the patients and the challenges of how to improve injured and poorly functioning pelvic organs during my residency training. I am thrilled that the advanced knowledge and surgical skills of urogynecologists are being acknowledged with subspecialty distinction. My hope is that this will make it easier for symptomatic women and their doctors to find local experts in their community. Equally important, recognition has resulted in broader educational curricula in nursing and medical schools," says Dr. Zyczynski, division director, Urogynecology and Pelvic Reconstructive Surgery and medical director, Women's Center for Bladder and Pelvic Health at Magee. "Enhancing awareness of these conditions

and that the fact there are effective treatments is critical to broadening our impact on women's lives. We want everyone who engages with women to know this." Distinction as a subspecialty has helped organize clinicians, researchers, and women's advocates toward this goal. Here at Magee, researchers have taken on the challenge to critically study evaluations and develop innovative treatments for pelvic floor disorders that are safe, effective, and economical.

"Our understanding of the risks, benefits, durability, and effectiveness of treatments has advanced remarkably over the last 30 years. This knowledge has enabled clinicians to tailor therapy plans that prioritize the health and lifestyle of each woman.

### New Field: New Hope for Women with Challenging Conditions

That's great news for nearly one-quarter of all women in the nation, who, research claims, will experience at least one pelvic floor disorder. These disorders can be embarrassing, disruptive, stressful, and limiting. They can affect a woman's job, sleep, and enjoyment of life.

Dr. Zyczynski points to one of the most common pelvic floor disorders — Overactive Bladder Syndrome (OAB). "It's a name given to a constellation of symptoms," she says, including urinary frequency, urgency, nocturia, and enuresis. In regard to urinary frequency, Dr. Zyczynski notes how it impacts a productive life. "It's hard to be employed, to be a teacher, to excuse yourself from an assembly line or other service profession where you don't have complete control over your time. Some women experience urgency. They feel perfectly fine and all of a sudden they get this strong sense of pressure in their lower abdomen, and there's a concern that if they can't get to the bathroom right away, they're going to leak. Other women experience nocturia — awakening multiple times to urinate, which leads to a disruptive sleep pattern and the distress of fatigue, difficulties with focusing, concentrating clearly, and functioning efficiently. Occasionally women have bedwetting problems, which we call enuresis."

While OAB is not gender specific, Dr. Zyczynski notes, "Women are substantially over-represented in suffering from these symptoms and this condition. The symptoms tend to become more common and more severe with aging. The cause is not clear, but we have theories that include changes resulting from reduced circulating estrogens after menopause and global deterioration of the nervous system, which is a recognized fact with aging. There are diseases that create symptoms of the OAB syndrome — neurologic diseases and muscle diseases like Parkinson's and Multiple Sclerosis. So, having this label of OAB in no way implies the cause, because it is so varied."

**You don't have to be afraid of a health problem like prolapse. Magee takes care of the total woman. You have to preserve what you have. I know how good I feel."**

**- Bernadette Skoczylas, Magee patient**

### Neuromodulation: Ground-breaking Treatment

Dr. Zyczynski and her team are researching new ways to treat pelvic floor disorders that move beyond the traditional medical approaches of pharmacology and surgery.

"Neuromodulation is an extremely exciting, innovative approach to influencing how our organs work throughout our body. Specifically in the case of pelvic organs, neuromodulation has been used to improve both bladder and bowel function. The U.S. Food and Drug Administration (FDA) initially approved a sacral neuromodulation system which functions similarly to a pacemaker for the bladder or bowel. Wires are placed through the back under fluoroscopic (x-ray) guidance to be near the sacral nerves which control the bladder and rectum. An electrical stimulator similar to a TENS unit is attached to the wires temporarily. During a one to two week trial period, patients have the opportunity to see if electrical stimulation of the sacral nerves improves their bladder or bowel symptoms. If during that trial period, they report at least a 50 percent improvement in their symptoms, we believe it is worthwhile to insert a permanent implantable pulse generator in the fat of the buttocks. The minimum threshold of 50 percent reduction in symptoms is considered the point when the benefits of the therapy are greater than the risks of the permanent neuromodulation system. Sacral neuromodulation has now become standard care, FDA-approved and covered by all insurance companies."

Dr. Zyczynski and her colleagues also offer a variation on this innovative treatment that blends the principles of traditional Chinese medicine with neuromodulation. Called peripheral neuromodulation, it involves stimulating the tibial nerve to effect improvement in bladder and bowel function. "The tibial nerve can be easily accessed right above the inner ankle bone. A very fine acupuncture needle is placed there, and a similar electrical simulator is attached to the needle to stimulate the tibial nerve. It turns out that the tibial nerve is a distant, peripheral

branch of the same nerve roots targeted in sacral neuromodulation. So we are essentially trying to accomplish the same thing but without the invasiveness of wires introduced into the region of the spinal cord and without a surgically implanted battery pack. Patients come in for 12 weekly 30-minute sessions. For urinary urgency and frequency, the FDA has approved percutaneous tibial nerve stimulation, and Medicare and other third-party payers are beginning to cover the treatment.”

Peripheral neuromodulation is a new treatment option in the toolbox that includes Botox® injections, sacral neuromodulation, biofeedback, pelvic muscle training, and medications for bothersome urgency, frequency, and bowel and bladder incontinence. It is very attractive to some women for a number of reasons. “It requires no anesthesia and has very few risks or side effects,” remarks Dr. Zyczynski. “So for the patient who is intolerant of medications or is on other life-saving medications that may make it unsafe to take a bladder medication, peripheral neuromodulation is a drug-free intervention.” For some it is the cure for others it serves as a segue to the larger commitment of sacral neuromodulation.

It’s also relatively convenient. After 12 weeks, patients go into a maintenance program with less frequent stimulation sessions that are more individualized. “They determine when they need a touch-up treatment,” says Dr. Zyczynski. “Our ultimate goal is to develop a home-based system which would be most convenient.” This is actively being explored by colleagues in the Department of Urology at the University of Pittsburgh.

On another investigational front, Dr. Zyczynski is the principal investigator of a study developed with colleagues of the Pelvic Floor Disorders Network (PFDN) which aims to explore posterior tibial nerve stimulation (PTNS) in women with fecal incontinence or accidental bowel leakage. This study is in cue to be implemented in the near future. As has been the case for more than 15 years, all eligible women seeking care at the Women’s Center for Bladder and Pelvic Health will be invited to join this National Institutes of Health (NIH)-sponsored research study. “It has been a privilege to partner with thousands of women from western Pennsylvania in our research efforts. Their experiences have contributed to the results published in numerous manuscripts and have without question altered our field’s approach to pelvic floor disorders. Their voices have led to change and to progress.”

#### **Pelvic Organ Prolapse and The Problems With Mesh**

While incontinence and urgency in women are being treated and explored in new and exciting ways, Magee researchers are also focused on improving current surgical methods for the repair of pelvic organ prolapse.

One cause of pelvic discomfort and urinary incontinence is pelvic organ prolapse. This condition may occur when the vagina loses support due to damaged tissues, causing the organs supported by it — the bladder, uterus, and rectum — to fall into the vagina.

Meshes are typically used to repair this uncomfortable condition. And Dr. Pamela Moalli knows they’re not quite up to the job. Dr. Moalli is associate professor, division of Urogynecology and Pelvic Reconstructive Surgery at Magee. She has been with Magee since her residency in 1994, and she is making unique contributions with translational research on how women tolerate and accept graft materials in pelvic floor reconstruction surgery. Magee-Womens Research Institute is working on developing a vaginal mesh that will be the first FDA-approved mesh for use in the vagina.

“We generally try to use a patient’s own tissue for reconstruction,” says Dr. Moalli. “But these attempts have had very disappointing outcomes, even when the pelvic floor reconstruction was performed by some of the top surgeons in the country. The failure rate of the native tissue repairs is 30 to 40 percent over a short period of two years. Nineteen percent of women undergo a second surgery within five years. That’s disappointing, and that’s why we have turned to bio-materials to improve outcomes.”

Mesh comes with its own set of problems, though. “There is a classic foreign body response that occurs when any material is put in the body,” Dr. Moalli says. “The goal is to limit the foreign body reaction. Today, all of the meshes used are actually hernia meshes that are off-the-shelf and re-purposed for prolapse. What we’re finding is that they weren’t designed correctly for the loading forces that are placed on the vagina. When you pull on these meshes as they would be in a prolapse repair, the pores collapse resulting in an increase in the mesh load on the vagina. This in turn results in a heightened foreign body response. Nobody knew that before we did our research. We now have a better understanding of how the loading forces placed on a prolapse mesh impact its behavior and contribute to complications.”

Dr. Moalli is studying the impact of urogynecologic meshes on the vagina by using an animal model to test various meshes prior to placing them in women. “One of the main problems,” states Moalli, “is that the meshes have been implanted in women on a trial and error basis before studying them in animal models.”

She and her team have also developed a computational model, based on women, where they make finite element models of meshes and the vagina, and then look at how a particular mesh will fit a particular person. “In our clinical practice, we try to follow what I’ve found in my research,” states Dr. Moalli. “We also are performing studies with the PFDN, implanting mesh and studying it very closely. Finally, I work with the Pelvic Floor Disorders registry, which is involved with studies in which vendors carry out trials to test mesh and compare not only anatomical outcomes but also complications relative to native tissue repairs.”

