

MAGEE

SUMMER 2011

A PUBLICATION OF MAGEE-WOMENS RESEARCH INSTITUTE & FOUNDATION



A
**Hospital Without
Borders**

ARM YOURSELF
Against The Flu

STEELERS ON OFFENSE
Against Breast Cancer

PATIENT NAVIGATION
Eases Cancer Journey

06

MAGEE

VOLUME 2 | SUMMER 2011

Magee is published three times a year for supporters of Magee-Womens Research Institute & Foundation (MWRIF).

If you have comments regarding the publication or would like additional copies, please email info@mwrif.org.

EDITOR

Andrea Romo

CONTRIBUTING EDITORS

W. Allen Hogge, MD, professor and chairman, Department of Obstetrics, Gynecology & Reproductive Sciences, University of Pittsburgh
Yoel Sadovsky, MD, scientific director, MWRI
Anna Dubrovsky

ADVISORY COUNCIL

Margaret P. Joy, chairwoman, Board of Directors, MWRIF
Arthur M. Scully III, vice president, Development and Communications, MWRIF

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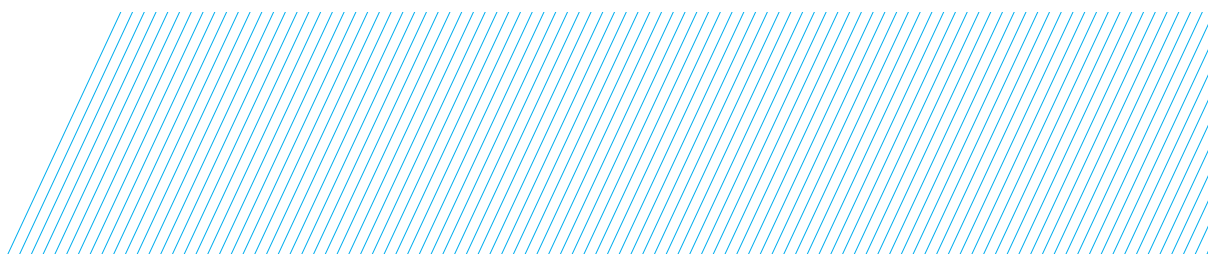
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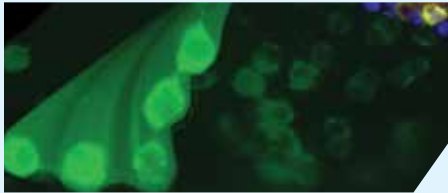
Recent Publications and Abstracts

[JUNE 2011]

Pharmacokinetics of oseltamivir among pregnant and nonpregnant women

Beigi RH, Han K, Venkataramanan R, Hankins GD, Clark S, Hebert MF, Easterling T, Zajicek A, Ren Z, Mattison DR, Caritis SN, & Obstetric-Fetal Pharmacology Research Units Network

Am J Obstet Gynecol, 204(S1):S84-8
PMID: 21492826



[MAY 15, 2011]

Phase 1 randomized trial of the vaginal safety and acceptability of SPL7013 Gel (VivaGel®) in sexually active young women (MTN-004)

Metlakunta AS, Sahu M, Yasukawa H, Dhillon SS, Belsham DD, Yoshimura A, & Sahu A

Am J Physiol Regul Integr Comp Physiol, 300:R1185-93
PMID: 21325649

[MAY 2011]

Neuronal suppressor of cytokine signaling-3 deficiency enhances hypothalamic leptin-dependent phosphatidylinositol 3-kinase signaling

McGowan I, Gomez K, Bruder K, Febo I, Chen BA, Richardson BA, Husnik M, Livant E, Price C, Jacobson C, & the MTN-004 Protocol Team

AIDS, 25(8):1057-64
PMID: 21505316

[APRIL 2011]

Fatty acid binding protein 4 regulates intracellular lipid accumulation in human trophoblasts

Scifres CM, Chen B, Nelson DM, & Sadovsky Y

J Clin Endocrinol Metab, [Epub ahead of print]
PMID: 21525163

[APRIL 2011]

Genomic analysis using high-resolution single-nucleotide polymorphism arrays reveals novel microdeletions associated with premature ovarian failure

McGuire MM, Bowden W, Engel NJ, Ahn HW, Kovanci E, & Rajkovic A

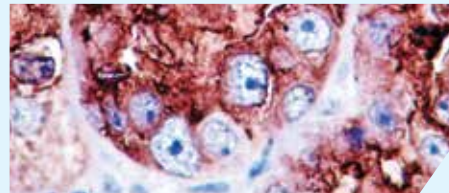
Fertil Steril, 95:1595-600
PMID: 21256485

[MARCH 26, 2011]

Maternal serum folate species in early pregnancy and lower genital tract inflammatory milieu

Simhan HN, Himes KP, Venkataramanan R, & Bodnar LM

Am J Obstet Gynecol, [Epub ahead of print]
PMID: 21600548



[MARCH 22, 2011]

Pharmacokinetics of 17-hydroxyprogesterone caproate in multifetal gestation

Caritis SN, Sharma S, Venkataramanan R, Rouse DJ, Peaceman AM, Sciscione A, Spong CY, Varner MW, Malone FD, Iams JD, Mercer BM, Thorp JM Jr, Sorokin Y, Carpenter M, Lo J, Ramin S, Harper M, & NICHD Maternal-Fetal Medicine Units Network

Am J Obstet Gynecol, [Epub ahead of print]
PMID: 21620357

[MARCH 2011]

Incidence and epidemiology of *Streptococcus pseudoporcinus* in the genital tract

Stoner KA, Rabe LK, Austin MN, Meyn LA, & Hillier SL

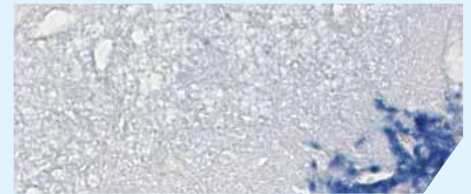
J Clin Microbiol, 49:883-6
PMID: 21191057

[MARCH 2011]

Interventions to improve parental communication about sex: a systematic review

Akers AY, Holland CL, & Bost J

Pediatrics, 127:494-510
PMID: 21321027



[FEBRUARY 23, 2011]

Structural and regulatory characterization of the placental epigenome at its maternal interface

Chu T, Handley D, Bunce K, Surti U, Hogge WA, & Peters DG

PLoS One, 6(2):e14723
PMID: 21373191

[OCTOBER 12, 2010]

Effect of smoking on circulating angiogenic factors in high risk pregnancies

Jeyabalan A, Powers RW, Clifton RG, Van Dorsten P, Hauth JC, Klebanoff MA, Lindheimer MD, Sibai B, Landon M, Miodovnik M, & NICHD MFMU Network

PLoS One, 5:e13270
PMID: 20967275

[OCTOBER 2010]

DNA damage responses in human induced pluripotent stem cells and embryonic stem cells

Momcilovic O, Knobloch L, Fornasaglio J, Varum S, Easley C, & Schatten G

PLoS One, 5:e13410
PMID: 20976220



Pennsylvania Secretary of Health Tours Magee-Womens Research Institute

On June 2, Pennsylvania Secretary of Health Dr. Eli N. Avila toured Magee-Womens Research Institute. The tour, led by Dr. Robert P. Edwards, focused on raising \$13 million to fuel cutting-edge gynecologic cancer research. With these funds, dedicated researchers and physicians will turn groundbreaking science into lifesaving care.

