Although the state budget signed Oct. 9 by Gov. Ed Rendell includes nearly $168 million for Pitt, University administrators aren’t sure on when Pitt’s budget will be finalized.

The state’s $27.8 billion fiscal year 2010 general fund budget includes more than $160.4 million in state funds and $7.5 million in federal American Recovery and Reinvestment Act (ARRA) stimulus money for the University as part of its education budget.

However, until a table grants bill is passed, those numbers may change. Rendell “expects” amounts, said state budget office spokesperson Susan Hooper. Pitt’s appropriation bill will be considered “after we get the bill for the table grants,” Hooper said.

Before Pitt’s appropriation can be released, the legislature must pass a separate appropriation bill for Pitt. (As institutions not entirely under the state’s control, Pitt, Penn State, Temple and Lincoln universities receive their state appropriations that are approved concurrently. Appropriations are not approved coincidentally. Institutions, however, will not be a revenue source for the state coffers. “after we get the bill for the table grants,”Hooper said.

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The top 25 institutions listed in the rankings “were selected because of their positive impact on their urban communities, residing burdens such as to influence community revitalization, rehabilitate the cities around them, along with the local economy, and development,” according to Pitt’s African American Alumni Council (AAAC) will launch the public phase of its $3 million scholarship campaign as part of its Oct. 24 Distinguished African American Alumni Awards banquet gala. Led by AAAC President Linda Wharton-Boyd and chairman of the scholarship campaign, the gala seeks to assist students from underrepresented groups through three funds: the Bebe Moore Campbell Scholarship Fund, the Jack L. Daniel Endowed Book Fund and the PACC Endowed Scholarship Fund.

The late Bebe Moore Campbell, a Pitt alumna and best-selling author, also was a Pitt trustee. Distinguished Service Professor of Communication Jack L. Daniel, former vice provost for undergradu ate studies and dean of students, was a student leader at Pitt during the 1960s.

fundraising effort is part of Pitt’s University’s $2 billion Build ing Our Future Together capital campaign, which to date has raised $1.38 billion.

The awards gala is part of AAAC’s homecoming weekend themed “Blue, Black and Gold: The Colors of Celebration,” during which AAAC will showcase four decades of African-American progress at Pitt. The celebration of 40 years is tied to 1969 when a student group, the Black Action Society, occupied Pitt’s computer center and called for the University to address the inadequate number of black students, faculty, administrators and staff, to provide academic support and resources for black students, and to recognize the significance of African-American life and culture on the campus.

For a list of AAAC’s homecoming weekend events, see page 18.

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While the University is not directly getting involved in the table grants game, Supowitz said, Pitt officials are stressing to legislators the urgency of resolving the table grants matter. “It’s the final piece of the whole revenue picture for the Commonwealth,” Supowitz said.

The University’s appropriation bill, which matches the general fund’s total of $168 million in state funds, is expected to pass, Supowitz said, though the state has no authority to release the appropriation bill unless and until the budget is finalized. (As institutions not entirely under the state’s control, Pitt, Penn State, Temple and Lincoln universities receive their state appropriations that are approved concurrently. Appropriations are not approved coincidentally.

According to John Fedele, assistant director of news, another 200 doses of the nasal spray have been distributed to Student Health Services workers and other students, such as the Pitt police. “The H1N1 flu is impacting younger persons, those up to 24 years of age, at a higher rate than other groups within our community,” Fedele said. For this reason, students have been targeted for vaccination at this time,” Fedele said. “Based on the doses available in each subsequent shipment, decisions will be made regarding their distribution.”

The four regional campuses have requested, but not yet received, the vaccine, he said. “We anticipate that in the coming weeks, each campus will receive a supply of nasal spray and an ample supply of the injectable form of the H1N1 vaccine,” Fedele said.

Pitt has a website for updates on H1N1-related news available at www.pitt.edu/vaccine-flu.
Pitt earned a C on its green report card, according to the AARP’s 2010 College Sustainability Report Card, compiled by the Sustainable Endowments Institute, a project of Rockefeller Philanthropy Advisors.

The report card focuses on sustainability at 503 colleges and universities and covers five areas: energy use; investment practices; buildings and transportation; endowment transparency; and shareholder engagement.

Pitt earned a C in all five categories, including a grade of 85 percent for energy use and 75 percent for investment practices.

The AARP's College Sustainability report card, released in June, is an annual ranking of colleges and universities based on their sustainability performance.

Pitt's sustainability efforts include

- A new green roof program, which has been in place since 2008.
- A new recycling program, which has been in place since 2009.
- A new sustainable business partnership, which has been in place since 2010.
- A new sustainability committee, which has been in place since 2011.

Pitt's sustainability efforts have been recognized by the AARP, which has named Pitt one of the top 100 green colleges and universities in the nation.

Pitt is also one of the top 100 green colleges and universities in the nation, according to the AARP's College Sustainability Report Card.

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Pitt chief tells Assembly how it looked from behind police lines

The G-20 Summit & Oakland

Pitt chief tells Assembly how it looked from behind police lines...
Delaney describes view from behind police lines at G-20 Oakland events

CONTINUED FROM PAGE 1

safety officials, on Sept. 25 Delaney assigned Pitt officers to Schenley Quad to create a secure zone for Pitt students seeking refuge if they were ordered by police to disperse. “That helped us because, even though we were dressed [like other police officers], it was our people watching out for our students,” he said. It also prevented outsiders from gathering there, he noted.

When Delaney got word that an unpermitted demonstration was being planned for Schenley Plaza on Friday evening, he consulted with the Student Government Board (SGB) about sending an Emergency Notification System message to help avoid trouble.

The president of SGB and others agreed that Delaney should use the message system despite the fact that the message might attract more students to the site, he said.

He followed SGB-recommended wording: “G-20 disturbances may continue tonight. Be careful. Exercise good judgment. Safety tips at my.pitt.edu.”

Later that evening, Delaney was notified by a Pittsburgh police officer that a masked crowd had gathered on the Cathedral lawn. “That’s when I sent out a second ENS message that the situation is deteriorating. That was an understatement,” he said. “We did have people who got that message and went out to see what was going on. But overall, the ENS messages helped, I believe.”

Property damage Friday night was minimal, but a larger number of arrests were made, mostly for failure to disperse or disorderly conduct, he noted. A smaller protest happened Saturday night, and Delaney issued a third ENS message. There were no reported arrests or property damage on Saturday, he said.

Many of the 51 Pitt students arrested on Thursday and Friday contend they just were caught up in the crowd and were unable to disperse, Delaney said.

Pittsburgh Police Chief Robert Harper told Delaney he could make recommendations about individual Pitt students charged with failure to disperse or disorderly conduct and those recommendations would be taken into account in the legal process.

Delaney has been interviewing some of the students who were arrested. As of Oct. 6, 33 Pitt students (and one faculty member, who said he was just standing at his bus stop when he was arrested), have asked to have their cases reviewed by Pitt police, he said.

“I cannot guarantee they’ll get off. What I’m doing is recommending to the DA that these individuals have special consideration,” Delaney said. However, anyone arrested for more serious crimes, such as the student who was carrying a Taser, will have to face their charges, he said.

In answer to an Assembly member’s question, Delaney said Pitt’s security cameras recorded a considerable amount of the on-campus activity and all of that footage will be turned over to the District Attorney’s office.

Delaney said having fewer than 200 arrests for an event of this magnitude is “frankly, unbelievable.” But everything that happened in connection with the G-20 Summit should be evaluated, he said. “That’s what I’m doing now. I didn’t like what happened,” he said. “Rich Lord [in the Pittsburgh Post-Gazette] did a nice article and his quote was, and this was accurate: ‘It was the outsiders, on both sides.’”

In other Assembly business:

—Senate secretary Lisa Bernardi reported that she was following up the request by Assembly members to create a tracking system for Assembly issues. She said a spreadsheet would be available at the Nov. 4 meeting.

—Patricia Tuie reported on the Oct. 21 Senate plenary session titled “Interacting With the 21st-Century Student.” The event will be held noon-3 p.m. Oct. 21 in the William Pitt Union Assembly Room.

—Peter Hart

Arts and Sciences Recognizes Excellence in Undergraduate Teaching

From October 1, 2009 through October 31, 2009, the School of Arts and Sciences will accept nominations for the 2010 Tina & David Bellet Teaching Excellence Awards. These annual awards recognize extraordinary achievement and innovation in undergraduate teaching. Winners receive a one-time stipend of $5,000.

Eligibility Requirements:

- Must be an Arts and Sciences faculty member with a regular full-time appointment who teaches undergraduate students.
- Must have taught for three years on the Oakland campus.
- Must receive three or more nominations.

Eligible nominees will be notified and invited to submit a dossier for further consideration by the Bellet Award committee.

Faculty and students may submit nomination letters to Arts and Sciences Associate Dean for Undergraduate Studies Juan J. Manfredi, 140 Thackeray Hall. Electronic submissions must be followed by a signed paper duplicate.

