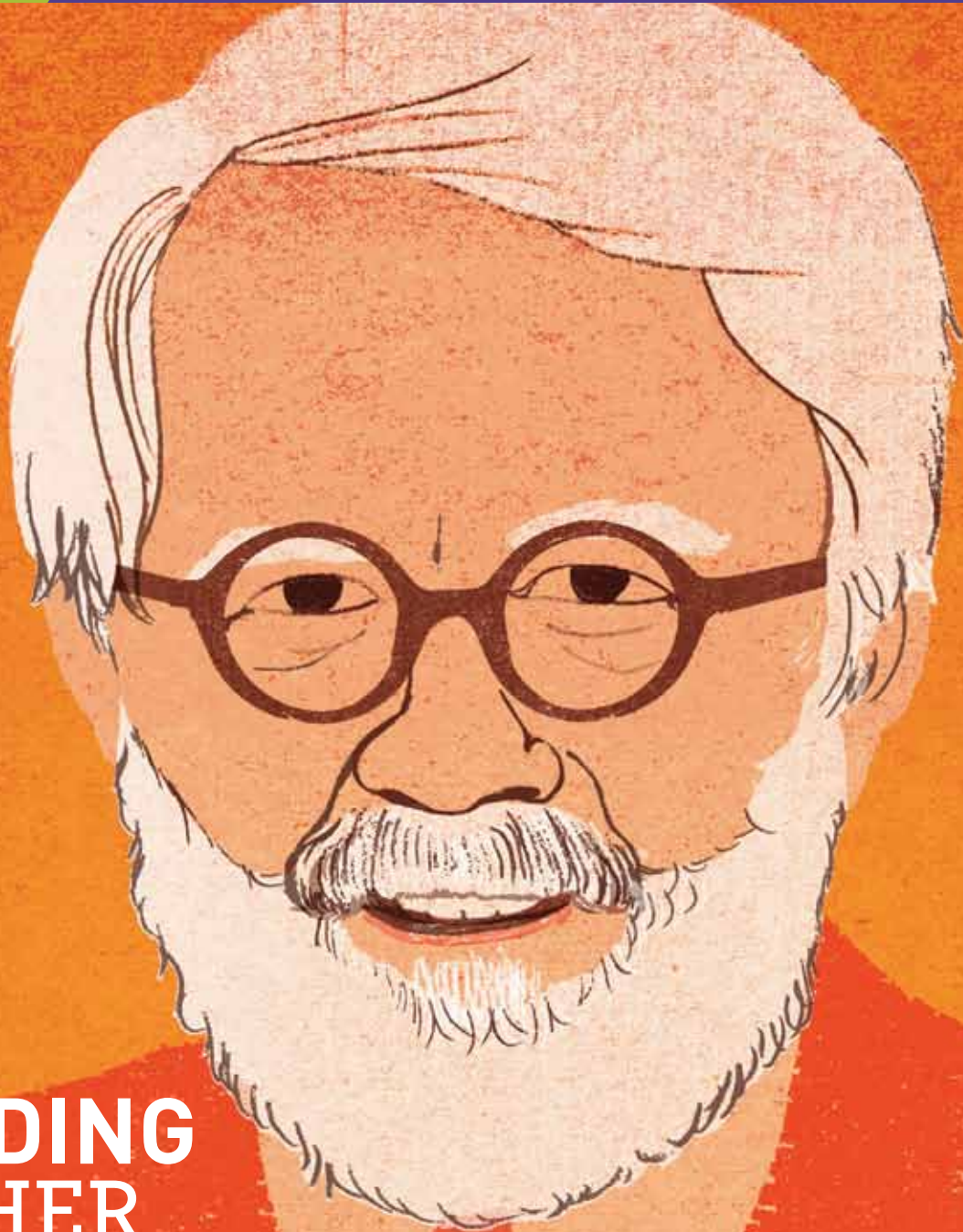


MAGEE

WINTER 2012

A PUBLICATION OF MAGEE-WOMENS RESEARCH INSTITUTE & FOUNDATION



FOUNDING FATHER

Our Annual
PHILANTHROPY REPORT

HOT FLASHES
Aren't the Half of It

Doc Delves Into
CONTRACEPTION CONTROVERSY

05

MAGEE

VOLUME 5 | WINTER 2012

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

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

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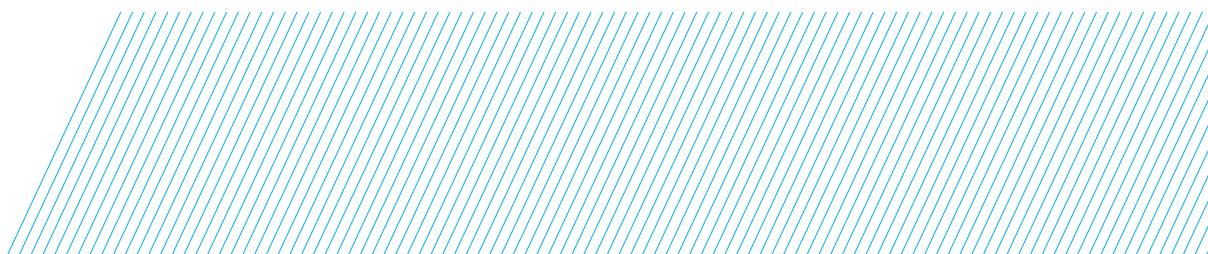
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Magee Newsmakers



Magee Shines in U.S. News Rankings

Magee-Womens Hospital of UPMC broke into the top five hospitals for gynecology in the most recent rankings by *U.S. News & World Report*. The hospital, which previously ranked No. 7 for gynecology, was also recognized as one of the top 50 U.S. hospitals for orthopaedics (No. 31), diabetes & endocrinology (No. 32), and cancer (No. 45). Now in their 23rd year, the rankings are based on data for about 5,000 hospitals and surveys of nearly 10,000 specialists. Only 148 hospitals earned a national ranking in one or more specialties.

In addition to being nationally ranked in four specialties, Magee was identified as “high-performing” in urology and gastroenterology.

“The fact that our ranking keeps improving in gynecology demonstrates that Magee is still true to our women’s health mission,” says Magee president Leslie Davis. “We have more than 10,000 babies born every year at Magee, but we’ve expanded our services and offer treatment and surgeries for men. Magee is a full-service hospital with a very strong emphasis on women’s health.”

Of 42 hospitals in the Pittsburgh metropolitan area, Magee ranked No. 2 in this year’s *U.S. News* rankings. The top spot went to UPMC, the nonprofit health system of which Magee is a part. UPMC also ranked No. 1 in the state and No. 10 in the nation.

Welcome



Kui Shen, PhD

- Research instructor
- Bioinformatics group of Tianjiao Chu, PhD
- Formerly of Precision Therapeutics

Takuya Mishima, MD, PhD

- Visiting assistant professor
- Postdoctoral associate in the lab of Yoel Sadovsky, MD
- Formerly of Nippon Medical School



Jonathan Shepherd, MD

- Assistant professor
- Director of Resident Research
- Formerly a fellow in Female Pelvic Medicine and Reconstructive Surgery at UPMC

Farewell



Carol Wilson

retired as administrative assistant to Tony Plant, PhD, after 26 years with the University of Pittsburgh.

MAGEE Magazine Around the World



Becky Brandt, a friend of Magee-Womens Research Institute & Foundation, posed with a copy of *MAGEE* on the North Kaibab Trail in the Grand Canyon.

We will be accepting photos like this for future issues. Submit photos with captions to info@mwrf.org.

Recognizing Excellence



Yoel Sadovsky, MD, scientific director of Magee-Womens Research Institute, delivered a Provost's Inaugural Lecture called "Feto-placental defense: a macro role for microRNAs" on April 12. The Provost's Inaugural Lecture Series features distinguished University of Pittsburgh faculty members with recent appointments to endowed chairs. Dr. Sadovsky holds the Elsie Hilliard Hillman Chair of Women's and Infants' Health Research.

An international expert in the molecular mechanisms of placental development and differentiation, Dr. Sadovsky is a sought-after speaker. In June he presented "Placental nutrition: How does the placenta get fat?" at the Joint International Congress of the American Society for Reproductive Immunology and the European Society for Reproductive Immunology in Hamburg, Germany.

