

UPMC MAGEE-WOMENS HOSPITAL  
DEPARTMENT OF OB/GYN/RS

# MAGEEMATTERS

Transforming the Future of Women's Health and Reproductive Sciences



**Focus on Fertility**

UPMC Magee  
REI division  
evolves to meet  
changing demands

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## A MESSAGE FROM Dr. Robert Edwards

Magee Family,

Over the last few years there has been one constant: change. Not only have health care service lines at UPMC Magee-Womens Hospital adapted to meet evolving demands of a post-pandemic world, but so have our research efforts across the street at Magee-Womens Research Institute. We are moving deliberately, swiftly, and collaboratively as we continue to deliver premier care experiences and advance research in women's health and reproductive sciences.

As part of our responsiveness to the changing climate, UPMC is launching a new division, Community and Ambulatory Services, to expand and streamline access to primary care, outpatient specialty services, ambulatory, in-home services, and other non-hospital-based community services. In addition to my current role as chair of Obstetrics, Gynecology & Reproductive Services, I will also serve as the chief medical officer of this newly created division. We anticipate that it will complement and leverage UPMC's world-class capabilities to meet the needs of our patients, members, and the communities we serve. In addition, Annmarie Lyons was named our new executive administrator; she replaces Jeff Knorr, who had been in the role since 2016. Ms. Lyons comes to us with a wealth of experience as a senior administrator for over 20 years at UPMC. Mr. Knorr moved into a new role leading the Anesthesia and Otolaryngology programs. Due to my extended duties, Dr. Hy Simhan's role as my executive vice chair will expand to include overseeing operational programs at Magee.

Change is not only happening at the system or leadership level. Throughout Magee, our teams of providers are working to innovatively address some of the toughest challenges and disparities in health care. Our Division of Reproductive Endocrinology and Infertility (REI), led by Dr. Julie Rios, has adapted to meet a rapidly rising demand for fertility services. Through enhanced education, protocols, training, and collaborations with oncofertility care and research programs, the REI division is addressing some of our patients' most urgent and nuanced fertility care needs (p.5).

Magee's workforce development commitment to drive diversity, equity, and inclusion in recruitment and retention of trainees has also made significant strides, led by ombudsperson Dr. Sarah Napoe. We aim for our program to ensure that all residents and fellows here at Magee, particularly those from underrepresented backgrounds, are welcomed and supported along their professional journeys (p.8). On the research side, the latest finding from the Microbicide Trial Network's DELIVER study on the safety of the dapivirine ring in pregnant patients represents a major landmark in the development of HIV prevention products (p.10).

We are proud of the advances we have made at Magee and inspired by our alumni's work in health care settings around the globe. For example, as the sole ob-gyn provider at a federally qualified health center in the Mississippi bayou, Dr. Nina Ragunathan's efforts addressing disparities for patients at the Delta Health Center reminds us of the importance of fostering a training ground rooted in health equity and applying community-based approaches to address complicated issues (p.3). With the return to more frequent in-person events, we always look forward to reconnecting with Magee alumni at conferences and events held throughout the year (p.13).

As a member of this esteemed community, we hope that you will stay connected with the latest happenings here at Magee. One way that you can support the program is through the Steve Caritis Endowed Obstetrical Research Fund for Residents & Fellows, which encourages obstetrics research among trainees. Learn more about the fund and how to support it by contacting Jessica Rock at rockjj2@mwri.magee.edu or 724-272-2026. To stay updated on all things Magee, follow @MageeWomens on social media.

Thank you for reading, and for continuing to be a source of pride and inspiration for all of us here at Magee.

Best regards,

Robert P. Edwards



## From Clinic to Community

Dr. Nina Ragunathan addresses health care disparities for patients in the Mississippi Delta

by Faith Jeffcoat

**"I'm working every day to transform women's health care in one of the highest areas of need in our country," says Dr. Nina Ragunathan, an ob-gyn provider in the rural Mississippi Delta.**

Dr. Ragunathan, a Magee alumna, is at the forefront of changing care for her patients. Disparities are present in health care across the country, but the Mississippi Delta is an area where the inequities nested within the health care system are particularly evident. She addresses these issues by creating tangible change for her patients, guided by a belief in health equity — where providers aim to address longstanding social determinants of health in clinical settings.