For more information, contact Carol Lynch at clynch@pitt.edu or visit our Web site at www.as.pitt.edu/teaching/awards.html#Bellet.
In the wake of more requests for information on the impact of financial market upheavals on individual retirement savings, the Office of Human Resources invited TIAA-CREF chief investment strategist Brett Hammond to address faculty and staff.

Hammond (son of Distinguis​

Hed Professor Emeritus Paul Hammond of the Graduate School of Public and International Affairs) spoke to more than 100 Pitt employees in a Sept. 30 presentation titled, "The New Rules of Investing: Six Principles for Planning a Safe and Secure Retirement."

Despite the volatility and downward economic spiral of the past year, Hammond expressed optimism.

"The economy looking a little better," he said. "It was in freefall in the fourth quarter 2008 and first quarter 2009, things were a little bit better in the second quarter — it went down, but not as much. And we're hoping and believing and predicting that the economy will be positive in the latter half of 2009, but not enough to make up for the downturn at the beginning of the year."

Hammond said economists are wondering how the market downturn will track. "Is it going to look like a V — they hope so — a sharp down and sharp up, a U where you spend more time at the bottom and then come back up, or a W where you go down, and then back up and go down again? ... They don't want to use a W where you go down, and then you spend more time at the bottom — a sharp down and sharp up; a U downturn will track. "

Hammond said, "It's easy to focus on the immediate rather than the long-term. "There always are going to be bad times. Hopefully not the Great Depression, hopefully not World War II, hopefully not 1929, hopefully not 1911. But we've had an economic and financial meltdown in the last year. And they say there's going to be volatility in the future, too," Hammond said.

"The point here is you want to create lifetime financial security for yourself," he said, offering new rules to reorient investors' thinking about how to create that financial security.

Old rule: Returns are key.

New rule: Savings are key. Returns aren't bad, Hammond said. "We all want returns, we all want more returns."

Before 1980, Americans saved about 10 percent of their disposable personal income each year, but that's been declining steadily.

"By this decade, Americans are saving basically nothing. We're spending it all and in some years, spending even more than we have," he said.

TIAA-CREF research that sampled about 100,000 accounts to determine what factors most influenced the growth in account balances found asset allocation — a factor that impacts returns — ranked third. "It wasn't unimportant, but it was third."

"By far the most important factor was your contribution rate," he said.

"The more you contributed, the better off you were and the more successful you were in terms of achieving a goal of income replacement in retirement," he said.

Second came the length of time an investor had been saving.

"You've got to save to have savings. It's painful and it's not as fun as returns, but it comes first," Hammond said.

Old rule: Investors need access to a lot of funds.

New rule: Seek true diversification.

In theory, Hammond said, there's nothing wrong with a wide range of choices, but in practice, too many choices can paralyze investors. For every 10 funds added to the choices in a pension fund, 3 percent more people refuse to make any asset allocation decision at all, he said.

"Focus on asset classes, not on funds," he said. "True diversification is not 50 funds, because if you have 50 funds ... not only is it hard to make a decision, but many of the funds have similar holdings."

Hammond advised investors to choose a mix of asset classes with low correlation. "They're going up and down at different times, so you can balance your risk and control your risk over the long run," he said. "You're giving yourself a smoother ride."

Old rule: Equities are kings.

New rule: Consider your risk tolerance.

"You don't go to a cocktail party and hear somebody say, 'Boy, did I buy that great bond last week,'" Hammond said. "No, it's not this hot stock."

Admittedly equities are sexier, but they're also more volatile.

"You buy equities so you can get returns over the long run, but what you have to put up with is downturns which are very painful," he said.

"You want to think more broadly."

Understanding one's own risk tolerance is key in determining the right asset allocation. The percentage of equities and other risky investments that should be in one's portfolio depends on factors such as age as well as personal and family circumstances.

Newcomers to the workforce who are saving for retirement can afford more risk in their portfolio because they don't have large holdings in the market.

"Early on, most of the money you put in is new money, outperforming its peers, going up on average, about three years — which is just about enough time to get highly rated by rating services because they use a minimum of three years' numbers."

Simply put. "Not for all five-star funds, but for many five-star funds the most accurate thing you can say about them is that they soon won't be," Hammond said.

Hammond urged investors to do more analysis than merely picking a brand name.

Investors should examine whether a fund has a consistent investment policy, recent turnarounds in management, a change in investment philosophy or a change in the fund's holdings, for example.

"Slow and steady wins," Hammond said, noting that TIAA-CREF manages its funds with the goal of landing in the top half of the ratings. That strategy gives funds the opportunity to be a five-star, without taking the risks that may be associated with trying to be a five-star fund.

Old rule: The goal is to build wealth.

New rule: The goal is to replace income.

A primary goal of retirement savings is to achieve lifetime financial security by replacing the income you expect no longer being received when you've worked your earnings are over.

"If you start thinking about this in terms of creating financial security for yourself, and creating income for yourself, you may make some different decisions than if you think, 'I'd better hang onto this,'" Hammond said.

The nest egg mindset can inhibit consideration of other factors that impact one's entire retirement savings into an annuity. Instead, consider building on a base of Social Security and guaranteed income with other investments, he said.

Old rule: You're your own best investment manager.

New rule: You're a primary adviser.

"It's not because you're not smart," Hammond said. "It's because you get another view and a different perspective."

Amid the barrage of advice on how to invest, having a trusted adviser provides a forum for discussing financial goals, circumstances and the pros and cons of various options. Having an expert's input is important, Hammond said. "Then, you're getting somebody else to help you deal with this. You're not doing it all yourself in an area where you're not doing it full time."

—Kimberly K. Barlow

University of Pittsburgh
Flu Shot Clinics
Vaccination is for seasonal flu not H1N1

Wednesday, October 21st
Tuesday, October 27th
10:00am-3:00pm
University of Pittsburgh Students, Faculty and Staff
$25.00 Cash or Check
Faculty/Staff with UPMC health plan may use their insurance

Please bring:
• Pitt ID
• Faculty/Staff UPMC Insurance Card

(UPMC will bill you directly only if you bring your insurance card or otherwise, you must fill out one and submit a receipt)

The flu can be dangerous, especially if you have Diabetes or other chronic conditions.

The single best way to protect against the flu is to get vaccinated each year.

Student Health Service
Medical Arts Building, 3705 Fifth Ave., 5th Floor
OCTOBER 15, 2009

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When it comes to controlling spiraling health care costs and outlawing the U.S. health care system, don’t look to the usual suspects, a lecturer here advised.

“The root cause of our challenges to health care today is not bad guys, or greedy guys or incompetent guys,” said Thomas Lee, CEO of Partners Community HealthCare, an integrated health care delivery system in Massachusetts.

“It’s not malpractice fears, it’s not the bureaucracy of the insurance companies, it’s not greedy pharmaceutical companies that are driving the increases, it’s not aging or the gaining of weight that really matter to the patient. Efficiency and do so in ways that systems that improve quality and efficiency, and they’re resistant to paying taxes that are driving the increases; it’s not progress combined with fragility. That’s what is going on.”

Lee, who also is professor of medicine at Harvard, chair of the cardiovascular measurement assessment panel of the National Committee for Quality Assurance, and associate editor of the New England Journal of Medicine, delivered the Anne C. Sonis Memorial Lecture at Pitt Oct. 8, speaking on “Chaos and Organization in Health Care.”

The Sonis lecture is sponsored by the Department of Health Policy and Management in the Graduate School of Public Health, the Center for Research on Health Care, and the Sonis family.

Regardless of the outcome of the current national debate on health care reform and financing, Lee said, “an important core strategy has to be not payment reform, but delivery system reform, that is, how health care providers actually get organized and adopt systems that improve quality and efficiency” and do so in ways that really matter to the patient.

He acknowledged that the goal was idealistic, but said he had reason for optimism, based on the successes of his employer, known as Partners for short.

“I work at a complicated organization, roughly the same size as UPMC in terms of the number of patients, the amount of dollars and the number of doctors,” Lee said. Partners was formed in 1994 by the merger of Brigham and Women’s Hospital and Massachusetts General with some community hospitals in the Boston area.

“But we did not seek to build a network around hospitals, we sought to build a network around doctors, so that we have a large network that includes about 6,000 doctors, about half of whom are not affiliated with any of the Partners hospitals,” he said. “I oversee clinical performance system-wide and then try to integrate that performance with our business strategy, overseeing the negotiation of contracts for all of the physicians, and so on.”

Lee said Massachusetts, which passed legislation to provide universal health care in 2006, serves as a potential model for a national health care system. But for all its good points, it unmasked a major problem. “In Massachusetts, because we are making people buy insurance, what we’re forced to confront is that health care really isn’t affordable for middle class people who don’t have a subsidy from the government or their employer,” he said. “Medical care now accounts for 16.6 percent of the household budget, more than housing, more than food. Back when Medicare was passed [in 1965], health care was less of a brute force of the household budget than clothing and shoes were.”

Americans are growing more resistant to paying taxes that underwrite their fellow citizens’ health care costs, he noted. Lee cited a Harris Interactive survey, which annually asks the question: Do you agree or disagree that the higher someone’s income, the more he or she should expect to pay in taxes to cover the costs for people who are less well-off and are heavy users of medical services?

