

# MAGEE

A PUBLICATION OF **MAGEE-WOMENS RESEARCH INSTITUTE & FOUNDATION**



## **FINDING COMFORT IN THE FAMILIAR**

A look at how diversity  
improves the care experience

**A Culture of Excellence,  
Education and Teamwork  
Inspires Magee Nurses**

**MWRI Expansion to Erie  
Opens Door to Better Care  
and Research Opportunities**

**Donor Spotlight:  
\$1 Million Gift To Fund  
Prematurity Research**

# MAGEE

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## A Culture of Excellence, Education and Teamwork Inspires Magee Nurses

Vivian Petticord,  
director of  
the Women's  
Health Service  
Line & Maribeth  
McLaughlin,  
RN,BSN, MPM

### by Courtney McCrimmon

Jared Precht particularly recalls a first-time father whose baby came to the Neonatal Intensive Care Unit (NICU). The baby's mother was in critical condition after an enormously complicated delivery. The father spent the whole day by his wife's side and, in the evening, came to see his newborn son for the first time.

"I will never forget the look of fatigue and sadness on his face when I met him," says Precht, professional staff nurse in the NICU at UPMC Magee-Womens Hospital. "I took my time, explaining the reasons his baby was with us. I taught him how to change his son's diaper and how to bottle-feed him. When the baby finished eating, I helped him place the

baby on his chest. His son fell asleep there, and I saw the dad move from being frightened to feeling pure joy. That evening is one of the highlights of my nursing career."

Vivian Petticord, director of the Women's Health Service Line and labor and delivery nurse with UPMC Magee-Womens for over 30 years, remembers a summer holiday in 1983—Labor Day—when a pregnant patient, vacationing out of town, went into pre-term labor. Her membranes had ruptured, and she was flown home to Pittsburgh for emergency treatment. "The pilot didn't realize he was supposed to land at Presby (UPMC Presbyterian), and he landed in our parking lot! Because of the holiday there were fewer cars. He told me he flew in Vietnam and could land anywhere. I scrubbed in on the Cesarean section. It turned out the patient had ovarian cancer. Fortunately, the cancer was contained and the patient and baby survived. I'll never forget that afternoon, though."

### Fostering the growth experience

Cancer. Cardiology. Labor and delivery. Intensive Care. Emergency Care. Across long weekends, holidays, late evenings and early mornings, nurses at UPMC Magee-Womens Hospital welcome new life into the world and comfort families struggling with loss. They stay by

the bedsides of women coping with side effects from chemotherapy and provide sexual assault victims with privacy, support and compassion. They are expertly trained caregivers working at a Magnet®-recognized hospital, where a dedication to nursing excellence has been fostered for generations.

“Our culture allows nurses to have lifelong learning and growth in their career,” says Maribeth McLaughlin, RN, BSN, MPM, a Magee nurse for over 35 years and current interim CNO and VP of Operations. “Magee is an incredibly special hospital and community. It is a second family for many.”

For Lizzie Schnarr, professional staff nurse, landing a job as an emergency room nurse right after graduation was a dream come true, combining her passions for women’s health and emergency medicine.

“My mom was a nurse, and I grew up listening to her stories. I didn’t really consider anything else when I entered college,” says Schnarr.

Working nights in Magee’s emergency room challenges and develops Schnarr’s nursing skills while making the most of her empathetic nature. “When someone comes to the ER, they are having one of the worst days of their lives. They are terrified. The ability to meet their fear with compassion – and being able to help them – is incredibly rewarding.”

Amy Bernstein, professional staff nurse, decided to become a nurse after years spent raising her four children.

“Caregiving comes naturally to me, so when I decided to return to school, nursing seemed like a natural fit,” says Bernstein, who practices on UPMC Magee-Womens inpatient oncology floor. “I love being a source of consistency for my patients, many of whom are dealing with a lot of uncertainty.”

For all of them, losing a patient is the most difficult part of the job.

“I had one patient with end-stage breast cancer. She could have chosen hospice care in her home, but she wanted to pass away at Magee. It was important to her to die with dignity. Her wife was by her side the whole time and helped her write goodbye letters to her friends and family. I cared for her during the course of her illness, and I’ll never forget her,” says Bernstein.

A portion of the patients who come to the emergency room are experiencing miscarriages, and part of Schnarr’s job is to help women through the process.



**I saw the dad move from being frightened to feeling pure joy. That evening is one of the highlights of my nursing career.”**

- Jared Precht, RN, professional staff nurse

“The loss of a baby is unimaginable. When women have miscarriages later in their pregnancy, especially, it’s devastating. Providing support and guidance for these women – and helping them find the right way to say goodbye to their child – that part of my job is difficult, but I love being able to help,” says Schnarr.

## **Training for the journey**

Nursing requires a lot from those who choose it as a career – emotionally, and physically, too. Particularly when it comes to labor and delivery, coaching women through childbirth requires stamina and strength.

“When a woman is ready to give birth, and you’ve been with her the whole time – it doesn’t matter if your shift is over or if you haven’t eaten in 12 hours – you stay with her. It’s an incredibly intimate experience, bringing new life into the world. It’s not very often you get to touch the future,” said Peticord.

For Schnarr, supporting patients as they emerge from trauma is one of the most valuable services she provides. Sexual assault victims routinely turn up in the emergency room, and Magee’s nurses are specifically trained to help them. With private rooms and on-call counselors from Pittsburgh Action Against Rape (PAAR), patients are able to shower, get clean clothes and immediately receive guided support after examination.



**When someone comes to the ER, they are having one of the worst days of their lives. They are terrified. The ability to meet their fear with compassion – and being able to help them – is incredibly rewarding.**

- Lizzie Schnarr, professional staff nurse in the Neonatal Intensive Care Unit at UPMC Magee-Womens Hospital.

Collaborative, launching a new innovative device to manage hemorrhages and spotlighting newborn safe sleep education. From reducing maternal deaths to offering pathways to recovery for women with substance use disorders, she's committed to improving the health of women and their newborns across the women's health service line, which encompasses Pennsylvania, New York and Maryland. A key to her success is building relationships with staff and utilizing their experiences to inform where the work needs to focus.

"You can't be an expert on women's health unless you understand the problems they face," says Petticord. "We are sincere in our desire to understand the obstacles women deal with and we are sincere in working to solve them."

The bad days are offset by the resiliency and spirit of their patients. Precht is inspired by the fight found in even the most premature babies. He describes it as something you don't see as frequently in adults. Bernstein is moved by her patients who are fighting their cancer from a hospital bed, weakened by rigorous chemotherapy and radiation.

A culture of excellence, continuing education and teamwork also help maintain their dedication to nursing at Magee.

"You never know what you're facing when you come into work," says Bernstein. "Every day is different. But I know how strong my team is, and we are committed to one another's success and the best possible outcomes for our patients."

Schnarr agrees. "I'm not special because I've delivered babies in our lobby or helped one particular patient. All of the nurses do that. It's all of us together that makes nursing at Magee so incredible."

"Magee nurses do extraordinary things each day through their compassionate care, making a difference in the lives of the patients and families we serve. They are an inspiration," says McLaughlin.

"Many of the women we see – whether they've experienced an assault or a miscarriage or something else – have a long road to recovery. As an ER nurse, I get to be at the beginning of that journey," says Schnarr.

A love for babies and children drew Precht to UPMC Magee-Womens NICU, but he discovered an ability to connect with fathers in a way he didn't anticipate. Much of the care in the NICU is focused on the infants and mothers, which is as it should be, Precht says.