Photo (from left):

Margaret Joy, partner, McCarthy McDonald Schulberg & Joy, and chairwoman, Magee-Womens Research Institute & Foundation Board of Directors

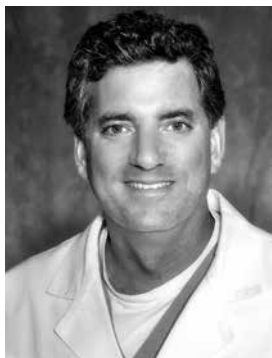
Robert P. Edwards, MD, director, Ovarian Cancer Center of Excellence, and executive vice chair, Department of Obstetrics, Gynecology & Reproductive Sciences at Magee-Womens Hospital of UPMC

Eli N. Avila, MD, JD, MPH, FCLM, secretary of health, Commonwealth of Pennsylvania

Jan Rea, District 2 representative, Allegheny County Council, and member, Magee-Womens Strategic Advancement Council for the Division of Gynecologic Oncology at Magee-Womens Hospital of UPMC

Mary Ann Eisenreich, director, Pennsylvania governor's southwest office

In the News



Stephen Emery, MD,

a maternal-fetal medicine specialist, was the subject of a July 4 *Pittsburgh Post-Gazette* story. The article focused on his cutting-edge laser surgery for twin-to-twin transfusion syndrome, a rare and potentially deadly pregnancy complication.



For the most up-to-date news and happenings, visit www.mwrif.org.

Rising Stars



Kathrin Gassei, PhD, a postdoctoral fellow in the lab of Kyle Orwig, PhD, and **Pawan Puri, PhD**, a postdoctoral fellow in the lab of William Walker, PhD, received fellowship awards from The Lalor Foundation,

dedicated to advancing research in reproductive health. Dr. Gassei will use the \$35,000 award for a research project titled “The role of Sall4 for spermatogonial lineage development in mouse tests.” Dr. Puri’s award will support “Defining the function of SHP2 in maintaining Blood Testis Barrier (BTB) integrity.”



Ryan Hartmaier, PhD, a postdoctoral fellow, and **Adrian Lee, PhD**, received a Department of Defense Era of Hope Postdoctoral Award totaling \$100,000 a year for three years. With only 9 percent of applicants awarded, the

highly competitive grant supports recent doctoral graduates with the ambition and ability to pursue highly innovative breast cancer research during their post-doctoral training.



Caroline Rieser, a second-year medical student at the University of Pittsburgh, has been awarded a \$3,000 stipend to join the lab of Jennifer Condon-Jeyasuria, PhD, for

eight weeks as part of the University of Pittsburgh School of Medicine Dean’s Summer Research Program. To participate in the program, students must identify a faculty mentor and a research project and then develop a project proposal.



Arvind Suresh, a graduate student working in the lab of Jennifer Condon-Jeyasuria, PhD, was awarded a \$500 travel award from Women in Endocrinology for his abstract titled “The timing

of parturition is regulated by myometrial endoplasmic reticulum stress and the unfolded protein response,” submitted to The Endocrine Society’s annual meeting in Boston in June.

Institute News

Chair Appointments

Appointment to a named chair is one of the highest honors that a university can bestow upon a faculty member. The following faculty members were recognized for the quality and impact of their work, which has earned widespread respect.

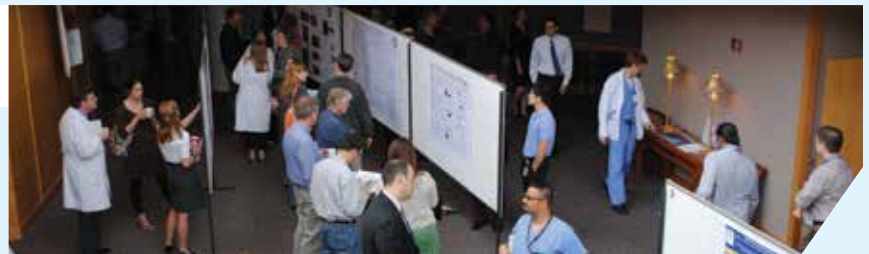
Sharon Hillier, PhD, was appointed to the Richard L. Sweet, MD, Chair in Reproductive Infectious Diseases effective July 1.

Aleksandar Rajkovic, MD, PhD, was appointed to the Marcus Allen Hogge Chair in Reproductive Sciences effective March 1.

Research Day Update

Trainees, Faculty, Philanthropists Recognized at Magee-Womens Research Day

Research Day 2011 showcased the newest data from faculty researchers, clinical fellows, residents, and graduate trainees in the Department of Obstetrics, Gynecology & Reproductive Sciences and postdoctoral fellows at Magee-Womens Research Institute. The event included exciting presentations by two internationally



recognized visiting professors: Jacquetta Trasler, MD, PhD, of McGill University, who delivered The Margaret Prine Joy Lecture in Reproductive Sciences, and David Relman, MD, of Stanford University School of Medicine and the VA hospital in Palo Alto, California, who delivered The Celebration of Life: A Lecture Honoring Mothers.

Highlights of the Research Day awards ceremony included:

Dr. Marvin C. Rulin Resident Research Award: Meredith S. Parrott, MD

Dr. Paul M. Rike Fellowship Award: Rogier B. Donker, MD, PhD

Amy Roberts Health Promotion Research Award: Tina Bhargava, MA

The Margaret Searce Compassionate Care Award: Heather Levin, MD

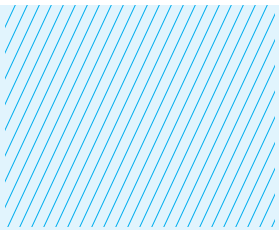
For a full list of awardees, visit www.mwrif.org/news/view/309.

Recognizing Excellence



Hyagriv Simhan, MD, MS,

became a member of the National Institutes of Health Pregnancy and Neonatology Study Section (PN), which reviews grant applications related to the physiology of pregnancy and placental development, parturition, clinical obstetrics, maternal-fetal medicine, and fetal and neonatal development.



W. Allen Hogge, MD,

presented “Genetics and the obstetrician gynecologist: a paradigm for life-long learning” at Penn State University’s Resident Research Day in June. The presentation was for The Rod and Ceil Mortel Lectureship in Obstetrics and Gynecology.



Thomas Krivak, MD,

was named to the editorial board of Gynecologic Oncology Case Reports. Also, he was selected as a board examiner for the American Society of Clinical Oncology.



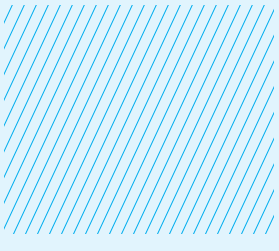
Yoel Sadovsky, MD,

was the visiting professor for The University of Vermont’s Annual Ob-gyn Research Day in June.

