

ASCI Perspectives – the patient connection to physician-scientists:
Alessia Fornoni, MD, PhD, and MSTP candidate Antonio M. Fontanella

Interview with Antonio M. Fontanella, Medical Scientist Training Program candidate, February 26, 2026, by video conference.

Interviewed by Alessia Fornoni, MD, PhD (elected 2017); Member, ASCI Physician-Scientist Engagement Committee.

Note: The text has been edited for readability by ASCI staff.

Alessia Fornoni: Welcome, everybody, to this latest *ASCI Perspectives* video. I'm a professor of medicine at the University of Miami Miller School of Medicine, where I also serve as a codirector of the MSTP program and assistant dean for research, training, and development, tasked with the idea to increase physician-scientist career at my institution. It's a pleasure to be here today with Antonio Fontanella, which is an MSTP candidate, and I will let Antonio introduce himself.

Antonio M. Fontanella: Hi, everyone. My name is Antonio Fontanella. I'm a recurrent FSGS [focal segmental glomerulosclerosis] patient survivor. And since then, I've had the opportunity to be an MSTP student. I'm in my sixth year in the program overall, but I've spent four years being mentored by Dr. Fornoni on what it means to do good nephrology research and give back to the field that I came from. Happy to be here.

AF: Great to have you with us, Antonio. It's really very nice to be here today. And I think I never asked you this question, but do you think that being a patient really influenced your decision to become a physician-scientist? And if yes, can you elaborate on how did it happen?

AMF: Yeah, absolutely. For me, growing up, I grew up in a medical household. So my dad's a doctor, and we have a lot of doctors and medical stuff in the family. So I always knew that medicine was a thing that I really wanted to go into, always something I was interested in. And also, having been a patient for so long, I spent, basically since I was three years old, in and out of pediatric nephrology offices. But being a patient, for me as I got into college and started doing research and all these things, I think really instilled that curiosity in me, that itch to where I was never satisfied when a doctor told me, "Oh, we don't know what's going on. We don't understand why. We're just trying to do the best we can with what we have." And I really think it's that curiosity, that desire to understand and to question why things are happening, and not just go by a guideline, not just go by statistics, but try to understand what's going on in each case, that really pushed me to be a physician-scientist rather than just a physician or just a scientist.

AF: I think I met you with the interest to become a medical doctor, and there was this conversion in how generating new knowledge sounded more appealing and more satisfying your sense of curiosity than applying existing knowledge. Can you elaborate on how you stand right now throughout your training and this concept that you may be the one generating new knowledge for the millions of physicians out there to practice and to follow existing knowledge?

AMF: Yeah, absolutely. I think when it comes to medicine, generating new knowledge is the way that we advance forward. When you look at the medical field as a whole, and you look at the necessities of all the patients we have, yeah, you could be a successful physician just seeing diabetic patients for the rest of your life, and you'd be helping a lot of people. But then there's this subset of people, this subset of patients, where there aren't necessarily anyone to help them. There has to be somebody, some group of people, to champion their cause and say that, "I'm not satisfied with just sticking to a guideline." Not that guidelines are bad, they're there for a reason, and they help us manage large numbers of patients. But there's always going to be people that don't stick to the classical clinical case. I think it really is generating that new knowledge and trying

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new things that allow us to expand these boundaries and bring these patients back into the fold and give them some hope back.

AF: You're training as a physician-scientist. Do you think it has affected the way you see your disease and the way you actually perceive your hope for better care of patients affected by the disease that you have?

AMF: I'd say so. Absolutely. During my training, I've had an episode or two where some of the recurrent FSGS came back, and I had to take some time off from work to go get health care. And for me, having been on the other side, it's kind of double-sided, right? To me, anytime I'm sick is now not hopeless, but it's an opportunity. It's an opportunity to come up with good questions, ask good questions, and see if there's any way I can take advantage of that. I know it might seem a little mad scientist-y, but the treatments that I'm getting, I can ask, Can I take some extra blood samples and ask relevant questions in the lab? Just that, trying to have that forethought, knowing that even if I can't get to it right now with where I am in my training, to think ahead and say, "You know, these are questions that we can ask, and I don't want to lose that."

On the other hand, sometimes it can get frustrating when you think about, How am I actually going to make that project happen? You start thinking about funding, and you start thinking about applying for support and things like that. And that whole process can be frustrating, but I really think it's that gravity, that sense of urgency that I have, I think, from being a patient, that really helps me to push past that and remember, even though these processes are time-consuming, they're worth going through to answer the questions correctly and do things right.

AF: Do you think that your disease has guided or will guide your decision of the type of training that you expect to receive in the future? Where do you see yourself, after you're done with residency and fellowship?

AMF: Great question. Honestly, the answer to that question, it changes frequently. So I try not to think insanely far ahead, but I think deep down I still really have a passion for helping people with nephrotic syndrome, all of them really, but I'm particularly passionate with patients with recurrent FSGS. We were at a recurrent FSGS conference not too long ago. I got to meet a lot of other patients that had really similar experiences as me. That, I think, really pushes me to try to find — I don't know exactly what that training looks like, but some kind of personalized medicine approach where I can, whether it's through samples or if there's some way to better stratify how they might predict a certain therapeutics or something like that, to try to be able to interact with these families. Not just the patients, but the families that are involved in taking care of them. Because these are typically patients where the whole family becomes involved in their care. So really being able to sit with them, to encourage them, to tell them that, "I'm here, and even though we don't have an answer, we have a plan. We have ideas. There's still hope. We're not gonna give up just yet."

I don't know exactly if that's going to be a pediatrics, with some kind of fellowship, or an internal medicine or a Med-Peds, but that's something that we figure out as we go. I think as long as we have the end goal of the questions and the patients that we want to treat, the rest will open up as we go.

AF: Frankly, no matter the specialty you're going to choose, I really see you are that kind of physician-scientist, the [stem] that is the physician that is able to give more hope to the patients now. This is everything I can do right now, but through the science, we may find something new. And, that hope per se, I think I found to be a great medication for the patients I care for. So that's really amazing, and it doesn't matter which door you will pick or open. The fact is, this is a wonderful career. No matter which door you open, there will be multiple others later on. I think, as a physician-scientist, I'm thankful to be paid for my best hobby. I really wish you the same as a physician-scientist, and I wish a lot of success in the care for your disease. And thanks a lot for taking the time to be with us today. I really appreciate your time.

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AMF: Thank you.