In 1991, 66 percent of those polled agreed with the premise; by 2006, that had slid to 31 percent. “It looks like the willingness of the healthier and wealthier people in this country to subsidize the care of the people who are sicker and poorer is weakening,” Lee said.

“Regardless of whether you’re a Republican or Democrat, that’s not good news if you’re in health care, because we do need someone to step forward and write checks for what we do when we care for patients.”

“Regardless of, of course, is the taxpayer, he added. “We’re going to get help from taxpayers, but it’s going to go to dogfight.”

So how can reforming the health care delivery system bring costs down? “There is any reason to believe fundamental change is even possible.”

Lee laid out a framework for change based on unrelated theories of a Nobel Prize winning economist and a health care consultant, as well as his experiences at Partners.

Economist John Nash (the subject of the 2001 film “A Beautiful Mind”) won the Nobel Prize in 1994 for describing the equilibrium concept for non-cooperative games, where more than one party is involved. In a Nash equilibrium, uncooperative multiple partners in a contract get frozen in their relationship, because parties have nothing to gain by changing only their own strategy, Lee said.

“We all know how complex our world of health care is, with many different parties and they’re sure not cooperating,” he said. “You can’t change anything because Blue Cross won’t pay for it, and Blue Cross doesn’t want to change their payment system because other payers won’t change at the same time and they don’t want to be at a disadvantage, and the result is nothing happens.”

But Nash equilibriums break down when the pain of maintaining the status quo for multiple parties exceeds their fear of the unknown, Lee said, which describes the state of the health care system.

“The fear of the unknown is huge. But the pain for payers for providers, for patients also is huge and growing. We’ve reached the tipping point. So there is an openness to changing things dramatically. But it’s scary to change dramatically. That’s what is going on now in Washington: We see fear kicking in and trying to keep this Nash equilibrium from being fundamentally changed,” Lee said.

“Even if they don’t do much in Washington this year, it’s not like the tension in the equilibrium is going to go away.”

So, Lee maintained, the time is ripe for an overhaul.

In Lee’s proposed framework, which he credited to Arnold Milstein, a consultant at Mercer, a human resources medical consulting firm, change comes in stages over a 10-15 year period.

“In the first stage, measures get developed for hospitals and doctor quality and efficiency, and they’re put out there,” Lee said. “The
how to prevent medical errors and how to work together to prevent re-admissions. The concept of organizational knowledge really starts to matter when you get paid for things like preventing re-admission or taking good care of people over time, and it requires physicians in particular not just to have good clinical judgment, but to be team leaders,” Lee said.

“The concept requires a cultural sea change for physicians, who first need to acknowledge they are part of a team, which is a new role for many doctors, and second requires them to be a team player by, for example, adopting the same language and terminology as everyone else.

“We know that progress has been unbelievable. It’s been great on one hand, but the change is huge. The irony is as we know more, individual physicians feel less knowledgeable,” Lee said.

He recalled his medical school training where a mentor taught him never to open a book in front of a patient, because it’s important that a patient look to the physician as someone who knows everything.

“You can’t be all-knowing. To be all-caring, I think you can do that. But that means tracking down stuff from everyone else,” Lee said.

In addition, medicine is increasingly specialized. “We have physicians asking if a patient fits into what they do, as opposed to asking: What does this patient actually need?” The result is patients who bounce around looking for the correct specialist, Lee said.

“We have to be honest about the magnitude of the change that’s upon us. There’s one revolution where clinicians adopt systems that reduce errors. The really hard part is the cultural revolution where it’s teamwork instead of the physician as the lone cowboy, and those teams taking responsibility for populations over time and performing. That’s why it’s a bigger issue. Doctors have to take responsibility and be accountable to make it work.”

—Peter Hart

**CONTINUED FROM PAGE 6**

**Progress is the problem**

measures, at first, are full of flaws. Any of us could point out problems with them. But Arnie would say: “Measures only get better when you use them; it’s not by having smarter people spending longer time in a room.”

In the second stage, the measures eventually create performance sensitivity.

“They create a context where it actually matters what you do. Your performance matters. It may matter in terms of health plan design, that patients may pay more to go to someone else, rather than get less efficiency or lower quality,” Lee said.

“There would be direct rewards for buyers in a pay-for-performance game. That’s the kind of context I negotiate at Partners,” he said.

“Since the framework is based on outcomes, the next stage is where care really starts to get reengineered, where things really change. We get leaner, faster, better care,” Lee said.

“Partners calls itself an integrated delivery system, but I would put quotes around ‘integrated.’ We have all the pieces, including mandatory participation in sharing electronic medical records among all affiliates, he said. “But we’re not actually organized and managed around taking care of populations of patients over time — yet. We’ve still got a lot of hospitals and doctors’ practices that go on their own bottom lines,” he said.

But the goal is to adopt a model where everyone is working for the same company and getting one pay check.

“If you’re a health plan and all your hospitals and doctors were truly one company, that would be a model. And if your patients couldn’t go anywhere else, that would be an ideal situation where you could do quite well under capitation,” that is, a payment system where a fixed per capita amount is paid to a hospital, clinic, or doctor for each person served, he said.

These are the kinds of systems we need to develop. We absolutely need to make the payment system a single ingredient,

“What provider organizations do is qualitatively changing as we go to a world in which we’re actually being paid based on an outcome, for example, for keeping asthmatics out of the hospital, for keeping patients from bouncing back and being re-admitted,” he said. “In the old world, we did fee-for-service for everything, every visit, every hospitalization, the locus of knowledge was in those individual clinicians who knew what to do with a sick patient. “With the growth of knowledge in medicine, that model clearly is unsustainable in today’s health care system,” Lee said.

By contrast, he said, in the new world, measuring outcomes cannot be done by the physician alone. It takes teamwork and organizational knowledge, such as how to prevent medical errors and measures at the University Times.

OCTOBER 15, 2009

University of Pittsburgh

The Senate of the University of Pittsburgh

**Interacting With the 21st-Century Student**

Wednesday, October 21, 2009

Noon-3 p.m.

Assembly Room, William Pitt Union

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**CAREERS IN ACADEMIC ANATOMIC PATHOLOGY: REFLECTIONS OVER 25 YEARS**

**Wednesday**

November 11, 2009

Noon

1104 Scaife Hall

(Lunch provided)

Mark R. Wick, M.D., is Professor of Pathology, Associate Director of Surgical Pathology, and Director of Pathology Residency Training at the University of Virginia at Charlottesville. He received his undergraduate education at Carroll University (Waukesha, WI), his medical education at the University of Wisconsin (Madison, WI) and his anatomic, and clinical pathology residency at the Mayo Clinic & Mayo Foundation (Rochester, MN). He has served on the pathology faculty of the Mayo Medical School (Rochester, MN), the University of Miepina (Minneapolis, MN) and Washington University (St. Louis, MO), and has made contributions to the specialty of pathology as an investigator, practitioner, educator, and mentor. Dr. Wick is a physician who has continued to practice as a general anatomic pathologist and yet has developed expertise in several subspecialty areas of pathology; Immunohistochermistry, dermatopathology, thoracic pathology, and soft tissue pathology are his areas of particular interest.

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**University of Pittsburgh**

**Annual Robert S. Totten Lecture**

**Mark R. Wick, M.D.**

Professor of Pathology

Department of Pathology

University of Virginia

Charlottesville, VA

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**University of Pittsburgh**

**Interacting With the 21st-Century Student**

Wednesday, October 21, 2009

Noon-3 p.m.

Assembly Room, William Pitt Union

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**Panel Perspectives**

Classroom Behavior

Mary Margaret Kerr, Professor, School of Education

Professional Behavior

Anthony Bledsoe, Lecturer, Biological Sciences

Dealing With A Distressed Student

Front door Co. Chairman, University Center Counseling Center

Technology in the 21st Century

Kevin Morrison, SGB President

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**Q&A with the panel**

1:35-1:45 pm

1:45-1:55 pm

Break

1:55-2:40 pm

Students’ Perspectives

Students: Kevin Morrison, Andrew Freeman, Lucas Briggs, Molly Humphreys, Katlyn Jennings, Amanda Reed

2:40-2:55 pm

Q&A with the audience

2:55-3:00 pm

Closing Remarks

James V. Maher, Provost and Senior Vice Chancellor

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**ALL FACULTY, STAFF & STUDENTS ARE INVITED TO ATTEND**

Lunch will be provided.

Student attendees receive OCC credit.
Tim Head swimming coach Chuck Knoles and members of the men’s and women’s swimming team will hold a one-hour free youth swimming lesson for children and grandchildren of faculty and staff 11 a.m.-noon on Nov. 1.

Knoles is planning to offer a free lesson once each during the fall and spring terms. The lessons are open to children in grades 3-5.

“We are trying to promote the appreciation of swimming as a lifetime sport by giving faculty and staff parents an opportunity to have their children try it on us,” Knoles said. “We have such a rich tradition in competitive swimming here at Pitt, I wanted the coaches and our swimmers to share the love of our sport with the children of our faculty and staff.”

To register, employees should contact assistant swimming coach Tanica Jamison at TJamison@pitt.edu, and provide their name, address, email address and phone number, along with the age and name of the child or children. There is a limit of 100 slots available for the November lesson.