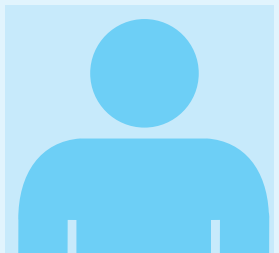
THE NEW MEMBERS OF MWRI



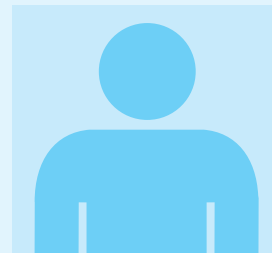
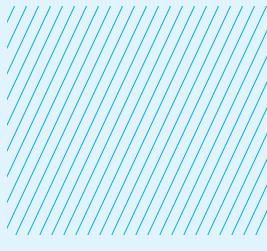
Alexander Yatsenko, MD, PhD



Sharon Achilles, MD



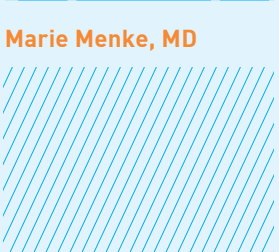
Marie Menke, MD



Elizabeth Krans, MD

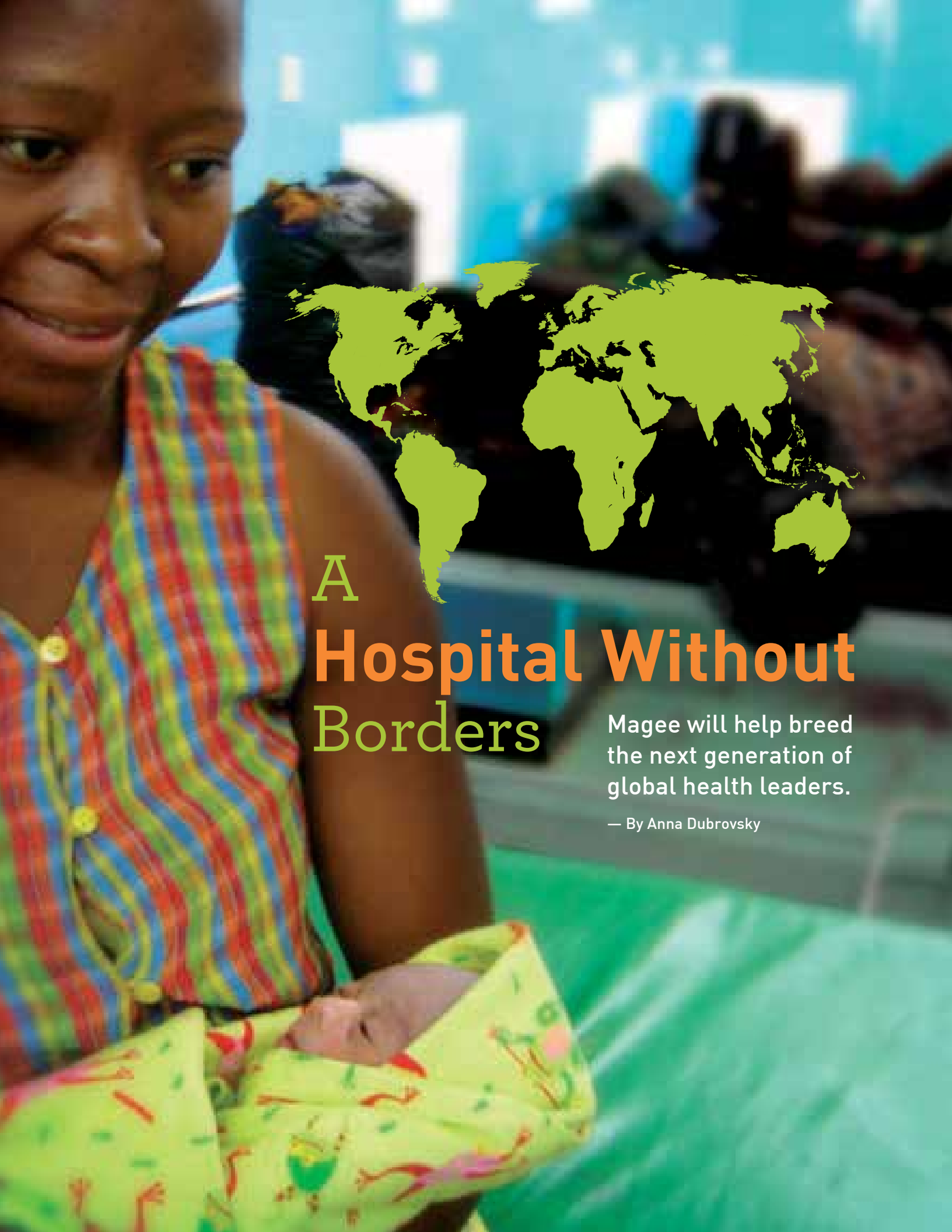


Faina Linkov, PhD, MPH



Jacob Larkin, MD





A

Hospital Without Borders

Magee will help breed the next generation of global health leaders.

— By Anna Dubrovsky

University of Pittsburgh medical students learn an awful lot, everything from anatomy to surgery.

But the seven who ventured to Haiti in June were woefully unprepared for one of their tasks: going to market for chickens. “It was quite funny,” says Daniel Lattanzi, MD, co-director of the Ob-gyn Global Health Program at Magee-Womens Hospital of UPMC, who led the trip. “We kind of stood out.”

For many of the students, Haiti offered their first glimpse of health care in the developing world. From malnourished infants to a hospital filled to overflowing with cholera patients, what they saw dispelled any romantic notions of the global health field. While the trip to market may have provided comic relief, it underscored the challenges of doctoring in impoverished areas. They left the chickens in the care of local families, explaining that the eggs would provide much-needed protein and maybe even some income. But they can’t count on the families to stick to the plan.

“Under the circumstances they live in, it’s going to be very difficult,” says Dr. Lattanzi, who has been working in Haiti for 15 years. “We have to convince them that the eggs are more important than the chickens, because they’re going to want to eat the chickens.”

Despite the challenges, many Pitt medical school students and Magee residents are eager to participate in the global health movement, which seeks to make health care more accessible in countries where deaths from preventable and treatable diseases are all too common. Though still in its infancy, the Global Health Program has an ambitious agenda: to provide them with firsthand experience, to raise awareness of disparities in women’s health care, and to markedly improve the wellbeing of women and children in the communities it touches. “We don’t want our residents and students to be simply tourists in a foreign country,” says W. Allen Hogge, MD, chairman of the

Department of Obstetrics, Gynecology and Reproductive Sciences at Magee. “Our goal is to match their interests with the needs of a particular community and to make a difference in the health and well-being of that community. And we want our efforts to be sustained, with long-term benefits to our partners.”

One of the strengths of the program is its leadership. Dr. Lattanzi and co-director Miriam Cremer, MD, have a combined 29 years of experience in global health work. And they’re not slowing down. Dr. Lattanzi, a UPMC ob-gyn who practices in Mt. Lebanon, travels to Haiti about three times a year.



“We don’t want our residents and students to be simply tourists in a foreign country,”

– W. Allen Hogge, MD

health clinic in a remote mountain village about 60 miles north of the capital city of Port-au-Prince. Dr. Lattanzi and several other doctors from western Pennsylvania treated 400 people in the first two days, including many small children. Hundreds more turned out to marvel at the new clinic – the second Dr. Lattanzi has opened in Haiti. “The people were very excited to have a health center,” he says. “It’s the only cement building other than the school in the whole area. Having a clinic not only gives them access to health care but also gives them a great deal of pride in their community.”

The doctors and students also spent a day tending to patients in a village that has no clinic. They made the trip there in the back of a truck but had to hike out after a downpour washed out the road. The two-and-a-half-hour trek exhausted Dr. Lattanzi, “but the medical students thought it was great to hike in the pouring rain,” he says. “Their mothers would probably kill me.”

Dr. Cremer has been to El Salvador, Guatemala, the Dominican Republic, and Nicaragua since she was recruited to Magee from New York’s Mount Sinai Hospital in December. Participants in the Global Health Program will have the unique opportunity to work alongside them.