"But dads can – and should – be a focal point of their child's care. The feelings of worry and isolation that come with having a baby in the NICU can be overwhelming. Teaching a new father how to change a diaper or feed their baby can completely change his outlook."

## Answering the call

People don't plan for a cancer diagnosis, a baby in the NICU or a miscarriage. When they occur, patients rely on skilled clinicians to guide their care. Nurses provide a continuity of care that can make a significant difference in the patient's outcome.

"Nursing is a calling, and it isn't easy," says Petticord. "Every patient you meet is different, and that requires adaptability and instinct on your part."

Petticord has avoided burnout by growing in her nursing career over the years. Currently, she's the director of the Women's Health Service Line (WHSL) for all of UPMC, overseeing initiatives that standardize and improve care including the Mortality Review Committee, aligning quality efforts with the Pennsylvania Perinatal Quality



# CEO UPDATE

## LOOKING FORWARD

Scientific research is rarely linear, with Point A leading perfectly to Points B and C. As often as not, it takes steps forward and steps back, requiring researchers to revise their lines of inquiry and revisit their hypotheses. This process isn't usually something the public notices—it takes place in laboratories and offices around the world, celebrations saved for benchmarks and breakthroughs over the years. In many ways, our experience with the COVID-19 pandemic has emulated this path—exciting announcements surrounding vaccines tempered with caution as new variants of the virus emerge.

This time last year we were living through the pandemic's infancy, balancing work, family and our own well-being as shutdowns upended our routines. Incredibly, just a year later, we have so many reasons for hope: multiple vaccines in production and distribution, COVID-19 cases falling dramatically, the promise of warmer weather and the possibility of reconnecting with the family and friends from whom we've been separated.

It is in this same spirit of hope that I welcome you to this issue of MAGEE Magazine. We are looking forward to a summer and early fall that bring the return of many of our fundraising events, including Savor Pittsburgh and Women Who Rock. Our annual NICU reunion, the Noah Angelici Memorial Golf Event and the Pars for Postpartum Golf Outing are also on our calendar. For the first time, in partnership with the Glimmer of Hope Foundation, UPMC Magee-Womens Hospital and UPMC Hillman Cancer Center, we are holding The Race to Beat Women's Cancers. The race will take place in both North and South Parks on September 5, and we look forward to seeing everyone come out in support of women's cancer research at MWRI and patient care services at UPMC Magee-Womens Hospital.

This issue also highlights four new MWRI investigators. While these women work in different research areas, they share a commitment to improving the quality of life for women facing a variety of health obstacles. Our cover story explores the efforts of UPMC Magee-Womens Hospital and MWRI to actively address racial disparities in health outcomes by intentionally and actively recruiting underrepresented minorities to provide clinical care and better inform our research.

You will also read about MWRI's first expansion outside of Pittsburgh in Erie, Pennsylvania, and the progress we've made since its announcement in September of 2019. We've included a profile on the depth and breadth of nursing at UPMC Magee-Womens Hospital and a preview of our 2021 Magee-Womens Summit which will be held November 17 and 18 virtually, and in person, at the David L. Lawrence Convention Center here in Pittsburgh.

Lastly, we share with you two very different but compelling stories of generosity: Colleen Brasacchio, who honored the memory of her premature son with a gift to the NICU, and Terri and Tom Bone, whose gift to fund prematurity research is only the latest example of her lifelong dedication to championing the cause of women.

As always, I hope this issue finds you safe and healthy. On behalf of the Magee-Womens Research Institute & Foundation, thank you for your support over the last year. We are continually striving to be the best version of ourselves we can be. Like scientific research, that process isn't always linear, but it is one we are fully committed to achieving.

Yours,

Michael J. Annichine, President & CEO

# MAGEE- WOMEN RESEARCH INST



Halina Zycynski, MD,  
MWRI in Erie Medical  
Director



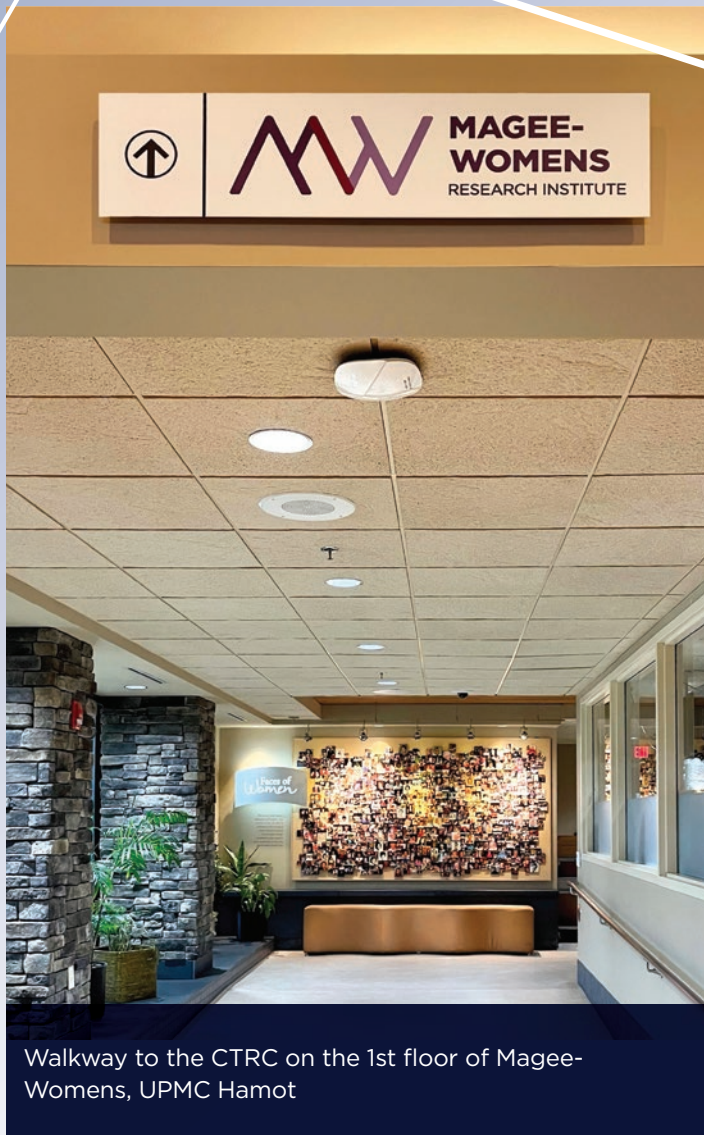
# MWRI IN ERIE'S EXPANSION OPENS DOORS TO BETTER CARE, RESEARCH OPPORTUNITIES

By Courtney McCrimmon

Early in the fall of 2019, the Erie Community Foundation (ECF) announced a \$6 million grant to expand Magee-Womens Research Institute (MWRI) to Erie, Pennsylvania. The grant was the largest made in ECF's history, and it marked the first time MWRI expanded outside of Pittsburgh.

"The Erie community rallied to bring women's health research here in a really unprecedented way," said Linda Paterniti, director of operations for MWRI in Erie. "The ECF's grant served as the impetus to make this expansion a reality. With additional support from Hamot Health Foundation (HHF), UPMC, Magee-Womens Research Institute & Foundation (MWRIF) and Penn State-Behrend, the initiative was able to come alive."

From the creation of a new biomedical commercialization and translational research lab at Penn State-Behrend's Knowledge Park to bringing locally focused clinical medical research trials to the region, the expansion will improve the health of women while creating a new employment sector in Erie's economy.