Enrolled children and their parents should meet at 11 a.m. Nov. 1 in the lobby near Trees Pool.

Free swim lesson offered

Western Psychiatric Institute and Clinic (WPIC) has opened one of the few centers in the area that offers a treatment program for children and adults with attention deficit hyperactivity disorder (ADHD).

Some 8-10 percent of school-aged children and 4 percent of adults are estimated to have ADHD, a disorder characterized by recurrent and persistent hyperactivity, impulsivity, inattention and difficulty controlling overall behavior.

WPIC’s ADHD program offers comprehensive evaluation and evidence-based treatment services, including cognitive behavioral therapy, medication evaluation and management, parent and adolescent negotiation skills, study and organizational skills and school and college preparation.

The program is directed by Oscar G. Bukstein of the Department of Psychiatry in the School of Medicine. Bukstein is certified in general psychiatry, child and adolescent psychiatry and addiction psychiatry, and is the medical director of the adolescent substance abuse treatment program at WPIC.

For more information, call 412/266-5268.
Breast cancer researcher Nancy E. Davidson detailed recent progress and ongoing research in her Oct. 1 talk, “Breast Cancer in the Molecular Era.”

Davidson, the new director of the University of Pittsburgh Cancer Institute (UPCI) and UPMC Cancer Centers, was the featured speaker at the annual reception welcoming new women to her faculty, hosted by the Provost’s Advisory Committee on Women’s Concerns and Pitt’s women’s studies program.

The former director of the Johns Hopkins Kimmel Cancer Center’s breast cancer program in Baltimore and professor of oncology at Johns Hopkins School of Medicine, Davidson began her new position March 1, following the retirement of UPCI founding director Ronald B. Herberman.

Cancer researchers have some numbers to be proud of, Nancy Davidson said, citing more than 10 million cancer survivors in the United States and nearly 25 million worldwide. “These are real results.”

In the case of breast cancer, the two-fold impact of earlier diagnosis, thanks to screening mammograms, and the development of appropriate drug therapy has helped. “It’s only the combination of the two interventions that has led to the decrease in mortality we’re enjoying today,” she said, noting that statistical modeling suggests that without both interventions, breast cancer numbers would continue to rise.

One example comes from the Early Breast Cancer Trials Collaborative Group. “We developed these advances through the results of 200 clinical trials involving more than 150,000 women over more than 20 years. These results have aided the development of today’s standards of care for breast cancer patients,” she said.

Surgical interventions have been minimized, moving from mastectomy to lumpectomy and greater selectivity in sampling lymph nodes for testing. And the mindset behind using the maximum therapy a patient could tolerate has given way to new thinking, using the minimum effective dose.

Clinicians are moving toward a more personalized form of medicine. “We want to be in a position where we can give the right treatment to the right person at the right time,” Davidson said. The goal is to maximize efficacy while minimizing side effects and cost — not just financial costs but the toll on the patient and family, she said.

Davidson said developments in translational science (the “bench to bedside” research aimed at practical clinical use) have helped in several aspects of treating breast cancer — in estimating cancer risk, gauging the prognosis for those diagnosed with cancer and in finding the treatment that may produce the best response for a particular type of cancer.

Well-known risk factors for breast cancer — being female, advancing age, exposure to estrogen, family history and outside factors such as hormone replacement therapy, alcohol consumption and other exposures — are relatively nonspecific, Davidson admitted. “If you put them together and try to counsel an individual woman about her risks, they’re not always very helpful, and in many cases there’s not much you can do about such things.”

However, one area in which biology has had an impact is in women with hereditary forms of breast cancer and ovarian cancer, she said.

While most breast cancer occurs in women with no family history, 10 percent — representing some 200,000 diagnoses per year in the United States — are hereditary forms, and researchers believe that women in the BRCA1 and BRCA2 tumor suppressor genes contribute to about 50 percent of those hereditary breast cancers, Davidson said.

Women who carry such mutations have a 50-85 percent chance of developing breast cancer during their lifetime, as compared to a risk of about 12 percent for those without the mutation. In addition, the chance of getting two breast cancers or ovarian cancer also is increased significantly in such women.

Mutations in BRCA1 raise the risk for breast and ovarian cancer and also predispose men to breast cancer, she said, adding that researchers also are looking at possible connections to pancreatic and other cancers.

Studies have demonstrated that women who carry BRCA mutations can reduce their risk of developing breast cancer by prophylactic surgery and can reduce their risk of developing ovarian cancer by preventive removal of the ovaries. If they choose not to have preventive surgery, additional screening tools such as magnetic resonance imaging in conjunction with mammography is an option, Davidson said.

“Over a 15-year period of time, we’ve gone from identifying these two genetic loci to being able to test for them in the clinic,” she said, arguing for routine testing for higher-risk individuals. “That’s because we believe we can give people useful information and we can empower them to make decisions about changes they might make to take advantage of this knowledge.

“This is the tip of the iceberg,” she said. “We know this is going to pertain a lot of how we think about our health in the future.”

Advances also are evident in predicting responses to certain types of therapies. Such information can help patients understand their prognosis, “and more importantly, how we can counsel them on what they can do about it.”

Previously, doctors would look at such factors as tumor size and whether lymph nodes were involved, whether certain estrogen or progesterone receptor proteins and HER2 proteins were present to help patients gauge their prognosis and select therapies. Now a cancer can be categorized further according to its “molecular portrait” of the genes it expresses.

“You can use computational methods to try to sort these cancers into various kinds of categories that are different from what we might have thought before,” she said. “It appears increasingly these kinds of characterizations, these portraits, are related to how somebody will do with their breast cancer.”

One example comes from the study of women with the particular type of breast cancer that does not involve the lymph nodes and expresses estrogen receptor. Research showed that treatment with tamoxifen and chemotherapies increased survival rates in these women.

The problem, Davidson said, “With tamoxifen alone, only 15 percent of those women were going to have relapsed in the first place, so we’ve given an awful lot of chemotherapy to a lot of women without a clear idea of what we’ve accomplished for the group of women as a whole.”

To fine tune their recommendations, researchers set out to differentiate among women who seemingly had the same type of breast cancer. They developed a test that yields a “recurrence score” related to the expression of 16 different genes that have an impact on the possible recurrence of cancer.

In women with a low recurrence score, they found that 96 percent did well and had no recurrence 10 years after treatment with tamoxifen alone, while 97 percent had no recurrence after treatment with tamoxifen and chemotherapy. Those with intermediate risk scores showed similar results. 90 percent did well with tamoxifen alone compared with 89 percent treated with tamoxifen and chemotherapy. However, for patients with high scores, there was a marked difference: 60 percent of those treated with tamoxifen had no recurrence 10 years later, compared to 88 percent of those who had both tamoxifen and chemotherapy.

“What we learned is that the use of chemotherapy added little for the women [in low score groups], but had a major impact on the women [with the high scores],” she said. “That’s allowed us to cut off treatment or treatment to a lot of women.”

For details, please call 412-624-8024.
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Introduction to PK/K

City Campus
Oct. 13 6:30 p.m.
Nov. 10 5:30 p.m.

North Hills Campus
Oct. 14 9:30 a.m.

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City Campus (PK-12) 555 Morewood Avenue, Shadyside
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Inspired Minds

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Research Notes

Biofuels research funded

Civil and environmental engineering faculty member Amy Landis has been awarded a National Science Foundation (NSF) grant to investigate the environmental impacts of next-generation biofuels and to develop a more sustainable trajectory for biofuels.

The project is part of the NSF’s trustworthy computing program, which supports research and education activities that explore novel frameworks, theories and approaches toward secure and privacy-preserving systems, recognizing that many interwined scientific, technological, economic and sociological challenges must be overcome in order to realize a trustworthy computing future.

While the two mechanisms have evolved independently in computing systems, Lee’s project focuses on developing a composable trust model capable of tightly coupling vertical and horizontal trust in an efficiently deployable manner amenable to formal analysis.

Multi-organ transplant survival up

A study published in the October issue of Annals of Surgery finds that survival rates for adult and pediatric intestinal and multi-visceral transplant patients have improved with the advent of innovative surgical techniques, novel immunosuppressive protocols and better post-operative management.

The research, led by Kareem Abu-Elmagd, a faculty member in the School of Medicine and director of the Institute for Biomedical Engineering at UPMC, evaluated outcomes at UPMC from 1990 to 2008, which represent more than 25 percent of the worldwide total. Over nearly two decades divided into three eras, 451 patients received 215 intestine, 151 liver-intestine and 134 multi-visceral transplants.

Abu-Elmagd noted, “Our research found that survival rates for such transplant recipients greatly increased as treatment strategies evolved, this included the reduction in the use of immunosuppressive therapy.”

During the three years, which were dubbed Era I (1990–94), transplant recipients were treated with the immunosuppressive drug tacrolimus and steroids. In 1994, this protocol was discontinued due to high mortality and morbidity rates. The five-year survival rate for these patients was 40 percent.

Era II (1995–2001) introduced the use of donor bone marrow to encourage organ acceptance. The five-year survival rate for these patients was 56 percent.