Currently, Dr. Moalli is interested in moving toward materials that regenerate the missing part, rather than using stiff mesh to fix the problem. “We’re working on using a woman’s own tissue to regenerate the missing ligaments and attachments that support the vagina.”

Moalli has found that Magee is the perfect place for her and her studies. “We have the largest mesh bio-repository in the country where every single person who has a mesh complication at our institution is offered participation. My partners and I collect mesh, blood, and urine to help us understand some of the responses that are occurring in women. Magee-Womens Research Institute offers a unique experience where everyone is highly collaborative with a common mission to improve women’s health.”

She adds, “Although I have been offered positions at different institutions across the country, what makes Magee unique is its close relationship with the Research Institute. Here, I have a close collaboration with experts in bioengineering, computational mechanics, and cell biology. We’re all very close — physically within a half-mile radius, which fosters collaboration. I wouldn’t be where I am today without my partners and research collaborators. It’s been fun, and I haven’t seen a place where the intellectual interaction has been as good as it is here.”

Her cohort, Dr. Zyczynski agrees. “I can’t imagine being anywhere else. It’s been a great journey.”

**To learn more about treatments for bladder and pelvic floor conditions, visit [www.upmc.com/magee](http://www.upmc.com/magee). To support life-changing urogynecology research visit [www.mwrif.org/donate](http://www.mwrif.org/donate).**



## Annual Check-Ups Are Vital for a Healthy Lifestyle

In today's increasingly busy lifestyle, scheduling a regular health check-up may be at the bottom of your checklist, or not even considered. After all, if you practice a healthy lifestyle and aren't regularly ill, why spend time and money to go to a doctor for health problems you might not have? While many may feel an annual health check-up may not be necessary, keeping regular doctor appointments should be a part of your health routine. It may feel more like another thing to check off on your to-do list, but the benefits of regularly seeing your doctor still outweigh waiting until you get sick to finally schedule that appointment.

And the costs of ignoring annual health exams are much bigger than a huge bill—missing early warning signs can lead to more severe problems in the future with an undiagnosed illness or health issue. Doctors recommend regular health check-ups, especially for women. The National Institutes of Health (NIH) provides a recommended timeline for when women need to begin scheduling screenings and check-ups for regular tests, such as blood pressure exams and pap smears. For example, a 19-year-old woman receiving annual health checks should undergo regular Pap smears and sexually transmitted diseases (STD) testing. By the time the same woman is in her thirties, she should begin to have regular blood pressure checks and should start to think about scheduling a mammogram. Being up-to-date with your check-ups and screenings not only gives you an idea of your current health, but also informs you about what symptoms or signs signal developing diseases or issues.

"Studies have shown that a women's health has a direct impact on her community. Taking the time to schedule regular doctors' appointments is the most important thing a woman can do for herself and her community," says Yoel Sadovsky, MD, director, Magee-Womens Research Institute.

Regular check-ups also lead to a stronger relationship between you and your doctors, and allow for a better view of your overall health, which can lead to improved diagnosis and treatment of future health problems. Regular visits to specialists, like your gynecologist, also will foster collaboration between your specialist and your primary care physician for more accurate view of your total health.

Talk to your primary care physician today about scheduling an annual exam. It may be one more thing to add to your calendar, but the benefits outweigh the consequences.



## Screening Tests for Women

Review the guidelines listed here to find out about important screening tests for women. These guidelines are recommended by the U.S. Preventive Services Task Force. Keep in mind that these are only guidelines. Your doctor or health care provider will personalize the timing of the screening tests you need based on many factors. Ask your doctor or health care provider if you don't understand why a certain test is recommended for you. Check with your insurance plan to find out which tests are covered. Insurance companies are required to cover many preventive services for women at no cost to you because of the Affordable Care Act.

Screening tests	Ages 18–39	Ages 40–49	Ages 50–64	Ages 65 and older
Blood pressure test	<p>Get tested at least every 2 years if you have normal blood pressure (lower than 120/80).</p> <p>Get tested once a year if you have blood pressure between 120/80 and 139/89.</p> <p>Discuss treatment with your doctor or health care provider if you have blood pressure 140/90 or higher.</p>	<p>Get tested at least every 2 years if you have normal blood pressure (lower than 120/80).</p> <p>Get tested once a year if you have blood pressure between 120/80 and 139/89.</p> <p>Discuss treatment with your doctor or health care provider if you have blood pressure 140/90 or higher.</p>	<p>Get tested at least every 2 years if you have normal blood pressure (lower than 120/80).</p> <p>Get tested once a year if you have blood pressure between 120/80 and 139/89.</p> <p>Discuss treatment with your doctor or health care provider if you have blood pressure 140/90 or higher.</p>	<p>Get tested at least every 2 years if you have normal blood pressure (lower than 120/80).</p> <p>Get tested once a year if you have blood pressure between 120/80 and 139/89.</p> <p>Discuss treatment with your doctor or health care provider if you have blood pressure 140/90 or higher.</p>
Bone mineral density test (osteoporosis screening)			Discuss with your doctor or health care provider if you are at risk of osteoporosis.	<p>Get this test at least once at age 65 or older.</p> <p>Talk to your doctor or health care provider about repeat testing</p>
Breast cancer screening (mammogram)	If you have a significant family history of breast cancer, discuss with your doctor or health care provider.	Discuss with your doctor or health care provider.	Starting at age 50, get screened every 2 years.	<p>Get screened every 2 years through age 74.</p> <p>Age 75 and older, ask your doctor or health care provider if you need to be screened.</p>
Cervical cancer screening (Pap test)	<p>Get a Pap test every 3 years if you are 21 or older and have a cervix.</p> <p>If you are 30 or older, you can get a Pap test and HPV test together every 5 years. Get tested at least every 2 years if you have normal blood pressure (lower than 120/80).</p>	Get a Pap test and HPV test together every 5 years if you have a cervix.	Get a Pap test and HPV test together every 5 years if you have a cervix.	Ask your doctor or health care provider if you need to get a Pap test.



THE MAGEE WOMENS RESEARCH INSTITUTE

# A JOURNEY OF INNOVATION

**FEATURING:**

**Dr. Irma Goertzen**  
Former President and CEO of Magee-Womens Hospital and Magee-Womens Research Institute

**Dr. Trevor Macpherson**  
Professor of Pathology  
Vice Chair of Pathology Education  
Director of the Residency and Fellowship Program in Pathology  
Former Vice President of Magee Womens Hospital

**Dr. Melissa McNeil**  
Professor of Medicine and Obstetrics, Gynecology and Reproduction Sciences  
Associate Chief, Division of General Internal Medicine  
Chief, Section of Women's Health  
Director, Comprehensive Women's Health Program  
Program Director, BIRCWH (Building Interdisciplinary Research Careers in Women's Health)

Everyone at Magee-Womens Research Institute is obviously aware of the importance of research into health issues impacting women, and the importance of funding that research, as well. But unfortunately, its not obvious to everyone. Currently, the National Institutes of Health (NIH) funding for this work is decreasing with women's health research only getting 13 cents of every dollar the NIH awards. With this situation in mind, we talked to three leaders in research about the state of the Research Institute's efforts and mission. Following is a discussion about the history of women's health research at Magee-Womens Research Institute with Dr. Irma Goertzen, who was instrumental in its creation, Dr. Melissa McNeil, a leading expert in the field of women's health, and Dr. Trevor Macpherson, who was Director of Research and Vice President at Magee during the initial launching of the Institute.

**Q: How did Magee-Womens Research Institute come to be?**

**Goertzen:** When I came to Magee, it was an obstetrical hospital focused mainly on women’s health issues related to the uterus. I had been running a University of Washington hospital in Seattle — a multi-clinical institute with a big research emphasis. In my past experience, I’d been on National Institutes of Health (NIH) committees. I saw thousands of women coming through Magee Hospital and I thought we could be doing something more, in addition to all the wonderful work we’ve been doing for women and their babies. We should expand on that because women’s health is so much more. There are cardiac issues. Mental health issues. I had an idea of making this a women’s hospital instead of just an obstetrics hospital. I thought this would also be a good place to do research because the numbers are so great. I’d been here two years when I started thinking about research. I knew there were faculty doing research, but it wasn’t organized in any fashion. I asked Dr. Macpherson if he would look at the research and see what was being done and how it was being funded. He came back with a report that said there were six or seven faculty doing research, mostly maternity related. We had \$700,000 in funding. I said, “Ok, well now we have a research institute.” I was president of Magee at the time. I just said it, and said we were going to get this organized.

**Macpherson:** We presented to the board of the hospital and told them Magee was a very good community/academic hospital, but it was not really a leader in women’s health research. Our proposal was that, in order for Magee to rise to a level of being a nationally and internationally recognized hospital, that it was necessary to create a plan for the development of a very strong women’s health research program through the formation of a research institute. The board bought into that idea and launched the Magee-Womens Research Institute as part of a strategic plan in the early 1990s.