The following month he presented three times at the Human

Placenta Workshop and the Symposium on Epigenetic Regulation of Fetal and Placental Development at Queen's University in Kingston, Ontario, Canada.

Dr. Sadovsky participated in the Accelerating Research and Development to Address the Global Crisis of Preterm Birth meeting in Seattle in July. Participants included Melinda Gates of the Bill & Melinda Gates Foundation; Alan Guttmacher, MD, director of the Eunice Kennedy Shriver National Institute of Child Health & Human Development; and Joe Leigh Simpson, MD, senior vice president for research and global programs at the March of Dimes.

He also participated in the Maternal, Newborn, Child Health Summit convened by Lee Hood, MD, PhD, in Seattle in July. Dr. Hood, president and cofounder of the Institute for Systems Biology, is one of the scientists who invented the DNA sequencer that decoded the human genome.

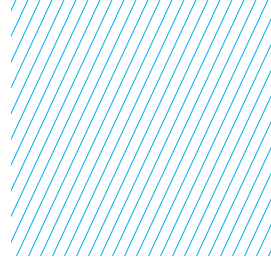
Dr. Sadovsky and James M. Roberts, MD, renewed a five-year \$2.4 million Building Interdisciplinary Research Careers in Women's Health K12 grant.



Yaacov Barak, PhD, Richard Chaillet, MD, PhD, Yoel Sadovsky, MD, and colleagues received a five-year \$5.2 million PO1 grant from the Eunice Kennedy Shriver National Institute of Child Health & Human Development for "Molecular and cellular controls of placental metabolism."



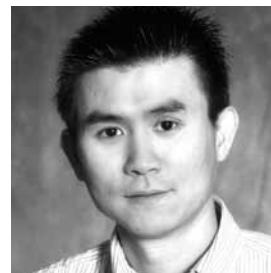
Jennifer Condon, PhD, received a three-year \$455,000 March of Dimes grant for "Uterine quiescence during pregnancy is maintained by caspase-3 activation as a result of the myometrial endoplasmic reticulum stress response."



Elizabeth Krans, MD, MSc, received a five-year Clinical Research Scholars Program Institutional KL2 grant from the University of Pittsburgh Clinical & Translational Science Institute for "Health care utilization and maternal and neonatal outcomes in opioid-dependent pregnant women."



Richard Chaillet, MD, PhD, presented "Genomic imprinting in mammalian development" at the Human Placenta Workshop and the Symposium on Epigenetic Regulation of Fetal and Placental Development at Queen's University in Kingston, Ontario, Canada, in July.

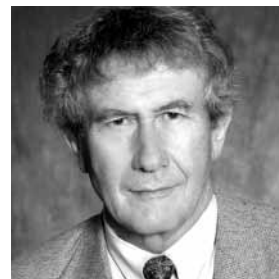
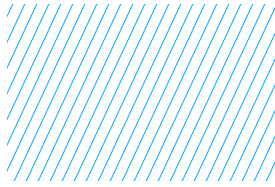


Xin Huang, PhD, received a four-year \$720,000 grant from the American Cancer Society for "The mechanism of miR-210 regulating cellular metabolism and tumorigenesis."

Recognizing Excellence *Cont.*



Faina Linkov, PhD, received the University of Pittsburgh Cancer Institute 2011 Junior Scholar Award at the Institute's June 22 retreat, where she presented "Cancer prevention through weight loss: What do we know and where do we go from here?"



Tony M. Plant, PhD, received a five-year \$2 million RO1 grant from the Eunice Kennedy Shriver National Institute of Child Health & Human Development for "Molecular bases committing primate spermatogonia to a pathway of differentiation."



James M. Roberts, MD, presented "Preeclampsia 2012 and beyond" at the Joint International Congress of the American Society for Reproductive Immunology and the European Society for Reproductive Immunology, held in Hamburg, Germany, May 31-June 2.

Dr. Roberts' "Preeclampsia: an endothelial cell disorder" is the second-most cited article from the *American Journal of Obstetrics & Gynecology*, according to a study of the 100 most frequently cited articles published in obstetrics and gynecology journals since 1956. Published in 1989, the groundbreaking article is the third-most cited article from all journals in the study.



Gerald Schatten, PhD, received a three-year \$407,000 T15 grant from the Eunice Kennedy Shriver National Institute of Child Health & Human Development for "Rehabilitative and regenerative medicine for minority health and health disparities."



Judith Yanowitz, PhD, received a Competitive Medical Research Fund grant from the University of Pittsburgh Office of Research, Health Sciences for "Dissection of the meiotic crossover checkpoint."



Priscilla McAuliffe, MD, PhD, was accepted to the University of Pittsburgh Institute for Clinical Research Education's RAMP to K Program, which is designed to facilitate the research career development of junior faculty in the health sciences.



Aleksandar Rajkovic, MD, PhD, received a five-year \$2.6 million RO1 grant from the Eunice Kennedy Shriver National Institute of Child Health & Human Development for "The genomic basis of premature ovarian insufficiency."



Malgorzata Skaznik-Wikiel, MD, received a one-year \$25,000 grant from the American Society for Reproductive Medicine for "Female fertility preservation after high dose alkylating chemotherapy with granulocyte colony-stimulating factor."



Dr. David Boone, a postdoctoral fellow in the lab of Adrian Lee, PhD, received a three-year \$180,000 Susan G. Komen Postdoctoral Fellowship titled "IGF1 regulated miRNAs in breast cancer."

Vanessa J. Hux, a student at Vanderbilt University, received a one-year Doris Duke grant to work alongside Hyagriv Simhan, MD, MS, Judy Chang, MD, and James Roberts, MD, PhD, conducting research on behavioral and mental health and pregnancy pathophysiology.

Rising Stars



Expansion Completed

After a year of construction, Magee-Womens Hospital of UPMC unveiled two new units in June. Now, for the first time in its 101-year history, the hospital will seek LEED (Leadership in Energy and Environmental Design) certification.

The expansion was prompted by an increase in birth volumes and an aging population, and was heavily influenced by feedback from patients and their loved ones. It added two stories to a three-story section of the hospital, more than doubled the number of critical care beds, and created about 100 full-time jobs.

- The two units hold 42 beds, bringing Magee's total to 360.
- The fourth-floor unit is a 14-bed state-of-the-art intensive care unit.
- The fifth-floor unit, with 28 beds, accommodates patients with breast and gynecologic cancers.
- An existing oncology unit was transformed into an obstetrical unit, increasing the number of ob-gyn beds to 110. The space includes a new therapeutic nursery.



Naming Opportunities for Donors

Magee's expansion creates opportunities for donors to leave a lasting legacy by naming a patient room, family lounge, or other space in the two-story addition.

Educational Work Rooms

Magee's medical professionals receive additional training in these rooms, which have:

- AV equipment
- Wi-Fi access
- Workstations
- Conference area

Family Lounges

These comfortable and intimate waiting areas have:

- TV
- Wi-Fi access
- Comfortable seating
- Kitchenette

Meditation Rooms

Designed for patients and visitors of all faiths, these rooms have:

- Peaceful atmosphere for private prayer and conversation
- Pamphlets with vital health and counseling information

Private Patient Rooms

These rooms have:

- Full bath with shower
- Flat-screen TV
- Sleeper sofa
- Thermostat for climate control
- Hand washing sink for medical professionals

Specialty Patient Rooms

These larger rooms comply with Americans with Disabilities Act requirements and have:

- Patient lifts
- Features that allow for isolation of infectious patients

To discuss naming opportunities, which start at \$10,000, contact Colleen Gaughan at gaugcs@mwri.magee.edu or 412.641.8978.



Magee Pursues Ultimate Award for Nursing Excellence

— By Jennifer Bails



Magee-Womens Hospital of UPMC is well on its way to receiving Magnet status, considered the nation's highest recognition for nursing excellence. Only 6 percent of U.S. hospitals have been granted the coveted award.