### From Passion to Profession

Dr. Ragunathan's passion for global health grew from her educational experiences. While attending Duke University to study global health and health care disparities, Dr. Ragunathan participated in the Robertson Scholars Leadership Program, a program dedicated to developing leaders in service to society. She served one summer with St. Gabriel Mercy Center where she ran a summer camp for children in Mound Bayou, Mississippi. During her studies at Harvard Medical School, she continued to participate in global health equity programs — including working with Partners in Health in Rwanda, an organization co-founded by Paul Farmer, one of Dr. Ragunathan's role models.

Through this education and outreach work, Dr. Ragunathan fell in love with obstetrics and gynecology. When considering residency programs, she sought a place that would provide top training for generalists. She was thrilled to match with UPMC Magee-Womens Hospital, where she completed her four-year residency. While at Magee, she also spent time in Kenya with Dr. Jennifer Makin, an ob-gyn specialist at UPMC Magee, through a global health rotation as a third-year resident.

After completing her time at Magee, Dr. Ragunathan and her husband Dr. Braveen Ragunathan, a primary care pediatrician, decided to return to an area where they could address health care disparities head-on: the Mississippi Delta. "We had fallen in love with the Delta while in college, and we both felt called to serve this incredibly high-need area," says Dr. Ragunathan.

### Addressing Disparities at the Delta Health Center

Dr. Ragunathan is the sole ob-gyn provider at the Delta Health Center (DHC). The DHC is the oldest federally qualified health center in the country and has a rich legacy of addressing social determinants of health and supporting the needs of the community — regardless of the ability to pay. The DHC is in the heart of the Mississippi Delta — an area with a severe physician shortage and with that, a severe lack of subspecialty services. According to a report by NPR, the Mississippi Delta is a "Maternity Care Desert," as many of Mississippi's counties do not have obstetric hospitals, birth centers, or obstetric providers.

Working in a close-knit community offers continuity with patients — something that is hard to maintain in mainstream health care. "I get to know my patients and their families well. A lot of the time I get to work with multiple generations, which is rewarding."

Dr. Ragunathan credits her residency at Magee for helping her prepare for this role. "I use the training that I got at Magee every day, especially my training in high-risk obstetrics. I really value that training as someone who is now taking care of a lot of very high-risk pregnant patients," Dr. Ragunathan says. She also values her gynecologic surgery training immensely, adding, "I am the only ob-gyn at my hospital that performs laparoscopic hysterectomies."

Dr. Ragunathan also notes, "In addition to the training, I still rely on my Magee community for advice on cases. As I am the sole ob-gyn provider at the DHC, I don't have that local support."

### Improving Access for Patients in the Clinic and Community

Though there are many areas to tackle in driving for more equitable health care in the area, Dr. Ragunathan focuses on one tangible action at a time that can create lasting systemic change.

*Continued on next page*

“My biggest accomplishment in my first year was advancing contraceptive access in the clinic,” she says. When Dr. Ragunathan got to the DHC, they did not offer LARC (long-acting, reversible contraception) devices in the clinic. For example: if someone wanted an IUD or a Nexplanon arm implant, that device would have to be ordered for them. “And in that waiting time, someone could get pregnant,” she explains. “We’re in a place with one of the highest teen pregnancy rates in the country and giving a teenager or young woman access to a LARC can really change the trajectory of her life.”

In addition to Dr. Ragunathan’s efforts on enhancing care for high-risk obstetrics and improving contraception access in the DHC, she aims to expand her reach beyond the clinic. Dr. Ragunathan recently conducted a ‘Lunch and Learn’ session for nurse practitioners in the community to teach attendees about contraception. She also persuaded two pharmacies to stock the emergency contraception pill Ella (ulipristal acetate) in their stores, which was previously unavailable in the region.

While Dr. Ragunathan focuses her efforts on her local community, there are disparities to address all over the country and the globe. For others wishing to work on these issues, Dr. Ragunathan encourages pacing yourself, as addressing the needs of high-risk patients requires a multifaceted approach.

“What feels like an insurmountable problem or set of problems, it is best to just take things one small step at a time,” Dr. Ragunathan says. “If you or someone you know feels a calling to do that, then I really encourage you to go for it. We create the change we want to see in the world.”

In their third year of residency, UPMC Magee-Womens Hospital residents can do an **elective rotation** with Dr. Ragunathan at the Delta Health Center. This rotation provides residents with valuable experience working in a rural setting with desperate need using limited resources. To learn more, residents may reach out to Dr. Ragunathan directly at [nina.w.ragu@gmail.com](mailto:nina.w.ragu@gmail.com).