**Q: What was the vision for the Research Institute?**

**Macpherson:** The focus of the Institute was to create an entity that was exclusively devoted to women’s health research, as opposed to competing against other domains of research interest. There was a perspective that said unless we create something that is exclusive in that domain, the ability to create a strong program would be diluted if we went into too many different specialty areas. So the real vision was that there was a need to link research to this hospital that cared exclusively for women. Of course, that’s expanded into cardiovascular research and other areas that relate to women’s health as well. There was no group that was focusing exclusively on women’s health in Pittsburgh or at the University of Pittsburgh. They were generally part of other departments that were doing women’s health research, but they were not exclusively focused. Our focus at that time was to recruit faculty and investigators who were

committed to and successful in women’s health research, not just research in general. That was a big impetus to the Research Institute being successful. We were able to take a basic science component and link it to a very strong clinical program that was present at Magee. I’m not sure how many women’s research institutes there are now, but I know Magee was the first.

**Q: Why was there a need for women’s health research?**

**Goertzen:** Changing the way that people think about research and women’s health was an issue for me. We’re not all the same. Women are different than men. And I knew that women were not included in NIH research. It was all done on men, but the results were applied to women. There were certain drugs that you shouldn’t give to women. They would leave women out of studies because of menstrual cycles and hormones. That’s changed now. If they’re going to apply results to women, they have to include women.

**McNeil:** When I began my career, I was at the Veterans Administration Hospital (VA). We began to see an increasing number of women, and didn’t have anyone with the knowledge or capabilities to take care of our women veterans. I became interested as a woman internist in thinking about the interests of our women veterans. And now women’s health is a huge part of the VA mission. Services for women in the early 1990s were so limited. Somebody had to do it, and I found it fascinating.

**Goertzen:** And it’s really a credit to Magee and our researchers that we were on the forefront of doing women’s health research — even before NIH provided funding for it.



**Q: What role did the Magee-Womens Health Foundation play in the start-up?**

**Goertzen:** Prior to my coming, the Foundation had raised a fair amount of money. But by the time I got here, it had disbanded. I reorganized the Foundation. I went to the new Foundation and explained that we now had a Research Institute, and I needed \$2 million. They raised \$2 million. The Foundation was key in giving us money in the following years, as well, to develop the program. The Foundation was our major funding source.

**Macpherson:** Even before the Research Institute was formed, the Foundation raised about \$125,000 per year for pilot studies of Magee researchers. They made four to five awards of up to \$25,000 each for one year. That process included a scientific peer review, and the Foundation board approved the project based on what they thought was important at the time. That ended up being a very successful program in terms of investigators who were funded for pilot studies eventually acquiring NIH funding. That funding potential was part of the review process. When the Research Institute was formed, most of those awards then moved toward Research Institute investigators as opposed to general investigators in the system. The success of the Institute initially was very much related to the ability of people to get internal pilot money to launch specific projects.

**Q: How important is funding to the success of research?**

**McNeil:** Funding drives research. So if you want research in women’s health, you have to fund research in women’s health. Today the Research Institute is attracting researchers who wouldn’t normally think about applying their skills to women’s health, but now they think that it might be a great place to research because of funding. Funding is critical. It drives what people will study. One example: We have a couple of biomedical engineers who have taken their interest in engineering and begun to apply it to pelvic floor problems. That’s a great example of expanding the domain of a discipline into the women’s health arena through funding opportunities.

**Macpherson:** At the time the Institute was formed, I think NIH funding was somewhere around \$2 to 3 million and I know it’s significantly higher than that now. In the early 1990s, maybe three or so investigators had NIH grants, and, again, that number has expanded significantly since that time.

**Goertzen:** By the 20th year celebration, they had \$30 million in research dollars. That’s pretty amazing.



**Q: What made Magee-Womens Research Institute so different and so successful?**

**Goertzen:** There aren’t a lot of hospitals that are just women’s hospitals, and they’re not connected with a university. That’s a real advantage. I understand that all of our doctors are faculty of the University of Pittsburgh, and there’s a mentality in a university that is different from a general hospital. The creation of new knowledge is a responsibility of the organization, so the mentality of the people is different from that perspective.

**Macpherson:** Magee has the unique position of being the specialty women’s hospital in Pittsburgh and the region, so any woman with a significant disease may likely end up at Magee. The success of women’s health and the impact of research both go together, because you need patients to do research, and you need research to attract patients. So when you have a strong research program, you’re going to be at the cutting edge of new treatments, innovations, and technology. You need the patient population to know what questions to ask and to get answers.

An easy way to look at the success of the combination of the Institute and the hospital would be to look at the history of the recruitment of faculty in the Department of Obstetrics, Gynecology & Reproductive Sciences. That went from a department of about 15 to 18 members in the early ‘90s to more than 100. The Institute itself became a magnet to draw faculty with various expertise across a broad base of specialties to be recruited to Magee. For instance, the gynecologic oncology department grew from 3-4 people to as many as 15.

**“Funding drives research. So if you want research in women’s health, you have to fund research in women’s health.”**

Dr. Melissa McNeil



Maternal fetal medicine expanded, as did ultrasound, genetics, infectious diseases – all of those expanded enormously. Some of the most successful researchers in the country came because of the ability to access a large women’s health population in one entity. The fact that the hospital was focused on women in terms of patient care and the Institute was focused on women in terms of research studies – you bring those together and you attract very strong faculty from all over the country.

The success of women’s health research involves a combination of an active patient population, the resources to recruit top faculty, and the infrastructure to provide seed money so people can initiate studies that can be competitive for NIH funding.

**McNeil:** It’s not just the work that happens at the Research Institute, it’s the training that it provides for scholars who may continue to work in Pittsburgh, but who may go to other places nationally. So Magee’s influence is felt locally and nationally both by the quality of research that happens here and the wonderful scholars that Magee trains who go out and do their work at other sites. It’s a sought-after position. We have a wonderful track record of mentorship and career development, and we make a difference in the day-to-day lives of the women we serve.

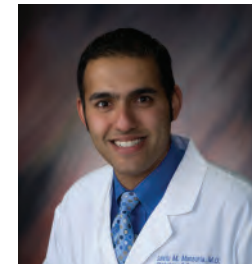


**“For decades, research performed on men has been applied to women, but at Magee-Womens Research Institute, our laser-sharp focus has always been on women’s health. We believe that through our work, we will find answers that transform the health of women everywhere. Research continues to reveal the importance of gender-based medicine and Magee-Womens Research Institute is poised to make huge strides in the understanding of how diseases differently affect women and men, how women present differently with illnesses than men, how they respond to medication differently, and how wellness should be enhanced in a gender-specific manner. This is what will guide the medical world of the future to the benefit of all of humankind.”**

-Yoel Sadovsky, MD, director, Magee-Womens Research Institute



Dr. Richard Scott Guido



Dr. Suketu Mansuria



## New Less-Invasive Methods for Treating Fibroid Tumors

“Fifty to seventy percent of women will have fibroid tumors during their lifetime, but it is an extremely rare event for a fibroid to be cancerous,” says Richard Guido, MD, Professor, Obstetrics, Gynecology & Reproductive Sciences and Co-founder of the Fibroid Treatment Center at Magee-Womens Hospital.

A fibroid tumor is a muscle tumor of the uterus that comes from an abnormal growth of one cell which reproduces itself over and over again. It can grow inside or outside of the uterus and be the size of a pea or as big as a cantaloupe.

One in four women will experience symptoms of a fibroid, including increased menstrual bleeding, pressure on the bladder, or an enlarged abdomen. There are no known ways to prevent fibroid tumors, but it has been found that there is a tendency for the tumors to develop more often in African American women and in obese women. An increase in estrogen in heavier women is thought to be the reason for the link with obesity. Heredity also plays a part.

In the past, there were only two methods of treating fibroids: a hysterectomy, which has a long recovery period of about four to six weeks and which is not suitable for women who want to have children, and a myomectomy, in which the fibroids are removed and the uterus is reconstructed.

“In 2008 a multidisciplinary center for the treatment for fibroids was introduced at Magee,” says Suketu Mansuria, MD, assistant director, Minimally Invasive Gynecologic Surgery, Magee-Womens Hospital. “This method of treatment draws on the expertise of three specialized areas: minimally invasive gynecologic surgery, radiology, and ultrasound.”

“In more traditional surgery, such as a laparotomy,” explains Dr. Guido, “an incision is made in the abdominal region. Although it has a 90 percent success rate, it requires weeks of recovery time. Minimally invasive surgery, on the other hand, often is performed as an outpatient surgical procedure with one to two weeks off of work.”

“Other methods of treatment include using birth control or other contraceptives to ease excessive bleeding; use of drugs such as Lupron®

to shrink fibroids, causing the patient to temporarily go into menopause (can be used for only six months and not on very young women); and hysteroscopy, an outpatient surgical procedure which enters through the cervix (patients often go to work the next day).” Interventional radiologists also perform minimally invasive vascular procedures (through a catheter in a blood vessel) to shrink fibroids and reduce bleeding. Uterine artery embolization (UAE) is completed in less than two hours, often can be done as an outpatient, and typically requires one week of recovery.