Magee nurses and leadership have been working for several years to meet the rigorous requirements of the Magnet Recognition Program, developed by the American Nurses Credentialing Center (ANCC). Program goals include improving patient care, safety, and satisfaction; attracting and retaining top talent; and advancing nursing standards and practice, explains Maribeth McLaughlin, chief nursing officer and vice president of patient care services at Magee. “Magnet is a multi-year journey toward achieving nursing excellence,” she says. “It’s a collaborative effort between staff and leadership, and it’s about transforming the culture here.”

One cultural shift has been the creation of leadership councils comprised of nurses and other medical staff. For instance, there is a patient safety council and another that oversees infection control.

The hospital has been smoothing the way for nurses to pursue advanced degrees and progress up the career ladder.

The next step in Magee’s Magnet application is to submit documentation showing how the hospital meets the ANCC credentialing criteria. That will be followed by an extensive on-site review of the hospital’s nursing services.

Already, staff and patients at Magee are experiencing the benefits of the Magnet program, with greater employee satisfaction, new knowledge and innovation, and ever-improving patient care. “Since we’ve started this process, I’ve seen many more amazing notes and letters come across my desk where staff have gone above and beyond,” McLaughlin says.

She is careful to point out that Magnet recognition is not a destination but an ongoing pursuit of excellence. In fact, Magnet hospitals must apply for re-designation every four years.

Currently there are 395 Magnet hospitals, including UPMC Shadyside, UPMC St. Margaret, and Children’s Hospital of Pittsburgh of UPMC. ♦♦

These interdisciplinary councils are well positioned to respond quickly and effectively to changes in the complex health care system and to communicate those changes to Magee’s 900-person nursing staff, says Glenda Davis, patient care services director of the neonatal intensive care unit at Magee.

“Part of Magnet is having our frontline nurses involved with changing processes and policies and decision-making,” Davis says. “Another part is how we reward and develop caregivers and acknowledge their work.”

LABINSIDER



MWRI's Sharon Achilles

Explores Alarming Findings

About Contraceptive — Interview by Jennifer Bails

Millions of women rely on hormone shots such as Depo-Provera for birth control. That's why many were alarmed last year when a study suggested that women who use injectable contraceptives may have an increased risk of becoming infected with HIV. The large observational study bolstered similar findings in previous studies.

The findings create a quandary. Injectable contraceptives are widely used in sub-Saharan Africa, where the study was conducted, because they are long-lasting, affordable, and don't require a doctor. Access to birth control is critically important in this part of the world because the risk of injury or death from unintended pregnancies is high. But so are rates of HIV.

Many questions remain, however, and Sharon Achilles, MD, PhD, is setting out to answer them. The Magee-Womens Research Institute investigator recently received a five-year \$2.5 million grant from the National Institutes of Health to explore the relationship between birth control shots and HIV, the virus that causes AIDS.

MAGEE magazine talked with Dr. Achilles about her research and the controversy over injectable contraceptives.

Why are you undertaking this research?

The jury is still out on whether there is an increased risk of HIV from hormonal contraceptive use, and some basic research needs to be done to help understand the mechanism by which this could be occurring so that we can work to decrease risk. There are no direct studies looking at the connection between HIV and hormonal contraception. The large observational studies weren't originally designed to look at this question, and they are a blunt and indirect way to approach it.

Why haven't public health authorities issued a warning about injectable contraceptives?

The World Health Organization convened a working group last winter to decide whether to alter its recommendations for use of injectable contraceptives. It was a very heated debate on both sides, however, they decided the evidence was not strong enough to alter the recommendations and that withholding these widely available contraceptives at this point would do more harm than good given the risks of unintended pregnancy and transmission of HIV to the fetus in the event of an HIV positive woman becoming pregnant.

What forms of contraception will your study examine?

I'm enrolling healthy women aged 18-34 who are starting use of Depo-Provera, combined oral contraceptive pills, the hormonal implant (Nexplanon), the copper intrauterine device (ParaGard), or the hormonal intrauterine device (Mirena). There will be 50 women per cohort, plus a control group of 25 women who won't be starting any hormonal contraception.

What effects will you look for?

We will take samples from the lower and upper genital tracts of these women and look at their immune cell populations at baseline and after three and six months of contraceptive use. Specifically, we will look to see if the use of these hormonal contraceptives causes an increase in the number of genital tract immune cells, which are the target cells for HIV infection, as well as the surface expression of receptors on these immune cells that facilitate HIV infection in women.

Are your data being anxiously awaited?

Yes, we are all very hungry for data, particularly for the Depo-Provera data, because that's where the earlier studies show there might be a problem.

Should women using hormonal contraceptives be concerned?

We know how these drugs regulate fertility, but we know almost nothing else about what they are doing in the body. Drugs are designed with a purpose in mind, and a lot of times we discover things about them for better or for harm much later on.

At this point, I don't know that there's harm from hormonal contraceptive use, and I hope that there's not. But I think the unbiased research needs to be done. There is a potential for concern, and if we do find there is an impact that puts women at risk, it gives us the knowledge we need to push for the development of safer, more modern contraceptives.





A pair of ob-gyns delve into the mystery of fetal growth restriction

— By Anna Dubrovsky

IN the third trimester, most babies pack on the pudge. By the time they're born, they're chubby enough to inspire cheek pinching.

Yoel Sadovsky, MD, scientific director of Magee-Womens Research Institute, and Jacob Larkin, MD, spend most days thinking about the small percentage of babies who don't. The ob-gyns are at the forefront of research into fetal growth restriction, or failure of a fetus to reach its growth potential. Growth-restricted babies, who are strikingly thin at birth, are at increased risk of death and acute diseases. Those who survive face increased risk of neurodevelopmental dysfunction as children and diseases such as obesity and stroke as adults.

Little is known about the causes of fetal growth restriction, which affects 3 to 10 percent of pregnancies, and even less is known about treating it. "There are all kinds of tests we can do to determine if a growth-restricted baby is doing well or if the baby is at risk of dying in the uterus, but the only therapy there is is to deliver the baby," Dr. Larkin says. "If the delivery is preterm, you have to deal with all of the consequences of prematurity in a baby that may already be compromised. There is no drug or intervention to try and change whatever is going wrong."

Scientists believe that the main culprit behind fetal growth restriction is a poorly functioning placenta. The question is: What separates normally functioning placentas from poorly functioning ones? What gums up the works?

In 2004, Dr. Sadovsky found a promising lead. He identified a set of genes that are highly expressed in placentas of growth-restricted pregnancies. He also looked at which genes are highly expressed in human placental cells cultured in low-oxygen conditions, which is one way that scientists simulate placental injury. A gene called NDRG1 appeared on both short lists.

Not much is known about NDRG1, and no one before Dr. Sadovsky had studied it in the context of reproductive biology. Curious as to whether NDRG1 overexpression is a cause of placental injury or a protective response to injury,

Dr. Sadovsky artificially silenced and overexpressed the gene in human placental cells. He found that silencing the gene makes cells more vulnerable to injury from low oxygen, while overexpressing it protects them from injury.

Since joining Dr. Sadovsky's lab in 2008, Dr. Larkin has focused his attention on engineered mice with no NDRG1 – and found further evidence that the gene plays a critical role in placental function. Mice pups with no NDRG1 are significantly smaller than their normal siblings, with smaller placentas. "That was an exciting finding and suggested that loss of NDRG1 makes the animals more prone to being growth restricted," Dr. Larkin says.

When the research team put their pregnant mice in a low-oxygen chamber, they got a surprising result: female pups with no NDRG1 died in utero, while males did not. "So there is some sexually discrepant effect of NDRG1 deletion," Dr. Larkin says. "We certainly did not expect that."

"All the new developments have been on ways to determine if a fetus is at risk for dying. No one has really studied how we can change the equation."

–Dr. Larkin

There's little question that NDRG1 matters in pregnancy, but Drs. Sadovsky and Larkin are hoping to figure out why before publishing the results of their groundbreaking mice studies. Their latest research suggests that NDRG1 may regulate cholesterol metabolism, which has a direct impact on fetal growth, and may do so differently in males and females.