Walkway to the CTRC on the 1st floor of Magee-Womens, UPMC Hamot

“Each of the project’s strong champions has committed multiple millions of dollars to make our region’s dreams become reality — including new jobs in our downtown, increased flow of federal dollars and improved women’s health,” said ECF president Michael Batchelor. “In 2018, we announced a five-year, \$30 million grantmaking and community leadership framework to help transform our region. This collaborative checked all the right boxes, and we look forward to future significant investments in the coming years.”

## Laying the foundation

More than a decade has passed since Robert Edwards, MD, chair of the Department of Obstetrics and Gynecology at UPMC Magee-Womens Hospital and co-director of the Women’s Cancer Research Center at MWRI led by example

and initiated a gynecologic oncology consultation service at the newly built Women’s Hospital of UPMC Hamot.

“Dr. John Comerchi and I started seeing gynecologic cancer patients through what was then Hamot hospital in 2011,” said Dr. Edwards. “We drove to Erie twice a month to start building an oncology presence there. We were immediately welcomed by the patients, particularly those who would have had to travel for care otherwise.”

Their early success encouraged hospital leaders to address other gaps in women’s health subspecialty care. By 2013, experts in urogynecology, reproductive endocrinology and high-risk pregnancy care joined Drs. Edwards and Comerchi. Their success was followed by the establishment of a UPP generalists group.

“By 2016, through adding a combination of generalists, and specialists, we had a very fleshed out group of physicians seeing and treating patients in Erie,” said Dr. Edwards.

This critical mass of faculty set the stage for bringing MWRI to Erie.

**“We work in a culture that values evidence-based care and innovation. It was just a matter of time until we recognized the need to extend research opportunities to our patients in Erie,” said Halina Zyczynski, MD, MWRI in Erie’s Medical Director.**

“The Erie community really understands the importance of women’s health research,” said Michael Annichine, MWRI’s CEO. “We have active, vocal supporters with a strong vision for Erie’s future and their engagement has been critical to our success.”

## Building infrastructure

Despite a year of pandemic associated challenges, Dr. Zyczynski, along with Paterniti, have met most of their timelines. Early wins included hiring a talented team of core employees to serve as study coordinators, subject recruiters and laboratory technicians. “We were extremely impressed with the pool of talent we had to draw from,” said Dr. Zyczynski.

After several tours throughout the building, the group found “ideal” space on the main floor of the Women’s Hospital for the Clinical and Translational Research Center (CTRC) and within Labor and Delivery for the Obstetric Specimen Procurement Unit (OSPU).

“We are grateful to David Gibbons, the president of UPMC Hamot, for supporting this important endeavor with such premium space,” said Dr Zyczynski. “Being adjacent to clinical care space is a huge advantage in that it fosters collaboration between clinical and research staff and makes it easier for women to attend both clinical and research visits.”

In March, the CTRC opened its doors to investigators and study participants. The state-of-the-art tele-research room enables local research staff and trial participants to engage in study visits with Pittsburgh investigators. The tele-research room addresses the digital, transportation and financial barriers that have previously limited Erie-area women from access to novel therapies and studies aimed at improving scientific understanding of women’s health.

The team has launched six clinical trials and introduced the Steve N. Caritis MOMI Biobank and Database. These protocols were extensions of Oakland-based studies, a process which has become very easy with inclusion of UPMC Hamot in the University of Pittsburgh Institutional Review Board applications.

## Local opportunities and building successes

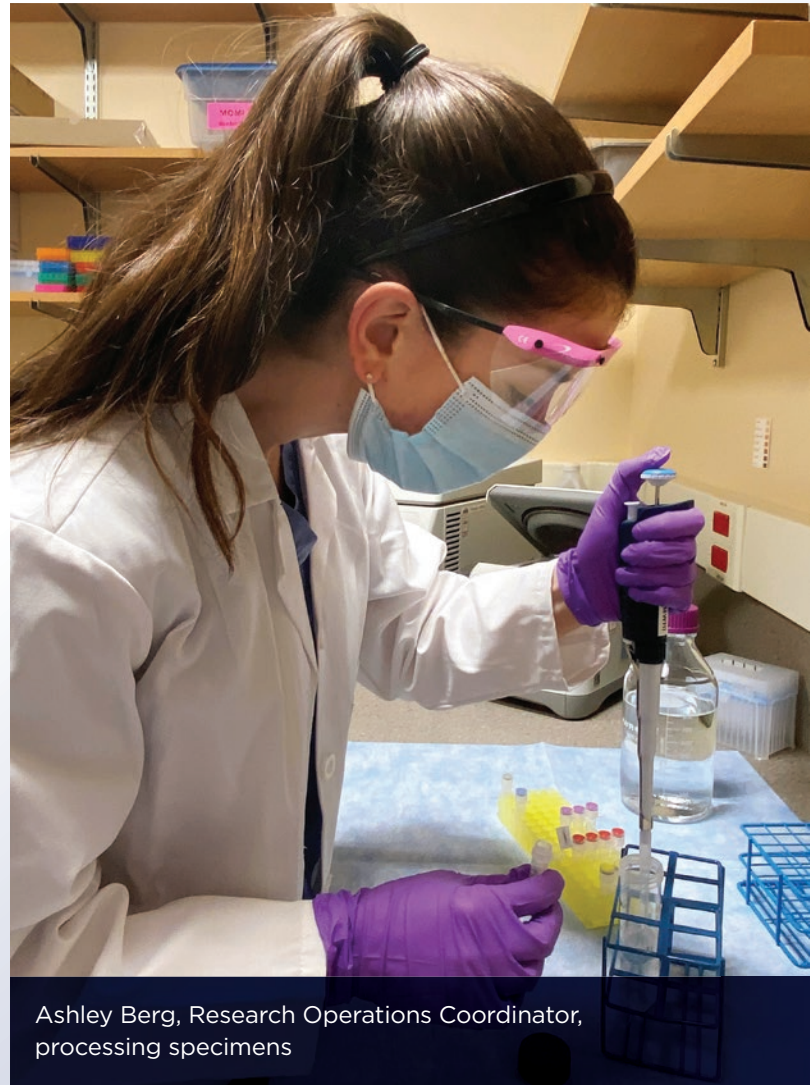
Part of the reason for the team’s early success is the collaboration between Dr. Zyczynski and Paterniti. They are both persistent and creative in confronting barriers and finding the “yes” in any given situation.

While there are many benefits to the Erie community, the relationship is equally beneficial to MWRI investigators. According to Dr. Zyczynski, in addition to the community’s demographics, the partnership provides MWRI researchers

access to a population with distinct environmental exposures — those of the nearby agricultural sector and Lake Erie.

Erie research operations are poised to aid investigators in their study of rural health disparities, a key initiative of the National Institute on Minority Health and Health Disparities. Families hold deep roots in Erie. Generational stability provides investigators access to grandmothers, mothers and daughters for epigenetic and genomic studies.

The expansion of MWRI into Erie is still in its formative phase, but with such a strong foundation, everyone agrees that the original vision of a robust, diverse research community, supported by national grants and industry partnerships, is coming to fruition.



Ashley Berg, Research Operations Coordinator, processing specimens



# UPMC Highlight:

Connecting The Dots  
Between Diversity  
And Disparities

By Niki Kapsambelis and Courtney McCrimmon



**Dr. Richard Beigi**

While UPMC Magee-Womens Hospital's scope and mission have changed dramatically since the 1980s, when it was primarily a women's community hospital. What hasn't changed is its mission: to provide the best possible care for all the patients it serves.

That focus has been the driving factor behind both new and existing initiatives that seek to eradicate persistent health disparities for minority populations. Nationally and locally, despite advances in maternal-fetal medicine, these disparities continue to create significant challenges.