During Era III (2001–08), patients were given a pre-conditioning protocol with agents that depleted recipients’ own immune cells. Their post-transplant drug regimen was minimal and was initiated with tacrolimus, followed by steroids when necessary. Tacrolimus doses subsequently were spaced to a single dose or two three times per week with a weaning process that started three-six months after transplant.

Through the use of new immunosuppressive and management strategies, the five-year survival rate for these patients increased to 68 percent, which is similar to survival rates for any other abdominal and thoracic organ transplant procedure.

“We have learned that patients who are using multiple anti-rejection drugs over a period of several years may experience long-term detrimental effects, which erodes survival rates beyond 10 years post-transplant,” noted Abu-Elmagd. “With that in mind, we will strive to reduce use of these drugs as much as possible in our patients.”

Among the study co-authors were surgery faculty members Guilherme Costa, Ruy J. Cruz, Geoffrey J. Bond, Kyle Sotola, Noriko Murase, Rakesh Sinha, Abhinav Kumar and George Mazariogos, Laura Matasera of surgery, Adriana Zeevi of pathology and Maher O. Alyash of psychiatry, all of the Starzl Transplantation Institute.

$1M from V Foundation funds trials for lung cancer patients

Jill M. Siegfried, co-director of the University of Pittsburgh Cancer Institute’s lung and thoracic malignancies program, has received a $1 million grant from the V Foundation for Cancer Research to help support new clinical trials for lung cancer patients at UPMC Cancer Centers.

The first clinical trial is based on Siegfried’s research, which found that estrogen acts as a proliferation agent in the lung, activating lung cancer development through pathways similar to those in breast cancer. According to Siegfried, it might be possible to inhibit lung cancer tumor growth in cancers that progress in response to estrogen.

“We learned that some very basic, biological functions put women at risk for developing lung cancer. Now we know estrogen plays a role in the growth of some lung cancers and that gives us something to target in the clinical setting.”

The clinical trial at UPMC will be led by Athanasios (Ethan) Argiris, faculty member in medicine and clinical associate director of UPCI’s SPORE in lung cancer. SPORE is a federal grant awarded by the National Cancer Institute to assist researchers in examining innovative detection and treatment strategies designed to improve survival outcomes and quality of life for patients with early to late-stage lung cancer.

According to Argiris, the phase II trial will study the use of an aromatase inhibitor, a class of drugs designed specifically to counteract estrogen production, in postmenopausal women with advanced non-small cell lung cancer.

“We hope that by targeting estrogen we will be able to extend the lives of women with lung cancer. Moreover, we will have an opportunity to understand which women respond best to this treatment by examining the estrogen receptors found in their tumors,” Argiris said.

In addition, the V Foundation will support a phase I trial translated from previous SPORE-funded research conducted by Olivera Finn, chair of the Department of Immunology.

Lung cancer patients who enroll in the trial will receive a vaccine based on the protein cyclin B1. Finn discovered that this protein is expressed inappropriately by many lung tumors and causes a strong immune response. She hopes to boost the ability of the immune system to reject lung cancer by vaccination with...
receives from the state, leaving the University to cover the gap as the months roll on. “We’re trying to be patient, but we’re concerned about the lengthy delays,” Supowitz said, noting that Pitt did not receive its state funding in July, August, September or October.

The lack of an FY10 appropriation also is preventing the University from completing its budget request for FY11, which begins July 1, 2010. Typically the request is due to the state Department of Education in late September, but without finalized current fiscal year budget figures, next year’s request can’t be completed.

That deadline has been pushed back until Nov. 12. If Pitt’s appropriation is not approved by then, it is likely Pitt simply will use the tentative numbers, Supowitz said.

The FY10 state budget continues the trend of eroding state funding, not quite restoring Pitt's $170.73 million for FY10 doesn't quite match the $170.73 million appropriation for FY10 in his budget proposal last February. The new budget does give last year's appropriation a boost in the form of $8.444 million in federal ARRA stimulus money, which brings Pennsylvania's support for Pitt in FY09 to $169.13 million.

Further, it does not include the $170.73 million the legislators intended.

But Supowitz was pleased to see ARRA money budgeted for Pitt, Penn State, Temple and Lincoln- -gov, given the string of enrollments caused by excluding the state-related universities from Pennsylvania’s June application for federal stimulus funding. (See July 9 University Times.) “I feel much better about that,” Supowitz said.

In a related matter, Rendell approved a bill, which, in part, expands the state’s transfer and articulation system that enables students to transfer credits when they switch from one college to another. Pitt, Penn State and Temple will come under a statewide articulation system that already includes Pennsylvania’s 14 community colleges and 14 State System of Higher Education schools, along with voluntary members Lincoln University, Lackawanna College, Seton Hill University and St. Francis University.

By June 15, 2010, Pitt, Penn State and Temple will need to identify 30 credit hours of course work that they will accept from transfer students from those other institutions and make the information available for posting on the Department of Education’s credit transfer web site, www.pacollege-transfer.com.

In a prepared statement, Rendell said, “Families and col- lege students lose out when they study says most would refuse to get emergency flu vaccine

Actually by the Graduate School of Public Health and the Univer- sity of Georgia has found that a majority of Americans would not take an adenovirus vaccine or drug additive not officially approved, but authorized for emergency use by the Food and Drug Administration.

The study, which was published online in Biosecurity and Bioterrorism: Biodefense Strategy, Practice and Science, found that fewer than 10 percent of those surveyed said they would be willing to take such a vaccine or drug and nearly 30 percent remained undecided.

The passage of the Project BioShield Act in 2004 created the emergency use authorization (EUA) giving the FDA the ability to use experimental “off-label” drugs in the event of an actual or potential emergency.

To date, four vaccines against H1N1 virus have been approved under the same process used by the FDA for the seasonal flu vac- cine. Also, several drug additives, or adjuvants — sometimes added to vaccines to strengthen the immune response and stretch the quantity of available vaccines in the event of a pandemic — have been ordered and stockpiled by the federal government in case they are needed. But adding them to H1N1 vaccines would trigger the need for an EUA, which is one of the reasons the federal government has chosen not to use them.

Study author Sandra Quinn, associate dean for student affairs and education in GSPH, said, “Although the U.S government has held off on including an adjuvant in H1N1 vaccines for now, American officials may need to reconsider this decision as the pandemic unfolds. There also remains a significant shortage of the vaccines in many countries around the world. Given this, our finding that few people would accept a new but not yet fully approved H1N1 vaccine or drug is very worrisome,” she said.

The study was based on a survey that focused on attitudes toward H1N1 and willingness to accept flu vaccines and drugs not officially approved by the FDA, but authorized for emergency use. Of the 1,543 adults questioned in June, 46 percent said they were concerned about getting swine flu. However, nearly 86 percent of those who were worried by the virus was unlikely or very unlikely that they themselves would become ill.

Researchers also report that 63 percent of people surveyed said they would not be willing to take “a new, but not yet approved vaccine” and 50 percent said they would be very or extremely worried about taking it. Of those who reported they would be moderately to extremely worried, 70 percent said they would refuse the flu vac- cine outright. Only 4 percent of the most worried said they would be willing to take the vaccine, compared to 1 percent of those who were not at all or slightly worried.

Rendell was associated with refusal to take the vaccine: 66 percent of whites and 60 percent of blacks reported they would refuse the vaccine, compared to 47 percent of Hispanics. Blacks reported they were the most worried (62 percent), followed by Hispanics (52 percent) and whites (46 percent).

According to Quinn, these results differ from some current opinion polls on public acceptance of an H1N1 vaccine because the researchers explicitly asked about vaccines approved under the EUA designation. “Communic- ation about the H1N1 vaccine is enormously challenging,” said Quinn. “The additional issue of emergency use designation would further complicate challenges to clear communication. In the event an emergency-use coolant is required to stem the H1N1 pan- demic, public health professionals will need to articulate a strong case for the vaccine and aggressively address myths and misinformation to increase understanding and acceptance.”

The potential challenge in communicating with the public about emergency use authorization is relevant beyond the ques- tion of the H1N1 vaccine, added Quinn. “EUA’s are an important tool for the protection of the public’s health in an emergency. It would behoove public health agencies to begin now to think about communicating and educa- tion of the public on this issue.”

Pitt co-authors of the study were GSPH graduate students Supriya Kumar and Kelley Kidwell and University Center for Social and Urban Research postdoc Donald Musa.

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We have been able to target the copies of the gene in the nucleus. In a lab study, those with low scores will be assigned tamoxifen, those with high scores will get a new chemotherapy. Those with scores in between will be randomized between the two options. This is going to lead to the next incremental benefit in understanding the way we treat breast cancer, Davidson said.

She noted that researchers are focusing on the genetics of tumors, but also on the people within whom a cancer arises.

“Here the whole area of pharmacogenetics is exploding,” she said, pointing out that small variations in a person’s DNA sequence known as single nucleotide polymorphisms (or SNPs) can impact health outcomes in certain individuals, which affects the effectiveness of some drugs.