If they can figure out the chain of events that leads to placental dysfunction, doctors may eventually be able to break it. "In growth restriction research, all the new developments have been on ways to determine if a fetus is at risk for dying. No one has really studied how we can change the equation," Dr. Larkin says. "That's because there are very few obstetricians who have basic science skills. Yoel is the shining exception of someone that has both skills. So it has been very exciting to learn that skill set and then once in a while think, 'Wow, we found something new.' That is the best." ◆◆



MWRI Interns Share Research Findings

— By Andrea Romo

ITwouldn't be summer at Magee-Womens Research Institute (MWRI) without a bevy of bright, curious high school and college students working side-by-side with our investigators. Established in 1995, MWRI's Summer High School and College Internship Programs are designed to promote interest in careers in biomedical research. More than 340 students have participated in the programs.

The high school program lasts four weeks and the college program eight weeks. Upon completion, interns share their findings with fellow interns, their families, and MWRI faculty.

This summer, 18 mentors took 17 students under their wings, involving them in a variety of clinical and translational studies. College interns presented their findings on July 19, and high school interns presented on August 2.

College interns

Megan Campbell, St. Olaf College
Marcella Costello, Xavier University
Zachary Dionise, Davidson College
Mitchell Hoyson, Penn State
Brittany Johnson, Allegheny College
Sarah Minney, Skidmore College
Patrick Reidy, Boston University
Madeline Tolge, Bucknell University
Dennis Zeh, University of Pittsburgh

High school interns

Brianna Haglan, Freedom High School
Mark Klemencic, Mt. Lebanon High School
Matthew Miklasevich, Central Catholic High School
Nicole Paranzino, Conroe High School (Texas)
Erin Reis, Franklin Area High School
Jack Schnur, St. Joseph High School
Katya Shefel, Yeshiva Girls High School
Priya Tumuluru, North Allegheny Senior High School



From left: Dr. Jon Watchko, Mitch Hoyson, Sarah Minney, Monica Daood

Thank you to the following supporters of MWRI's internship programs:

Elaine Bellin and Phyllis Coontz
Theresa Bone
Ruth Casey
Joe and Karen DiVito
Erin Elkin
Susan and Michael Harter
Peggy Joy
Debra and Kurt Limbach
Elsa Limbach
Peter Paladino
Lori Rideout
Deanna Love Rutman, MD

Daniel Trobee
American Eagle Outfitters
Cummerbund Society
Eden Hall Foundation
EQT Corporation
Ladies Hospital Aid Society of Western
Pennsylvania
MWRI Employee Activities Committee
Presbyterian Women in Shadyside
Roadside Ribs
The Grable Foundation



VIDEO SPOTLIGHT: Two MWRI summer interns discuss their exciting research projects and goals



Mitch Hoyson,
Penn State University



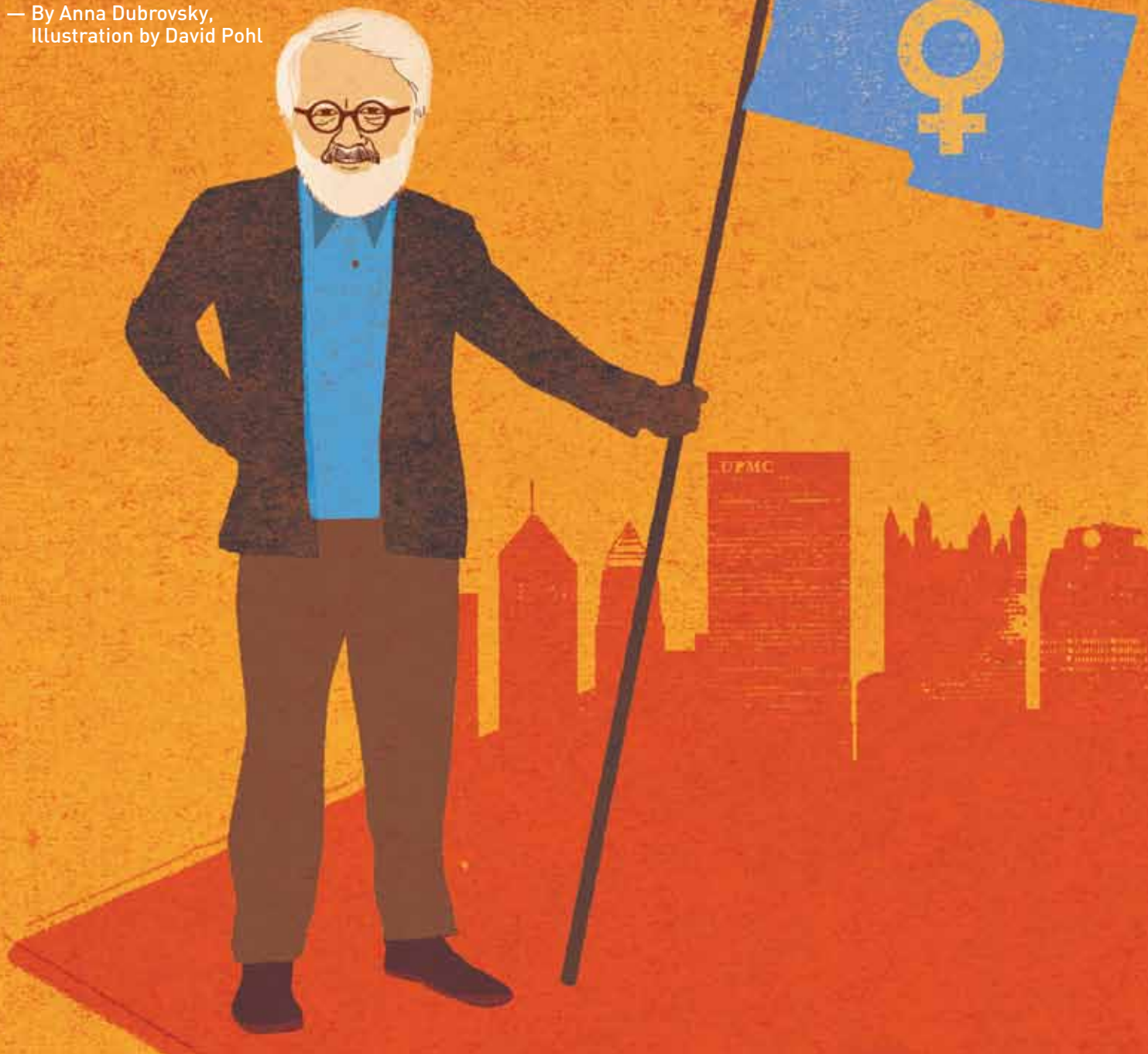
Sarah Minney,
Skidmore College

Videos can also be found at www.youtube.com/mageewomens

FOUNDING FATHER

Five years after semi-retiring, MWRI's first director remains a force in the research world.

— By Anna Dubrovsky,
Illustration by David Pohl



As an ob-gyn resident in the 1960s, James M. Roberts, MD, was hardly fond of research. “I hated it — just hated it,” says the founding director of Magee-Womens Research Institute (MWRI).

Fortunately for science, he had a change of heart. Over the past quarter-century, Dr. Roberts has done more than perhaps any other researcher to advance the understanding of preeclampsia, a life-threatening pregnancy disorder. He has also mentored dozens of young researchers who have gone on to make their own mark in reproductive science.

All the while, he has stayed true to his roots. “Jim never forgot the MD initials next to his name,” says Yoel Sadovsky, MD, who succeeded him as director of MWRI in 2007. “Even after he stopped providing care for patients in recent years, he never forgot the significance of translating the science to clinical medicine, which is a spirit that I strive to continue. Regardless of how interesting or convoluted the science is, he always keeps the patient in mind.”

In recognition of MWRI’s 20th anniversary, *MAGEE* magazine sat down with its founder to talk about preeclampsia, semi-retirement, and the personal tragedy that inspired his philanthropic work.

‘I’m An Egghead’

Dr. Roberts was born in Taylor, Michigan, on a date that is open to debate. The birth certificate he sent away for in his 20s read March 3, 1941. Years later, when applying for Medicare, he requested another birth certificate. This one read March 22. “By then, my mother had died, and most fathers are lucky to know what month their child was born in,” says the 71-year-old, who is known for his dry sense of humor. “So I don’t know if I’m an Aries or a Pisces.”