And while UPMC Magee-Womens' efforts to address these gaps have been growing, they took on an added urgency during the summer of 2020, when the death of George Floyd prompted the nation to reexamine race in a way it hadn't since the civil rights era.

"I think it's always been a priority for the hospital to have a diverse workforce, but there's no denying that it's taking a new level of attention and focus," says Richard Beigi, MD, the hospital's president. "The summer of 2020 was really an opportunity for many people to rethink race in this country, and what that has — and has not — meant for really everybody, not just for minorities. I think it has significant meaning for the whole country."

The new focus on race accentuated how critical the hospital's efforts are in reducing or eliminating the inequities that minorities face, Dr. Beigi adds.

"We want to be able to provide top notch care to every single person who comes in here," he says. "For some in the community to come here and not see more of our doctors and nursing staff who are underrepresented minorities themselves may send an unintended message that this is not the place for them."

To address the problem, the hospital has worked to bolster its recruitment efforts for residents, fellows, nurses and other employees who are underrepresented minorities, as well as to create a more welcoming environment that would encourage them to return. Continuous training in diversity, equity and inclusion runs at several points throughout the year for all employees. Likewise, the appointment of Alexander Olawaiye, MD, as the Obstetric and Gynecology Department's vice chair of diversity and inclusion and

**"WE'RE TRYING TO UNDERSTAND OUR OPPORTUNITIES AND ACT ON THEM DELIBERATELY AND WITH A SENSE OF PURPOSE."**

-DR. RICHARD BEIGI

# “WE WANT PATIENTS TO SEE UNDERREPRESENTED MINORITY MEMBERS IN OUR WORK FORCE WHEN THEY PRESENT FOR CARE.”

-DR. RICHARD BEIGI

Sarah Napoe, MD, as the department’s ombudsperson for diversity signal a commitment to providing a voice and a conduit for concerns.

“We have really engaged on the physician side with efforts across the women’s health service line, including recruiting faculty and trainees to add to our overall diversity and education goals so that the patients we treat can gain trust in their physician work force as being diverse and inclusive,” says Robert Edwards, MD, chair of the Department of Obstetrics and Gynecology at UPMC Magee-Womens. “We want patients to see underrepresented minority members in our work force when they present for care. We are also working to promote outpatient resources that our community partners are asking for to meet the challenges of our urban and rural high risk populations.”

As the COVID-19 vaccine begins to roll out, UPMC Magee-Womens is working hard to target immunizations toward those high risk populations, which includes people with demographic and sociological risk factors. Minority communities have been disproportionately affected by the pandemic, and the hospital is committed to putting its resources where they are most needed, Dr. Beigi says.

“Our significant efforts around patient experience also represent an opportunity to improve the patient experience across all races and genders,” he adds. “We’re trying to understand our opportunities and act on them deliberately and with a sense of purpose.”

These efforts extend beyond Pittsburgh. Across UPMC’s women’s health service line there is a concerted effort toward diversity recruitment, including sites in Butler, Altoona and Erie. In addition, MWRI and UPMC Magee-Womens recently received funding from the Richard King Mellon Foundation to help augment the use in the obstetric services departments of doulas — trained women who provide guidance and support before, during and after childbirth — among mothers at high risk for pregnancy complications and maternal mortality. This support will help to integrate doulas further into UPMC’s system and allow providers to learn more about how to enhance maternal outcomes.

Overall, the mission remains clear: treating patients with dignity, respect and understanding is a key component of the overall effort to provide the best possible care and improve population health.



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# NEWEST MWRI MEMBERS SEEK SOLUTIONS FOR OVARIAN CANCER, UTERINE PROLAPSE, BLADDER COMPLICATIONS & CARDIOVASCULAR HEALTH

By Courtney McCrimmon



**This winter, Magee-Womens Research Institute (MWRI) welcomed four new researchers to its membership. From studying physical activity and how it relates to lifelong health to increasing options for older women with recurrent urinary tract infections, the new members of MWRI are equally dedicated to improving quality of life for women across their lifespans.**





### **Amanda Artsen, MD, MSc**

Uterine prolapse, a condition where the pelvic floor muscles and ligaments stretch and weaken, can be physically and emotionally debilitating for women. Most often caused by trauma from childbirth, it can usually be corrected with surgery. The ideal material for this surgery is polypropylene mesh, but women's bodies sometimes react negatively to this material. Dr. Artsen's research is focused on understanding the host response to mesh in order to improve treatment options for patients. She's collaborating with MWRI investigator Dr. Pamela Moalli.

"Mesh is actually a wonderful surgical option for women but the complications, including substantial pain, can be difficult to treat," said Dr. Artsen. "We want to be able to repair their prolapse in the least invasive, most effective way possible."

Currently, uterine prolapse can often be repaired using a patient's own ligaments and tissue, but according to Dr. Artsen, this approach can be problematic. Because the ligaments are already weakened from the prolapse, the repair doesn't last as long as one does with mesh, often failing within two to five years.

"We don't fully understand why some women experience prolapse, and we don't know all the reasons why it comes back. Urogynecology is a younger specialty with a lot of translational work to do. When women have a prolapse recur - it can be devastating, emotionally. I'm excited to be working with Dr. Moalli to help find solutions," said Dr. Artsen.

### **Bethany Barone Gibbs, PhD**

Dr. Gibbs studies physical activity and its relationship to overall women's health and, in particular, healthy pregnancies. In collaboration with MWRI investigator Dr. Janet Catov, Dr. Gibbs is conducting two research studies examining twenty-four hour activity, which includes the amount of time women spend sleeping, exercising, standing, sitting and moving.

"I've always been really interested in lifestyle activities as they relate to overall health. How much daily exercise a person gets is directly related to her cardiovascular health. I'm interested in how we can get people to increase their activity levels, including both formal and informal exercise," said Dr. Gibbs.

Dr. Gibbs first became interested in how much time people spend sitting during her first 'desk' job. "Given our current technology and societal norms, it's easy to not move all day. Even for people who exercise, how you spend the other 97 percent of your day matters."

When it comes to pregnant women, her preliminary research indicates increased time sitting is related to adverse pregnancy outcomes, including reduced gestational age. In conjunction with The University of Iowa, she and Dr. Catov are coordinating a clinical trial examining reduced sitting time and how it impacts pregnancy. The study, which will purposively sample Pittsburgh's urban population to Iowa's more rural population, is supported by a \$3.5 million R01 grant from the National Institutes of Health and will take place over five years.

**"I've always been really interested in lifestyle activities as they relate to overall health. How much daily exercise a person gets is directly related to her cardiovascular health."**





### **Megan Bradley, MD**

Dr. Bradley's research focuses on older women who suffer from lower urinary tract disorders, including recurring infections and overactive bladder. Working in conjunction with MWRI members Dr. Halina Zyczynski and Dr. Pamela Moalli, Dr. Bradley hopes her research will lead to improved treatment options for women.

"I want to help elevate the care for women struggling with overactive bladder and chronic urinary tract infections. The burden on these patients is significant, and as our understanding of these conditions has increased, so has the opportunity to course-correct years of symptoms that haven't been fully understood," explained Dr. Bradley.

In addition, Dr. Bradley is working with Dr. Alexander Yatsenko in the Clinical Genomic Laboratory, exploring the role genetic polymorphisms might play in patients' response to Botox injection treatment for overactive bladder.

"Although we've made significant strides in the care of women with lower urinary tract disorders, there is still a lot of room to improve the care of understudied groups including older women and those with chronic disease such as cystic fibrosis. I've already received wonderful support from MWRI. The organization is an incredible resource for junior faculty," said Dr. Bradley.