During this summer’s Haiti trip, medical students participated in the opening of a

Battling Diseases – and Myths – in Haiti

Dr. Lattanzi made his first trip to the Caribbean country in 1997 after hearing the pastor of the LaCroix Haiti New Testament Mission speak at a Pittsburgh church. To prepare, he met with Pittsburgh-based administrators of Hôpital Albert Schweitzer Haiti, built in the 1950s by philanthropist and physician William Larimer Mellon and his wife, Gwen. They told him what to expect, but nothing could prepare Dr. Lattanzi and the nurse who accompanied him for the realities of life in the Western Hemisphere's poorest country.

"It was very dramatic," he recalls. "We traveled from village to village, setting up makeshift clinics, and we saw a lot of tuberculosis, a lot of malaria, a lot of intestinal parasites. Almost all the children had intestinal worms, and they were big ones. We saw a lot of malnutrition. About 25 percent of the children died before they reached age 5. They didn't even name the children for the first year of life because it was such a bad situation."

After several more trips, Dr. Lattanzi decided to open a permanent clinic on the grounds of the LaCroix mission. Now staffed by one doctor, one dentist, and several nurses, the clinic serves about 100 people a day, five days a week. In 2007, Dr. Lattanzi added a six-bed birthing center. "We're really working hard to decrease maternal and newborn mortality," he says. "One of the biggest problems we have is that most of the women still deliver at home with a birth attendant, who is a very important person in the community but has very little training. We get all their problems." In an average month, the center's trained midwives deliver only eight to 10 women but treat as many as 30 or 40 whose home births went awry.

The center has begun distributing birthing kits to pregnant women in the hopes of reducing complications during home deliveries. They include a cord clamp, sterile gloves, and a plastic sheet.



Deborah Landis Lewis, MD, the first Global Health Program fellow, holds a newborn in the southern African country of Malawi.

Dr. Lattanzi has also made a big push to catch malaria and syphilis in pregnant women. Haitian women are partially immune to malaria, but the parasitic disease can cause intrauterine growth retardation. At certain times of year, as many as 30 percent of pregnant women screened at the LaCroix clinic have malaria, which can be treated with antiparasitic drugs. Syphilis is even more prevalent – and far deadlier. "In 30 years of practice in the U.S., I've seen two cases of syphilis," Dr. Lattanzi says. "But in Haiti, 8 percent of our pregnant women have it. We think congenital syphilis is the main cause of newborn deaths." Treating syphilis is easy, but convincing women "that these babies are dying from something we can prevent is very difficult. Imagine a culture that has developed in the absence of health care. They're always going to try to explain what happens. So they believe that a werewolf bite causes babies to die. We're trying to do something that their culture is not familiar with, and that's our biggest challenge."

Taking on a Top Killer in El Salvador

Dr. Cremer will never forget the first time she saw someone die from a preventable disease. The year was 1997, and she was a University of Wisconsin medical student spending a semester in rural El Salvador. "While I was there, a woman in her early 20s died of cervical cancer.

She had metastases all over her body, she was in horrible pain, and she bled to death in her home. It was an impressionable experience for me."

In the U.S. and other developed countries, deaths from cervical cancer are virtually unheard of, thanks to routine screening and cutting-edge treatments. But worldwide, more than 500,000 women are diagnosed with cervical cancer each year, and 275,000 die from it. In El Salvador, it's the number one cancer killer of women.

The picturesque little town where

Dr. Cremer was based didn't have the equipment to screen for cervical cancer, let alone treat it. "So I had a friend who came to visit bring a duffel bag full of slides, and we did 87 pap smears," she recalls. "We brought them back to the University of Wisconsin, and the lab read them for free."



Seizing an Opportunity at Magee

After medical school, she completed a masters in public health at Johns Hopkins University and then an ob-gyn residency at New York Downtown Hospital, spending most of her vacation time leading medical delegations to El Salvador. During a fellowship in family planning in Los Angeles, she founded Basic Health International, a nonprofit devoted to eradicating cervical cancer. Since 2006, the group has trained more than 100 Salvadoran physicians in pap testing and visual inspection, two basic methods for identifying cervical disease, as well as cryotherapy, which destroys potentially cancerous tissue. They in turn have screened about 9,000 women for cervical cancer. In the past year, Basic Health International has been invited to train physicians in Haiti, Guatemala, Nicaragua, and the Dominican Republic.

Among Dr. Cremer's latest undertakings is a research study to determine if carbon dioxide gas can be used in place of nitrous oxide in cryotherapy. The former is significantly cheaper than the latter and is made at any soda bottling plant. "If you could have locally available, inexpensive gas, it could really expand how many women you could see and treat, especially in very remote areas," she says. "No one has ever rigorously studied if that could work." She has enough funding to start the project and has applied for grants to finish it.

She has no regrets about moving her family of four from Brooklyn, New York, to Pittsburgh. "At Magee, I can focus more on global health work, which is really my passion," she says. "People here are very specialized, which was appealing to me, and they really seem to value global health."

Physicians with as much experience in third-world medicine as Drs. Cremer and Lattanzi are few and far between, which makes Pitt and Magee magnets for the next generation of globetrotting docs.

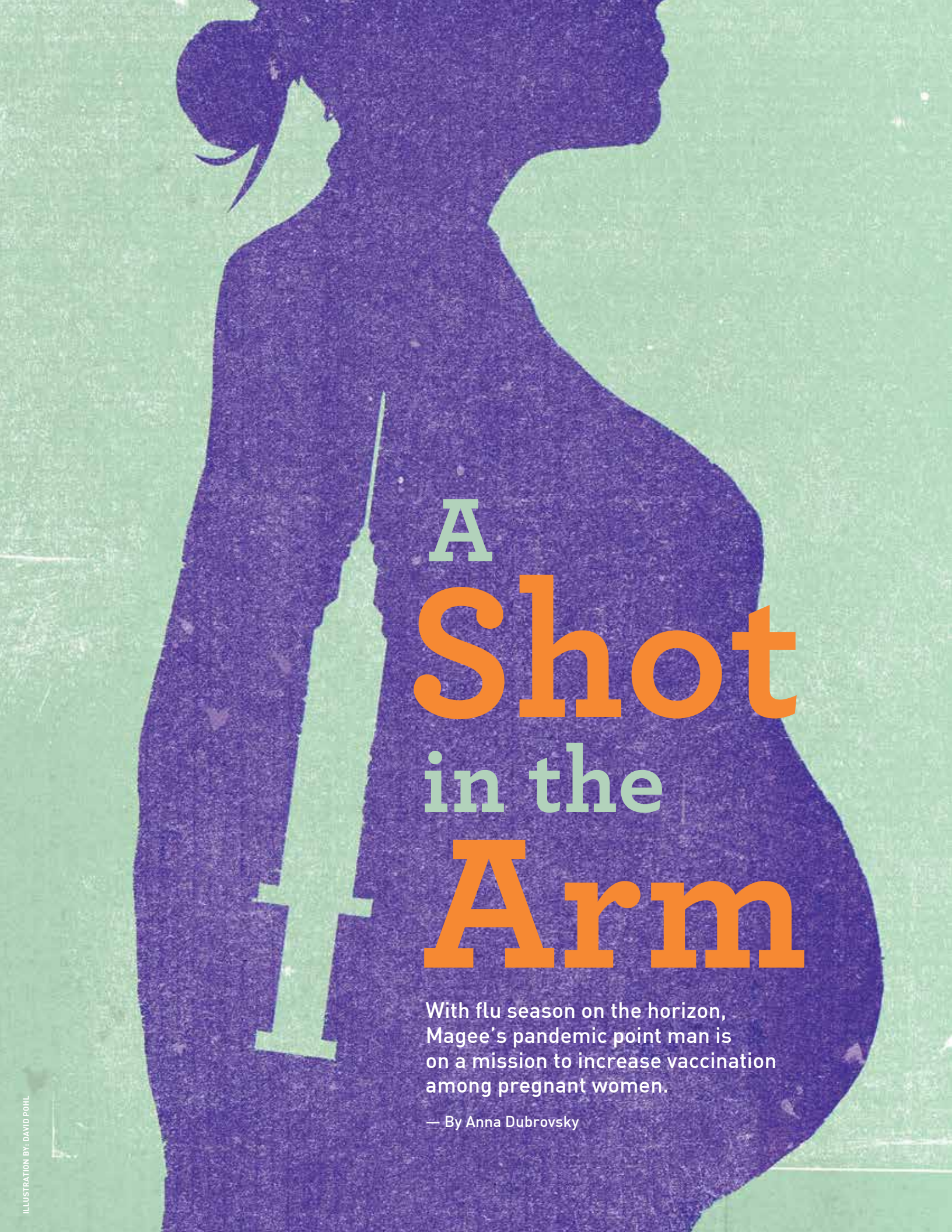
Dr. Cremer has had promising discussions with medical school administrators about adding global health work as a clinical rotation. For Magee residents interested in global health, she and Dr. Lattanzi have begun offering a monthly lecture series on topics such as maternal mortality, fistula, and female circumcision.