### New Fibroid Treatment Procedures

Radiofrequency ablation, a new procedure approved by the U.S. Food and Drug Administration (FDA), was pioneered at Magee by Dr. Guido, and has been used for only two years. It is laparoscopic procedure using small incision in the abdomen. A needle, which uses high frequency electricity, heats the fibroid to almost boiling. It works well with patients who have heavy bleeding and has a short recovery time.

Another method, which is currently in FDA trial phase, also uses radiofrequency energy that is introduced through the uterus. It is done under sedation and there is no incision in the abdomen.

A method which is being used in Europe, but which does not yet have FDA approval here in the States, uses a class of drugs referred to as progesterone receptor modulators. They reduce the size of fibroids and stop women from having heavy bleeding; the downside is that the patient cannot get pregnant while on these drugs.

To help patients keep up with the choices available to them, community education sessions are offered twice a year at Magee. Each method has its pros and cons and it is up to the patient, in consultation with both the gynecology and radiology departments at Magee, to decide what is best for her. The center provides multidisciplinary consultation to patients to review their specific options. The Center is staffed by Drs. Guido, Donnellan, Mansuria, and Lee from obstetrics and gynecology, and Drs. Orons, McCluskey, and Short from interventional radiology.

For more information about the Fibroid Treatment Center, visit [upmc.com/Magee](http://upmc.com/Magee). To help support clinical care and research related to fibroid tumors, visit [www.mwrif.org/donate](http://www.mwrif.org/donate).

## Magee WomanCare International: Bringing Health Care Education to Pittsburgh's Many Cultures



The Womancare International approach empowers women from underserved populations to become leaders in improving health outcomes for their community. These women are seen as “wisewomen” among their peers who bridge cultural misunderstandings between patients and health care providers, dispel myths of the American health care system, and build a more trusting relationship between their communities and the medical field.

The first step to improving the health of women and their families is health education. But how do you reach various nationalities within the community that have multiple and diverse cultural and logistical barriers to care specific to their nationality and may not understand our complex medical system?

This is the mission of Magee Womancare International (MWI), to build healthier communities through international and local health initiatives for women and their families that address health disparities and culturally appropriate health care delivery to minority, underserved, and at risk populations. MWI is a non-profit organization that serves as the international outreach arm of Magee-Womens Hospital of UPMC. MWI is fully funded through grants and private donations from organizations like Susan G. Komen Pittsburgh, FISA, Jewish Women's Foundation, March of Dimes Birth Defects Foundation, the United Nations High Commission for Refugees, the Open World Leadership Center, and the U.S. Department of State.

Established in 1991 by the Magee-Womens Hospital Board of Directors, the organization was first created to improve health care conditions for women and infants in Russia and the newly independent states of the former Soviet Union. MWI still works with their sister office in Moscow, Russia to reduce infant and maternal mortality rates.

“Today, many of our initiatives are even closer to home,” says Nicole Travis, MS.Ed, administrative director of the program, “One of our key initiatives focuses on reducing breast health disparities in Allegheny County.” MWI accomplishes this through:

- increasing early detection screenings for women in minority and at-risk populations
- community Breast Health Fairs, which provide breast health education and referrals to early detection screening services in Allegheny County
- improving access to culturally-sensitive breast health care for women and families from immigrant and refugee communities residing in the Greater Pittsburgh area

Currently, MWI is implementing their Wisewomen Ministries Program funded by Susan G. Komen Pittsburgh. This program established five “Wisewomen” teams from international and African-American communities in Pittsburgh to become trained breast health educators providing culturally-appropriate breast health education, support, and

referral services to women in their community. Focus groups that include all five Wisewomen teams, called “Interfaith Wisewomen Meetings,” are held periodically so that the women can discuss what is working and how to better assess the health care needs of their individual groups. This approach empowers women from underserved populations to become leaders in improving health outcomes for their community. According to Ms. Travis, “These women are seen as “wisewomen” among their peers who bridge cultural misunderstandings between patients and health care providers, dispel myths of the American health care system, and build a more trusting relationship between their communities and the medical field.”

MWI also administers international exchange programs for youth and young professionals sponsored by the U.S. Department of State addressing leadership development, environmental health concerns, and activism to improve the health of communities around the world.

Since 2001 the federal government has placed 3,101 refugees in Pittsburgh, and an additional 1,500 second wave of refugees and immigrants has relocated here from other U.S. cities. In response to these large numbers of new arrivals to the Greater Pittsburgh area, MWI's international outreach programs in Pittsburgh have included seven young women's health and nutrition programs serving Somali refugee girls funded by FISA and the Jewish Women's Foundation of Pittsburgh, as well as 11 initiatives on various health topics for immigrant and refugee families funded by the Health Advocacy for New Americans/New Arrivals (HANA) program.

Some of the other issues being addressed by MWI through outreach initiatives are:

- training medical professionals to identify and respond to human trafficking cases
- teaching diverse underserved populations how to navigate medical and non-medical services in Pittsburgh that can improve access to health care
- promoting civic engagement of youth within the public sector to improve community health
- committee work with stakeholders and pastors from Pittsburgh's Hill District to address the high infant mortality rate in the African-American communities of Allegheny County
- innovative smoking cessation initiatives for pregnant women and their family members

If you would like to help Magee Womancare International create a culturally inclusive community and promote better public health, contact Nicole Travis at [travisn@mwri.magee.edu](mailto:travisn@mwri.magee.edu) or Lysie Clott at [clottls@mwri.magee.edu](mailto:clottls@mwri.magee.edu). To make a donation in support of the program, visit [www.mwirf.org/Donate](http://www.mwirf.org/Donate) and choose Magee Womancare International as your gift designation.

## Amy Roberts Award: Inspiring Research Advancement in the Light of Tragedy



In 2005, Amy Roberts, a sports physiologist and daughter of former Magee-Womens Research Institute director, Dr. James Roberts, passed away in a tragic accident at the age of 40. Her dedication to disease prevention and behavioral modification inspired her parents to establish the Amy Roberts Health Promotion Research Award. The award is given to young researchers who are interested in health promotion in the field of women's health.

Health promotion is the science of helping people change their lifestyle to move toward a state of optimal health. This research promotes and influences well-being through enhancing awareness, behavioral modifications (such as exercise, nutrition, stress reduction, or smoking cessation), and creating environments to support good health practices.

"Recipients have used this support to move their careers forward in the area of health promotion research," said Dr. Roberts, former director of Magee-Womens Research Institute.

"I am grateful that this award, given to deserving participants for years to come, will ultimately enhance careers as well as the quality of life for many," said Mary Roberts, Amy's mother. "I look forward to hearing about the way in which other young investigators will use this award to jumpstart their work in this most important research area."

### An Update on Previous Award Recipients

Since 2006, the award has gone to nine researchers who have advanced the field of behavioral health promotion and has provided funds to conduct their research, which has led to scientific presentations, published studies in medical journals, and increased engagement with a network of health researchers.

- The 2014 recipient, Grace Ferguson, MD, is currently compiling research on patient conceptions of foreign body contraceptive options, through qualitative interviews with patients on their conceptions of implantable contraceptives and how these devices interact with the body.
- Kyle Freese, MPH, who was the 2013 recipient, attended a national scientific conference for obesity health care professionals and researchers, and had the opportunity to present his work and network with some of the country's leading obesity experts.

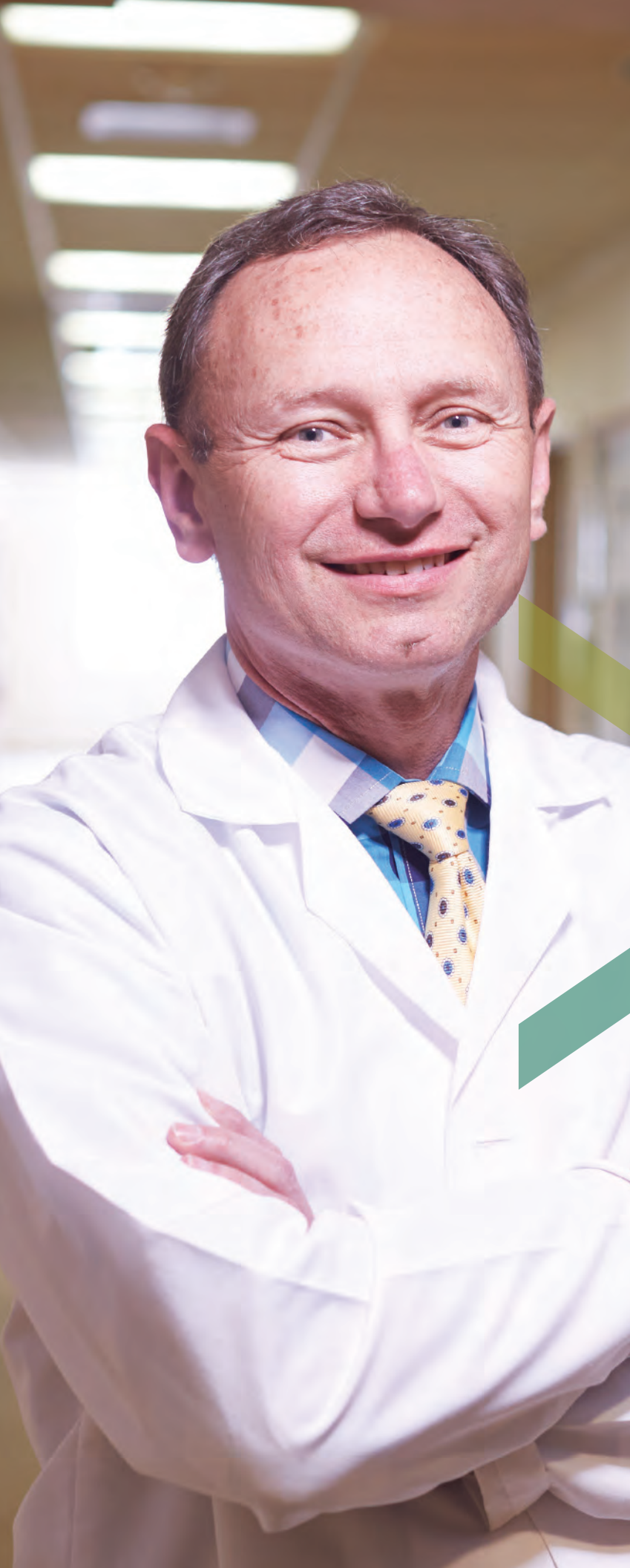
- Penelope K. Morrison, PhD, MPH, who won the award in 2012, used it to complete her studies on how mothers communicate with their adolescent children about sexual and reproductive health, and was accepted for presentation at the 2013 Annual Society for Adolescent Medicine Meeting.