### **Sandra Cascio, PhD**

Dr. Cascio began collaborating with Dr. Ronald Buckanovich in 2019 when their mutual interest in tumor immunology crossed paths. This winter, Dr. Cascio officially joined MWRI as a member of the Women's Cancers research area in order to pursue her goal of designing and optimizing new treatments for women with ovarian cancer.

"New approaches that will educate the immune system to fight against cancer are a great opportunity to treat and eventually cure ovarian cancer patients," said Dr. Cascio. "Right now, we are studying the tumor microenvironment, which is made up of a variety of cells, including tumor, stromal and immune cells. Tumor and stromal cells secrete factors that lead the recruitment of immune cells, including macrophages, into the tumors and educate them to acquire a pro-tumor activity. In turn, tumor infiltrating macrophages, by producing cytokines and chemokines, play a significant role in tumor progression, metastasis, and therapy resistance. I am currently focused on understanding the intercellular network that drives phenotypic and functional changes in these different cell types and ultimately induce development and spread of ovarian cancer."

Dr. Cascio believes this research could potentially lead to new treatment strategies that would complement current immunotherapy treatments. Over time, her research could apply to other cancer types such as breast cancer.

"For the moment, I'm focused on ovarian cancer data, but my past work has included understanding the cross talk between tumor cells and immune cells as it relates to breast and colon cancer. Two years ago, I demonstrated that during chronic inflammation macrophages can increase the aggressiveness of colon cancer cells. The more we learn about the tumor microenvironment, the better able we will be to develop new treatments for women's cancers.

**"I'm looking at the role of stromal cells and macrophages to see how they work together in the development and spread of ovarian cancer."**



# RACE TO BEAT WOMEN'S CANCERS

## 5K RUN | WALK



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# DONOR SPOTLIGHT

By Niki Kapsambelis

Throughout her life, Terri Bone made a dedicated effort to advocate for women, whether it was promoting their professional interests, making flexible work arrangements possible or counseling them about their careers.

So when she and her husband, Tom, decided to give \$1 million to Magee-Womens Research Institute & Foundation, she viewed the gift as a natural progression of her support for a cause she has always championed.

“In this organization, women don’t have to take a back seat and don’t have to wait for men to decide that they’re capable. And we are getting results,” says Terri, who has served on MWRIF’s Board of Directors since 2012. She is particularly proud of the fact that more than 50 percent of the research institute’s scientists are women, and more than 50 percent of its research funding is obtained by senior women scientists. But she also points out that the male scientists who work at MWRIF also are dedicated to improving outcomes for women and their children.

**Having worked hard all their lives, Terri and Tom wanted to make their gift to a place where they knew it would make a difference.**

“I have confidence that this is a good place to put money to both enable results and enable women to be empowered to get those results,” Terri explains.

## A personal connection

The donation will help fund continued prematurity research in UPMC Magee-Womens Hospital’s neonatal intensive care unit (NICU), a cause that is personal to the Bones. Two of their three children — their daughter and younger son — spent time in the NICU after being born prematurely.

But it wasn’t until several years later that Terri realized that both she and her grandmother were also preemies — a pattern that hasn’t really been explored.

“Women don’t talk about childbirth. And women don’t talk about what they’ve had to overcome. They’re just happy that everything turned out OK,” Terri says. “We, as women, don’t prioritize understanding our own health and our circumstances. We always prioritize the caregiving.”

She and Tom are hoping their donation will help to change that. In addition to Terri’s role on the MWRIF board, she is also the vice president of finance for The 25 Club, which supports newborn medicine, neonatal research and fetal interventions at UPMC Magee-Womens.

**NEARLY  
1 IN 10**  
babies in the  
United States are  
born prematurely  
each year.

Those born before 37 weeks can be susceptible to long-term health problems over their entire lives. In about half of the prematurity cases, the cause is not known.

The best approach to reducing prematurity is prevention, according to Yoel Sadovsky, MD, executive director of MWRI. “Nearly a third of premature babies are born early when their birth is induced by health care providers for medical indications, such as preeclampsia, fetal growth restriction and diseases of the placenta,” Sadovsky said. “All of these conditions are targets of MWRI research, with the goal of markedly reducing the incidence of prematurity.” Dr. Sadovsky also notes the need for better research exploring major complications of preterm newborns, including respiratory distress, brain hemorrhage, gut perforations and severe infections.

## A way to give back

For much of Terri’s career — first at Ernst & Young, and later at EQT, where she retired as vice president of finance, corporate controller and chief accounting officer — she often was the only woman in the room. So she worked diligently to remove obstacles for other women, encouraging them to try for promotions and obtain graduate degrees. Today, she is an executive in residence specializing in accounting at the University of Pittsburgh.

**She views the gift as a way to give back not only to women she has never met, but also to her family.**

“Over the years when I was working, there was a lot of time when I wasn’t with my kids, when I wasn’t with my family, when I missed events or couldn’t visit,” she says. “Something like this allows me to take that time I spent earning that money and translate it into a different kind of love for my family ... The ability to make a real difference in the health of people, it’s very exciting.”

**Terri and Tom Bone have donated \$1 million to Magee-Womens Research Institute & Foundation to fund prematurity research in UPMC Magee-Womens Hospital’s neonatal intensive care unit (NICU). Two of the Bones’ three children were born prematurely, as were Terri and her grandmother.**





# FINDING COMFORT IN THE FAMILIAR

A look at how diversity  
improves the care experience

By Niki Kapsambelis

When medical students begin their rotations at UPMC Magee-Womens Hospital, one of the first people they meet is Sarah Napoe, MD.

It's a purposeful meeting for Dr. Napoe, who serves as the Obstetrics and Gynecology Department's new ombudsperson for diversity. She wants to ensure that students know she is there to help them experience a positive and welcoming environment. But more importantly, she is fulfilling a promise she made to her mentor when she herself was in medical school.

"If we can make our institution a welcoming place, hopefully students will consider staying with us," Dr. Napoe explains. A resident's workload is high, and the road to becoming a physician is long. When you don't see many people who look like you, or someone implies that the only reason you are in a highly competitive profession is because you received special consideration based on your race, depression and burnout can quickly follow, she adds.

But there is also a deeper motivation behind her mission.

### A question of trust

Black women — and their children — in the United States face a staggering racial disparity in health outcomes: they are three to four times more likely than white women to die from childbirth, regardless of education or socioeconomic status. And disparities extend to breast, colorectal and cervical cancer screenings, Napoe adds. In a national study published in the *American Journal of Public Health*, Black women were two to three times more likely to die from five common causes of maternal death and injury than white women with the same conditions.

Locally, a 2019 report published by the City of Pittsburgh's Gender Equity Commission found that fetal deaths are twice as likely among Pittsburgh's Black women compared to white women, a key indicator of maternal health. Likewise, Black women are three times more likely to deliver babies with low birth weight.

While many factors contribute to these disparities, patient experience is the heart of the matter, according to Alexander Olawaiye, MD, the Obstetrics and Gynecology Department's vice chair of diversity and inclusion. No

matter how fair and professional a health care provider is, the patient's perception of inequity can create mistrust toward the health system, leading that person to delay seeking treatment, fail to fully comply with a treatment plan or decline to report new symptoms.

"When people don't have that trust, they basically shrink back into their cocoons of fear and anxiety," Dr. Olawaiye says.

He witnessed the phenomenon within his own family: his uncle, who holds a master's degree in economics and has worked in companies around the world, developed throat cancer and was suspicious of his oncologist, who is a white physician. Dr. Olawaiye spent hours on the phone convincing him that his treatment was not an experiment; today, the uncle has been in remission for two years, but not everyone has a trusted family member to talk them into truly partnering with their care team.



