New Leadership and a New Name for a Center With a Timeless Mission

This has been a year of transition for the International Resuscitation Research Center (IRRC). On July 1, 1994, after 15 years as Director of the IRRC, Peter Safar, MD, Distinguished Service Professor of Resuscitation Medicine, turned over leadership of the center to Patrick Kochanek, MD, Associate Professor of Anesthesiology and Critical Care Medicine, and Pediatrics. “At age 55, I decided to give up the Chairmanship (of the Department of Anesthesiology/CCM), at 65, I gave up anesthetizing patients, and at age 70, I wanted to pass leadership of the IRRC on to the next generation,” said Dr. Safar.

Representing the next generation, Dr. Kochanek’s first official action as Director was to rename the IRRC the Safar Center for Resuscitation Research (SCRR) in honor of its founder’s pioneering work, long-standing commitment to this field, and development of the multidisciplinary center. Dr. Safar at first objected to the renaming, but finally accepted because “it would please my ancestors and offspring to have our Viennese family name survive me in Pittsburgh.”

Among his many accomplishments, Dr. Safar is credited with pioneering the development of cardiopulmonary-cerebral resuscitation (CPCR), initiating the nation’s first physician-staffed medical-surgical intensive care unit at Baltimore City Hospital, and establishing the world’s first critical care medicine physician training program at the University of Pittsburgh. In 1978, Dr. Safar established the IRRC at the University of Pittsburgh School of Medicine to consolidate and intensify ongoing research directed toward saving lives and preventing permanent crippling due to medical emergencies such as cardiac arrest, head injury, shock and disasters.

Continued on Page 2
In the trauma and shock programs, Dr. Safar says the most important achievement has been initiation of research into a totally new approach to resuscitation.

The directorship allowed Dr. Safar to devote himself “almost full time” to resuscitation research, an area he had been involved in since the 1950s.

Cardiac arrest laboratory research at the IRRC resulted in the development of the first reproducible animal outcome models of cardiac arrest and a new treatment using mild hypothermia and cerebral blood flow promotion, which has in dogs doubled the lowest completely reversible normothermic cardiac arrest time from 5 to 10 minutes. In the trauma and shock programs, Dr. Safar says the most important achievement has been initiation of research into a totally new approach to resuscitation, suspended animation for delayed resuscitation, a method of transforming uncontrolled clinical death into controlled clinical death. The study of shock and suspended animation is Dr. Safar’s current main interest. “I was convinced by my friends in the Army and the observations of trauma victims that in cases of severe trauma you have to preserve organ viability during arrest in the field to gain time for transport and fixing,” said Dr. Safar.

The laboratory also developed the only presently available brain trauma outcome model in large animals.

Another important area of study has been disaster epidemiology, which looks at life saving potentials in mass disaster. The IRRC initiated the first fellowship training program in this area. During his 15 years at the helm of the IRRC, Dr. Safar and his associates trained 60 research fellows, many of whom have gone on to academic leadership positions worldwide. He counts this passing of knowledge as one his most important achievements as Director. The “crowning of the last 15 years” according to Dr. Safar was the International Resuscitation Research Conference in May 1994, which was organized by IRRC fellows. The conference brought clinical leaders and scientists representing multiple disciplines from around the world to Pittsburgh to “brain-storm” on future research.

The Safar Center today is a “forum and facility” where scientists from various disciplines come together to focus on new lifesaving approaches. There has also been a shift from studies assessing functional outcome and physiological mechanisms to those investigating cellular and molecular mechanisms. “We have worked from the cell to community level in the past 15 years and Dr. Kochanek has added the molecular level,” said Dr. Safar of the change. Although Dr. Kochanek has left researchers “doing their thing,” he says his mechanistic approach may be spilling over. “Dr. Safar has traditionally focused on what intervention will produce an effect on outcome, which is spilling over into what we’re doing, while our mechanistic thinking about inflammation, apoptosis, how neurons die is spilling over into his thinking about shock...
the research directions are melding,” says Kochanek. This change in focus has been accomplished through collaboration with basic scientists at the University of Pittsburgh.

Looking back over his first year in the Director position, Dr. Kochanek says the highlight has been getting to know how Safar thinks, “there is a genuine drive in this guy. For myself tackling the ‘science’ of an experiment or answering a simple question are important enough challenges; however, for Dr. Safar potential applicability is always a key goal. This has made for an interesting collaboration.” Dr. Safar is also extremely pleased with his successor whom he credits with “bringing the center to new heights.” Although its name and leadership have changed, the center continues to serve Dr. Safar’s founding mission to “save hearts and brains too good to die.”