## Focus on Fertility

### UPMC Magee REI division evolves to meet changing demands

by Gina Edwards

In the last decade, fertility care delivery has had to adapt — to pandemic restrictions, to rapid technology shifts, and to a cultural sea change that has driven more patients than ever before to seek out reproductive guidance.

Dr. Julie Rios heads the Division of Reproductive Endocrinology and Infertility at UPMC Magee-Womens Hospital. Since assuming the division chief role in summer of 2021, she has guided the department in meeting the evolving needs of patients in a shifting health care climate.

“When I came here, we had over 1,000 patients on the wait list of people getting in to see us,” Dr. Rios says.



Dr. Julie Rios

Though this backlog of patients from COVID has subsided and there is no longer a lengthy waitlist, that was only one part of the challenge: the adoption and scaling of telemedicine during the pandemic also quickly ushered in a new normal across all health care service lines.

Since then, overall demand for fertility services has skyrocketed, owing to several factors, including new tests and technologies, social media trends, and expanded insurance coverage for certain services.

### Changing Conversations in Fertility

Clinical tests developed over the last decade have influenced an increase in demand for some analyses — specifically when it comes to preimplantation genetic testing or evaluating cells from an embryo to identify abnormalities early in the process. Previously, such testing was done on one cell of an eight-cell embryo. Nowadays, the embryo is cultured longer, into the blastocyte stage, which is comprised of hundreds of cells — of which five to ten cells are tested — offering a higher degree of accuracy.

However, such advances are not without controversy, as Dr. Rios explains: “Should we do [preimplantation genetic testing] for all patients during In-Vitro Fertilization (IVF)? Do younger patients really need it? Are there risks with it? And I think that’s still a debate going on in our field.”

A surge of interest in at-home DNA genetic testing a la 23andMe has also resulted in patients requesting services to avoid passing on certain characteristics, for example. Dr. Rios adds that social media has complicated matters, as patients will request specific procedures they have heard about online that may not be evidence-based or likely to succeed. In other cases, patients may be working with a specialist outside of the ob-gyn field, who may recommend treatments that can be costly and have significant risks.

“It is a very expensive and emotional invasive process that patients go through,” Dr. Rios says. “You want to have a shared decision-making model with them, but there must be a balance between patient autonomy and physician expertise.”

When conflicts in courses of action arise, it is a balancing act for providers to ensure patients feel heard but are also counseled toward an appropriate medical recommendation. She says that their division uses tools like an online calculator to predict the success of a given procedure like IVF, which can open up conversations about the best courses of action, particularly given the patient’s insurance options.

“I do think insurance coverage comes into account for this. Someone that has a 10% success rate, but it’s fully covered is going to take that chance and could be successful. Then, someone else that must pay for two or three cycles out of pocket may not want to spend \$60,000 for a 30% success rate,” she says.

While Dr. Rios says that the bulk of the patient volume in the department is for infertility services, she is also seeing an uptick in interest in services like egg preservation.

“Cost comes into everything we do. More and more companies are covering fertility preservation or just covering our services,” she says. “As we see more coverage, we’re going to have more patients doing it. I also think that there’s more interest, and more people understanding that it’s quite successful.”

### Collaborating Beyond the Clinic

Beyond her work in the clinical space, Dr. Rios works with researchers at Magee-Womens Research Institute on fertility preservation efforts for specific patients.

“We have a great team that collaborates between [Dr. Kyle Orwig’s] team at the Center for Reproduction and Transplantation (CRT) and our team at the Center for Fertility and Reproductive Endocrinology (CFRE),” Dr. Rios says.

If the patient is interested in egg freezing, they will work with Dr. Rios’ team. If patients are unable to do egg preservation and have ovarian tissue, they can pursue that preservation option through the CRT. Patients with testes primarily work with the CRT, but the CFRE will review the semen analysis and help the patient understand the information about their specimen. If patients cannot bank sperm, they can do the research protocol, which is testicular tissue cryopreservation.

“We also work with Dr. Hwang in our Men’s Health Center, who could potentially then see these patients to do other fertility preservation procedures that maybe aren’t under a research protocol,” she says. “We essentially have a multidisciplinary team where we’re all managing the patient so they can get what they need.”