Alexander Olawaiye, MD

"That's the core of the problem. If we get past the issue of trust, we will do so much better," he says.

### Toward more robust inquiry

Clinical care isn't the only area that benefits from cultivating diversity. Research — the kind that ultimately drives better patient outcomes — produces more robust, relevant results when the people who conduct and participate in studies are as diverse as the population, notes Mary Ackenbom, MD, a urogynecologist who also is an investigator with Magee-Womens Research Institute (MWRI).



Miguel Brieño-Enríquez, MD, PhD

**“I think both Magee hospital and Magee-Womens Research Institute are working hard to get this kind of diversity.”**

inherent complexity of research goals and the difficulty of communicating their value, can make enrolling Black participants challenging — which contributes to the disparities.

“It’s this vicious cycle,” she says. “We see this mistrust, so we aren’t able to enroll as many people from different backgrounds and populations, and we’re limited in our findings, and ultimately we aren’t able to improve upon outcomes.”

In her own field, Dr. Ackenbom noticed that patients opting for elective urogynecology surgery are not diverse, leading her to pursue a new line of research that explores why.

“I think it’s very telling, and very important, to get a sense of what barriers are out there so we can figure out potential interventions that might overcome those barriers for these women,” she says.

Currently, Dr. Ackenbom is beginning to study barriers to urogynecologic care in underrepresented minority women around the region.

In her clinical practice, which includes patients from both rural and urban areas across western Pennsylvania, she has heard some patients remark on her race.

Generally speaking, the Black community has endured a history of negative experiences — such as the infamous Tuskegee Syphilis Experiment — that has led to a deep mistrust of medical research, Dr. Ackenbom notes. That apprehension, combined with the

“When I do have a minority patient, it’s often either they sought me out because I am Black, or they make a comment like, ‘I feel more comfortable now,’” she says. “Those comments always resonate with me. I get that — people with similarities are attracted to each other and feel more comfortable. That’s also a reason to strive to increase and embrace diversity: because it makes patients feel comfortable and cared for.”

Miguel Brieño-Enríquez, MD, PhD, an MWRI investigator who specializes in infertility research for women and men, notes that the diversity within his lab (two postdoctoral women who are Hispanic, a technician and student who are white, and himself as a gay Hispanic man) has been a valuable asset.

“The way we all approach the same question is really different — and that, for us, is gold. Because there is not a single answer or a single way to answer one question,” he says.

“I think both Magee hospital and Magee-Womens Research Institute are working hard to get this kind of diversity,” adds Dr. Brieño-Enríquez, who heads MWRI’s Diversity, Equity and Inclusion Committee. He notes that the institute is actively trying to connect new employees with others with whom they can relate.

### A legacy of care

When Dr. Napoe studied medicine at the University of Pittsburgh, she took an elective that changed her life. It was taught by the late Morris Turner, MD, medical director for UPMC Magee-Womens outreach sites in Wilkinsburg and Monroeville, who was instrumental in efforts to establish practices devoted to the needs of minority women.

“He really cared for them as individuals and was committed to bringing them care,” recalls Dr. Napoe. Dr. Turner once walked from his Point Breeze home to the hospital in Oakland to deliver a baby in a blizzard. He also was committed to ending disparities in health care.

Robert Edwards, MD, chair of the Department of Obstetrics and Gynecology at UPMC Magee-Womens, remembered Dr. Turner and his partners well.

“They had a noticeable influence on the hospital, and this was a big part of my education,” says Dr. Edwards, who





points out that a significant number of attending physicians during the 1980s were minorities who were dedicated to helping underserved communities.

Those numbers began to decline in the 1990s, a trend that Dr. Edwards and other hospital leaders are working to reverse.

Gabriella Gosman, MD, the hospital's vice president for medical affairs and vice chair for education, says the effort is continuous and multipronged. In addition to ongoing training for all employees, UPMC Magee-Womens is actively looking at all aspects of its hiring to create an atmosphere where minorities who are underrepresented in medicine will thrive. That is where Dr. Napoe's talk to incoming medical students comes in, and Dr. Olawaiye's role also supports existing and prospective talent.

The efforts seem to be bearing fruit. For academic year 2021-22, three of the 10 applicants who matched for fellowships at the hospital are underrepresented minorities.

"We have so much work to do to begin to deserve that trust" among patients, Dr. Gosman notes. "When you think about hiring and having a diverse workforce, so patients see people who look like them, it's not enough to build trust. But it is an essential part of moving toward that goal."

### Returning to the community

Before Dr. Napoe left to complete her residency and fellowship, Dr. Turner made her promise to return to Pittsburgh and help the patients to whom he had dedicated his career. He died suddenly from a cardiac



Sarah Napoe, MD

arrest in 2014. Five years later, Dr. Napoe returned to fulfill her promise.

"One of the things that Magee and UPMC do really well is we don't just sit in Oakland. We also do outreach work and treat patients wherever they are," says Dr. Napoe, who cares for patients in Clarion, Erie, Bethel Park, and the McKeesport offices where she used to work with Dr. Turner.

Dr. Napoe notes that outreach efforts with Pitt extend not only to the School of Medicine, but also to all health sciences programs at the university. She also wants to see more outreach to the community.

"I think we need more community partnerships, so the community looks at us favorably and considers us as a place to work," she says. Within the next five years, she'd like to see UPMC Magee-Womens increase its percentage of underrepresented minorities among residents and fellows: "If you train people, they get to know you well, and they know what they're getting into."

Dr. Olawaiye agrees.

"The purpose of inclusion needs to be well defined and well balanced," he says. "There's an old adage: You shouldn't only invite people to a party; you should give them an opportunity to dance."



Gabriella Gosman, MD

**"We have so much work to do to begin to deserve that trust among patients."**

# Mother Honors Son's Memory with Facebook Fundraiser

By Niki Kapsambelis



At 10 days old, the life of James Carmen Brasacchio was entirely too brief for this world, but it has made a significant impact thanks to the generosity of his family, who looked beyond their grief to make a gift that may one day help another tiny baby survive.

Colleen Brasacchio doesn't mince words when describing 2020: it was the worst year of her life. After three uneventful pregnancies, she was 24 weeks pregnant with her fourth child when her water broke in March 2020. She was admitted to UPMC Magee-Womens Hospital, where the staff was able to keep her unborn son in utero for four additional weeks until he was born by cesarian section on April 21.

Though he weighed only 2 lbs. at birth, James was crying and breathing on his own. He was moved to the Neonatal Intensive Care Unit (NICU), where he received some breathing assistance, and Colleen pumped milk for his IV.

Four days later, Colleen returned home. "It was such a weird feeling," she said. For four weeks, only her husband, Joe, could visit because of COVID-19 restrictions. He brought their three older children — Brayden, Tyler, and Mia — to the hospital parking lot to wave to their mother through the window, and "every day seemed like two years," she recalled.

But as much as she relished their in-person reunion, Colleen was torn between a desire to nurture her older children and to stay with baby James. She had just started to settle into the beginning of a new routine, overseeing her children's remote learning and making time to take milk to the NICU, when her phone rang at midnight.

"I just knew. They don't call you at midnight to say he's doubled his feeding," she said.