The research of other award recipients has gone on to not only yield successful results, but has also led to new opportunities in their field.

- The award's inaugural winner, Elizabeth Krans, MD, MSc, published two peer-reviewed manuscripts based on her study of beliefs and barriers to exercise faced by African-American women living in urban, low-socioeconomic communities. Since then, Dr. Krans has completed the Robert Wood Johnson Foundation Clinical Scholars program, and has returned to Magee-Womens Hospital as an assistant professor in the Department of Obstetrics, Gynecology & Reproductive Sciences.
- Tracey Weissgerber, PhD, who received the award in 2009, collaborated with researchers in Sweden based on her study of the relationship between the pregnancy complication preeclampsia and the potential development of cardiovascular and renal disease in family members of women with pregnancy complications. Dr. Weissgerber also has published a study related to her research in the medical journal, *Kidney International*.
- Michele Moniz, MD, the 2010 recipient, is now a Robert Wood Johnson Foundation Clinical Scholar at the University of Michigan, based on her research on communication channels for patient education.

The 2015 winner of the Amy Roberts Health Promotion Research Award will be announced at Magee-Womens Research Institute's annual Research Day in Reproductive Biology and Women's Health on May 29. If you would like to support the next generation of health care leaders and the promotion of healthy lifestyles by donating to the Amy Roberts Health Promotion Research Fund, please visit [www.mwrif.org/donate](http://www.mwrif.org/donate).





# NEXT IN LINE

## MEET DR. ROBERT EDWARDS, THE NEW CHAIR OF OBSTETRICS, GYNECOLOGY AND REPRODUCTIVE SCIENCES AT MAGEE-WOMENS HOSPITAL

What inspires us to become leaders in our field? For Dr. Robert Edwards, it goes back to when he was a child and the close relationship he had with his grandmother, a strong role model who had a big influence on how he felt about women and the world.

"I would say she was my role model. She was a very hard-working lady who lived through the Great Depression and raised her family without a lot of resources. What an inspiration," says Dr. Edwards, the new chair, Department of Obstetrics, Gynecology & Reproductive Sciences at Magee.

Having a supportive wife and three daughters at home also fuels Dr. Edwards' passion for women's health and gives him a close-up perspective on what goes on with women as they grow and mature. Dr. Edwards follows in the footsteps of Dr. W. Allen Hogge, who, in over nearly a decade of leadership, brought a focus on patient care and academic research to Magee. This shift in thinking is what brought Dr. Edwards to Magee — or, rather, back to Magee.

### THE FIRST MAGEE EXPERIENCE

From 1985-1989, Dr. Edwards performed his residency at Magee. "I really liked OB/GYN. It seemed to fit with my personality," he says. Although he felt it was a competitive program, Dr. Edwards also lamented the lack of research in the 1980's. "In those four years at Magee, I was thinking this is a very good program with a lot of clinical volume, but it doesn't have a big research reputation. I always said when I was training that the place would be so great if it had more research."

Upon graduation, Dr. Edwards completed two fellowships at the University of Alabama at Birmingham before joining Magee's faculty. During his first nine years on faculty, Dr. Edwards and Dr. Joe Kelley built an oncology program at the hospital, but it was difficult to get the financial support needed to sustain the program. "We were always financially strapped before Magee became a part of UPMC. I felt like my research career was floundering." Dr. Edwards left for an endowed chair position at the University of Louisville, where he remained for five years.

During that time Dr. Hogge became chair of the Department at Magee, and UPMC merged with the hospital to create an organization focused on patient care and research. Dr. Edwards remarks, "It changed the culture of the institution and brought in a lot more research capacity. In my last year at Louisville, Magee offered me a position to come back. They wanted me to rebuild the oncology program I had started."

### THE INSPIRATION TO RETURN

"Within three years of returning, the Division of Gynecologic Oncology grew from a division of one, with Dr. Joe Kelley, to a division of nine. The program grew exponentially over the first four or five years, and the patient volume grew as well," says Dr. Edwards. "I personally led the effort to go out into the community and develop cancer outreach sites in community settings. Our market share skyrocketed. Once we had a large market share, we could begin to build the research program in earnest."

Dr. Edwards was instrumental in the development of the gynecologic portion of the Women's Cancer Research Center at Magee-Womens Research Institute with the help of some impressive talent, beginning with the recruitment of Dr. Anda Vlad, a researcher at Magee-Womens Research Institute. "Dr. Vlad helped us develop a mouse model of ovarian cancer. We'd been looking at comparisons between our human model repository and our mouse model, comparing the biology between the two systems. We used the mouse model for ovarian cancer to define mechanisms, and then we confirmed the relevance of the findings in our large ovarian cancer bio-repository. We have more than 6,000 patient specimens from our various clinical studies to use for this work. We also acquired many specimens from former investigative trials at Magee. We used those bio-specimens and our tissue bank to generate numerous papers."

Dr. Edwards believes that, in the age of big data, the transformation in data analytics will make a huge difference in women's health care. "I'm hoping that we can match our robust data banks that we're developing on patient outcomes with bio-specimens from our various banks to answer important questions about prevention, prevalence, and causes of diseases in women. Using this model, which we used in our own program, I hope to be able to address more issues. We have a network of more than 100 community providers to go with our large academic faculty, as well as our attending physicians who work out of Magee. It's a rich, robust group of women's health care providers. Overlaying research architecture and infrastructure on top of the clinical operation, enables us to do some really important work."



**Dr. Charles Ziegler, the first chair of Magee's Department of Obstetrics, Gynecology & Reproductive Sciences**

### BRINGING OUT THE BEST

Current President of the Medical Staff at Magee, Dr. Carey Andrew-Jaja, got to know Dr. Edwards personally since they lived across the street from each other, before working together professionally. Years ago, Dr. Andrew-Jaja ran the surgical services committee and was always appreciative of Dr. Edward's help and collaboration in their meetings.

But there was one event that Dr. Andrew-Jaja will never forget.

"We had a patient who needed a hysterectomy in the middle of the night. I was co-surgeon on this case with Dr. Edwards. It was the most difficult hysterectomy that I had seen in the preceding 10 years. The patient was frail and the surgery was so complex. And yet I think of this case very fondly because, first of all, the operation was successful for the patient. But I also got to see how Dr. Edwards worked," Dr. Andrew-Jaja remembers. "There was no drama and he didn't try to take over the entire procedure. Rather, he allowed me and the rest of the surgery team to function at the highest level of our abilities. That to me is a microcosm of his leadership style. He empowers people and makes them better. Whether he's managing a small team under difficult circumstances like this, or leading a large group with long-term goals, he allows everyone to work toward a shared vision. And it makes him an excellent match for Magee."

### A VISION FOR THE FUTURE

Throughout the department, Dr. Edwards envisions implementing this model of practicing clinicians interacting with translational scientists to answer important questions about patients. "We've been dedicated to developing bio-repositories both for our own research and as a resource for other investigators to explore new ideas and concepts." He adds, "As I've become a mature clinician, I've realized the power of this more and more. With large repositories of specimens and very detailed data associated with the outcomes of the patients that those specimens were procured from, we're able to answer some very basic and intrinsic questions. And because the technology for doing these types of inquiries has gotten so advanced, we don't necessarily need the specialized bio-bank specimens we've used for 30 years or the tissue blocks that have to be frozen. Much of what we do now can be done in paraffin blocks, the standard blocks used in any clinical pathology lab. This makes possible a whole other source of bio-medical collection of bio-specimens from patient care that's commonly collected available for inquiry."

Dr. Edwards' passion for clinical care, and translating research into meaningful ways to help women makes him a perfect match for Magee. And that's something he appreciates. "At Magee, there's a total devotion to women's health and the health of the newborn. There's a commitment to the importance of women in society, and a recognition that the health of women is important to the health of society as a whole. Women's health is really under-appreciated, and understanding how women are affected by diseases has not been well-studied. In fact, it's been avoided.