Team members of the Magee Division of Reproductive Endocrinology & Infertility.

This sentiment also goes for patients who have had chemotherapy for cancer, or any medical condition requiring gonadotoxic treatment. Through these teams, patients receive information about how their fertility could be affected, and what options they have to preserve it.

“They’re going to have potentially lifelong effects: they could go through menopause early and need hormone replacement,” she says. “That clinic is there to support those patients. It’s a great checkpoint, so that they understand how they could use their eggs or their tissue.”

### Division Directions & Priorities

As leader of the REI Division, Dr. Rios has worked to institute communication protocols so that patients receive continuous care experiences even if their provider is out of the office. Dr. Rios and her team are also working on an FAQ educational series so that the most common questions from patients are already answered before they walk in the door.

“Every patient is an individual, so they’re not going to fit into every single protocol,” Dr. Rios says. “But there are some basic standards we can make, and we individualize from there.”

These streamlined processes facilitate another tenet of Dr. Rios’ focus as a leader: provider wellness.

“In general, I’m trying to overall make our staff, our physicians, our providers — everyone to have more wellness. We want to feel like we’re taking care of these patients, but also making sure like when you’re not here, you’re able to spend time with your family,” she explains.

Finding this balance for providers is especially important given the current outpacing of demand to supply of reproductive endocrinologists. More advanced practice providers (APPs) are being trained in certain aspects of care in the REI Division to offset the demand and they work closely with physicians to provide excellent care to patients.

**“In general, I’m trying to overall make our staff, our physicians, our providers — everyone to have more wellness.”**

— Dr. Julie Rios

In looking toward the future of the division, Dr. Rios hopes to build for long-term research as well as establishing great patient education and patient relations — to provide great care. As pregnancy rates have risen in the division, she is encouraged by the progress and examining ways to keep them improving.

Dr. Rios says that ultimately, the goal is leading toward patient-specific care:

“We’re looking forward to collaborating with our patient population, MWRI, and within industry to contribute to the science and to try to make fertility outcomes better and more individualized for every patient.”



## Breaking Barriers, Fostering Futures

### Dr. Sarah Napoe guides DEI recruitment and efforts at UPMC Magee

by Faith Jeffcoat

Inequality creates mistrust in the health care system. According to the NIH, when providers lack diversity, patient care suffers, and so does research.

As an ombudsperson for the Department of OB/GYN/RS at UPMC Magee-Womens Hospital, Dr. Sarah Napoe works to eliminate this mistrust by fostering a community of diversity, equity, and inclusion for trainees. Dr. Napoe serves as a listener and advocate for those in the Department, specifically the underrepresented.



Dr. Sarah Napoe

One way she supports residents within the department is by helping them navigate and process microaggressions in a professional setting. Dr. Napoe says, “It can be difficult to confide in someone something negative you experienced, especially when it is written off as minuscule, so I work to be an ear and acknowledge what they’ve experienced.”

#### Building Diverse Teams of Trainees

Dr. Napoe’s work includes assembling a diverse workforce of residents and fellows at UPMC Magee. At the point of recruitment, Dr. Napoe will reach out to potential residents and answer their questions about diversity, equity, and inclusion to ensure incoming members know that if they come to UPMC Magee, it will be a supportive place for them. But it can be tough when potential residents do not see themselves reflected in the lineup of faculty with whom they will train.

“We need more faculty of color,” says Dr. Napoe. “When trying to recruit residents, it is challenging to assure support for minorities when we don’t have many faculty of color.”

A report released by the Journal of the American Medical Association reveals racial disparities in the composition of residency training programs. Of residents entering obstetrics and gynecology in the United States, only 7.9% are Black, 10.1% are Hispanic, and 0.1% are Native American or Alaska Native.

“People must see themselves in a position to believe they can do it well. When students don’t see physicians like themselves, it makes it difficult to see a path forward,” says Dr. Napoe.

The passion Dr. Napoe brings to her role stems from her journey to becoming an ob-gyn provider, as she personally experienced the effects of the lack of diversity in the medical field.

“I was a little bit surprised by how underrepresented some groups are in medicine. When I was thinking about going to medical school, I heard often that I would not be accepted,” she says. “It can be hard to believe you are good enough when there isn’t representation of people like yourself in the field doing what you want to do. But I looked around at how many physicians there were and realized that if all those people could do it, so could I.”