For instance, with regard to breast cancer treatment, it’s known that women are resistant to tamoxifen. This resistance can be impacted by the enzyme known as CYP2D6. People who have variations in that enzyme or who take certain drugs that inhibit it — some anti-depression, for instance — may see less of a benefit from tamoxifen. Davidson said it’s not certain whether testing for such SNPs should be done routinely, but researchers are paying attention.

The field is using gains in knowledge to move from targeting breast cancer to preventing it.

“We have been extraordinarily lucky,” she said, adding that “a lot about what makes a breast cancer tick” and have learned how to target the estrogen receptor signaling pathways within the cancer cell to attack the cancer, either by hindering hormone or destroying the receptor, for example, she said.

Among the therapies that have been developed as a result of understanding these biological pathways are aromatase inhibitors, Davidson said. These oral anti-cancer drugs that inhibit the conversion of androgens from the adrenal glands to estrogen can be an effective treatment for postmenopausal women.

Clinical trials are underway to study how to integrate aromatase inhibitors into current therapies. Should they be used with or instead of tamoxifen, together or in a sequence, and for how long?

The paradigm for estrogen receptor targeting has been applied to other signaling pathways, such as the EGFR epidermal growth factor receptor (also known as the HER2 gene).

Researchers are particularly interested in the HER2 gene, Davidson said. “In 10 years we’ve gone from understanding that about 20-30 percent of breast cancer cells carry HER2 protein, and they usually do it because of extra copies of the gene in the nucleus. We have been able to target the protein with an antibody called trastuzumab, and [found] that treatment with just this antibody all by itself leads to regression of this HER2-positive breast cancer in about 30 percent of women.”

The antibody therapy can be combined with chemotherapy to increase survival in cases of advanced breast cancer, and halve the recurrence rate in early cases of this form of breast cancer.

“Over a 20-year period of time gaining from a molecule, a gene, down to a therapy we use routinely in early-stage breast cancer is a pretty major accomplishment,” she said.

Other small molecule inhibitors that might do the same thing are under development for breast and other cancers.

Researchers also are looking at old drugs in new ways, Davidson said. “We’re very excited in our field about the possibility of using bone-targeted drugs to treat breast cancer.”

Bones are a common site for breast cancer to return and bone-strengthening agents such as Fosamax can be used to decrease problems related to bone metastasis, she said. “And, we have laboratory work to suggest that maybe these bone strengthening agents actually have some anti-breast cancer effects.”

However, several small studies have shown divergent results. Larger clinical trials are underway to find whether these agents have anti-breast cancer effects in addition to their pro-bone strength effects, Davidson said.

Another area of ongoing study is in DNA repair pathways, Davidson said. “Every day our cells are bombarded by noxious things and our genes, our DNA, gets damaged. One of the key things is we have to do repair that damage.”

In a person with BRCA mutations, the BRCA repair pathway is damaged and the tumor cells must rely on other repair pathways, such as one known as PARP. Those are DNA polymerases that are involved in the process of adding on nucleotides to specific sites to repair damaged DNA.

A few PARP inhibitors have been developed and are already being used on breast cancer patients. “We’re very excited because it looks like these are coming to fruition,” she said.

In one early phase trial, a new drug called olaparib was given to 60 patients with advanced cancers of all kinds and found to cause only mild side effects. The drug’s anti-tumor activity was found to be limited to people whose tumors carried BRCA mutations.

“This is a human proof of a principle of work that was done in the laboratory,” she said. “It hit the target — it did what you would expect from all the laboratory studies that had been done.”

Recent evidence also is showing that PARP inhibitors may be helpful against the hard-to-treat cancers known as “triple negative” (those that don’t make estrogen receptor, don’t make progesterone receptor and don’t make the HER2 gene).

In a recent clinical trial that assigned women with triple-negative breast cancers either to a combination chemotherapy or combination chemotherapy with a PARP inhibitor, Davidson said, “The use of this biologic in addition to chemotherapy led to a doubling of survival in those patients. This is an indication that these drugs will find a wider use and that some of our science can in fact drive their development.”

Some science is being developed close to home, Davidson said, noting that two UPC scientists, Shannon Puhalla and Merrill Egerton, have been awarded federal stimulus funding to look at the use of a PARP inhibitor against breast or ovarian cancers and those with BRCA mutant cancers.

While there is much progress for researchers to brag about, still there is much to do, Davidson said.

“There are challenges the academic community must face as it moves ahead to apply the concepts of personalized medicine,” she said.

“We are going to have to be very smart about our clinical trials. We can’t do 10,000 women in clinical trials anymore because it’s not going to be a wise way to proceed. We need to think about how to do this in a very efficient way to spare resources in all senses of the word — particularly patient resources, the patients who volunteer to go into these trials.”

Patients’ multiple tissue and blood samples are going to be needed for long-term study, she said. “These things are not going to be cheap. Having adequate resources is going to be extremely important. These things are increasingly burdened by bureaucracy,” she emphasized the importance of trying to minimize that bureaucracy.

“Another thing that really concerns me is scientific literacy. As a country, we don’t have the kind of literacy in the science field and the math field that we would like to have and it’s important for us to make sure this is part of our society.”

Davidson also urged her colleagues to fight against extreme mindsets at both ends of the spectrum: “Those people who say, ‘Breast cancer — we’ve got it licked, don’t worry about it,’ — or the reverse, the people who say, ‘Cancer — no progress whatsoever,’ and just throw their hands up in horror. “I think it’s incredibly important to avoid both of these extremes as we go forward.”

— Kimberly K. Barlow

OCTOBER 15, 2009

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RESEARCH ASSOCIATE

Postdoctoral position in advanced molecular simulation in the Department of Computational Biology, School of Computer Science

Research will develop and apply advanced methods in equilibrium and path sampling of biomolecular systems. Experience is required in the following: equilibrium and path sampling methods, atomic and coarse-grained models, free energy calculations, Monte Carlo calculations, non-dynamical simulation methods, theory and simulation of phase transitions, as well as simulation of simple, aqueous, and ionic fluids.

Also required: (i) a very strong academic record, as evidenced by education experience and publication record; (ii) demonstrated experience in writing fluent English; and (iii) a Ph.D. in Physical Chemistry, Physics, or Chemical Engineering.

Applicants should email a cover letter summarizing pertinent experience, and a CV including three references to nng5@pitt.edu by October 31, 2009.

University of Pittsburgh

Teaching Excellence Showcase

2009 Wednesday, October 21
9 a.m. – 1 p.m. J.W. Connolly Ballroom – Alumni Hall

Discover what some of your colleagues have been doing to enhance learning at the Teaching Excellence Showcase

Sessions will be held throughout the day on a variety of topics

Meet with the Innovation in Grant Award winners, and discuss their 2008-2009 teaching projects.

Join with colleagues for conversations on teaching and learning.

Explore what’s new in classroom technology.

For details about the Teaching Excellence Showcase and to register, please visit the CIDDE Website: www.cidde.pitt.edu and select News & Events from the Resources menu.
Donald S. Burke, dean of the Graduate School of Public Health, has been elected to the Institute of Medicine of the National Academies, one of the highest honors in health and medicine. An expert in the prevention, diagnosis and control of infectious diseases, Burke also serves as associate vice chancellor for global health and director of Pitt’s Center for Vaccine Research. He has focused his research on HIV/AIDS, tropical viruses, hepatitis, influenza and emerging infectious diseases. His life-long mission has been to prevent and lessen the impact of epidemic infectious diseases around the world.

Burke’s expertise spans “from the bench to the bush” including laboratory research, field studies, vaccine trials and implementation and evaluation of programs to control infectious diseases. He has led major vaccine research and development efforts for Japanese encephalitis, dengue, hepatitis, HIV/AIDS and bio-defense threats. The diagnostic assays he developed for epidemic viral encephalitis and for HIV/AIDS have become worldwide standards.

His epidemiological studies of HIV among incoming military recruits first revealed the magnitude of the epidemic in the United States, and his international molecular epidemiology studies of HIV unraveled its emergence, evolution and global spread.

He also was instrumental in launching HIV/AIDS vaccine trials in Thailand, leading to the recent first successful vaccine trial in that country. Additional studies he led in the Congo basin in Africa demonstrated the key role of the hunting of wild animals for their meat in the emergence of new epidemic viruses.

Prior to coming to Pitt, Burke had a 23-year career at the Walter Reed Army Institute, where he last served as associate director for emerging threats and biotechnology and retired from active duty at the rank of colonel in 1997.

He then assumed a leadership position in public health as director of the Center for Immunization Research at Johns Hopkins.

At Pitt, Burke assembled and is leading an international team of epidemiologists and computer geeks who are evaluating pandemic influenza control strategies.

The Institute of Medicine is a resource for independent, scientifically informed analysis and recommendations on health policies.

Donald M. Yealy, chair of the Department of Emergency Medicine in the School of Medicine, received the Outstanding Contribution in Research Award from the American College of Emergency Physicians (ACEP). The award recognizes Yealy’s contributions to research in emergency medicine.

Yealy is a principal investigator on two current federally funded research trials totaling $9.7 million. He has focused most of his academic research on clinical decision making and the care of many life-threatening conditions, including community-acquired pneumonia and death in patients with heart failure and respiratory failure.