— FS.

Faculty Christmas Party
Anesthesiology and CCM faculty mark your calendars for the annual Department Christmas Party. The festivities will be held at the Pittsburgh Athletic Association on December 8, 1995.

SCCM Reunion
Multidisciplinary Critical Care Training Program alumni, current fellows, and Critical Care Division faculty past and present are invited to attend a reunion during the annual meeting of the Society of Critical Care Medicine. The reception will be held on February 7, 1996 from 6:00 - 8:00 PM at the New Orleans Hilton Riverside Hotel.

Alumni Reception at ASA
By all accounts the alumni reception was a great success this year. The reception, held during the 1995 Annual Meeting of the American Society of Anesthesiologists in Atlanta, was well-attended by alumni of the department and faculty registrants. Special thanks to Dr. David Watkins for organizing and hosting the event.

New Program Targets
Industry Sponsors
In April 1994, the department officially inaugurated its Clinical Trials Program (CTP), a research support program designed to serve both faculty investigators and industry sponsors.

The CTP’s mission is to promote excellence in clinical research and to foster collaboration between the sponsors of clinical trials and investigators on our faculty. Our department offers an outstanding environment for clinical research in surgical and intensive care unit (ICU) settings. To help make the academic medical center accessible and attractive to study sponsors, the CTP provides essential support services to ensure maximum efficiency and quality in executing clinical trials. For example, CTP staff handle the following:

- Field inquiries from sponsors
- Handle communications with appropriate investigator
- Prepare research protocols and patient consent forms
- Submit materials to institutional review boards
- Develop budgets and arrange contracts
- Assure compliance with federal regulations and Good Clinical Practices
- Train and supervise clinical research coordinators
- Coordinate trial initiation
- Monitor and facilitate patient enrollment and study progress
- Provide quality control of data collection and record keeping
- Offer expert assistance with study design and data analysis
- Follow through with reporting after study completion

Directed by David Watkins, MD, PhD, the program staff also includes Lisa Cohn, Administrative Director; Ray Policare, RRT, MPH, Senior Clinical Research Coordinator; and Maggie Soncini, Operations Manager. Faculty consultants include Derek Angus, MB, ChB, Arthur Boujoukos, MD, Barbara Brandom, MD, Ryan Cook, MD, Peter Davis, MD, Barbara DeRiso, MD, Michael Pinsky, MD, Thomas Rudy, PhD, Carl Sirio, MD, Richard Stiller, PhD, and William Tullock, MD. A team of Clinical Research Coordinators (CRCs) has been recruited and trained to assist investigators with patient screening, enroll-

Continued on Page 4
Department Update Continued

ment, and data collection. They are Lisa Dotterweich, Beth Malley, RN, Kathy Ferral, RN, and Cindy Slivka, RN. Student research assistants work with the CRCs on some studies.

During fiscal year 1994/95, the CTP had 30 projects in progress involving 12 corporate sponsors and 22 faculty principal investigators. A total of 558 patients were enrolled, and 11 studies were completed in that period. The PIs, their topics of study, and sponsors appear below.

All faculty are encouraged to become involved with the Clinical Trials Program. For more information, call 648-9613, email ctp@smtp.anes.upmc.edu, or visit our web site at http://www.anes.upmc.edu.

### Clinical Trials Program Participants

<table>
<thead>
<tr>
<th>Principal Investigator</th>
<th>Topic of Study</th>
<th>Sponsor</th>
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<tr>
<td>S. Ramanathan</td>
<td>Org 9487</td>
<td>Organon</td>
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<td>H. Jacob/P. Linden</td>
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<td>Immunex</td>
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<td>ES Monoclonal Antibody</td>
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**Educational News**

**Teacher and Trainee Awards**

At a graduation dinner held on June 10, 1995 at the Riverwatch Banquet Facilities, Dr. Jonathan Beutel was selected as the 1994-95 recipient of the Mark Gillian, MD Award for Best Clinical Resident. CCM Fellow of the Year was Dr. J. Perren Cobb.