One of the main components of the new Global Health Program is a two-year fellowship. Deborah Landis Lewis, MD, who completed an ob-gyn residency at the hospital this summer, is the first recipient. Her passion for global health stretches back to childhood, when her parents were working at a mission hospital in the Middle East. As a college student, she spent a semester in Yemen, screening rural schoolchildren for a parasitic disease and distributing bed nets to help prevent malaria. Later, she spent a year in Syria's capital, where she cared for developmentally disabled adults. During a yearlong break from Pitt medical school, she volunteered at a large maternity hospital in the southern African country of Malawi, which has one of the highest maternal mortality rates in the world. Shorter trips back to Africa, as well as to Honduras and Guyana in Latin America, round out her global health résumé.

Over the past year, Dr. Landis Lewis has surveyed directors of ob-gyn residencies around the U.S. about opportunities for residents to participate in global health work. "There's a lot of interest," she says. "About 70 to 80 percent of incoming residents in the field of obstetrics and gynecology report having had prior experiences in global health or want to pursue it in some capacity. But most residency programs offer very little in the way of global health education."

Magee has the opportunity to fill that gap — and it's not about to pass it up.





A Shot in the Arm

With flu season on the horizon, Magee's pandemic point man is on a mission to increase vaccination among pregnant women.

— By Anna Dubrovsky

When Magee-Womens Hospital of UPMC recruited Richard Beigi, MD, MSc, from Cleveland in 2006, health providers around the world had bird flu on the brain.

UPMC was bracing for a pandemic, and Dr. Beigi, an obstetrician-gynecologist who specializes in infectious diseases, was charged with developing a plan to protect pregnant women from the deadly virus. A human case of bird flu has yet to be reported in the United States, but Dr. Beigi's work in pandemic preparedness has not been for naught. In 2009, a new virus dubbed swine flu spread rapidly around the world, claiming more than 18,000 lives.

"The H1N1 pandemic put all the planning we had done to the test," Dr. Beigi says. "We learned we had done some stuff really well. And there was some stuff we could do better."

The pandemic reaffirmed that pregnant women who get the flu are more likely to become seriously ill, and even die, than non-pregnant women. They're more likely to suffer pregnancy complications, including premature labor and delivery. It also reaffirmed the benefits of vaccination. What troubles Dr. Beigi in the aftermath of the pandemic is that many pregnant women still eschew flu shots.

"We did not do as well as we would have liked with getting high rates of vaccine acceptance."

Before the 2009 pandemic, only about 15 percent of pregnant women nationwide were immunized against seasonal flu, compared to about 50 percent of the general population. "That improved somewhat during the pandemic, and the most recent data suggests that roughly 40 to 50 percent of pregnant women were immunized last year," Dr. Beigi says. "That's better, but there's still a lot of room for improvement."

It's understandable why some pregnant women shy away from vaccines and pharmaceuticals. Drug companies rarely test drug candidates on pregnant or lactating women. Of the thousands of drugs brought to market, less than 1 percent have been tested on and approved for pregnant women, Dr. Beigi says. "That comes from a legitimate desire to not expose fetuses to potentially harmful drugs. But the downside is that we potentially expose them anyway — on a much larger scale — when the drugs become available."

There's no dearth of safety data when it comes to the flu shot. "The research is very consistent," says

Dr. Beigi, who serves on the National Vaccine Advisory Committee. "The vaccine is very safe during pregnancy, and it's been recommended for decades." But fears and misconceptions persist. Some people think they can get the flu from the vaccine, which is untrue. In recent years, it's also been suggested that vaccines cause autism. "That has been completely scientifically refuted, but it still had its effect," he says.

As flu season approaches, Dr. Beigi is counting on obstetricians to educate patients about the vaccine and the potentially devastating effects of the flu on pregnancy. He recently completed a study showing that most pregnant women will accept vaccination if their obstetrician advises it. Of the 573 pregnant women surveyed, nearly two-thirds reported concerns about possible vaccine effects on their pregnancy. But the overwhelming majority (89 percent) reported willingness to accept vaccination if it's recommended by their obstetrician. The study has been submitted for publication. "We're hoping that disseminates into the ob-gyn world and gets the message across that physicians sit in a very powerful position," Dr. Beigi says.

He's not relying on physicians alone. Dr. Beigi and Michelle Moniz, MD, an ob-gyn resident at Magee, are exploring whether the new communication medium of text messaging can be used to increase vaccination rates among pregnant women. Women who enroll in their trial receive general health messages throughout their pregnancy; half of the women also receive messages on flu vaccination. The two-year study is funded by the Amy Roberts Health Promotion Research Award, established by Amy's parents, Dr. James M. Roberts, founding director of Magee-Womens Research Institute, and Mary, in memory of their daughter.

In a recent study, 89 percent of pregnant women reported willingness to accept vaccination if it's recommended by their obstetrician.

Of the thousands of drugs brought to market, less than 1 percent have been tested on and approved for pregnant women.

For more on the Amy Roberts Health Promotion Research Award, see page 18.



Dr. Richard Beigi

As flu season approaches, Dr. Beigi is counting on obstetricians to educate patients about the vaccine and the potentially devastating effects of the flu on pregnant women.

“Pregnant women are not just heavier women. Their physiology changes.”

— Dr. Beigi

Pregnant women who get the flu shot pass on the protection to their newborns. That’s important because the flu vaccine is not approved for use in infants younger than 6 months, and their risk of flu complications is higher than it is for any other child age group, according to the Centers for Disease Control and Prevention.

When pregnant women do contract the flu, they’re treated much like any other infected person. Since so few drugs are tested on pregnant women, that’s potentially problematic. “When I came here a few years ago, we realized that although pregnant women were known to be disproportionately affected by the flu, there was literally no data on how to use flu drugs in pregnancy,” Dr. Beigi says.

When treating pregnant women, doctors have the difficult task of weighing a drug’s potential risks against its potential benefits. If they choose to medicate, they generally prescribe the same dose that’s recommended for non-pregnant women, crossing their fingers that it will work. But a drug’s effect on a pregnant woman can be quite different from its effect on a non-pregnant one. “Pregnant women are not just heavier women. Their physiology changes,” Dr. Beigi says. “Kidney function changes dramatically. Cardiac function changes dramatically. Liver function changes along with the gastrointestinal system. Those are all the ways that the body distributes and metabolizes drugs.”