He is co-editor of “The Trauma Manual: Trauma and Acute Care Surgery,” a guide to emergency and surgical care.

This year, ACEP honored nine physicians for a variety of activities related to emergency medicine.

Transplant pioneer Thomas E. Starzl has received the National Institutes of Health’s 2009 Gustav O. Lienhard Award for outstanding national achievement in improving personal health care services in the United States.

Starzl is Distinguished Service Professor of Surgery in the School of Medicine and director emeritus of the Thomas E. Starzl Transplantation Institute at UPMC.

He achieved international acclaim by laying the groundwork for the transplantation field of medicine.

Starzl performed the world’s first liver transplant in 1963 while at the University of Colorado. Four years later, he performed the first successful liver transplant. In 1980, he introduced the new anti-rejection medications tri-fluorocytoxine, glibenclamide and cyclosporine, which became the accepted transplant regimen for patients with liver, kidney and heart failure.

In 1981, Starzl joined the Pitt School of Medicine and led a team of surgeons who performed the city’s first liver transplant.

Thirty liver transplants were performed that year, launching the University’s liver transplant program — the only one in the nation at the time.

In 1989, Starzl introduced the FK506 lymphodepletion and led the way to other successful types of organ transplants, including pancreas, lung and intestine.

Starzl retired from clinical and surgical service in 1991, but remains active in research, mapping the relationship between donor and recipient cells and developing new therapeutic strategies to achieve immune tolerance after transplantation.

David Hackam, a researcher at the School of Medicine and a pediatric surgeon at Children’s Hospital, has been named one of 12 winners of the Hartwell Individual Biomedical Research Awards for his research into necrotizing enterocolitis (NEC), a leading killer of premature infants.

NEC is a severe inflammatory disease of the intestine that affects thousands of premature infants in the United States each year. In extreme cases, NEC leads to perforation of the intestine, a condition that can be fatal if not treated with emergency surgery.

Hackam is a Roberta Simmons Associate Professor of Pediatric Surgery at Pitt and co-director of the Fetal Diagnostic and Treatment Center at Children’s and Mage-Womens hospitals.

Four years earlier, Hackam identified a genetic “switch” called toll-like receptor 4 (TLR4) that is turned on in infants who develop NEC. This grant, funded by The Hartwell Foundation, will enable the team to continue working toward developing new medications to turn this switch off.

The Hartwell awards provide $100,000 per year for three years.

Rory A. Cooper, director of the Human Engineering Research Laboratories, a partnership between Pitt, UPMC and the VA Pittsburgh Healthcare System, will receive the Veteran of the Year Award from the Veterans Leadership Program of Western Pennsylvania (VLP). A decorated U.S. Army veteran, Cooper uses a wheelchair as a result of a spinal cord injury sustained in military service. He is one of the world’s foremost authorities on wheelchair design. VLP provides essential housing, employment and other vital support to eligible veterans, service members and their families.

The School of Medicine has named Michael Boninger, a researcher in spinal cord injury and assistive technology, as chair of the Department of Physical Medicine and Rehabilitation.

Since 2007, Boninger has directed the UPMC Institute for Rehabilitation Research, which combines medical care and research to help patients regain independence and enhance their quality of life. Boninger will continue serving in this role along with his position as associate dean for medical student research at the School of Medicine and his secondary appointments in the School of Engineering and School of Health and Rehabilitation Sciences.

Boninger is recognized for his extensive research on spinal cord injury, assistive technology, and overuse injuries, particularly those associated with manual wheelchair use. He also has received funding from the National Institutes of Health, the U.S. Army’s Telemedicine and Advanced Technology Research, the U.S. Department of Veterans Affairs and the Department of Veterans Affairs.

Boninger is director of Pitt’s Model Center on Spinal Cord Injury and medical director of the Human Engineering Research Laboratories, a joint venture of UPMC, the University of Pittsburgh and VA Pittsburgh Healthcare System, which has been designated a Center of Excellence for Wheelchairs and Related Technology by the VA.

David A. Lewis is a professor of Psychiatry and Medical Director of Western Psychiatric Institute and Clinic. He is also the Head of Psychiatry, professor of neuroscience in...
A memorial service is set for 10 a.m. tomorrow at the Heinz Chapel for former School of Health and Rehabilitation Sciences faculty member Richard E. Erhard.

Erhard, of Lottsville, Pa., died Oct. 9, 2009, following a battle with multiple myeloma. He was 67.

A constant professor in the Department of Physical Therapy until his retirement, Erhard had clinical practice and research interests in musculoskeletal conditions, in particular, painful spinal conditions.

Described by colleagues as a master clinician, Erhard was internationally recognized as a leader in manual therapy. He was the first president of the International Federation of Manipulative Physical Therapists and served in numerous other professional capacities both nationally and internationally.

In recognition of Erhard’s contributions to the field, he was scheduled to conduct testing at the SHRS physical therapy field in Uniontown, and directed gradu- ate students in collecting clinical data and case studies for use in research.

In order to gain more autonomy in directing the care of his patients, he returned to school and in 1983 earned a Doctor of Chi- ropractic degree from the Logan School of Chiropractics. He then returned to Pitt’s physical therapy department as an assistant professor, a position he held until 2005. He was named a distinguished alumnus by SHRS in 1989.

In 1992 to 2004, Erhard was head of physical therapy and chiro- practic services for the UPMC. Spine Specialty Center and served as medical director of the network diversified services at UPMC, 1998-2003. Erhard remained active in the SHRS physical therapy department’s continuing educa- tion program which had been scheduled to conduct testing at Pitt this month.

In spite of Erhard’s illness, department chair Anthony Delitto, said, “I fully expected he would be here,” noting that Erhard was always highly sought after to conduct continuing education programs.

“People liked him because of his applied approach,” Delitto said, adding that Erhard enjoyed seeing patients as part of his con- tinuing education events, which some clinicians would consider a scary prospect. Erhard, however, was not afraid to expose his prac- tice, Delitto said. “He allowed us to look into his work and see his results.”

In addition to being an expert practitioner, Delitto said Erhard was a great mentor to countless future practitioners in physical therapy and other rehabilitation fields.

Among them is SHRS faculty member Michael Timko. In 1990, as a new West Virginia University graduate, Timko began work in Erhard’s Uniontown-area practice. “He became my first and most significant mentor,” Timko said, adding that their relationship progressed to that of colleague and friend. Timko credits Erhard with teaching him a brand new clinician to full-fledged Pitt faculty member, placing Erhard as “the voice of my father in influence in my life.”

He recalled Erhard’s accessible willingness to listen and seek informa- tion when Timko would bring questions or describe difficulties with a patient. “He would simply tell him what to do. Instead, he would listen, ask questions, and then offer to get back to Timko to consider. “He guided you in such a way that you never felt uncomfortable approaching him,” Timko said. “In the process, he had the ability to help you to learn to reason and learn to think. You ended up solving your own problem.”

Timko said Erhard “always had students shadowing him in the clinics,” and directed gradu- ate students in collecting clinical data and case studies for use in research.

Delitto turned his attention toward research at a time when the physical therapy profession was in need of its own body knowledge. His early research laid groundwork for increasing the quality of the physical therapy literature through the 1990s and into the new century, Timko said.

Delitto credited Erhard with “doing translational research before it was in vogue,” noting his dedication to discovering “what works. Once he had defined an investiga- tory researchers to design relevant clinical trials.”

Delitto noted that Erhard always was willing to adapt his treatment approaches as new information became available. “And over- ever, he had no qualms about putting an idea out there to be criticized and scrutinized, only so we could make it better,” he said.

Beyond his professional work, Erhard was a “typical western Pennsylvania outdoorsman” who enjoyed hunting and fishing, Delitto said. Although childhood polo had left Erhard with a limp, it didn’t prevent him from fully pursuing his love of the outdoors, Delitto noted.

Erhard also enjoyed provocative discussions. “He was a staunch conservative and he proselytized,” Delitto said, recalling Erhardt’s propensity for emailing colleagues about issues that concerned him. “I can’t think of a better partner,” Delitto said with a laugh, adding that the messages were intended to be humorous.

“I was always that way with him, whether talking about poli- tics or hunting or fishing or about research,” Delitto said.

Erhard is survived by his wife, Nellie, whom he married in 1961, and Daniel, and a daughter, Keira. Memorial gifts may be made to the Leukemia/Lymphoma Society, www.leukemia-lymphoma.org.

— Kimberly K. Barlow

Richard E. Erhard

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A constant professor in the Department of Physical Therapy until his retirement, Erhard had clinical practice and research interests in musculoskeletal conditions, in particular, painful spinal conditions.

Described by colleagues as a master clinician, Erhard was internationally recognized as a leader in manual therapy. He was the first president of the International Federation of Manipulative Physical Therapists and served in numerous other professional capacities both nationally and internationally.

The awards were presented Oct. 7 at the University Club. The Best in Show Award went to “Free at Last?” an exhibit detailing slavery in Pittsburgh in the 18th and 19th centuries, which also won the Excellence in the special events category. Among the special events category, Pitt won an honor award for “Blue Gold & Black: From Doorway to Distinction,” the Graduate School of Public and International Affairs won an honor award for “GSPIA’s 50th Anniversary.”