Dr. James Green was awarded the Leroy Harris Award for Excellence in Teaching in Anesthesia by the graduating CA-3 class. In the Critical Care division, Dr. Paul Rogers was once again selected by CCM fellows as Faculty of the Year for 1994-95. Dr. Rogers also received the Golden Apple Award for best teacher in the medical school in May 1995. The recipient for this award is chosen by the graduating medical school class.

**WPA Awards**

Research is a valuable component of residency training. Currently we have one Schertz Fellow, Brian Williams, MD, and several other residents involved in research with a variety of faculty mentors throughout the department. In 1994-95, several awards were presented to anesthesia residents by the Western Pennsylvania Society of Anesthesiologists.

**Original Research**

**First Prize**

Elizabeth Sinz, MD

"Phenytoin, medazolam, and naloxone protect against fentanyl induced brain damage in rats."

**Case Studies**

**First Prize**

Brian Williams, MD

"Snoring and sleep apnea as risk factors for perioperative postobstructive pulmonary edema."

**Second Prize**

Helene Finegold, MD

"Epidural blood patch to treat persistent headache after retromastoid craniectomy."

Anesthesiology
Training Program Graduates
Anesthesia

Another successful training season was completed in June
1995, with 22 anesthesia residents and fellows graduating. Of the 15 CA-3's who
graduated, all secured positions in private practice, received
academic faculty placements or went on to fellowships (see
list). This was an excellent result given the highly
competitive job market.

Residents
Jennifer Adams, MD
Private practice in
Chesapeake, Virginia

Jon-Eric Baille, MD
Indian Health Service,
Gallup Indian Medical
Center, Gallup, New Mexico

Carol Baker, MD
Franklin Foundation
Hospital, Franklin, Louisiana

Jonathan Bentel, MD
Jersey Shore Medical Center

Craig Cartia, MD
Fellowship in Pain
Management, Texas Tech
Health Science Center

Daniel Chess, MD
Temporary faculty position
at the University of
Pittsburgh; Private practice
up in Carlisle, Pennsylvania

David Demangone, MD
Fellowship in Pain
Management, Allegheny
General Hospital

Vitaly Gordin, MD
Fellowship in Pain
Management, University of
Pittsburgh

Sushma Jain, MD
Butler County Memorial
Hospital

Colleen Niedzwiecki, MD
Coral Springs Medical
Center, Fort Lauderdale,
Florida

Daniel Sabo, MD
Faculty position, University
of Pittsburgh, Magee-
Womens Hospital

Elizabeth Sinz, MD
Fellowship in Critical Care
Medicine, University of
Pittsburgh

Aub Tran, MD
Fairfax Hospital, Virginia

Joseph Thimous, MD
Faculty position, University
of Pittsburgh, Magee-
Womens Hospital

Brian Williams, MD
Schertz Memorial Research
Fellow, University of
Pittsburgh

Fellows

Mounir Banoub, MD
Cleveland Clinic Hospitals

John Caldwell, MD
Faculty position, University
of Pittsburgh

Teresa Holland, MD
Sun West Anesthesia, El
Paso, Texas

Kenneth Jacobson, MD
Faculty position, New York
University

Richard Kautz, MD
Faculty position, Mercy
Hospital of Pittsburgh

Steven Levin, MD
Faculty position, University
of Pittsburgh

Bruce Ackerman, MD
Private practice - Medical
Specialist of Indiana,
Intensive Care Consultative
Medicine, Indianapolis,
Indiana

Raye Budway, MD
Department of Surgery,
Director, Surgical ICU,
Western Pennsylvania
Hospital

J. Perren Cobb, MD
Department of Surgery/
Surgical Critical Care,
Washington University, St.
Louis, Missouri

Alfredo Conde, MD
Internal Medicine/CCM
Attending, Veterans
Administration Medical
Center, Big Springs, Texas

Diane Gawski, MD
Locum tenens

Amy Hutchinson, MD
Department of Anesthesia,
Western Reserve Care
System, Youngstown, Ohio

Barbara Kerwin, DO
Department of Medicine/ICU
Attending, Baptist
Medical Center, Oklahoma
City, Oklahoma

Suresh Lakshminarayanan, MD
Nephrology/CCM,
Munster Community and St.
Margaret's Hospital,
Munster, Indiana

Critical Care

Another successful training
year also was completed by the
CCM fellows in June 1995,
with 25 fellows graduating and
four continuing on for a second
year. All graduates secured
positions in private practice,
hospitals, university-affiliated
faculty positions, or fellowships.
Welcome to New Trainees for 1995-96

CA-1 Anesthesia Residents

Fourteen new CA-1’s were welcomed to our institution in July from the following medical schools.