Not long after settling in at Magee, Dr. Beigi designed a study of Tamiflu, one of the FDA-approved antiviral drugs for treating the flu. The study, published earlier this year, suggests that pregnant women may need a higher dose of the drug. “When we compared pregnant women to non-pregnant women getting Tamiflu, we found that the levels of the active drug were about 30 percent lower in the pregnant women,” he says. “We don’t know the exact clinical applications of that, but the importance is that we’re starting to study it and finding that there are some differences when you’re pregnant.”



Studying the effects of drugs on pregnant women is no easy task, partly because of government regulations and partly for ethical reasons. “Even when you have drugs that you have no reason to believe are risky — the animal studies show no problems — it’s still very challenging to do that research because of the perception that you may harm somebody,” he says.

Only a handful of institutions are up to the challenge, and Magee leads the way. Says Dr. Beigi: “It takes an institution like Magee, with its leadership structure, dedication to women’s health research, funding, and vision, to make it happen.”

□ □

Prevent the Flu

The Centers for Disease Control and Prevention (CDC) recommends yearly vaccination as the most important line of defense against seasonal flu. Flu vaccine comes in two forms: a shot and a nasal spray. The nasal spray vaccine is for use in healthy people age 2-49 who are not pregnant. Pregnant women should get the flu shot. It can be administered during any trimester. Good health habits can also prevent the flu and other respiratory illnesses. On the following page are six tips from the CDC.

6

For more information
on seasonal flu, visit
www.cdc.gov/flu.

Flu Prevention Tips

1.

Avoid close contact with people who are sick.

2.

Stay home from work or school when you're sick
so you don't make other people sick.

3.

Cover your mouth and nose with a tissue when coughing
or sneezing, and throw away the tissue.

4.

Wash your hands often with soap and water, especially
after you cough or sneeze. If soap and water aren't
available, use an alcohol-based hand sanitizer.

5.

Avoid touching your eyes, nose, or mouth in case you've
touched something contaminated with germs.

6.

Practice other good health habits. Get sufficient
sleep and exercise, eat nutritious foods, drink plenty
of fluids, and keep a lid on stress.



More Than **Medicine**

At Magee, cancer patients get the most cutting-edge tests and treatments. But that's not all.

—By Anna Dubrovsky

When Anna Squilla was diagnosed with invasive breast cancer at age 47, she couldn't help wondering where she'd gone wrong.

She ate healthy, forgoing sweets. She exercised regularly. She'd even built a career helping other people get healthier as a personal trainer.

"I kept saying, 'I do everything right. Why is this happening to me?'" she recalls. "My husband looked at me the day I was diagnosed and said: 'You should have had the cake.'"

The first person she called was a UPMC executive whose wife she trained. "Look," she told him, "I just got diagnosed with cancer. I don't know where to start, where to go, what to do." He promised to put her in touch with a patient navigator at Magee-Womens Hospital of UPMC.

Squilla had never heard of patient navigators. In May 2008, when her gynecologist discovered her cancer, Magee's patient navigation program was only a few months old. It was one of many initiatives born of a series of discussions between hospital management and patients. "One of the things the patients told us was: 'Even though it's great at Magee because everybody's here — I can see my surgeon, I can see my oncologist, I can get my radiation all in one building — it's still a little difficult to go through that journey. I've got questions along the way,'" recalls Judy Herstine, administrator of Magee's Women's Cancer Program. "That's when we started the patient navigation program." Karen Cooper, a licensed clinical social worker who had worked at the hospital for more than a decade, was hired as the first navigator.

Squilla, who underwent a bilateral mastectomy and reconstructive surgery, credits her gynecologist, oncologist, and surgeons with saving her life. But she reserves her highest praise for Cooper.

"When I got the cancer diagnosis, I was just so floored," she says. "It was like a two-by-four had hit me on the head. I had questions, but I didn't really know what they were at that point. You're so stunned. The first question you think of is, 'Oh my God, am I going to live?' You don't think about what tests you're going to need. From the second they introduced me to the

patient navigator, she just took control."

Cooper gave her names of oncologists and surgical oncologists, scheduled appointments, and even accompanied her to appointments when Squilla's husband, a self-employed contractor, couldn't be away from work.

Magee, which celebrates its 100th anniversary this year, is on the cutting edge of cancer care and research. But medicine isn't its only priority. Cancer patients have multifaceted needs and concerns, and the hospital addresses them with a variety of innovative programs, from patient

"I kept saying, 'I do everything right. Why is this happening to me?'"

— *Anna Squilla, breast cancer survivor and volunteer*

navigation to fertility counseling to a center dedicated to survivors' issues. "There's no better place to go," Squilla insists.

One of the reasons Magee can offer a broad spectrum of support services is that it specializes in women's cancers. The number of cancer patients treated at Magee has more than doubled over the past decade to about 2,700 a year. Of those, about 1,300 have breast cancer and 700 have a gynecologic cancer. "There's a specialization here that you don't see at other places," Herstine says. "We are afforded the ability to really focus on the kinds of services women with breast and gynecologic cancers need."

Magee's ability to provide those services hinges on support from philanthropic organizations and individual donors. Grants from the Pittsburgh chapter of Susan G. Komen for the Cure made it possible for the hospital to hire patient navigators, whose

services are free. The National Ovarian Cancer Coalition funds educational workshops and other services for ovarian cancer patients. It's thanks to generous donors that Magee can offer patients free nutrition counseling. Another donor-created fund pays for staff to receive training in end-of-life care.

And then there's support of the non-monetary variety. Squilla and other former patients donate their time to help current patients. "We have a lot of peer-to-peer support, which you may not see in other places," Herstine says.

A Shoulder to Lean On

As licensed social workers, Magee's four navigators are adept at helping women manage the intense emotions that are part and parcel of the cancer experience. But with about a thousand appointments a month, they can provide only so much counseling. When a woman needs more, navigators may refer her to a psychologist at Magee who specializes in cancer patients or a therapist in her community. They may point her to support groups in the region. In some cases, they match her with a former patient, someone who knows the challenges of cancer all too well.

"We talk about everything," says Squilla, who mentors newly diagnosed women by phone. "It's a great place for people to put their fears. I'm as honest as I can be while being conscious of the fact that these people are as terrified as I was."

Squilla's story never fails to inspire. She has regained full range of motion, has never experienced lymphedema, and was back to work eight weeks after her surgery. Sometimes women echo her initial sentiment: "You did everything right, and you still got sick," they say. Squilla tells them she's glad she passed up the cake. "The reason I'm doing so well now is because I did everything right."

Pat Williams, another patient turned volunteer, also counsels women by phone. But on Wednesday mornings, she can be found on the third floor of Magee, seated in a corner where women wait for biopsy procedures. She introduces herself as a cancer survivor and volunteer and offers to answer questions or just chat. "It can be a tense little corner because emotions run pretty darn high," she says. "There are a lot of tears, a lot of hugs, and a lot of laughing."

Williams, who was treated for lobular cancer in 1999, assures every patient she meets that they're in the best hands. "I really try to convey that because I think if you have confidence in your doctors and the hospital staff, it helps tremendously in going through this ordeal and in your healing. And I mean it from the bottom of my heart. I know I couldn't have had better care or treatment anywhere else."

Some women need emotional support not during diagnosis or treatment but afterward, says Cooper, the patient navigator. "They put so much energy into treatment; it takes everything they have. And then when it's over, they will absolutely fall

apart. The reason is that they've been through so much, and they haven't processed it all." Frequent hospital visits have become their normal, and suddenly they have to adjust to a new normal.