#### UPMC Magee DEI Goals for the Future

Long-term, Dr. Napoe wants to continue helping build a workforce that reflects the community it serves.

“I want to see Magee continually increasing our number of minority faculty. One of the ways to do this would be to have a training program that looks more like the city it serves. Our training and retention are crucial for improving disparities and diversifying Magee.” She adds, “We really want to serve our patients well in this community, and a way we can do that better is when we retain some of the minorities that we’ve trained to serve our patient population.”

Since assuming the role of an ombudsperson in 2020, Dr. Napoe has seen an increase in the diversity of the residency program. “The last couple of years, we’ve had two of the most diverse entering intern classes, probably in decades. We’ve done great work,” she says.

Every step is ensuring the climate of Magee is positive for medical students. With the increase in diverse recruiting, Dr. Napoe would also like to see an increase in retention from underrepresented University of Pittsburgh medical students. “You know that the place is a good place to be when people who’ve trained with you want to stay — especially underrepresented minorities,” she says.

**“People must see themselves in a position to believe they can do it well. When students don’t see physicians like themselves, it makes it difficult to see a path forward.”**

— Dr. Sarah Napoe

Disparities in health care create ripple effects beyond the individual. “When disparities prevail, everything suffers and this leads to inadequate care for many and an increase in health care costs for all — it’s all connected,” says Dr. Napoe.

Through her efforts in Diversity, Equity, and Inclusion, Dr. Napoe is on a mission to create lasting systemic change in health care — one student at a time, starting here in Pittsburgh.

“Magee is a great place to train,” Dr. Napoe adds. “I am proud of the work that we have been able to do and look forward to our continued efforts to make Magee the dream training program for students of all backgrounds.”



## Putting HIV Prevention into Women's Hands

Dapivirine ring proven safe to use in third trimester of pregnancy

by Gina Edwards

Imagine a scenario where a pregnant woman comes to her physician seeking an HIV prevention method. Instead of the clinician saying things like, 'Well, it was safe for pregnant mice,' or 'It's safe in non-pregnant people,' they can say with confidence, 'This product was studied in pregnant people just like you, and there were no safety issues identified.'

This ideal scenario is the goal, as pregnant people need safe HIV prevention products. Yet, historically, pregnant and breastfeeding people have been excluded from clinical trials, which is a big problem: pregnancy represents a period of increased HIV risk for both hormonal and behavioral reasons. In fact, pregnant people are three times more likely to acquire HIV than their non-pregnant counterparts.

The Microbicide Trials Network (MTN), under the direction of MWRI researcher Sharon L. Hillier, PhD, set out to address this problem directly by proposing a safety trial of a novel HIV prevention product in pregnancy. The DELIVER trial is evaluating the safety of both the dapivirine vaginal ring (DVR) and oral pre-exposure prophylaxis (PrEP).

DVR is a silicone ring containing an HIV medication called dapivirine. It is inserted into the vagina and stays there for one month, at which point the old ring is replaced with a new ring. Over the course of the month, the ring slowly releases the anti-HIV

medication, which protects women from acquiring HIV through vaginal sex. Currently, it is approved only for non-pregnant, non-breastfeeding individuals, ages 18 to 45.

### Breaking the Traditional Study Design Mold

It is highly unusual to actively study the safety of a drug in a pregnant population. Typically, a drug is approved for non-pregnant people, and when a pregnant patient needs the medication, the doctor and patient must assess the risk-benefit ratio based on limited safety data in humans.



Dr. Katherine Bunge

Dr. Katherine Bunge, an MWRI researcher and protocol chair of the DELIVER study, says she understands why many people would assume that such a study could not be done.

"In my experience, pregnant people don't want to take any medication — let alone a medication that has not been studied thoroughly in pregnancy," Dr. Bunge says. "The truth is, though, people who have enrolled in the trial recognize that they are at risk for HIV and are looking for a prevention method that fits into their life."

Because of the complexities of studying the safety of a then-investigational drug in a pregnant population, MTN held a large stakeholder meeting to seek support and input on the study design with key decisionmakers from the countries in which the study was to be conducted: South Africa, Malawi, Uganda, and Zimbabwe. Follow-up meetings also engaged community leaders and local Institutional Review Boards (IRBs).