His father earned a modest living as an accountant for the Ford Motor Company. “We were, at best, blue collar,” Dr. Roberts says. “I never knew anybody who’d gone to college.” When Ford offered him a full ride to the University of Michigan, he decided to study medicine. “I probably would have been a history professor or a math professor if I had ever met a history professor or a math professor. I think basically I’m an egghead.”

After an ob-gyn residency at the University of Michigan and two years of Army service in Colorado,

he set his sights on a career in academia. When a former U-M colleague recruited him to the Cardiovascular Research Institute at the University of California, San Francisco (UCSF), billing it as “a prep school for academicians,” Dr. Roberts grudgingly agreed to conduct research. “They gave me some outrageous project called ‘hormonal modulation of adrenergic receptors in rabbit myometrium.’ If that doesn’t excite you when you’re a clinical obstetrician, then I don’t know what will,” he jokes. “They told me: ‘In six months, you can change your project if you don’t like it.’ But by six months, I was sold. I loved it. The reason I didn’t like research as a resident is that research is not pipetting. It’s having time to think about what you’re doing. Whenever I have a resident who wants to do research, I tell them: ‘If you’re going to do it, you have to do it like a game. It has to be fun.’”

Preeclampsia Pioneer

For the first decade of his research career, Dr. Roberts focused on “really, really fundamental research. I’m probably one of the few obstetricians in the world who’s published half a dozen papers in *Nature*, the big basic science journal. I was being extraordinarily successful in my research career — and there wasn’t an obstetrician in the world who knew who I was.”

That changed in the late 1980s, when UCSF’s ob-gyn chair asked him to head up a multipronged research effort known as a program project. Funded by the National Institutes of Health (NIH), program projects involve a number of independent investigators who share knowledge and resources in pursuit of a common objective. As an obstetrician specializing in high-risk pregnancies, Dr. Roberts chose preeclampsia as the focus of his program project.

Preeclampsia, which typically occurs in the late 2nd or 3rd trimester, is a dangerous disorder characterized by a sudden increase in blood pressure. It can affect the mother’s kidneys, liver, and brain, and can be fatal if left untreated. An estimated 76,000 women and 500,000 fetuses and babies die each year because of preeclampsia. Survivors don’t get off scot-free; research shows they’re at higher risk for long-term

Dr. Roberts has published more than 300 papers and served on the editorial boards of *Placenta*, the *Journal of Clinical Endocrinology & Metabolism*, and *Hypertension*.

Dr. Roberts has been elected to membership in the Institute of Medicine, the health arm of the National Academy of Sciences. Membership “reflects the height of professional achievement and commitment to service.”

From 1990-1999, Dr. Roberts chaired the Maternal-Fetal Medicine Units Network. Created by the National Institute of Child Health & Human Development in 1986, the network conducts large-scale studies to improve maternal, fetal, and neonatal health.



*Hanging with my grandson
Dean on Long Island*

health problems such as cardiovascular disease. Doctors don't know what causes the disorder or how to prevent it. The only cure is delivering the baby.

Dr. Roberts assembled a team of investigators with differing areas of expertise — some who knew a lot about preeclampsia and others who didn't. Their conversations yielded a fresh idea: that preeclampsia is triggered by injury to endothelial cells, which line the inside of blood vessels. "It hit me like a shovel in the head that if endothelium was not working normally, you could explain a lot of the strangeness of preeclampsia," Dr. Roberts says. "We completely changed the way people thought about preeclampsia."

Published in 1989, "Preeclampsia: an endothelial cell disorder" is the second-most cited article from the past 50 years of the *American Journal of Obstetrics and Gynecology*.

For Dr. Roberts, there would be no more *Nature* articles. The pull of preeclampsia research was too strong.

The Making of MWRI

While Dr. Roberts' star was skyrocketing, Magee-Womens Hospital was going through a leadership change. Its new CEO, Irma Goertzen, saw no reason why a hospital so highly regarded for patient care should not also be renowned for research.

When Richard Sweet, MD, chief of ob-gyn at San Francisco General Hospital, was recruited to chair Magee's ob-gyn department in 1992, he learned of Goertzen's vision for a research powerhouse. He knew just the man for the job. "When I got Jim to leave San Francisco and come with me to Pittsburgh, everybody was jealous," recalls Dr. Sweet, who retired from Magee in 2003. "It was viewed as a huge coup."

Dr. Roberts saw the job as an opportunity to do more of what he loved as program project leader: fostering highly interactive interdisciplinary research. "My vision was to have a research center where people crossed boundaries and did not consider themselves cancer researchers or this kind of researcher or that kind of researcher. They were women's health researchers, and they could share ideas, even if one person's research was on cancer and another's was on pregnancy."

First, though, he had to recruit talented investigators to the fledgling Magee-Womens Research Institute. It wasn't a hard sell, he says. Magee-Womens Hospital was known for its huge clinical load and deep pockets, and its affiliation with the University of Pittsburgh gave it academic cred.

When Dr. Roberts came onboard in 1992, the research institute consisted of four basic scientists working out of a small wing of the hospital. By 1995, it had a home of its own — a newly remodeled building across the street from the hospital — and 25 basic scientists.

Dr. Roberts wasn't just racing to catch up with older research institutes. He was forging a first-of-its-kind institute: one dedicated to women's health. "I think our first external review was in 1997, and that was when we realized there was nothing like us," he says. "These people just started drooling when they saw the setting. Everybody in the entire building knew what a menstrual period was. It was a whole group of people who were focused on the health of women."

Preeclampsia Patriarch

If Dr. Roberts had taken a break from lab work while establishing MWRI, no one would have faulted him. But he forged ahead with his research, assembling a talented team of preeclampsia investigators. "We managed to keep it going, and we managed to be really successful."

More than 20 years after his pioneering preeclampsia paper — and five years after semi-retiring — Dr. Roberts is still a rock star in the research community. He has served as president of the Perinatal Research Society, the North American Society for the Study of Hypertension in Pregnancy, the International Society for the Study of Hypertension in Pregnancy (ISSHP), and the Society for Gynecological Investigation (SGI), which is regarded as the premier scientific organization in obstetrics and gynecology. He has received lifetime achievement awards from the ISSHP and the Preeclampsia Foundation, a nonprofit patient advocacy organization. In 2011 he received the SGI-Pardi President's Distinguished Scientist Award, which recognizes scientists who have made "significant and lasting contributions" to the society and to research in reproductive medicine.

This past May, Dr. Roberts delivered the opening lecture at the 60th annual clinical meeting of the American College of Obstetricians and Gynecologists. "Jim was my first choice to open it," says James N. Martin Jr., MD, immediate past president of the college and director of maternal-fetal medicine at the University of Mississippi Medical Center. "I consider him the dean of investigators for preeclampsia in the United States." Dr. Martin made preeclampsia the focus of his 2011-2012 presidency, appointing Dr. Roberts to chair a working group that is developing evidence-based guidelines for the treatment of preeclampsia and other hypertensive disorders of pregnancy.

Dr. Roberts is also a senior adviser on an international research project to address the problem of preeclampsia in developing countries, where most preeclampsia deaths occur. Known as Pre-eclampsia-Eclampsia Monitoring, Prevention and Treatment (PRE-EMPT), the four-year initiative is funded by the Bill & Melinda Gates Foundation.



Exploring Ireland with my wife, Jane

All the while, he is lending his expertise to a variety of preeclampsia studies at MWRI. Now led by Carl Hubel, PhD, the preeclampsia research group is investigating the role of obesity in preeclampsia, among other things.

Dr. Roberts has long believed that what we call preeclampsia may actually be several diseases. He hopes to close out his career by identifying preeclampsia subtypes. “Maybe the reason we haven’t prevented it yet is because we have been concentrating too much on looking for *the* magic bullet or *the* cause of preeclampsia,” he says. “If we concentrate on identifying subtypes of preeclampsia, then we might be able to predict and prevent it.”