I see that as key to addressing many of the problems we currently have with society. Improve the health of women, and you improve the health of society as a whole."

He also recognizes what a unique opportunity working here presents. "Seventy percent of women in Allegheny County deliver at Magee," says Dr. Edwards. "That means several generations of women interact with the hospital from birth until a time when they might need help for a disease. I see this as an opportunity to take basic and translational findings and validate them across a population of women from several generations."

Working here is special from another standpoint, as well. "One of the beautiful things about working in western Pennsylvania is the patients are so appreciative. I always tell the specialists it's hard to go out and provide care in the local community, but that's how you make a difference. When you go out into the community and develop relationships with the patients and their primary care physicians, you become part of their community process. That's how you change outcomes for entire populations in a region."



**Dr. Edwards and his family**

## STEPPING INTO A LEADERSHIP ROLE

Dr. Edwards admits it's an intimidating job. There are more than 240 physicians and researchers at Magee. There is a staff of over 1,000 UPMC employees that supports department and research institute operations. "Working with Magee and MWRI administration, I am more of a CEO of the clinical/translational business unit for all practical purposes," says Dr. Edwards. Fortunately, he has some wonderful role models, helpful coworkers, and a very supportive family.

Former chair, Dr. W. Allen Hogge was a mentor to Dr. Edwards, and he hopes to continue Dr. Hogge's legacy of life-changing research and patient care. Dr. Edwards remarks, "Dr. Hogge developed an infrastructure with experienced administrators. They all have kept me on point and been extremely helpful in the transition. He also took me under his wing to help me understand the depth and breadth of the position and what's required.

It's a lot of responsibility but I see it as an opportunity to make change and improve the health of women. I'm very excited about the possibility."

Dr. Edwards also points to a former colleague, Dr. Edward Partridge, as a major influence in his development as a leader. Dr. Edwards worked with Dr. Partridge at the University of Alabama at Birmingham. "He's the person I most tried to emulate. This is a guy who, when I started my fellowship, came in from private practice as a busy surgeon and clinician. He single-handedly re-trained himself and re-invigorated the program at UAB. I got to watch how he handled people and led by example. He was the first one in and the last one out. He really turned himself into a world-class academician. I've had Dr. Partridge up a couple of times to advise me and work as a consultant to look at what we need to do to move our program forward. He was instrumental in the planning and implementation that led to the ovarian cancer program and building of a cancer research center here. He's really been a role model for what we did with that program; it really inspired me."

Dr. Partridge is currently the director of UAB's Comprehensive Cancer Center and clearly remembers meeting Dr. Edwards when he was a fellow.

"My initial impression of Bob was that he was a fantastic clinician and scientist with a grasp of basic science that exceeded most fellows in gynecologic oncology at that time. You sensed right away that Bob was going to be an accomplished translational scientist because he understood the basic science community and the clinical community very well. We tried very hard to keep him at UAB, but he was very interested in Pittsburgh and in having a leadership role."

As impressed as Dr. Partridge was, he was a bit concerned that Dr. Edwards was jumping into a leadership role too quickly.

## SPECIAL DELIVERY: How Magee's Neonatal Team Handled an Unscheduled Arrival

On July 27, 2014, Andrew Stephen, a faculty member at the University of Pittsburgh, and his pregnant wife were having breakfast on the morning before their return to Pittsburgh after visiting friends in New York City.

His wife, Fiona, now almost 32 weeks into her pregnancy, was experiencing some discomfort. By 11 o'clock she became concerned as the pain got worse. Their flight wasn't until the evening, but she told her husband, "We need to call a doctor and get home."

They were able to change their flight to 3 p.m. Andrew got a taxi and his wife talked to the on-call physician at Magee, who instructed them to stop at the hospital as soon as their flight got back to Pittsburgh.

About 20 minutes into the flight, Fiona's water broke. They told the flight attendant, who checked with the pilot about an emergency stop. The closest airport was, conveniently, Pittsburgh so plans were made for them to be met there by airport paramedics. Ten minutes later, her water broke.

By then, the situation was getting more serious. The flight attendant informed them that thunderstorms had shut down the Pittsburgh airport, but that because this was an emergency, they would be allowed to land.

When the small regional plane landed, the pilot did not even pull into a gate; he "parked" the plane as near to the entrance as possible. Airport paramedics immediately rushed out to help them. They checked Fiona's vital signs and determined that she was already pretty far along with labor. Quickly, they got the young couple into an ambulance. In the meantime, Magee's on-call medical personnel had been alerted to the crisis.

To further complicate things, traffic was heavy due to an event at Heinz Field near the downtown Pittsburgh area. But the ambulance driver was skilled, and by driving on the shoulder of the highway, she managed to get them to the hospital in 15 minutes. Andrew, in the front passenger seat, had the ride of a lifetime.

When they got to Magee at 5 o'clock, 12 medical personnel were already in the Labor and Delivery suite waiting for them. They had been briefed with all the specifics of the case and were ready to proceed with the delivery.

At 5:22 p.m., Harry Stephen made his premature entrance into the world, weighing only 3 lbs. 10 oz. He was two months ahead of schedule.

Harry spent the first 34 days of his life in the Neonatal Intensive Care Unit, but today he is doing fine. His family was referred to a developmental facility for follow-up care by Magee's NICU and Children's Hospital of Pittsburgh of UPMC. Every two months Harry has a checkup to make sure that he is on track for a healthy life.

Thanks to excellent communication from flight personnel to the airport's Fire and EMS professionals to the NICU at Magee, everything turned out as it should. In gratitude for the care they received, the Stephen family made a gift in honor of the NICU staff.

To help support life-saving care in Magee's NICU, visit [www.mwrif.org/donate](http://www.mwrif.org/donate).



Fiona and Harry

"He had very little experience leading a team at that point. The fact that he was able to do that successfully says a lot about his leadership and how good he is with people. He has innate leadership abilities and I've been very proud of his successes. He's done exceptionally well. It was a great choice for Magee and for Pittsburgh. And I'm sure he'll be spectacularly successful and will continue to foster an outstanding obstetrics and gynecology training ground."

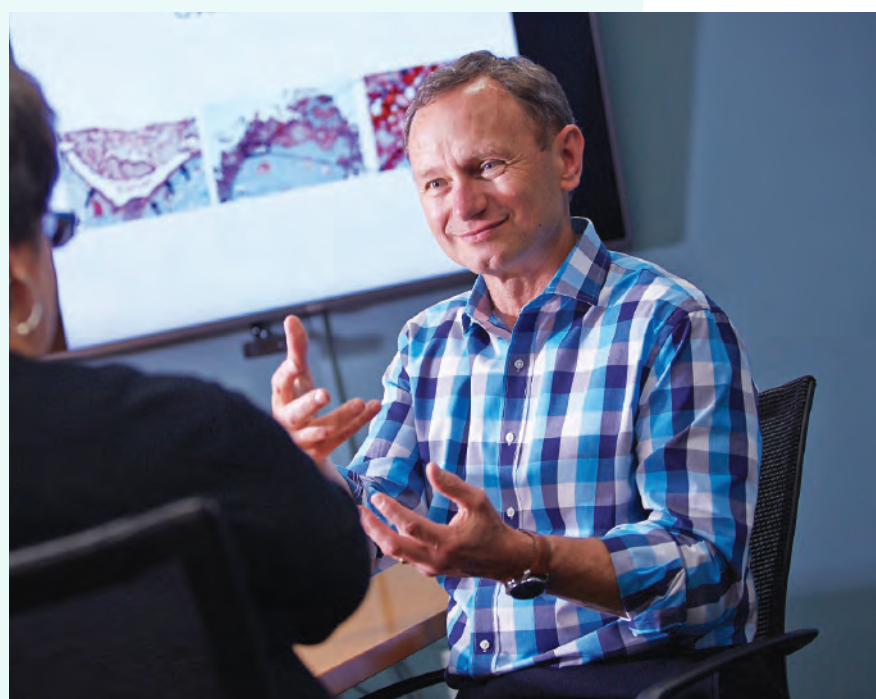
Dr. Edwards' qualifications as a leader were apparent to Magee's chair search committee as well. Here was someone who really understood Magee, had worked with Dr. Hogge, and was successful in his research endeavors.

Jonas Johnson, MD, professor and chair of the Department of Otolaryngology at the University of Pittsburgh School of Medicine and UPMC, was a member of the search committee and knew Dr. Edwards firsthand. He remembers, "As chair of the Surgical Services Oversight Committee, I'd been working on trying to improve quality at UPMC Presbyterian. It was brought to my attention that Dr. Edwards and the people at Magee had been doing some really innovative things to increase the use of minimally invasive techniques, which of course help patients because they reduce morbidity. Bob had been in charge of organizing community-based OB/GYN people all across western Pennsylvania toward the goal of minimally invasive hysterectomy. It turned out the obstetrics and gynecology physicians were way ahead of the rest of the surgical world in terms of using evidence-based guidelines to improve health care and to reduce morbidity. Since that time, we've had other interactions, which have been primarily around surgical efficiency and surgical quality."