Erhard, of Lottsville, Pa., died Oct. 9, 2009, following a battle with multiple myeloma. He was 67.

In addition to his academic responsibilities, Lewis serves as director of a National Institute of Diabetes and Digestive and Kidney Diseases center for the Neuroscience of Mental Disorders in the Department of Psychiatry, and chief of the Division of Psychiatry. The Conte center is responsible, Lewis serves as director of Pitt's translational therapy. The group named Erhard in 2005 the American Academy of Orthopaedic Manual Physical Therapy Section’s Richard E. Erhard Research Award for excel- lence in manual therapy. In 2007, the Orthopaedic Section of the American Physical Therapy Asso- ciation established the Richard W. Erhard Research Award in recognition of Erhard’s contributions to the field. In 2005 the American Academy of Orthopaedic Manual Physical Therapy Section’s Richard E. Erhard Research Award for excel- lence in manual therapy. In 2007, the Orthopaedic Section of the American Physical Therapy Asso- ciation established the Richard W. Erhard Research Award in recognition of Erhard’s contributions to the field.
Wednesday 21

Orthopaedic Surgery Grand Rounds
“The Obama Administration, the 111th Congress & Health Care Reform,” Susan Denzer; LHAS aud. 7th fl. Montefiore, 7 am

Clinical Oncology & Hematol-
ogy Grand Rounds
“Novel Approaches in Managing Bone Mets in Cancer,” Adam Brusky & Dwight Heron; Hematology & Oncology Conf. 2nd fl. aud. 8 am

CIDDIE Teaching Excellence Showcases
Connolly Ballrm. Alumni, 9:15 am-12:15 pm (info: www.ciddie.pitt.edu)

Flu Shot Clinic
Student Health Service, 10:30 am-3:30 pm (free to UPMC Health Plan members, others, cash or $25 check payable to Student Health Service)

Student Senate Plenary Session
“Interacting With the 21st Century Student,” Assembly Rm. WPU, noon-3 pm

Women’s Studies/GSPSIA Lectures

Thursday 22

Asian Studies/Legacy Laureate
“Helmut Lawres,” Wen-Tsai Chiou. Taipei Medical U, A115 Crabtree, 7:30 am (8-7426)

Emergency Medicine Grand Rounds
“Resident Research Presenta-
tions,” Mica Campbell, Justin Carlson, Nathan Gilmore, Robert Kalappun, Rebecca McNeel, Peter Preville, John Sangi, Matthew Wheeler & Jennifer Hickie; “Morbidity & Mortality Conference,” Michael Gerber; 210 McKer. PL 1th fl. classrooms, 8:45-11 am

HSLS Workshop
“Spring term registration and add/drop begin.”

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Chemistry Lecture  
**Structure & Function in Pep-tide Foldability**, Sam Grill, man. U of WI, 157 Benedum, 2:30 pm

Information Sciences Digital Libraries & Cyberethics Colloquium  
**Is Cyberinfrastructure Changing the Nature of the Scholarship?** Geoffrey Boyce, IS, 3:30 pm

Biostatistics Seminar  
**Applied Epidemiologic Approaches for Occupational Health Surveillance.** J. More Symons, DuPont Co.; A113 Crabbtree, 3:30 pm

Religious Studies Lecture  
**The De(Grudging) of Our Century.** Antisemitism, Modern Politiques & the Debates Over Circumcision & Kosher Butchering. 1871-1993. Robin Judi, Ohio State; 1500 Purnell, 4 pm (4-5990)

Geology & Planetary Science Colloquium  
201 Thaw, 4 pm  
CGS Workshop  
**Critical Reading Skills**, McCalear Ctr. 4th fl. CL, 4-5:30 pm

Humanities Lecture  
Julia Stern, Northwestern; 501 CL, 4-6:30 pm

African Studies Film Ctr. 4th fl. CL, 4-5:30 pm

Global Health Films  
**Silent Killer: The Unfinished Campaign Against Hunger**, Richard DeFilippis; 2148 Salk, 5-9:30 pm

Memorial Service  
Forrest KirbySchuylermemorial

**Flu Shot Clinic**  
541 Craig, 10 am-2 pm (no charge to UPMC Health Plan members; others $25 checks payable to Falk Pharmacy)

**Law School Symposium**  

**WPIC Meet the PI Lecture**  
**Prevention of Depressive Disorders Overview of a Developing Field**, Charles Reynolds, DHEt, 2nd fl. aud. 11 am-12:30 pm

**Campus Group Bicycle Ride** Rain or shine; meet on 5th Ave. side of CL, depart at noon for 1-hr. ride; info: 8-1151 or macd@pitt.edu

**UPMC Foster Lecture in Alzheimer’s Disease**  
Rudolph Tanzi, Harvard; A113 Crabbtree, noon-1:30 pm (3-8849)

**Cit for Philosophy of Science Lecture**  
**Can Nonconceptual Content Be Stored in Visual Memory?** Athanasios Raptopoulos, U of Cyprus; 817R CL, 12:05 pm (4-1052)

**Dental Medicine Continuing Education Seminar**  
**Impression Techniques, Concepts & Materials**, Marc Gottlieb; 2148 Salk, 1-4 pm

**Computer Science Lecture**  
**Technology Trends That Threaten & Create Opportunities for BNY Mellon**, Peter Johnson, BNY Mellon; 3137 Senato, 1 pm

**Anthropology Lecture**  
**Interracial Interaction in the Atacama Desert, Northern Chile, Revisited: An Updated View Based on Archaeological, Genetic, Paleoparasitological & Chemical Data.** Calogero Santoro, Instituto de Alta Investigación; 3159 Jr, 9 am-noon

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Rudolph Tanzi, Harvard; A113 Crabbtree, noon-1:30 pm (3-8849)

For ticket information, please contact Falk Pharmacy (412/624-4579, or by campus mail to: 308 Bellefield Hall. We cannot guarantee publication of events received after the deadline.

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**Friday 16**

• **Science 2009 continues through today. For a complete schedule, see Oct. 1. University Times at www.utimes.pitt.edu/?p=9462.**

**Dental Medicine Continuing Education Seminar**  
**Oxidation: The Functional Foundation of Dentistry in a Nutshell**, Richard DeFilippis; 2148 Salk, 5-9:30 am

**Memorial Service**  
ForrestrKirbySchuylermemorial

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541 Craig, 10 am-2 pm (no charge to UPMC Health Plan members; others $25 checks payable to Falk Pharmacy)

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**Saturday 17**

**Dental Medicine Continuing Education Seminar**  
**Dental Care for the Apprehensive, Unmanageable & Medically Compromised**, Marc Gottlieb; 2148 Salk, 5-9:30 am

**Asian Studies Toshiba Intl Foundation Symposium**  
125 FFA, 6:30 am-6:30 pm (info: 412/999-8801; schedule: www.ucis.pitt.edu/utc/toshiba)

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**Sunday 18**

Pitt Symphony Orchestra Concert  
Heinz Chapel, 3 pm (4-4157)

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**Monday 19**

Latin American Studies Lecture  
**Why We Migrate: Stories of Mexico’s Displaced**, Paula GutiérrezGalindo, 4:10 pm (6-7194)

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**Tuesday 20**

GI Educational Program  
**Endoscopic Foregut Body**, Kevin McGrath, Presby M2 Conf. rm., 7:30 am

Global Hub Student Assn.  
Fair Trade Coffee & Choco-late Sale  
1st fl. commons Parran, 9-1:30 pm (also Oct. 27, 147/678-0687)

Cell Biology & Physiology Seminar  
**GPCR Studies in Liver Cells: What We Have Learned**, Jean-Pierre Vilaardaga, Eitel H 5th fl. boardrm., 11 am

Health Services Research Seminar  
**Variation in Prescription Drug Spending in the VA Healthcare System & the Relationship to Quality**, Wald Gellad, 105 Parkview, noon

UPCI Basic & Translational Research Seminar  
**Cell Cycle & Checkpoint Control in Normal & Cancer Cells**, Helm Pwincia-Worms, Cooper Conf. Ctr. classrm. B & C, noon

Engineering Office of Diver-sity Lecture  
**Affirmative Action Programs for Minority Students Right in Theory, Wrong in Practice**, Camille Zubaherski Charles, Penn, 1173 Benezon, noon

Senate Community Relations Committee Mtg.  
272 Hillman, noon-2 pm

Cit. for Philosophy of Science Lecture  
**Cosmology & Inductive Infer-rece**, R. Merkle, New York in Practice, 1 pm

Academic Career Develop-ment Workshop  
**Effective Communication in the Professional Environment**, R. Ken Griggsby, S120 Starl RST, Vinch (1 schkt, 21, 8-10:30 am)

Pharmacology & Chemical Biology Seminar  
**Artificial Intelligence-Based Image Analysis of Zebrafish Embryonic Angiogenesis**, Vic Piddei, 1199 Starl RST, 3:30 pm

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**CONTINUED ON PAGE 19**