Giving Back

When Dr. Roberts and his wife, Jane Butler, moved to Pittsburgh in 1992, they saw it as a temporary home. “We came with the idea that we’d probably stay for a while and whenever I decided to retire, we’d go back to Northern California,” he says. “But by five years, we decided we weren’t leaving. We fell in love with the place.”

In Pittsburgh, the couple took up rowing, went to their first poetry reading, and generally “did so much more than we did in California.”

These days he devotes three days a week to work and the rest to his other loves: rowing, bicycling, traveling, and spending time with family. “I have been so naughty this summer you could hardly believe it,” he confides. He and Jane spent a week with his brother in Michigan, a week with his grandson in New York, a week cycling in Ireland, and another week in Sweden, where he presented to the national meeting of the Swedish Society of Obstetrics and Gynecology — and squeezed in more cycling.

His close-knit family suffered a devastating blow in 2005, when Amy Roberts, the older of his two daughters, died after an accidental fall. Amy, who inherited his interest in health and exercise and worked as a sports physiologist in Colorado, was just 40. In honor of her commitment to bettering people’s health, her family established the Amy Roberts Health Promotion Research Award. The annual award provides funding to young investigators at MWRI.

Indeed, for all his respected research, Dr. Roberts may be most admired for helping young scientists get their start. “He is a terrific mentor,” says Dr. Sadovsky, who was a mentee of Dr. Roberts at University of California, San Francisco, years before succeeding him at MWRI. “He has the skill to identify trainees who have good potential to do exciting science. He can instill excitement in science in many people who are beginning to seek out their direction in academic medicine. He’s very dedicated to his trainees. It’s very impressive.”

As for fully retiring, Dr. Roberts isn’t planning on it. “As long as I continue to be helpful with what I’m doing and don’t get in the way, then I will do it because I love doing it.” ♦ ♦

Dr. Roberts’ wife, Jane Butler, was Magee’s first midwife.

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THE
BIG
CHANGE

At Magee's Midlife Health Center,
hot flashes aren't the half of it.

— By Anna Dubrovsky

When the Midlife Health Center opened at Magee-Womens Hospital of UPMC, its gynecologists expected to hear about hot flashes, night sweats, pain during intercourse, and zero sex drive — problems they're trained to address.

They were in for a surprise.

"Women come to see us for sleep issues. They come to see us for weight-related issues. They come to see us for mood issues," says Beth Prairie, MD, MPH. "They're coming to us for things that are not considered traditionally gynecologic, even though we're all gynecologists, nor are they things that we necessarily think of as menopause-related."

Earlier this year, the Midlife Health Center surveyed its patients and middle-aged patients at two general gynecology practices about the reason for their visit. Nearly 80 percent of its patients cited sleep problems, compared to less than 50 percent at the other practices. Midlife Health Center patients were also more likely to report moodiness, weight gain, and sexual problems.

"I think the reason that we're not seeing women for hot flashes and night sweats as much as we thought we would is because traditional gynecologists are great at those things," says Judith Balk, MD, MPH, who helped start the Midlife Health Center in 2005. As specialists in menopause, she and her colleagues attract patients who "are convinced there is something else that's going on that is related to menopause."

The jury is still out on whether menopause is directly responsible for sleep disorders, moodiness, weight gain, or even sexual problems. "Very few things have been clearly established to be related to the hormonal changes of the menopausal transition," Dr. Prairie says. Regardless, the Midlife Health Center is evolving to better meet the needs of its not-so-typical patients. Its gynecologists are educating themselves on subjects such as sleep hygiene, pursuing training in services such as sex counseling and hypnotherapy, and conducting research to better understand how to treat the women who walk through their doors.

More Sleep, Less Stress

Visit times at the Midlife Health Center are longer than at most doctor's offices. There's a lot of ground to cover. In addition to conducting pelvic exams and pap smears, the gynecologists talk to patients about everything from bone health to the benefits of meditation. Almost invariably, they spend time on the subject of shut-eye. "We always joke that we would like a sleep hygiene video for the TV in our waiting room because we all talk about sleep hygiene all day long," Dr. Prairie says.

Sleep medicine isn't the sort of thing that gynecologists learn in residency. The Midlife Health Center team familiarized themselves with sleep hygiene — the dos and don'ts of getting a good night's rest — by reading medical literature and consulting with experts. Dr. Balk wants to go a step further by shadowing a behavioral sleep specialist at Western Psychiatric Institute and Clinic.

"Sleep is really, really important in maintaining health, and I think that sleep medications are really only to be used for short term," she explains. "We have a lot of patients who come in and they've take Ambien for years. It's probably not the best way to go, to have to take a sleep medication every night or more nights than not. Behavioral sleep therapy tries to get to the root cause of why people aren't sleeping and work on the root cause, as opposed to giving a medication to try to make people sleepy."

There are many reasons why a woman in midlife — roughly age 40 to 60 — might have trouble sleeping. For one thing, "everyone sleeps less well as they age," Dr. Prairie says. Though sleep needs remain constant throughout adulthood, older adults tend to have a harder time falling asleep and staying asleep, according to the National Institutes of Health.

There is some evidence to suggest that the hormonal changes that happen during menopause have an independent adverse effect on sleep. Certainly, sleep can be disrupted by menopausal night sweats, which are triggered by fluctuating estrogen levels. Some sufferers sweat so profusely that they have to get up to change their nightclothes and sheets.

Stress also contributes to sleep problems, and most middle-aged women have their fair share of it. "They're taking care of aging parents. Their kids are leaving home. They're evaluating their relationships. They tend to have jobs and be working outside the home because their kids are older," Dr. Prairie explains. "We talk a lot about stress reduction — a lot."

Doctors at the Midlife Health Center are big proponents of yoga and meditation. They often steer patients toward Mindfulness-Based Stress Reduction (MBSR), developed by Jon Kabat-Zinn, PhD, at the University of Massachusetts Medical School, or the "relaxation response" techniques propagated by Harvard Medical School professor Herbert Benson, MD.

"We all talk about sleep hygiene all day long."

-Dr. Prairie

Dr. Prairie points out that such practices reduce not only stress but also hot flashes. “I tell patients that this is not weird mumbo jumbo. Your nervous system is real, and if you have higher sympathetic tone, you will have more hot flashes. All of these practices decrease sympathetic tone, and that is why they work. It is not magic. It is not mumbo jumbo. It is science.”

Dr. Balk offers acupuncture, shown to be effective for sleep disorders and hot flashes. She plans to add hypnotherapy to the menu of services at the Midlife Health Center. Modern hypnotherapy is used to treat a wide range of problems, including insomnia, hot flashes, anxiety, and weight gain.

Why So Testy?

Sleep problems and stress partly explain why so many Midlife Health Center patients complain of moodiness. If you’re tossing and turning at night, you’re likely to be cranky by day. When you’re under a lot of stress, emotions tend to run high.

But Drs. Prairie and Balk believe there’s something else behind the irritability epidemic among perimenopausal and menopausal women. The pair are conducting a study that compares women’s urinary hormone levels with their daily mood diaries. They hope to find a correlation between certain hormone fluctuations and those “everything gets on my nerves” days, which would pave the way for hormone-based treatment of irritability.

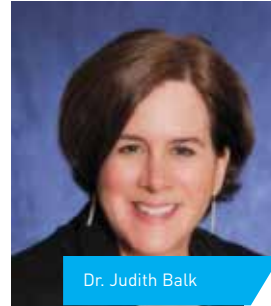
Dr. Prairie is also seeking grant funding for a study examining treatment options for women whose midlife experience is particularly fraught — those who report a combination of sleep problems, mood problems, and sexual problems. “I think a lot of people have written that off as being related to depression,” she says. Dr. Prairie suspects there’s more to it, and her collaborator on the grant, former University of Pittsburgh psychiatry professor Katherine Wisner, MD, MS, agrees. “If we gave them all an antidepressant, would they just feel better? There is some data to suggest that that is not true,” Dr. Prairie says. “There is some data to suggest that if we treated them all with sleeping pills, they might all feel better because no matter what, if you treat the sleep, people feel better. We are also going to look at treating them with estrogen because if it really is menopause related, we can look at that.”