Gregory Chang, MD
University of Pittsburgh

Barbara Fried, MD
University of Virginia

Victor Kubit, MD
University of Pittsburgh

Joy Lederman, MD
Case Western Reserve University

Alexander Lim, MD
University of Pittsburgh

This is the smallest starting class the residency has seen. Only 10 CA-1 positions will be offered for the 1997 Match, in line with the national trend to downsize training programs in an era of perceived surplus. Former residents and faculty who are outside the University can help to keep us informed regarding potential job opportunities for our trainees.
Significant changes in the training program have paralleled changes in the medical center in general. With the consolidation of Montefiore University Hospital, Presbyterian University Hospital and Eye and Ear Institute Pavilion under the UPMC banner, we are now working toward central scheduling of residents so that they can obtain the maximal clinical exposure while they are at these institutions. Responsibilities of call residents have also undergone some exciting changes, which should improve the clinical experience of all trainees.

We are always looking for new and interesting ways to challenge the residents and to improve their training. For example, we are changing the didactic seminars to a combination of problem based learning (PBL) scenarios. This change reflects the national trend of PBL training in medical education. We plan to use several faculty facilitators and possibly the Human Simulation Center (see story p. 9) to make this a worthwhile endeavor.

If you are interested in any component of the residency or in any of the trainees, please do not hesitate to contact our office at:

Anesthesia Residency Program
3471 Fifth Avenue
Suite 910 Kaufmann Building
Pittsburgh, PA 15213
(412) 692-4503
(412) 692-4515 - fax

Information about our department may be assessed on the World Wide Web: http://www.anes.upmc.edu

Critical Care Fellows
Pediatric Critical Care Fellows
Danny Kofos, MD
Baylor University
Neal Thomas, MD
University of South Carolina

Anesthesiology Critical Care Fellows
Husni Dweik, MD
Monmouth Medical Center;
New York Medical College
David Herzog, MD
Mercy Catholic Medical Center; Mercy Hospital of Pittsburgh; West Penn Hospital
Sten Robertsson, MD, PhD
Uppsala University Hospital, Sweden

Elizabeth Sinz, MD
University of Pittsburgh Medical Center
Patrick Tan, MD
Royal London Hospital;
Middlesex Hospital; Faculty, University of Malaya, Kuala Lumpur
Francis Whalen Jr., MD
SUNY at Buffalo

Internal Medicine
Critical Care Fellows
David Ashai, MD
Deaconess Hospital,
St. Louis
Wissam Chatila, MD
Maryland General Hospital;
Bridgeport Hospital/Yale University
German Dejoya, MD
Muhlenberg Medical Center/
UMDNJ Robert Wood Johnson Medical School
James Dy, MD
St. Vincent Hospital,
University of Oklahoma;
University of Texas Medical Branch, Galveston
Abdul Garuba, MD
Harbor Hospital Center/
Johns Hopkins University
Uche Ilueje, MD
University of Connecticut Hospitals
Martine Leblanc, MD
University of Montreal Hospitals

Edwin Lee, MD
Lehigh Valley Hospital,
Allentown, Pennsylvania
Raul Santos, MD
University of Alabama,
Birmingham; Harvard
University Medical Center
William Swoger, MD
Doctor's Hospital
Masillon, Ohio
Jimmy Uy, MD
SUNY Brooklyn, Kings
County Medical Center;
Long Island College Hospital

Surgical Critical Care Fellows
Stephen DiRusso, MD
Vanderbilt University
Irene Medary, MD
University of Miami;
Jackson Memorial Hospital;
Memorial Sloan-Kettering Cancer Center, New York
Peter Carrillo, MD
Akron General Medical Center; McKeesport Hospital; University of Pittsburgh Medical Center
Chairman's Message

Academic departments need periodic changes in leadership. New ideas and ways of doing things can be brought to the institution.