The DELIVER study operated in a stepwise fashion — enrolling one group at a time and submitting data to be analyzed and approved by an independent safety review panel before moving onto the next stage. They began the trial with women late in the third trimester who used either DVR or oral PrEP until delivery, and then moved onto the second group, who were early in their third trimester. Finally, DELIVER moved into the last group of women in the second trimester. At each step, staff members carefully explained the study to prospective participants and worked with the community at large to address any concerns.

Ultimately, the DELIVER study found that women can safely use the dapivirine vaginal ring for HIV PrEP in the third trimester of pregnancy. A sister trial evaluated and confirmed that DVR is also safe to use during breastfeeding. Dr. Bunge presented the pregnancy outcomes and complications from the first two groups at the 30th Conference on Retroviruses and Opportunistic Infections (CROI), a national HIV conference. MTN's methodical study design on an investigational product in a pregnant population could be used as a model for other drugs.

### "This is a Game Changer."

Several African countries have approved DVR, and it has been recommended by the World Health Organization for women at high risk of acquiring HIV. Other products that have been approved for HIV prevention include a daily pill and an injectable medication administered every two months.

DVR is a landmark advancement in HIV prevention products, particularly as it is the first woman-controlled method.

"Many women do not have the ability to negotiate condom use with their partners, so this is a game changer," Dr. Bunge says. "The dapivirine vaginal ring is discreet — nobody needs to know you are using it — comfortable, and inexpensive to scale up. Because the medication is released exactly where it is needed but not absorbed into the bloodstream in significant quantities, the risks of systemic side effects and HIV drug resistance are almost nonexistent."

For years, pregnant people have been excluded from clinical trials. But MWRI researchers are at the forefront of women's health research: pushing boundaries, imagining the unimaginable, and prioritizing the health of women. The DELIVER trial is an example of this commitment to change.

"A lot of people will say that studying the safety of an investigational product in pregnancy is too hard and too expensive," Dr. Bunge says. "The DELIVER trial demonstrates that it can be done."

**DVR is a landmark advancement in HIV prevention products, particularly as it is the first woman-controlled method.**



Incoming Fellows

**Complex Family Planning Fellowship**

**Amanda Lacue, MD**  
Obstetrics & Gynecology  
Cooperman Barnabas Medical Center,  
Livingston, NJ

**Family Medicine Obstetrics Fellowship**

**Laila Younes, MD**  
Family Medicine  
AMITA Health Saints Mary & Elizabeth  
Medical Center, Chicago, IL

**Female Pelvic Medicine  
& Reconstructive Surgery  
(Urogynecology) Fellowship**

**Nicole Meckes, MD**  
Obstetrics & Gynecology  
UPMC Medical Education, Pittsburgh, PA

**Gregory Zemtsov, MD**  
Obstetrics & Gynecology  
Duke University, Raleigh, NC

**Gynecologic Oncology Fellowship**

**Megan Lander, MD**  
Obstetrics & Gynecology  
The Johns Hopkins Hospital,  
Baltimore, MD

**Amanda McDonald, MD**  
Obstetrics & Gynecology  
The McGaw Medical Center of  
Northwestern University, Chicago, IL

**Laboratory Genetics & Genomics  
Fellowship**

**Marwa Daghani, PhD**  
PhD in Human Biology  
University of Tunis El Manar, Tunisia  
and Université Grenoble, Alpes, France

**Maternal-Fetal Medicine Fellowship**

**Lauryn Adams, MD**  
Obstetrics & Gynecology  
New York-Presbyterian Hospital,  
New York City, NY

**Elena Lands, MD**  
Obstetrics & Gynecology  
Brigham and Women's Hospital  
and Massachusetts General Hospital,  
Boston, MA