While striving to meet the diverse needs of their patients, Midlife Health Center physicians are careful to point out that they do not treat depression or clinical anxiety. They refer liberally to behavioral health specialists.

“Perimenopause and menopause can cause mood problems, but that doesn’t mean all mood problems



Dr. Beth Prairie



Dr. Judith Balk

are due to perimenopause and menopause,” Dr. Balk says. “People can just plain have depression or anxiety, and it’s not related to their hormones, and it’s not amenable to being treated with hormones. I think a lot of times patients come to us wanting it to be a hormonal thing as opposed to depression or anxiety.”

Rx: Sex

Unlike sleep and mood problems, sexual problems are well within the purview of gynecologists. So it’s not surprising that 61 percent of patients surveyed at the Midlife Health Center listed sexual problems as a reason for their visit.

Some patients complain of vaginal dryness and painful sex, which are amenable to treatment with medication. Others have a bigger problem: complete and utter disinterest in sex. That’s harder to treat.

Lack of libido can often be traced to the twin evils of insufficient sleep and excessive stress. “If you’re so tired that you’re not functioning well, if you’re so stressed that you’re not functioning well, even if I gave you male-level testosterone it would not change a thing,” Dr. Prairie says.

She and her colleagues do write prescriptions for zero sex drive, but they’re not the sort of scripts you can take to the pharmacy. “Sex 2x/week,” they scribble. “The best data we have now suggests that having more sex makes you want to have more sex,” Dr. Prairie explains. “Having sex twice a week is going to feel like a chore at the beginning, but that is the best way to increase your libido outside of the best evidence-based intervention for increasing libido, which is having a new partner. That’s something we as gynecologists never recommend because it comes with all kinds of other issues.”

Patients who have new sex partners rarely need help with libido, but they often need a sex ed refresher. “This is a generation of women who missed all of the HIV and AIDS education. They were married and having kids. Many of them are recently divorced, and so we do a lot of safer sex education,” Dr. Prairie says.

Like depression, some sex problems are beyond the scope of the Midlife Health Center, and its gynecologists refer to a number of excellent sex therapists. One of the center’s gynecologists, Marcia Klein-Patel, MD, PhD, plans to pursue training in sex counseling.

Ultimately, they envision the Midlife Health Center as a one-stop shop: a place where women can find exercise classes, weight-management programs, educational programs in disease prevention and health promotion, and mutual support; a place where they can see a nutritionist, cardiologist, behavioral sleep therapist, or sex therapist; a place where someone reminds them when they’re due for a bone scan, colonoscopy, or mammogram.

For that, they need more space and staff. In the meantime, they sure could use a video on sleep hygiene. ♦♦

The ABCs of Better ZZZs

Sleep is as crucial to wellbeing as food, and yet many of us are starved for it. If you have trouble falling asleep or staying asleep, it may be because of poor sleep habits, or “sleep hygiene.” Below are some tips for getting a good night’s rest. If your sleep problems don’t improve, you may want to see a doctor or sleep specialist.

DOs



Go to bed and get up at the same time each day, even on weekends. Sticking to a sleep schedule conditions you to expect sleep at a certain time.



Unwind before bedtime. Take a hot bath, read a book, listen to music, or practice relaxation techniques. Avoid stressful or stimulating activities.



Invest in a comfortable mattress and pillow.



Use your bed only for sleep and sex. Keep TVs, cell phones, computers, and reading materials out of the bedroom.



Minimize light and noise in your bedroom. Heavy curtains, an eye mask, earplugs, or a white-noise machine may be helpful.



Keep the temperature on the cool side.



Get regular exposure to light. Let in the light as soon as you get up, and try to get outside during the day.

DON'Ts



Don't take naps. If you must nap, do it earlier in the day and keep it short.



Don't have caffeine in the evening. Caffeine stimulates the brain, and its effects can last for hours. It can be found in coffee, chocolate, many teas and soft drinks, and certain medications.



Don't drink alcoholic beverages in the evening. Alcohol may help induce sleep, but it can disrupt sleep later in the night.



Don't smoke close to bedtime. Better yet, don't smoke at all. Nicotine is a stimulant, and withdrawal can cause smokers to wake up during the night. Be aware that nicotine can be found in certain medications.



Don't exercise close to bedtime. While regular exercise is associated with improved sleep, late workouts can have the opposite effect.



Don't eat a large meal close to bedtime. A snack is OK, but avoid foods that cause indigestion.



Don't drink too many fluids close to bedtime. You don't want to be awakened by the need to urinate.



Don't watch the clock. Worrying about the time can make it harder to fall asleep.



Don't stay in bed if you are unable to fall asleep. If you're still awake after 20 minutes or starting to feel anxious, go to another room and engage in a quiet activity such as reading. Return to bed when you feel sleepy.

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GIVING IN ACTION

Stationary Bike Helps Patient Go the Distance

Everyone reacts in their own way to the words “you have breast cancer.” When Sherry DelGrosso heard them in April 2010, the 40-year-old made a beeline for her stationary bike. After an hour of spinning, she felt ready to face the diagnosis, determined to live for her husband and 4-year-old daughter, Sofia.

Sherry’s gynecologist referred her to surgical oncologist Kandace McGuire, MD, at Magee-Womens Hospital of UPMC. “She was everything I heard about and more,” says Sherry, who lives in Tipton, Pennsylvania. “I walked out of every appointment feeling like I was the only patient that day.”

Sherry, who had ductal carcinoma in situ and invasive ductal carcinoma of the left breast, decided to have a bilateral mastectomy. As a mother, she wanted to



The DelGrosso Family

minimize the odds of recurrence. Dr. McGuire collaborated with plastic surgeon Michael Gimbel, MD, who performed reconstructive surgery a few months after the mastectomy. Sherry also decided to have a complete hysterectomy and oophorectomy, which caused an abrupt menopause. Robert Edwards, MD, performed the surgery.

She comes to every doctor’s appointment armed with her patient handbook. Handbooks are provided to Magee breast cancer patients thanks to a memorial fund established by the family of Josie Scarpaci, a Mount Lebanon real estate agent who succumbed to the disease in 1998. Sherry contributed to the fund so that other women may benefit from the handbook. “I am forever grateful to the Scarpaci family for their generosity,” she says.

She takes a chemotherapy drug daily and will do so for a total of five years. She also swears by complementary therapies such as acupressure and acupuncture, chiropractic adjustments, exercise, essential oils, positive affirmations, and prayer. Spinning is still a surefire way to clear her head. “No one ever knows what the future will bring,” she says, “but one thing is certain: my journey will always include my spinning bike.” — *Andrea Romo*



The Bowman Family

Magee Employee Has Walked a Mile in Patients’ Shoes

September marked Kristie Bowman’s two-year anniversary as an employee of Magee-Womens Hospital of UPMC. The patient relations representative, who is herself a Magee patient, is looking forward to another anniversary: in April she will have been cancer-free for five years.

Kristie was 32 and a newlywed when she was diagnosed with stage II invasive ductal carcinoma. Her Magee oncologist, Adam Brufsky, MD, recommended chemotherapy, a lumpectomy, and radiation, and encouraged her to seek genetic counseling to further customize her treatment plan. It was found

that Kristie carries the BRCA1 mutation, which is associated with high risk for breast and ovarian cancers.

Kristie urged her mother, Marjorie, who had battled breast cancer, to undergo genetic testing, too. Also a BRCA carrier, Marjorie opted for a hysterectomy. During the procedure, she was found to have stage I ovarian cancer. “I feel like in a sense, my cancer diagnosis helped my mom live longer,” Kristie says.

Because of her increased risk for breast cancer, Kristie decided to have a bilateral mastectomy rather than a lumpectomy. Six weeks later, she underwent reconstructive surgery. Around the same time, she was surprised to learn that she was pregnant.

Kristie calls her son Benjamin, now 3, a “miracle baby.” Two years later she gave birth to another boy, Joshua. To guard against ovarian cancer, she plans to undergo a hysterectomy soon.