As you may have noticed, there has been a hiatus in the publication of the Department’s newsletter. This delay was occasioned by the departure for Loyola University Medical Center of our former editor Dr. Helena Gunnerson. I am very pleased to say that Dr. Ake Grenvik, Distinguished Service Professor of Critical Care Medicine, has kindly agreed to become the new editor. He will be ably assisted by Doctors D. Ryan Cook, Patrick Kochanek, Michael Pinsky, and Robert Willenkin and by Ms. Lisa Cohn, Director of Publications, and Francie Siegfried, Scientific Editor. It is the purpose of the newsletter to acquaint many people associated with the department, either currently or formerly, with events, activities, accomplishments, and other matters of importance as they occur. Our department is now so large, with approximately 150 faculty, 70 trainees, and 400 non-physician members, that dissemination of information is not simple, but remains of great importance. It is hoped that this medium will alert the recipients to matters of common or individual interest.

It is also my responsibility, through the vehicle of this rejuvenated publication, to inform you of my personal plans. On June 28, 1995, I informed our departmental faculty and Dean George Bernier of my intention to step down from the position of Chairman of the Department of Anesthesiology/CCM. This was not a sudden decision, but one arrived at after considerable reflection. I had discussed the matter with Dr. Bernier a year previously. I have been in this position for 16 years — approximately twice as long as I originally intended. During this time, our department has tripled in the number of faculty, increased its research and teaching programs of high national stature. We are now, by objective criteria, one of the dozen best departments in our field. By most criteria we rank higher than that.

My role in this evolution has been multifaceted, but largely consisted of 1) recruiting a highly talented faculty with diverse arenas of creativity, 2) organizing and managing ourselves in such a fashion that we generated sufficient funds to support evolving department excellence, and 3) providing a dignified and supportive atmosphere in which academic accomplishments were fostered and rewarded. Simultaneously, I have tried to be a contributing and constructive member of the senior faculty of the School of Medicine.

I am delighted by our collective accomplishments and proud of them. I also believe, however, that departmental chairs should not become institutions in themselves. I have had little respect for leaders who clung to their posts because they lacked the imagination to do otherwise. Academic departments need periodic changes in leadership. New ideas and ways of doing things can be brought to the institution. New intellectual priorities can be introduced. We all tend to assume that the ways in which we have done things over the years are the right ways, often not realizing the alternatives.

Finally, I believe that academic medicine is entering a radically new era. I have lived happily in the NIH era and the practice plan era. Th
coming managed care era will impose challenges that will require different leadership talents, and I have no reason to believe that I would be the ideal person for this new future. That is the way life should be.

I hope that the departmental friends and colleagues will see this evolution as an opportunity for themselves and the department. While some anxiety over pending changes is inevitable, I am certain that the coming era will be one of growth and challenge. Personally, I am delighted with the pending changes, with the opportunity to spend more time with my wife and new daughter, and with the potential for new intellectual challenges. Last but not least, I wish to thank the many friends and associates who have and continue to be the real substance of this wonderful department. It has been the greatest privilege of my career to have been allowed to play the role I have over the last decade and a half.

**New Center Expands Learning Opportunities**

The University of Pittsburgh Human Simulation Center was inaugurated on May 23, 1995 by the Department of Anesthesiology and Critical Care Medicine. This exciting new resource, located on the third floor of the Montefiore University Pavilion of UPMC, is Director and Dr. John Schaefer, III, Associate Director of the Simulation Center. The center is staffed three days a week by Joanne Fletcher, CRNA, EdD, the Coordinator and Education Specialist.

The center features the CAE Electronics full-scale human simulator. The simulator consists of a mock operating room (which can be converted to a mock ICU), a remote control room with a one-way mirror, a conference room and a computer-based instruction lab. A sophisticated audio-visual system was obtained for the center through an Advanced Instructional Technology grant from the University. Dr. René Gonzalez (pictured) utilizes complex physiologic and pharmacologic computer models to mimic patient responses to drugs and therapy. It consists of a life-size mannequin with palpable radial and carotid pulses, anatomically correct airway, and normal and abnormal heart and breath sounds. The mannequin communicates with the computer to produce an EKG wave form, various pressure waves, temperature appropriate CO2 production and even urine output. The instructor may program or "create" a patient with specific pathology (i.e., coronary artery disease or pulmonary disease) and then overlay various rare or critical events. All parameters can be tailored for the level of the trainee, and possible combinations of events and patients are virtually limitless.

The center has conducted a Crisis Resource Management course for CA-3 Anesthesiology residents since May. The day-long course involves several full-scale simulations with a full cast of OR personnel, lectures, small group discussions, and in depth debriefing of each resident's performance. The course provides a unique opportunity for residents to experience being the team leader in a dynamic crisis environment, followed by critique using videos of the simulation. Residents' evaluations of the course have been very positive.