Serving on the search committee, Dr. Johnson came to realize that "right here, in Pittsburgh, we have somebody who's a thought leader in his field, specifically gynecologic oncology. He's participated in some major multi-institutional studies that have helped shape and guide the way we treat patients not only in Pittsburgh but nationwide."

Johnson adds, "Bob represents a guy who had incredible accomplishments in his field and was very well suited to take over the leadership of the department. The wonderful thing about an outstanding place like UPMC and Magee is that people are recruited who do a really outstanding job, then they participate in finding a successor who is actually likely to take it to even higher places. I think it's really exciting that Dr. W. Allen Hogge did such a wonderful job in leading the department and the hospital to the heights they've achieved, and now he's participated in identifying a successor who'll move our work forward. That, after all, is the goal."

To support the future of women's health, visit [www.mwrif.org/donate](http://www.mwrif.org/donate).



## Where Compassion and Innovation Meet

MCCULLOUGH AWARD WINNERS FUND  
INSPIRATIONAL CARE AT MAGEE

Establishing a legacy of compassionate caring while focusing on innovation has been at the heart of the philanthropic work of Dr. W. Allen Hogge and his wife Joan. The couple has raised nearly \$100,000 for the Magee-Womens Health Research & Foundation and was recently honored as the 2014 recipients of the organization's McCullough Award that honors donors who provide exceptional support.

When ovarian cancer struck Joan's mother in 1999, the two were grateful for the treatment she received at Magee-Womens Hospital. "It was important for my wife and me to recognize that care and to inspire others to provide that same level of care to their patients," Dr. Hogge says. The two established a fund that honored Joan's mother by annually recognizing a resident who provided the most compassionate care. Winning residents are chosen by the hospital's oncology staff.



Dr. W. Allen and Joan Hogge

"It was in our mind one of the best ways to make sure that compassion was put in the forefront of treatments," adds Joan.

A second aspect of the couple's giving strategy was to promote innovative research in women's health. To accomplish that goal, they established a lecture series, "The Celebration of Life: A Lecture Honoring Mothers"—also honoring their mothers and all of the mothers at Magee. The series has invited nationally and internationally known scientists and doctors to Magee. "Our goal was to inspire others to do great research in women's health," he says. "We wanted to set the example." Among the topics covered in the series have been genetics and advanced cancer treatment strategies.

For Dr. Hogge, it was a natural extension of his work with the hospital. He joined Magee-Womens Hospital as a physician in 1992 and recently retired as chair of the hospital's Department of Obstetrics, Gynecology & Reproductive Sciences. Throughout his career, Dr. Hogge understood health care philanthropy and integrated it into his work by encouraging his colleagues to support research, education, and patient care programs. Under his leadership, funding was secured to establish The Clinical Research Trainee Education program and to advance the Genetics program.

"My wife and I wanted to give back, and we realized that through the lectureship and through this award we could help ensure that the overall care given at Magee was among the best in the world," says Dr. Hogge. "What better way is there to pay tribute to a loved one?"

To honor a loved one by advancing women's health research, visit [www.mwrif.org/donate](http://www.mwrif.org/donate).

## Driving Research – And Philanthropy Smail Auto Group's Community Giving Program hopes to fund breakthroughs in cancer treatments

When breast cancer struck close to home for his family, Jim Smail decided to take the driver's seat and raise both awareness and funding for research. The co-owner of Smail Auto Group knew his high-profile car dealerships could not only spread the word about the effects of breast cancer but could also start a promotion that would turn sales into donations to the Magee-Womens Research Institute & Foundation.

"My niece is a cancer survivor," he says. "And my nephew married a young woman who developed breast cancer. It was a trying time. Both had double mastectomies, and are doing fine now—but it was a wakeup call."

For Smail, that wakeup call led to the establishment of a community giving program in 2012, with one of the main beneficiaries being Magee-Womens Research Institute & Foundation. With each car sold, Smail donated part of the proceeds (\$125) to one of three charities. But he says it's the connection to Magee that is most personal.

The community giving program at the dealerships have another family connection. It's directed by Smail's daughter, Lindsay Schneider. "This is very much a family business," he explains, "and we gave her the responsibility of doing something different with our marketing and making an impact."

Lindsay made a statement and an impact by wrapping the dealership in a giant pink ribbon and then challenging other businesses along the Route 30 corridor to raise awareness of breast cancer. In the four years of the promotion, the messaging has moved from Ligonier to Jeannette, as the Westmoreland County Chamber of Commerce has embraced the idea of its members showing their support for breast cancer awareness. "It gets bigger every year," Smail says.

In 2014, the community giving program raised \$32,500 for breast cancer research at Magee, according to Smail, and he looks forward to its continued growth. "I've been in this business for 40 years," he says. "Part of any business' true success comes from being able to give back to the community. I'm proud that we're able to support such important research and hopeful that someday we're going to find a cure."



Smail Auto Group celebrates Breast Cancer Awareness Month.



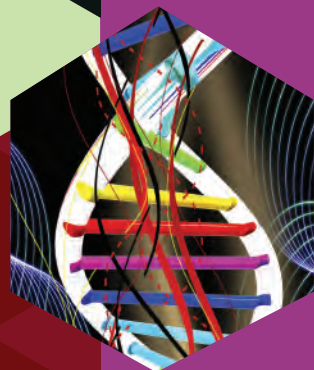
Arthur Scully, vice president, Development and Communications, Magee-Womens Research Institute & Foundation, with Lindsay Schneider and Jim Smail from Smail Auto Group.

## Magee Researchers Discover Mutation to Unlock Breast Cancer Development

Researchers from Magee's Women's Cancer Research Center, in a collaborative study with the University of Pittsburgh Cancer Institute, have identified a genetic mutation that could help them understand how breast cancer develops and spreads. Using frozen breast tumor samples and multiple sequencing techniques, the team identified a new gene created by two separate genes that fused together as a result of unstable DNA. The team believes that this fusion gene plays a part in the spread of breast cancer.

"This research helps us to further understand the genomic landscape of metastatic breast cancer," said Adrian Lee, PhD, director of the Women's Cancer Research Center and the senior author of the study. "The new class of genetic changes identified take us another step further in personalized medicine and could change the way we treat certain patients if we are able to identify who will develop this genetic mutation."

Dr. Lee presented the study along with Dr. Ryan Hartmaier of the University of Pittsburgh at the 2014 San Antonio Breast Cancer Symposium. Their research is the most comprehensive analysis to date of genomic changes that occur in breast cancer progression, and will potentially guide treatment options for the disease.



## Magee Chief Nursing Officer Named Chair of Maternal and Child Health Governing Council

Maribeth McLaughlin, chief nursing officer and vice president of patient care services, Magee-Womens Hospital of UPMC, has been selected as the chair of the American Hospital Association's (AHA) Section for Maternal and Child Health Governing Council for 2015. In addition to her work at Magee, Ms. McLaughlin will lead the AHA Constituency Section for Maternal and Child Health council on public policy discussions concerning women's and children's health and the hospitals serving that patient population, and AHA member service strategies.



## Magee Offering Test to Predict Possibility of Breast Cancer Recurrence

Magee-Womens Hospital of UPMC is the first hospital in the tri-state area to offer the only FDA-cleared breast cancer test assessing a woman's risk of cancer recurrence. The Prosigna test assesses a woman's probability of recurring breast cancer over a 10-year period, and adds significantly more information to guide treatment than just relying on clinical factors. The test is currently designed for post-menopausal women with hormone receptor positive breast cancer. For more information about whether this test is appropriate for you, talk to your doctor.



## Pregnancy App for Expecting Mothers Now Available

Magee-Womens Hospital has launched the MyMageePregnancy app, available through the hospital's Facebook page. Designed for both new mothers and experienced parents, the app educates expecting mothers about their baby's development and the changes in their own bodies with a month-by-month timeline of fetal growth. The app's features include pregnancy advice, a timeline charting fetal growth, health decision guides for parents, and information about Magee services such as pregnancy education classes and labor pain-control options. Information entered on the app can be shared on Facebook, allowing parents-to-be the opportunity to keep their loved ones updated on their pregnancy. Learn more at [www.upmc.com/magee](http://www.upmc.com/magee).



## Magee Launches Imaging Services at UPMC McKeesport

This March, Magee-Womens Imaging at UPMC McKeesport began offering services for women, including mammography, breast ultrasound, radioactive seed localization, and bone density scanning. Following the recent addition of Magee-Womens Surgical Associates to the hospital, the imaging services support UPMC's commitment to women's health in McKeesport and the surrounding communities. "Access to a fully equipped imaging site means women can stay close to home while still receiving superior care," said Leslie C. Davis, president of Magee and executive vice president and chief operating officer of UPMC's Health Services Division. "We know that too often women concentrate on keeping their families healthy and run out of time to care for themselves. We hope that by bringing the strength of Magee's services to communities serviced by UPMC McKeesport, we are making it easier for women to access the care they need and deserve."