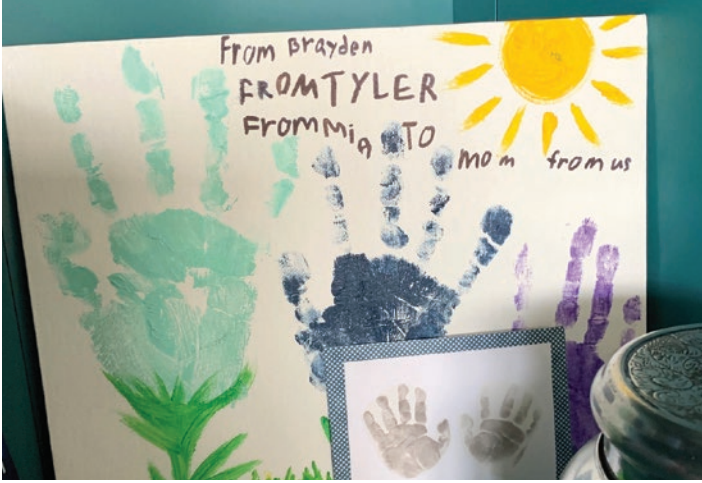
Little James developed a staph infection that he was too tiny to fight. He was taken to UPMC Children's Hospital, where his parents rushed to see him. He was in a room surrounded by hospital staff.

**"At that point, I realized they were giving us a chance to say good-bye to him," Colleen said. "I kissed his little feet. He had wires all over his body."**

- Colleen Brasacchio

James died 10 days after his birth, leaving his family to pick up the pieces.

After a few months, Colleen was finally ready to share her story, hoping it might help another woman going through a similar experience. She posted about it on Facebook and decided to use the platform as a birthday fundraiser. Though she had originally set a goal of \$800, her campaign drew \$3,000 in donations.



A note from the Brasacchio children to their mother, Colleen.



The Brasacchio family: Colleen and Joe with children, Tyler, Brayden and Mia.

“All of the doctors at Magee were so great. This is something small I can do, and just maybe help someone else in this situation,” she said. “I will donate to Magee for the rest of my life. Was the outcome what I wanted? No. But I do truly feel like at Magee, I got so much attention and so much care, and they did everything they could do to make this story have a different ending.”

Scientists at Magee-Womens Research Institute & Foundation are investigating many factors related to prematurity, including preeclampsia, fetal growth restriction, placenta malfunction, and more. Approximately 380,000 babies are born prematurely in the United States each year, according to the March of Dimes.

The fundraiser, and sharing James’ story, has also helped Colleen honor his brief life.

## NOTABLE



**Mary Ackenbom, MD**, received a one-year, \$25,000 grant from the Tamara Harris Foundation entitled “Evaluating Postoperative Cognitive Dysfunction in Older Women Undergoing Elective Minor Urogynecologic Surgery.”



**Megan Bradley, MD**, received a two-year, \$89,000 grant from the Cystic Fibrosis Foundation entitled “Urinary Incontinence in Women with Cystic Fibrosis.” She also received a two-year, \$25,000 grant from the Society of Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction entitled “Whole-Exome Sequencing in Women with Refractory Overactive Bladder: Biomarker Prediction of Treatment Response.”



**Sandra Cascio, PhD**, received a three-year, \$450,000 grant from the Ovarian Cancer Research Alliance entitled “EGFL6 as a New Regulator of Myeloid Cell Expansion and Function in HGSOc.”



**Kyle Orwig, PhD, and Alex Yatsenko, MD, PhD** were elected to the Board of Directors for the American Society of Andrology.



**Lisa Rohan, PhD**, with colleagues from the University of Kentucky, received a one-year, \$434,000 grant (for a total of \$8.5 million to the entire group) from the Department of Defense, entitled “PREVENT-COV: A Q-Griffithsin Intranasal Spray.”

# IT ALL BEGINS WITH WOMEN'S HEALTH

## MAGEE-WOMENS SUMMIT

Welcome to the Magee-Womens Summit and the \$1 million Magee Prize, a premier forum for scientific exchange designed to harness the imagination and prowess of scientists from both developed and developing nations to enhance the health and wellness of communities worldwide. The mission is simple, yet profound: to chart a course for tomorrow's medical research innovations that will lead to a healthier, longer lifespan for humankind.

Convening in Pittsburgh **November 17-18, 2021**, the world's top research scientists, clinicians, hospital administrators, and industry experts in reproductive biology, women's health, and related areas will join policymakers and public health advocates to exchange information and ideas on moving early human development and women's health research to the forefront of scientific inquiry. As a precursor to the summit, we will be dedicating Monday, November 16th to a day of advocacy in women's and reproductive health.

The Summit will highlight advancements in women's and infants' health, and build a new conversation around future precision medicine-based discoveries that will address three key themes of wellness:



### **Pregnancy: Healthy Beginnings**

Although its biology is not fully understood, pregnancy is finally starting to be recognized as a fundamental challenge for medicine that needs to be comprehensively addressed. Compelling evidence related to the origins of adult disease has shown the central importance of pregnancy in shaping the lifetime health of both the mother and her child. From mortality and morbidity in mother and child to the deep phenotyping of pregnancy, *this theme will explore novel approaches designed to foster systems-oriented transdisciplinary research collaborations and personalized clinical interventions that may vastly affect health and wellness during pregnancy and across the human lifespan. We believe a better understanding of pregnancy will lead to overall healthier communities.*



### **Shaping Metabolism**

Metabolism is a central force in regulating health and disease. It comprises the entire spectrum of chemical reactions that define physical and mental health. These highly regulated reactions are critical for development, growth, activity, and reproductive function. Using bioinformatic tools, scientists are now able to develop computational models to simulate metabolic programs and the mechanisms involved in altered metabolism. Multi-omic studies – combining metabolomics with genomics and other “omics” – are providing deep insights into metabolic disease processes. *Ultimately,*

*this will lead to the development of new treatment and prevention strategies for metabolic disorders. In so doing, we believe this line of research will significantly reduce disease burden and lower cost across the healthcare system as a whole.*



### **Healthy Mind Through Transitions**

Our cognition, including our ability to think, learn, reason, and decide, allows us to understand our world and carry out our intentions. This theme will explore issues impacting cognitive health and wellness, including stress, sleep, memory, and addiction, among other topics. Cognition is greatly affected not only by our genes, but also by our metabolism, nutrition, lifestyle, exposures, social environment, age, and hormones, including sex hormones. Better understanding of the interactions between our genes, our physical health, our exposures, and our minds requires new methods to interpret complex “Big Data” approaches that may lead to the identification of biomarkers and development of novel therapeutic and disease prevention strategies. *Investigations into the mechanisms underlying normal brain development and mental health disorders are needed in order to understand transitions from wellness to disease across the lifespan. We believe a better understanding of these transitions will aid in prevention and recovery while reducing the long-term effects of many current diseases.*

## THE \$1 MILLION MAGEE PRIZE

In addition to exploring these three pillars of scientific research, the Summit will feature the \$1 million Magee Prize – one of the largest prizes of its kind in the world, and the only one given by a non-governmental agency to specifically foster global collaboration among researchers to spark medical innovation in reproductive biology and women's health. The Summit will highlight the research of Magee Prize finalists before the panel and all Summit participants select the winner of the award, ushering in a new era of prioritizing women's and infant health across the lifespan.

# RE-IMAGINE THE FUTURE OF WOMEN'S HEALTH

## **Please Join Us for a Premier International Summit in Women's Health**

The 2021 Magee-Womens Summit will convene scientific and clinical innovators, virtually and in person, to discuss transformative women's health and reproductive biology in the 21st century. The 2021 Summit themes are Healthy Beginnings, Shaping Metabolism and Healthy Minds Through Transitions. The centerpiece of the Summit will be the award of the Magee Prize, a \$1 million award for collaborative and transformative research within women's health and reproductive sciences.