**Praveen Ramesh, MD**  
Obstetrics & Gynecology  
UPMC Medical Education,  
Pittsburgh, PA

**Minimally Invasive Gynecologic  
Surgery Fellowship**

**Megan Howard, MD**  
Obstetrics & Gynecology  
University of Virginia,  
Charlottesville, VA

**Reproductive Endocrinology  
& Infertility Fellowship**

**John "Wes" Urian, MD**  
Obstetrics & Gynecology  
Oregon Health & Science University,  
Portland, OR

Incoming Residents

**Oluwafunmilayo "Funmi" Eletu**  
University of Virginia School of Medicine

**Josselyn Flores-Galdamez, MS**  
New York Medical College

**Erin Galakatos**  
University of Missouri-Kansas City School  
of Medicine

**Gabrielle LeBlanc**  
Florida State University  
College of Medicine

**Margaret "Rosie" Mahoney**  
Vanderbilt University School of Medicine

**Aja Pollard**  
University of Pittsburgh School  
of Medicine

**Katelyn Ripple**  
University of Pittsburgh School  
of Medicine

**Kara Shannon**  
Baylor College of Medicine

**Kathryn "Kate" Smith**  
Northwestern University  
Feinberg School of Medicine

**Amanda Thiele**  
University of Miami  
Leonard M. Miller School of Medicine

New Hires 8/2022 to 1/2023

**Alayna Butcher, MD**  
8/1/2022, NIA OB/GYN Associates

**Caitlin Durr, MD**  
8/1/2022, UPMC Hamot

**Shea Soberdash, DO**  
8/1/2022, UPMC Horizon

**Nicole Garcher, DO**  
8/8/2022, UPMC Mercy

**Sarah Allen, MD**  
9/1/2022, Gynecology

**Jacqueline Atlass, MD**  
9/1/2022, MFM

**Amanda Bashline, CNM**  
9/1/2022, UPMC Womancare  
Associates, North

**Conor Corcoran, MD**  
9/1/2022, OGAP

**Stephanie Glass-Clark, MD**  
9/1/2022, Urogynecology

**Shannon Hershman, CNM**  
9/1/2022, UPMC Horizon

**John Karvounides, DO**  
9/1/2022, UPMC Womancare  
Associates, East

**Kelly Kline, CNM**  
9/1/2022, UPMC Altoona

**Cassandra Ondeck, MD**  
9/1/2022, UPMC Womancare  
Associates, South

**Pamela Parker, MD**  
9/1/2022, REI

**Shannon Rush, MD**  
9/1/2022, Gyn-Oncology

**Kelly Snyder, DO**  
9/1/2022, UPMC Womancare  
Associates, South

**Pritha Workman, MD**  
9/1/2022, NIA OB/GYN Associates

**Nikole Bucsek, MD**  
10/1/2022, UPMC Hamot

**Alexandra Buffie, MD**  
10/1/2022, NIA OB/GYN Associates

**Rachel Ivancie, CNM**  
10/1/2022, NIA OB/GYN Associates

**Joel Messom, MD**  
11/1/2022, UPMC Altoona

**Megan Wright, MD**  
12/1/2022, UPMC Womancare  
Associates, East

**Panayota Zarmakoupis, MD**  
1/1/2023, REI

Retirees 9/2022 to 12/2022

**Robert Gedekoh, MD**  
9/30/2022, Gynecology

**Emily DeFerrari, CNM**  
10/30/2022, NIA OB/GYN Associates

**Daniel Lattanzi, MD**  
12/30/2022, Greater Pittsburgh  
OB/GYN

**Kathleen McIntyre-Seltman, MD**  
12/31/2022, Gynecology

**47th Annual Alumni Day**

Friday, October 28, 2022, UPMC Magee-Womens Hospital



Attendees of Alumni Day from L to R: Dr. Robert Edwards, Dr. Denise Howard, Dr. Maryanne Hugo, Dr. Susan Capelle, and Patrick Hastings.



Attendees of Alumni Day from L to R: Dr. Steele Filipek, Dr. Carolyn Kubik, Dr. Richard Guido, Dr. Joseph Sanfilippo, Dr. Jamie Lesnock, Dr. and Mrs. Daniel Lattanzi, and Dr. Bunja Rungruang.

**AAGL Alumni Reception**

Thursday, December 1, 2022  
Aurora, Colorado



Attendees of AAGL from L to R: Dr. Nicole Donnellan, Dr. Suketu Mansuria, and Dr. Sarah Allen.

**SMFM Alumni Reception**

Tuesday, February 7, 2023  
San Francisco, California



Attendees of SMFM from L to R: Dr. Swati Shree, Dr. Arun Jeyabalan, and Dr. Alisse Hauspurg.

Attendees of SMFM from L to R: Michael Annichine, Eva Fandozzi, and Caroline Smith.



Attendees of AAGL from L to R: Molly Schneider, Dr. Nicole Donnellan, Dr. Suketu Mansuria, Dr. Sarah Allen, and Jessica Rock.



Attendees of SMFM from L to R: Dr. Arun Jeyabalan, Dr. Hyagriv Simhan, Michael Annichine, and Jessica Rock.