Continued on Page 10
Simulation Cont.  Recent Faculty Books  Research

**Anesthesiology**

Despite the necessary consolidation of both our research faculty and facilities in recent years, we can proudly report that 1994-95 was, by far, the most successful year in our department's history. Extramural support for research programs is a reliable indicator of such success, and even in the stiffly competitive federal funding arena, several of our faculty garnered new National Institutes of Health grants (Doctors Homanics, Xu, Firestone, Kochanek, and Miro) or awards from the Department of Veterans Affairs (Dr. Stapelkeld). Other prestigious national and international support recently awarded to our investigators on a competitive basis came from the Foundation for Anesthesia Education and Research (Doctors Stapelkeld, Rothfield, Yland, and Zar), the International Anesthesia Research Society (Dr. Firestone), the Society of Critical Care Medicine (Dr. Pretto), the Epilepsy Foundation (Dr. Xu), The Max Kade Foundation (Dr. Watkins), and the Laerdal Foundation. The third uniquely successful facet of our recent funding endeavors is the Clinical Trials Program. Conceived several years ago as an administrative catalyst between our clinical scientists and industries, the program has grown exponentially during this interval (see story p. 3). Our publishing productivity has also grown both in terms of quality and quantity, and our representation at national research conferences and on national research committees has never been higher.

**Division of Critical Care Medicine**

Critical care research efforts are evolving, diversifying, and maturing, as our interest in cardiovascular physiology continues to grow. We are starting to apply results from the laboratory at the bedside using state-of-the-art 2D echocardiographic automated border detection algorithms to assess left ventricular contractility to a degree only dreamed of before. Last year, 10 manuscripts utilizing this technique were published. We plan to determine if myocardial contractility really is depressed in sepsis and whether therapies such as anti-TNF alpha therapy can reverse it.

The evolution of basic science to the bedside has also occurred with the application of a novel form of partial ventilatory support called transtracheal assist. These studies examine the effects of continuous...
Our program is maturing with several investigators coming to stride. Overall, more than twenty-five peer-reviewed manuscripts came out of our division last year.

Transtracheal gas flow on gas exchange efficiency in patients with both ARDS and COPD. The ease of application and potential clinical benefit of transtracheal assist make this series of projects one of the most promising recent new developments in ventilatory management. Not forgetting our interest in resuscitation and sepsis, we have been exploring acid-base status, regional blood flow distribution, and the physiologic effects of fluid resuscitation in both animal models and patients. These data suggest that iatrogenic acidosis (dissociated acidosis) is not only possible but common in most resuscitated patients and that the assumptions used to measure pH using a tonometer are probably invalid in many critically ill patients. These studies serve as a window into understanding cellular metabolic adaptations to sepsis.

Our research is diversifying as new studies from our group focus on long term outcome from critical illness and methods of assessing risk on a daily basis and across populations. Recent papers in JAMA and Critical Care Medicine by our group have placed Pittsburgh in the forefront of academic centers with expertise in this socially and politically relevant field of investigation. We have expanded in the other direction as well, studying cytokines and cell adhesion molecule upregulation in human sepsis and tissue culture models. These developments illustrate our desire to expand vertically in critical care research from the basic molecular biology level to quality of life issues.

Finally, we developed a critical care medicine section of the Clinical Trials Program to help oversee, coordinate and recruit trials in the ICU setting (see story p. 3). To this end, we were part of the HA-1A CHESS trial and are part of the ongoing E-5 (anti-endotoxin) and anti-TNF alpha trials in patients with sepsis, as well as inhaled nitric oxide and computerized protocol-controlled ventilation trials in patients with acute lung injury. In essence, Pittsburgh is becoming a one-stop shopping research program in critical care.

Our program is maturing with several investigators coming to stride. Overall, more than 25 peer-reviewed manuscripts came out of our division last year. We presented nine abstracts at SCCM, 15 at ATS, and 12 at ASA. Furthermore, we secured two new NIH grants and several industry-sponsored contracts to conduct clinical trials. Finally, we have and continue to submit grant applications to a wide range of funding agencies with an overall success rate of about 25%. In these days of severe cost-containment, we are making waves and plan to continue to do so in the future.