That's where Magee's LiveWell Survivorship Program comes in. Started in 2009, it's dedicated to helping survivors of breast and gynecologic cancers adjust to life after cancer, prevent

"There are a lot of tears, a lot of hugs, and a lot of laughing."

— *Pat Williams, breast cancer survivor and volunteer*

and manage the side effects of treatment, and monitor for recurrences. Twice a year, it hosts a free workshop on issues specific to cancer survivorship. The next workshop will take place in September and will include presentations on sleep deprivation, cancer and the environment, treatment burnout, and the latest research. In addition to medical experts, participants will hear from a panel of survivors.

For details on the LiveWell Survivorship Workshop and other upcoming events, see page 20.

“You never know exactly when they’re going to need support. We want to make sure we’re there when they do.”

– Karen Cooper, oncology patient navigator

Finances, Fertility, and Other Worries

Cancer doesn’t just take a physical and emotional toll. It also takes a financial toll. In this time of economic turmoil, many patients are unemployed or underemployed and uninsured. Even those with insurance can find themselves in serious financial straits as travel and parking expenses, copayments, child care costs, and incidentals such as wigs add up.

Magee’s navigators help uninsured women with breast or cervical cancer apply for free treatment through the state Department of Public Welfare. They also help cash-strapped patients apply for financial assistance from a variety of foundations. Funding from cancer advocacy groups makes it possible for Magee to provide patients with assistance in the form of Giant Eagle gift cards, gas gift cards, bus tickets, and vouchers for cab or van transportation.

Thanks to funding from A Glimmer of Hope Foundation, Magee is in the process of putting together an information packet geared toward breast cancer patients under the age of 45. The number of younger patients has grown in recent years; Magee treated about 200 new breast cancer patients under 45 last year. Many younger patients are interested in genetic counseling and testing, which is available at Magee. Some are concerned about their future fertility, which chemotherapy and some hormonal therapies can jeopardize. Magee’s Center for Fertility and Reproductive Endocrinology is a leader in fertility preservation services such as embryo cryopreservation, and researchers at the affiliated Magee-Womens Research Institute are developing ever more advanced solutions.

Magee has also witnessed a growing hunger for complementary therapies and nutrition counseling. Acupuncture is available at the hospital. Navigators refer patients to the Center for Integrative Medicine at UPMC Shadyside or individual

practitioners for other complementary therapies. A \$25,000 pledge from a local family affected by cancer allowed Magee to launch a nutrition program earlier this year. Services include one-on-one counseling, monthly “Ask the Nutritionist” sessions, and cooking demonstrations.

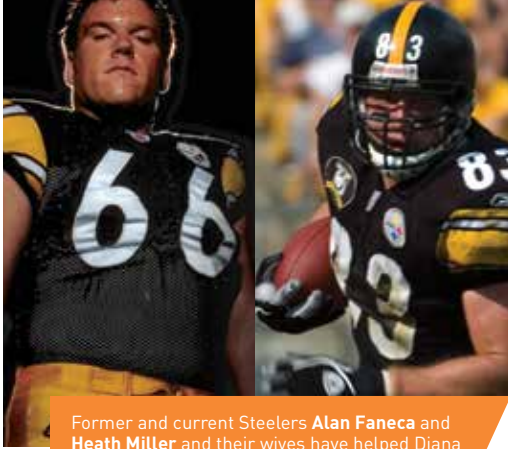
“The cancer journey can be long, and patients have a variety of ups and downs during that time,” Cooper says. “You never know exactly when they’re going to need support. We want to make sure we’re there when they do.”

□ □

For more on A Glimmer of Hope Foundation, started by a local jewelry designer who lost a close friend to breast cancer, see page 18.

Cancer doesn’t just take a physical and emotional toll. It also takes a financial toll.

GIVING IN ACTION



Former and current Steelers **Alan Faneca** and **Heath Miller** and their wives have helped Diana Napper fulfill her promise to a dying friend.

A Promise to a Dying Friend Sparks a Glimmer of Hope for Many

After losing a young friend to breast cancer on Christmas Eve 1990, Diana Napper knew what she needed to do: raise money to support premenopausal breast cancer research. Before her friend, Carol Jo, died, Diana had promised to launch a jewelry business, donate proceeds to cancer research, and open a center for cancer patients. In 1994 Diana established the non-profit Glimmer of Hope Foundation and has since raised about \$1.5 million for breast cancer research at Magee-Womens Research Institute and elsewhere. Her plans to open a center, or “Home for Hope” as she calls it, are becoming more realistic.

Diana launched her jewelry line in 1994 with the Swarovski crystal-adorned Glimmer of Hope pin. Since then she has added additional pieces to the mix.

In addition to selling jewelry, Diana hosts many events, including the annual Bid for Hope. The event, now in its 10th year, was launched with the help of then-Steeler Alan Faneca and his wife, Julie. “Diana’s enthusiasm for finding a cure keeps everyone motivated to fund research,” Julie says.

When the Fanecas left Pittsburgh in 2008, they introduced Diana to Steelers tight end Heath Miller and his wife, Katie, who have since become spokespeople for A Glimmer of Hope. “We know that Diana

helps them [Magee] out with their research a great deal,” Heath says. “We thought this would be a great way to help out a little bit.”

Diana says she can’t thank the Fanecas, the Millers, or the Steelers organization enough for their steadfast involvement with A Glimmer of Hope. “In addition to their involvement, I think we’re so successful in raising money in Pittsburgh because donors know the money is staying here to benefit women in the area,” she adds.

Diana has also raised money through the sale of t-shirts designed by Seneca Valley High School student Ashley Micsky and through events such as Clays for the Cure and PAR-TEE for Hope. The two events raised about \$54,000 this year for Magee.

Working countless hours some weeks, Diana draws strength from her husband, Milt, and children, Justin, Ryan, Amanda, and Alexis. She continues to focus on raising money for the largest premenopausal breast cancer research study in the country, which is being conducted at Magee-Womens Research Institute, and for Magee’s high-risk breast cancer program. She has also funded the purchase of medical equipment needed for cancer research and treatment.

Her fundraising efforts — and her promise to Carol Jo — will culminate in the opening of the “Home for Hope,” a place where women will find comfort while facing their cancer diagnosis.

— *Andrea Romo*

Endowed Memorial Award Supports Young Investigators

Six years ago, Amy Roberts lost her life in a tragic accident at the age of 40. To keep her dedication to health alive, her parents, James and Mary, created the Amy Roberts Health Promotion Research Award. The annual award, which supports young investigators, was recently endowed thanks to the generosity of Mary, James, and many friends and family.

The award has been presented to Tina Bhargava, MA; Michelle Moniz, MD; Tracey Weissgerber, PhD; Brandi Swanier, MD; Michele Okun, PhD; and Elizabeth Krans, MD.

“Recipients have used this support to move their careers forward in the area of health promotion research,” says James Roberts, MD. “Now that the fund is endowed, we look forward to many other young investigators using this award to jumpstart their efforts in this important research area.”

Mary adds: “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.”

To donate to the Amy Roberts Health Promotion Research Fund, please visit www.mwrif.org/49.

— *A.R.*

Amy's Zest for Life Influences Husband Eric's Philanthropy

Amy Bertieri Kelvington was the greatest wife. She was beautiful, strong-willed, and intelligent. Embracing strong family values, Amy was close with her parents and brother and took care of my grandmother. She enjoyed tackling the daily challenges at her job and considered her coworkers to be her second family. Amy lived a full life with no regrets.