June 7

**Annual NICU Reunion**  
**Where:** Pittsburgh Zoo & PPG Aquarium, Pittsburgh, PA  
**When:** 11:30 a.m. to 1:30 p.m.

Proceeds benefit the neonatal intensive care unit at Magee  
[www.mwrif.org](http://www.mwrif.org)

June 14

**26th Annual Cancer Survivors' Day Celebration**  
**Where:** Sheraton Pittsburgh Hotel at Station Square  
**When:** 9 a.m. to noon

June 21 and 22

**8th Annual Noah Angelici Memorial Golf Event**  
**Where:** Mystic Rock at Nemaocolin Woodlands Resort, Farmington, PA  
 Proceeds benefit the Noah Angelici Hope Foundation in support of the Fetal Diagnosis and Treatment Center at Magee  
[www.noahshouseofhope.com](http://www.noahshouseofhope.com)

July 8-9

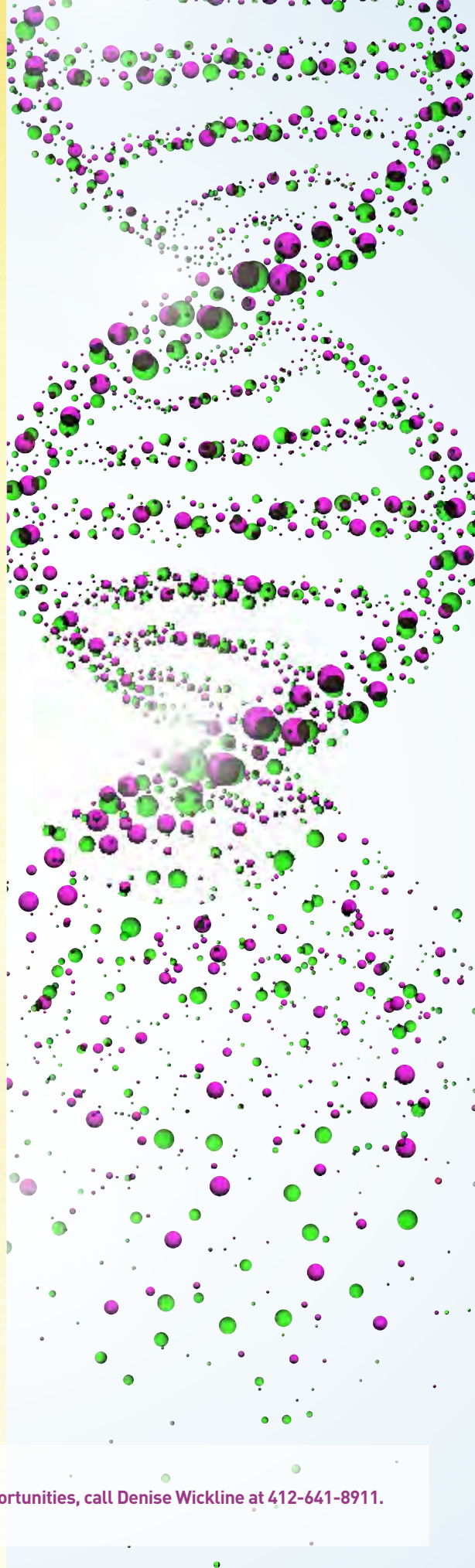
**Clays for the Cure**  
**Where:** Seven Springs Sporting Clays Lodge  
 Proceeds benefit A Glimmer of Hope Foundation in support of pre-menopausal breast cancer research at Magee-Womens Research Institute  
[www.symbolofthecure.com](http://www.symbolofthecure.com)

August 27

**Savor Pittsburgh**  
**Where:** Stage AE, Pittsburgh, PA  
**When:** 6:30 p.m. to 10 p.m.  
 Proceeds benefit prematurity research at Magee.  
[www.savorpgh.com](http://www.savorpgh.com) (see ad on page 35)

Sept. 10 -11

**4th Annual Fly Fishing Classic**  
**Where:** Homewaters Club, Spruce Creek, PA  
 Proceeds benefit the Women's Cancer Research Center at Magee-Womens Research Institute



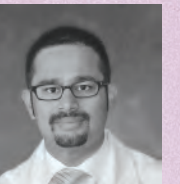
**Sharon L. Achilles, MD, PhD**, is the local principal investigator on a two-year collaborative grant from the Bill & Melinda Gates Foundation, with Paul Hertzog, principle investigator at the Centre for Innate Immunity and Infectious Diseases at the Monash Institute of Medical Research in Victoria, Australia. The grant is entitled "IFN-epsilon and hormonal contraceptive modulation of the risk of HIV acquisition," and Dr. Achilles received \$240,000 in grant funding.

**James Roberts, MD**, received an additional \$200,000 from the Bill & Melinda Gates Foundation as a part of a multi-center grant entitled "PRE-EMPT (PRE-eclampsia-Eclampsia Monitoring, Prevention, & Treatment)." The grant will go to the Global Pregnancy CoLaboratory in the development of biorepositories and pre-eclampsia research.



**Yoel Sadovsky, MD**, will collaborate with the Perelman School of Medicine at the University of Pennsylvania and Columbia University in the launch of a new \$10 million Prematurity Research Center. The center, one of five created by the March of Dimes since 2011, will investigate the causes of preterm birth and develop new strategies to prevent it. Magee's research will focus on metabolites that play a key role in initiating birth.

**Hy Simhan, MD, MS**, is the site principal investigator on a new six-year U01 research project agreement from the National Heart, Lung, and Blood Institute (NHLBI) at the University of Alabama, entitled "Chronic hypertension and pregnancy." Dr. Simhan received \$466,000 in project funding.



Interested in Participating in a Clinical Trial?

Clinical trials would not be possible without individuals who generously volunteer their time to participate or without individuals who give generously to make these life-changing studies possible. We welcome your involvement in this important work through participation in a clinical trial. Following are a few of the studies actively recruiting participants.

**Contraceptive Hormone Induced Changes (CHIC-II)** Recruiting women who have been diagnosed with a cancer other than basal cell carcinoma, squamous cell carcinoma, or cervical intraepithelial neoplasia after the age of 18 and who speak fluent English to participate in a study to understand how women with cancer stand up for themselves. Participants will be asked to complete a survey about their beliefs and behaviors as a cancer survivor. The survey will take 30 to 45 minutes to complete either online or in the mail and participants will receive a \$10 Amazon gift card for their time. To learn more, call 412-624-4101.

**Secure Patch Study** Recruiting women for an evaluation study of a new investigational birth control patch, Twirla™. This birth control patch is investigational and has not been approved by the U.S. Food and Drug Administration (FDA), and contains a commonly used form of progestin and a low dose of estrogen. Participants will be asked to use the patch as their primary method of birth control for 13 consecutive cycles, or approximately one year. The study will consist of 10 visits to Magee-Womens Hospital, eight phone calls, and an electronic daily diary maintained by the participants to record patch wear, sexual activity, any vaginal bleeding, patch adhesion, and any skin irritation from the patch. Birth control patches will be provided by the study at no cost, and participants will be compensated up to \$590. For more information, call the Center for Family Planning Research at 412-641-5496.

**SONATA Clinical Research Study** Recruiting women for a clinical study designed to establish the safety and effectiveness of a new investigational device to reduce heavy menstrual bleeding caused by uterine fibroids. This device targets the fibroids rather than treating or removing the entire uterus, and if effective, will provide an alternative to hysterectomy that is incision-free, preserves the uterus, and is an outpatient procedure. There will be a two-month screening process for the study, and participants will have three follow-up visits and two phone calls following their treatment. All costs will be covered by the study, including treatment, and patients will be compensated up to \$425 for participation. For more information, please call 412-641-6681.

For a complete list of clinical trials, visit <http://www.clinicalresearch.pitt.edu/SPP/Studies>. To support clinical trials research, visit [www.mwrif.org](http://www.mwrif.org).

For more information, visit [www.mwrif.org](http://www.mwrif.org) or call 412-641-8977. For sponsorship opportunities, call Denise Wickline at 412-641-8911.

## 2015 "Skate with the Greats" presented by 84 Lumber

This February, Penguins fans had the chance to skate alongside popular Pens alumni players and coaches including Randy Hillier, Mike Johnston, Bob Errey, Pierre Larouche, and Troy Loney at CONSOL Energy Center. In the last three years, the Pittsburgh Penguins Foundation has raised more than \$100,000 for breast cancer research at Magee.



Iceburgh cools his flippers with Jennifer Harris Tepe and Karen DiVito.



Gold Medal Olympian, Tessa Benohomee, joined the fun with Francesca DiVito.

## Triple Indulgence

In January, Jerome Bettis hosted "Triple Indulgence: A Jewelry, Wine & Chocolate Event" in honor of his mother, Gladys. The event, which was presented by Dickerson Creative Communications and Joyce's Fine Jewelry, featured former Pittsburgh sports stars Louis Lipps, Josh Miller, Randy Hillier, Pierre Larouche, and Terrell Pryor. Nearly \$30,000 was raised to support Magee's Breast Cancer Patient Care Fund.



Jerome Bettis and his family enjoying Triple Indulgence.



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**STAGE AE**

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General Admission Tickets: \$75

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For more information about making a meaningful gift to Magee, please contact Aruthur Scully at [ascully@magee.edu](mailto:ascully@magee.edu) or 412.641.8973.