Pediatric and Neonatal Critical Care Medicine

Research highlights in the Pediatric Critical Care Medicine program for the 1994-95 academic year include the successful acquisition of a Fellowship Grant by Dr. Robert Clark from the American Heart Association, Pennsylvania Affiliate for his grant entitled “The role of inflammation in cerebrovascular failure after head injury.” In addition, Dr. Clark received one of the three Scientific Awards for best paper at the 24th Educational and Scientific Symposium of the Society of Critical Care Medicine (SCCM) in San Francisco. Two other Pediatric CCM fellows, Doctors Leslie Doughty and Hector Wong, received Educational Awards for top papers submitted by fellows at the annual SCCM meeting. Fellows or faculty presented twelve first author papers at the Annual Meeting of the SCCM and seven papers at the 105th Annual Meeting of the Society for Pediatric Research.

Safar Center for Resuscitation Research

Several investigators at the Safar Center for Resuscitation Research recently received special recognition for national or international achievements. Dr. Peter Safar received the Distinguished Investigator Award from the American College of Critical Care Medicine in January 1995. Thus, two of Critical Care Medicine’s most prestigious research awards, the Distinguished Investigator (to P. Safar) and Established Investigator Award (to P. Kochanek) are held simultaneously by investigators at the Safar Center. Dr. Nicholas Bircher represented the Society of Critical Care Medicine at the Coalition Conference on Informed Consent in Emergency Research. Dr. Patrick Kochanek received five years of funding from the National Institute of Neurological Disorders and Stroke for both a grant entitled “Neutrophils and the acute inflammatory response to traumatic brain injury in rats” and a Core within the University of Pittsburgh Brain Trauma Research Center program project headed by Dr. Donald Marion in the Department of Neurosurgery. The Laerdal Foundation funded six grants to investigators at the Safar Center during the 1994-95 academic year.
Peter and Eva Safar Lectureship

The Sixteenth Peter and Eva Safar Annual Lectureship in Medical Sciences and Humanities was held on April 13, 1995. Quality was the theme of the lecture given by Dr. Henrik H. Bendixen, former Vice President for Health Sciences and Dean of the Faculty of Medicine at Columbia University.

The Seventeenth Peter and Eva Safar Lecture will be given on May 9, 1996. Dr. Marcus Raichle, Professor of Radiology at Washington University, will deliver a lecture entitled "Images of the Mind." Dr. Raichle is a world renowned authority on functional brain imaging. In addition to being Co-director of the Mallinckrodt Institute of Radiology at Washington University, he is a member of the National Academy of Science's Institute of Medicine. Dr. Raichle pioneered the use of positron emission tomography (PET) to map the human brain during cognition, emotion, and sensitivity, as well as while performing motor tasks.

The lectureship honors Peter Safar, MD, and his wife Eva for their professional and personal contributions to the scientific community.

Ake and Inger Grenvik Lectureship: Dual Honors for Critical Care Professor

The first annual Ake and Inger Grenvik Lectureship opened on January 24, 1995. Contributions from alumni, colleagues, corporations and friends support the endowed lectureship. The first lecturer was Timothy Buchman, MD, PhD, Professor of Surgery, Anesthesiology and Medicine and Head, Section of Trauma, Burn and Critical Care, Washington University School of Medicine, St. Louis. Dr. Buchman spoke on molecular changes in circulatory shock.

Dr. Grenvik was named Distinguished Service Professor of Critical Care Medicine by University of Pittsburgh Provost James Maher during ceremonies surrounding the first lectureship. This honor was based on Dr. Grenvik’s over 25 years of dedicated service to the University of Pittsburgh and to the field of critical care medicine. It was the first such academic title to be bestowed in the United States. Dr. Grenvik formally marked his installation as Distinguished Service Professor through his inaugural lecture entitled "Organ Crisis in Transplantation" on October 19, 1995 at the University of Pittsburgh.

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Clinical Update

The Critical Care Alliance Program (CCAP) was formed in January 1995 in an effort to create an alliance between community physicians and University of Pittsburgh Medical Center (UPMC) critical care physicians.

Critical Care Alliance Program

The goal of this outreach program is to build trust with community physicians to increase referral of critically ill patients from community hospitals to UPMC intensive care units. Critical care support services will be made available to primary care community hospital patients with life threatening illnesses. The CCAP also reaches out to local hospitals through educational programs on current issues in the management of ICU patients, a newsletter on topical critical care issues, and an ICU nurse exchange program. For more information about the program, call (412) 647-7000.