Then one day, her life as a healthy 30-year-old changed forever. Amy went to her annual gynecology checkup on March 22, 2010. To her dismay, her doctor discovered internal bleeding. I left work to take her to Magee-Womens Hospital of UPMC. After undergoing a series of overnight tests, Amy was diagnosed with cervical cancer on March 23, which happened to be my birthday.

Immediately, she became a patient of Thomas Krivak, MD, a gynecologic oncology specialist at Magee. Amy's diagnosis wasn't a textbook case, and although on paper her options were limited, the three of us were committed to fighting the cancer as aggressively as possible.

Amy underwent a radical hysterectomy with tumor and tissue removal on April 1, which was followed by 25 radiation and chemotherapy treatments with Sushil Beriwal, MD. These attempts did not improve Amy's condition. Her cancer recurred and her condition was terminal.

That September, before she was to undergo major surgery, we traveled to Italy for a week. With the help of our family and friends there, Amy experienced the beauty of the Amalfi Coast and the peacefulness of St. Peter's Basilica in the Vatican.



On October 1, she underwent a pelvic exenteration, or removal of all organs from a person's pelvic cavity, and began daily IV fluids and weekly blood transfusions. Per Amy's request to stay out of the hospital as much as possible, Dr. Krivak worked with us to balance life expectancy versus quality of life. Amy intended to go through chemotherapy again, but didn't make it. Her eight-month battle ended when she passed away from a cardiac embolism on December 1.

Amy lived life to the fullest. Her story goes to show that you never know what will happen in life. As promised, Dr. Krivak did everything in his power to help her. I find great solace in the work that Magee is doing.

Amy will be missed and never forgotten.

— Eric J. Kelvington; interviewed by Christina Zbrozek

To celebrate Amy's zest for life and raise money for charity, Eric hosted a bowl-a-thon on April 9 at Meadows Lanes in Washington, Pennsylvania. Proceeds benefited Magee-Womens Research Institute & Foundation and Water For People, which works to improve access to safe drinking water in developing countries. More than \$26,000 has been raised in Amy's name through this event and memorial contributions.

Your United Way Campaign Contribution Can Benefit Magee's Patients

A great way to support Magee is by designating a specified program as the recipient of your United Way contribution. If you work in Allegheny County, please select one of the below codes. If you work outside of the county, please check with your local United Way office to see how you can designate your gift to Magee.

215 Magee-Womens Foundation: Support the Greatest Need Fund

944 Neonatal Intensive Care Unit (NICU): Help fund NICU research, patient care, and education programs

1449 The Children's Center of Pittsburgh: Benefit the Magee-Womens Day Care Center

2182 Patient Care Fund: Provide resources such as prescriptions, lodging, and transportation often not covered by insurance

2183 Women's & Infants' Health Research: Fuel research projects being conducted at Magee-Womens Research Institute

Do you still have questions regarding your United Way gift? Please contact Laura Latini, development associate, at latinil@mwri.magee.edu or 412.641.8990.

— A.R.

Events / Happenings

SEPTEMBER

SEPTEMBER 14

FREE
EVENT

Magee Women's Cancer LiveWell Survivorship Workshop: Continuing the Journey

Where: South Hills Country Club
(Whitehall, PA)

For more information and to register, visit www.mwrif.org/352 or call 412.641.8950.

SEPTEMBER 16

OPEN
TO ALL

Fight Prematurity Benefit

Where: The Club at Nevillewood
(Presto, PA)

Proceeds benefit prematurity research projects led by Dr. Hyagriv Simhan at Magee-Womens Research Institute.

For more information and to register, visit www.mwrif.org/392 or call 412.641.8950.

SEPTEMBER 30

OPEN
TO ALL

Be a part of the Magee 100 Mosaic

For a donation of \$25 to Magee-Womens Foundation, you can upload photos to be included in the Magee 100 Mosaic.

To upload a photo or for more information, visit www.mageemosaic.com.

OCTOBER

OCTOBER 4

OPEN
TO ALL

Go Pink at Panera

Where: Pittsburgh-area Panera bakery-cafes

October 4 marks the return of Panera's hard-to-resist Pink Ribbon Bagel, made with cherry chips, dried cherries and cranberries, vanilla, honey, and brown sugar. Go to www.panerabread.com/pinkribbonbagel to download a pre-order form. All proceeds will benefit the Young Women's Breast Cancer Awareness Foundation, which supports the Patient Navigator Program at Magee-Womens Hospital of UPMC.

Additionally, from October 5 to 31 a portion of the proceeds from the purchase of the Pink Ribbon Bagel packs will benefit the charity as well.

OCTOBER 4

OPEN
TO ALL

Diamond Run Golf Outing

Where: Diamond Run Golf Club
(Sewickley, PA)

Proceeds benefit A Glimmer of Hope Foundation, which supports premenopausal breast cancer research at Magee-Womens Research Institute.

For more information and to register, visit www.symbolofthecure.com/events.

OCTOBER 8

OPEN
TO ALL

Billy Gardell of "Mike & Molly" headlines "Teal Ribbon Comedy"

Where: Stage AE
(Pittsburgh's North Shore)

Proceeds benefit ovarian cancer research projects led by Dr. Thomas Krivak at Magee-Womens Research Institute.

For more information and to purchase tickets, visit www.mwrif.org/384 or call 412.641.8950.

OCTOBER 17

OPEN
TO ALL

Bid for Hope X

Where: Bossa Nova
(Downtown Pittsburgh)

Proceeds benefit A Glimmer of Hope Foundation, which supports premenopausal breast cancer research at Magee-Womens Research Institute.

For more information and to purchase tickets, visit www.symbolofthecure.com/events.

OCTOBER 21

OPEN
TO ALL

The Twenty-Five Club Annual Luncheon featuring fashions by Carabella's of Oakmont

Where: The Duquesne Club
(Downtown Pittsburgh)

Proceeds benefit newborn medicine and neonatal research at Magee-Womens Hospital of UPMC and Magee-Womens Research Institute.

For more information, visit www.mwrif.org/395.

NOVEMBER

NOVEMBER 10

OPEN
TO ALL

Magee-Womens Hospital of UPMC's Centennial Celebration

Where: The Circuit Center
(SouthSide Works)

Proceeds benefit Magee's Patient Care Fund.

For more information and to register, visit www.mwrif.org/365 or call 412.641.8950.

The Magee Society



*Honoring Our History
Celebrating Our Present
Anticipating Our Future*



The Magee Society provides a unique opportunity for an elite group of donors who contribute \$500 or more annually. Each leadership gift helps to ensure that the compassionate spirit of our founding donor, Christopher Magee, will live on.

Members of the Magee Society help Magee-Womens Hospital and Magee-Womens Research Institute provide the most highly developed medical care, fund the needs of patients and advance our cutting-edge research on women's health issues.

We invite you to join this passionate group of people this year as Magee celebrates its 100th anniversary! For more information, visit www.mwrif.org or contact Colleen Gaughan, director of development, Magee-Womens Foundation, at 412-641-8978 or cgaughan@magee.edu.

Are You A Member? Join Today!



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- **Charitable Remainder Trust:** Create an income stream.
for your life while also making a generous gift to Magee.

There are many gift options to choose from including bequests, gifts of real estate, and gifts of stock.

For information about how to make a meaningful gift to Magee, please contact **Arthur Scully** at ascully@magee.edu or 412.641.8973.



MAGEE-WOMENS
FOUNDATION