### **WHO:**

Scientists, clinicians, hospital administrators, trainees, industry experts, policymakers, funders and health advocates

### **WHY:**

To exchange information and ideas intended to focus on women's health research as a scientific priority across multiple disciplines.

### **WHEN:**

November 17 and 18, 2021

### **WHERE:**

In person, at the David L. Lawrence Convention Center in Pittsburgh, PA, and virtually, with full Summit program access.

*For the most up-to-date information on the Magee-Womens Summit, including any changes related to the COVID-19 pandemic, please visit [www.mageesummit.org](http://www.mageesummit.org).*

**FOR MORE INFORMATION VISIT [MAGEESUMMIT.ORG](http://MAGEESUMMIT.ORG)**

Due to the international COVID-19 pandemic, some of these dates are subject to change. Please visit <https://mageewomens.org/events> for the most current event schedule.

## JUNE 13

### 32<sup>ND</sup> ANNUAL MAGEE-WOMENS LIVWELL SURVIVORSHIP BREAKFAST CELEBRATION

Where: Virtual

Made possible by NOVARTIS

Wear your favorite hat and join us virtually for a special keynote speaker, raffle, and musical performance to celebrate survivorship.

RSVP by June 1 by calling 412-641-8950 or emailing [csdemail@upmc.edu](mailto:csdemail@upmc.edu). For details, go to <http://mageewomen.org/events>.

## JUNE 20-21

### 14TH ANNUAL NOAH ANGELICI MEMORIAL GOLF EVENT

Where: Shepherd's Rock Golf Course at Nemacolin Woodlands Resort, Farmington, PA

Full day of golf at the beautiful Shepherd's Rock Golf Course. Proceeds benefit the Center for Advanced Fetal Intervention at Magee.

For sponsorship opportunities, contact Jane Klimchak at (724) 350-2940. For details, go to <http://noahshouseofhope.com>.

## JUNE 27

### 18<sup>TH</sup> ANNUAL KIDS AND CRITTERS NICU REUNION PRESENTED BY: GIANT EAGLE, THE TWENTY-FIVE CLUB, MEAD JOHNSON

Where: Pittsburgh Zoo & PPG Aquarium

All Magee and Children's Hospital NICU graduates and their families are invited to attend. Proceeds benefit the NICU family initiatives at Magee.

For details, go to <http://mageewomens.org/2021nicureunion>

## AUGUST 11-12

### 11<sup>TH</sup> ANNUAL HOME DEPOT CLAYS FOR A CURE

Where: Seven Springs Mountain Resort, Champion, PA

Team up and enjoy a day of clay shooting competition. Proceeds benefit A Glimmer of Hope Foundation in support of premenopausal breast cancer patient care and research at UPMC Magee-Womens Hospital and MWRI.

For sponsorship opportunities, contact Diana Napper 800-454-6746. For details, go to <http://symbolofthecure.com>.

## AUGUST 19 - 20

### 3<sup>RD</sup> ANNUAL PITTSBURGH PENGUINS ALUMNI ASSOCIATION "CAST FOR A CURE"

Where: HomeWaters Club, Spruce Creek, PA

Enjoy two days of relaxing fly fishing as you are teamed up with Pittsburgh Penguins Alumni. Proceeds benefit Nicole Meloche Breast Cancer Research at Magee-Womens Research Institute for metastatic breast cancer research.

For sponsorship opportunities, contact Denise Wickline at 412-641-8911 or [wickdc@mwri.magee.edu](mailto:wickdc@mwri.magee.edu). For details, go to <http://mageewomens.org/events>.

## SEPTEMBER 2

### **15<sup>TH</sup> ANNUAL SAVOR PITTSBURGH: A CELEBRATION OF CUISINE**

**Where: NOVA Place, Pittsburgh Northside**

Celebrating its 15<sup>th</sup> year, Savor Pittsburgh is a fundraising event filled with appealing appetizers, mouth-watering entrees, decadent desserts, and signature cocktails. This event combines food, fun, and philanthropy for a delightful evening of entertainment you won't want to miss!

For sponsorship opportunities, contact Christina Dickerson at 412-657-3483 or [christina@dickersoncreative.com](mailto:christina@dickersoncreative.com).  
For details go to <http://savorpgh.com>.

## SEPTEMBER 5

### **RACE TO BEAT WOMEN'S CANCERS 5K RUN/WALK PRESENTED BY: WTAE**

**Where: North Park and South Park (also virtual)**

Join us for our inaugural 5K Run/Walk. We are excited to partner with A Glimmer of Hope Foundation, UPMC Magee-Womens Hospital and UPMC Hillman Cancer Center to bring this event to Pittsburgh.

For sponsorship opportunities contact Heather Cross at [crosshe@upmc.edu](mailto:crosshe@upmc.edu).

To register as an individual or team, go to <http://mageewomens.org/5K>

## SEPTEMBER 16-17

### **10<sup>TH</sup> ANNUAL WCRC FLY FISHING CLASSIC**

**Where: HomeWaters Club, Spruce Creek, PA**

Enjoy two-days of fly fishing competition at the amazing HomeWaters Club. Proceeds benefit the Women's Cancer Research Center's efforts to reduce the incidence and death from women's cancers.

For sponsorship opportunities, contact Denise Wickline at 412-641-8911 or [wickdc@mwri.magee.edu](mailto:wickdc@mwri.magee.edu).  
For details, go to <http://mageewomens.org/events>.

## OCTOBER 16

### **4<sup>TH</sup> ANNUAL WOMEN WHO ROCK CONCERT**

**Where: Stage AE**

Women Who Rock connects all women through the power of music and helps to educate, support, and fund women-centric health research and music endeavors. We "Rock the Future of Women's Health" and shine a spotlight on women in music. Proceeds benefit women's health research at Magee-Womens Research Institute.

For sponsorship opportunities, contact Melinda Colaizzi at 412-576-7776 or [melinda@pitchconsult.com](mailto:melinda@pitchconsult.com).  
For details, go to <http://womenwhorock.info>.


## NOVEMBER 17 - 18

### **MAGEE-WOMENS SUMMIT**

**Where: David Lawrence Convention Center,  
Pittsburgh, PA**

The Magee-Womens Summit and the \$1 million Magee Prize are a premier forum for scientific exchange designed to harness the imagination and prowess of scientists from both developed and developing nations to enhance the health and wellness of communities worldwide.

For sponsorship opportunities, contact Helen Behn at [behnjh@upmc.edu](mailto:behnjh@upmc.edu). For details, go to <https://mageesummit.org>.



THREE WAYS  
TO GIVE.  
SO MANY LIVES  
TO TOUCH.

## MAGEE LEGACY SOCIETY

Making a planned gift to Magee-Womens Research Institute & Foundation, whether for research, patient care or education, is easy. This gift costs you nothing today and creates a meaningful legacy that touches the lives of so many others in the future.

### BEQUEST

Bequests are by far the most popular planned giving option. Remember Magee through your will.

Please contact us for the appropriate wording.

### BENEFICIARY DESIGNATION

Name Magee as a beneficiary as part of your:

- IRAs and retirement plans
- Life insurance policies
- Donor advised funds
- Commercial annuities

### GIFTS OF APPRECIATED SECURITIES

Securities and mutual funds that have increased in value and been held for more than one year are popular assets to use when making a gift to MWRIF. Making a gift of appreciated securities or mutual funds offers you great tax advantages while supporting life-changing research.

There are many other gift options to choose to support Magee. For more information about making a meaningful gift, please contact Janice Devine, Executive Director, Development at [devineja@mwri.magee.edu](mailto:devineja@mwri.magee.edu) or 412.641.8973.