**CREOG/APGO Alumni Reception**

Tuesday, February 28, 2023, National Harbor, Maryland



Attendees of CREOG from L to R: Dr. Suzanne Peterson, Diana Brucha, Dr. Kristiina Parviainen (KP), Dr. Alysia Wiener, Dr. Deborah Landis Lewis, Dr. Alyssa Stephenson-Famy, and Dr. Bunja Rungruang.



Attendees of CREOG from L to R: Dr. Rebecca Waltner-Toews, Dr. Priitha Workman, Dr. Charelle Carter-Brooks, Dr. Julia Bregand-White, Dr. Allison Serra, and Dr. Jessica Rose.

**SGO Alumni Reception**

Monday, March 27, 2023, Tampa, Florida



Attendees of SGO from L to R: Dr. Adria Suarez Mora, Dr. Lauren Hand, Dr. Robert Edwards, Dr. Madeleine Courtney-Brooks, and Dr. Michelle Boisen.



Attendees of SGO from L to R: Dr. Robert Edwards, Jessica Rock, and Dr. Madeleine Courtney-Brooks.



Group shot of SGO attendees.



Attendees of SGO from L to R: Dr. Ebony Hoskins, Dr. Robert Edwards, Dr. Ashlee Smith, Dr. Karyn Hansen, Dr. Alexander Olawaiye, and Dr. Bunja Rungruang.

**Upcoming Events**

**North American Menopause Society (NAMS)**  
2023 NAMS Annual Meeting  
September 27-30, 2023  
Philadelphia, PA

**American Urogynecologic Society (AUGS)**  
2023 PFD Week  
October 4-6, 2023  
Portland, OR | Virtual

**Society of Family Planning**  
2023 Annual Meeting  
October 28-30, 2023  
Seattle, WA

**American Association of Gynecologic Laparoscopists (AAGL)**  
52nd Global Congress  
November 5-9, 2023  
Nashville, TN

**The Society for Maternal Fetal Medicine (SMFM)**  
44th Annual Pregnancy Meeting  
February 10-14, 2024  
National Harbor, MD

**Council on Resident Education in Obstetrics and Gynecology (CREOG)**  
2024 CREOG & APGO Annual Meeting  
February 28-March 2, 2024  
San Antonio, TX

**Society for Reproductive Investigation (SRI)**  
2024 Annual Meeting  
March 12-16, 2024  
Vancouver, Canada

**Society of Gynecologic Oncology (SGO)**  
2024 Annual Meeting  
March 16-19, 2024  
San Diego, CA

**Society of Gynecologic Surgeons (SGS)**  
50th Annual Scientific Meeting  
March 24-27, 2024  
Orlando, FL

**American Society for Colposcopy and Cervical Pathology (ASCCP)**  
2024 ASCCP Scientific Meeting  
May 2-5, 2024  
New Orleans, LA

**American College of Obstetricians and Gynecologists (ACOG)**  
2024 Annual Clinical & Scientific Meeting (ACSM)  
May 17-19, 2024  
San Francisco, CA

**American Society for Reproductive Medicine (ASRM)**  
80th ASRM Scientific Congress & Expo  
October 19-23, 2024  
Denver, CO

**Coming Soon! Share Your Story for our New Class Notes Section**

UPMC Magee-Womens Hospital offers one of the most robust ob-gyn training programs in the nation. We are proud of our Magee residents and alumni; in future issues of *Magee Matters*, we will be introducing a class notes section where you can share your updates with fellow alumni. If you trained at UPMC Magee and have a story to share about how you're applying those skill sets within your practice, we would love to hear from you — and possibly feature your update in an upcoming issue of this newsletter.

Please fill out the Class Notes form by scanning this QR code:



**JOIN OUR EMAIL LIST!**

Help us keep you informed! Please join our email list to stay up to date on the great things happening at Magee. To get on the list, email Jessica Rock, [rockjj2@mwri.magee.edu](mailto:rockjj2@mwri.magee.edu) or call 412-641-4008.

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There are many other gift options to choose from, including life insurance, gifts of real estate, and gifts of stock. For more information about making a meaningful gift to Magee, contact Jessica Rock at [rockj12@mwr.i.magee.edu](mailto:rockj12@mwr.i.magee.edu) or call 412-641-4008.

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So many lives to touch.

**Bequest** – You can remember Magee through your will.

**IRA** – Name Magee as a beneficiary on a retirement account.

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