“I really feel like I had the number one team,” she says of her Magee doctors. “I was excited to find a position where I could give back to make sure patients have the same positive experience I had.” — *A.R.*

Black-Tie Pool Tourney Raises Tens of Thousands for Magee



2012 Cumberbund Society

On December 10, 1988, a handsomely dressed crowd gathered at Pittsburgh's historic Duquesne Club for the annual holiday ball of The Twenty-Five Club, one of three auxiliaries of Magee-Womens Hospital of UPMC. After dinner, a group of tuxedoed gentlemen excused themselves for a quick game of pool. As they played, they hatched a plan to form a new club, The Cumberbund Society, and host an annual pool tournament to raise money for Magee. The Cumberbund Society, so named because members compete in colorful cummerbunds, has since raised tens of thousands of dollars for patient care and neonatal research.

Cumberbund Society leaders Jim Smith, Frank Marmion, Mac McIlrath, and Chuck Voelker host the tournament at The Duquesne Club each January. "There is a core of about 25 of us who have participated from the start," says Mac, club president. "This is one of Pittsburgh's most unique fundraisers, and it's nice to give something back while having fun." He plays pool only a couple of times a year, but some of the Society's 36 members are serious players.

This year the tournament raised about \$7,000 for neonatal physician-scientists Gary Silverman, MD, PhD, and Jon Watchko, MD. Each year, one of the doctors presents their latest research findings to the group.

The winner of the tournament receives a traveling trophy, a crystal Tiffany decanter inscribed with the names of current and past champions. — A.R.



SPONSOR SPOTLIGHT

C. Hackett Motors Family Believes 'Givers Gain'



Cameron Hackett Age 3

In addition to operating a Chrysler, Dodge, Jeep, and Ram dealership in Newell, West Virginia, Chuck Hackett and his wife, Janice, support many local and regional charities. "We live by a givers gain philosophy at C. Hackett Motors," Chuck says. The family-oriented business has a new charitable focus: supporting prematurity research at Magee-Womens Hospital of UPMC.

Three years ago, Janice gave birth three months early to a 2 pound, 5 ounce boy, Cameron, at Magee. He was whisked to the hospital's neonatal intensive care unit (NICU), where he remained for 75 days, enduring many complications and two blood transfusions. Even after he was discharged, he needed oxygen for three weeks and an apnea monitor for two

months. The Hacketts are eternally grateful for the care they received at Magee. "There were so many people helping, and every one of them showed genuine concern for our baby," Janice says.

Four employees of their car dealership have also faced the challenge of a premature baby, including Amanda Alford, certified sales consultant. "I hope our support will make it easier for parents with premature babies," Amanda says. "There is a light at the end of the tunnel."

C. Hackett Motors was the presenting sponsor of the NICU Reunion and Savor Pittsburgh, the latter raising funds for the fight against prematurity. "If there is anything I can do to stop prematurity, I will do it," Chuck says. "I don't want anybody to go through what we went through." — A.R.

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To search for your photo in the Magee Mosaic, please visit the designated kiosk in Magee's lobby.

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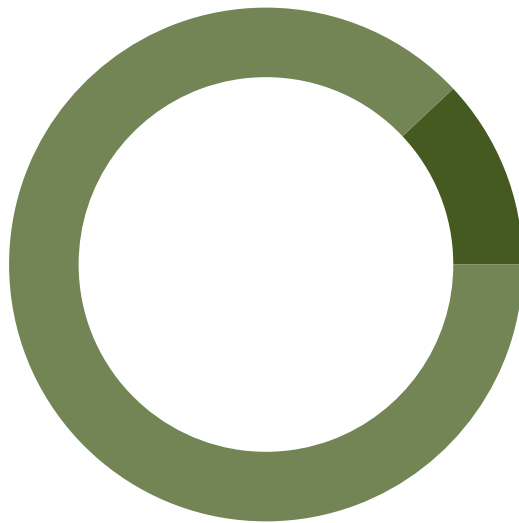
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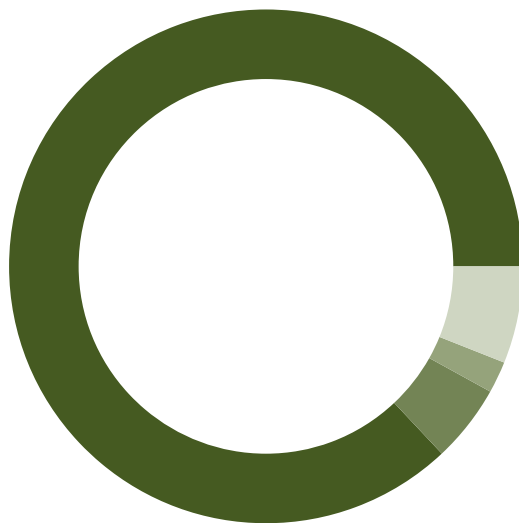
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■ Individuals	30.66%
■ Businesses & Organizations	32.03%
■ Planned Giving / Wills & Bequests	1.87%
■ Foundations	35.44%



Donation Focus

■ Patient / Community Focused	12.01%
■ Research Focused	87.99%



Research Support

■ NIH & State Funding	87.00%
■ Philanthropy	5.00%
■ Industry Grants & Contracts	2.00%
■ Endowment Income	6.00%

Happenings

DECEMBER

DECEMBER 3-17



Winter In-House Sales

Where: Magee-Womens Hospital of UPMC, lobby or conference rooms A & B, zero level, Oakland, PA

Vendors: Aunt Carol's Dips, B&G Books, Designs by Jeanene, Fudgie Wudgie, Popcorn-N-That, Pretzel Crazy

Proceeds benefit Girls on the Run at Magee

www.mwrif.org/calendar

JANUARY

JANUARY 17



The Cumberbund Society's annual pool tournament

Where: The Duquesne Club, Pittsburgh, PA

Proceeds benefit neonatal patient care and research.

MAY

MAY 31



Research Day in Reproductive Biology and Women's Health

Where: Magee-Womens Hospital of UPMC, auditorium, zero level, Oakland, PA

When: All day

www.mwrif.org/calendar

JUNE

JUNE 2



Annual NICU Reunion

Where: Pittsburgh Zoo & PPG Aquarium, Highland Park, PA

Proceeds benefit the neonatal intensive care unit at Magee-Womens Hospital of UPMC

www.mwrif.org/428

JUNE 7



Department of Obstetrics, Gynecology & Reproductive Sciences Awards Ceremony

Where: The Twentieth Century Club, Oakland, PA

When: 6:30 to 11 p.m.

For more information, contact Colleen Gaughan at gaugcs@mwri.magee.edu or 412.641.8978.

To learn about event sponsorship opportunities, please visit www.mwrif.org/425.



The Magee Mosaic was unveiled at the Magee Open House on June 5. Artist Mark Bender created the mosaic using photos of Magee patients.

Max Starks and other Pittsburgh Steelers served breast cancer survivors at the "Cooking and Eating for a Healthy Life" demo at Magee-Womens Hospital of UPMC on October 4, 2011.



2011 marked the 100th anniversary of Magee-Womens Hospital of UPMC. A celebration held November 10, 2011, at The Circuit Center drew (from left) Irma Goertzen, past president of Magee; Leslie Davis, president of Magee; Yoel Sadovsky, MD, scientific director of MWRI; Jane Butler, Magee's first midwife; and her husband, James Roberts, MD, founder of MWRI.



Honoring our past. Celebrating our present. Anticipating our future.
Become a part of the Magee Society legacy.

What is The Magee Society?

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

Members of The Magee Society support Magee-Womens Hospital and Magee-Womens Research Institute in their efforts to provide the most highly developed medical care, while helping to fund the needs of patients and advance our cutting-edge research in the area of women's health.

We invite you to join The Magee Society, a passionate and diverse group of individuals, to be a part of Magee's future. For additional information on becoming a member, please visit our website at www.mwrif.org/382 or contact Colleen Gaughan at cgaughan@magee.edu or 412.641.8978.

Join us today.



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Planning Today Helps Support Magee Tomorrow.

Making a planned gift is simple and doesn't have to cost you anything today.

BEQUEST

Remember Magee through your will.

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Name Magee as a beneficiary on a retirement account.

CHARITABLE REMAINDER TRUST

Create an income stream for your life while also making a generous gift to Magee.

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

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



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