



NEW BRAIN CANCER TREATMENT MAY EXTEND SURVIVAL PATIENTS STAY HOME, TAKE A CAPSULE INSTEAD OF IV CHEMOTHERAPY

IN THIS ISSUE

- CANCER CLINIC FOCUSES ON SENIORS
- STRONG FERTILITY CENTER SELECTED FOR STATE GRANTS
- CORNEAL TRANSPLANT OFFERS NEW HOPE



David N. Korones, M.D.

A new treatment for recurrent malignant glioma, the most common brain tumor in adults, has been developed by **David N. Korones, M.D.**, of the James P. Wilmot Cancer Center and Golisano Children's Hospital at Strong. The treatment consists of combining two cancer-killing drugs that can be taken orally, making it easier on patients who have already endured difficult surgery, radiation, and traditional, intravenous chemotherapy.

Korones is the first to investigate the effectiveness of temozolomide and etoposide, when given together. Each drug, which has been approved by the Food and Drug Administration, has been used separately with some success. But Korones noticed that laboratory data showed synergies between the two medications, and he theorized they might work better in tandem.

Among the 24 adult patients he has followed so far in a Phase 2 clinical trial, 16 percent saw their tumors shrink and 35 percent were stable with no disease progression after six months, compared

to 10-20 percent of patients who stabilize after traditional chemotherapy. This is an acceptable result and worthy of additional study, he says, as the median survival is just six months for recurrent brain cancer.

"It's not a miracle, but it's a piece of the struggle against brain cancer," says Korones, principal investigator and associate professor of hematology/oncology at the University of Rochester Medical Center. "It's a new, somewhat innovative approach that has merit and offers better tolerance than traditional chemotherapy."

Peter Massong, 73, a retired carpenter who lives in Irondequoit, is among those people trying the new treatment regimen. In January of 2000 Massong was diagnosed with a brain tumor. He received traditional radiation and chemotherapy, and then enrolled in Korones' trial.

"What do I have to lose?" Massong says. "I've had no trouble at all with my treatments." His tumor has been stable for quite awhile, he says.

Korones presented preliminary results of the clinical trial at the American Society of Clinical Oncology annual meeting in Chicago in June. Later this year, he also plans to expand the trial to include children.

The medications have been reasonably well tolerated. With no need to come into the hospital for IV therapy, patients can stay home and report monthly for blood tests. In a pilot study of four children aged 10 or older, using doses comparable to the adults, Korones also noted that side effects were minimal, and the tumors shrunk dramatically.

Schering-Plough Inc., manufacturer of temozolomide, is funding the research. With Korones as the principal investigator, other institutions participating are: Rochester General Hospital's Lipson Cancer and Blood Center; Roswell Park Cancer Institute, Buffalo; Dent Neurologic Institute, Buffalo; SUNY Health Science Center, Syracuse; The Brain Tumor Center at Duke University Medical Center, Durham, N.C.

NEW CLINIC OFFERS SPECIALIZED CANCER CARE FOR AGING ADULTS

The James P. Wilmot Cancer Center has created the Geriatric Oncology Consult Service to meet the special needs of people age 75 and older who have cancer. Developed by **Deepak Sahasrabudhe, M.D.**, and **William Hall, M.D.**, it provides a comprehensive, multidisciplinary approach to treating older patients.

The goal of the geriatric oncology team is to communicate with primary care physicians and patients about their recommendations regarding the best approaches to caring for the patient. The team's recommendations are based on patients' medical history, medications, daily routines, living environment, nutritional status, cognitive abilities and frailties.

"There is a growing need for specialized care for the aging cancer patient," Sahasrabudhe says. "They have varied health conditions and personal needs. Developing a suitable treatment plan requires coordination and communication. We can best serve our patients by considering treatment options in the context of their overall medical condition and wishes."

Wilmot Geriatric Oncology Consult team members have expertise in oncology, geriatrics, nutrition, nursing and social work. Sahasrabudhe, professor of medicine and director of Geriatric Oncology Fellowship Program leads the program. He has more than 20 years experience, specializing in genitourinary cancers. He is joined by Hall, professor of medicine and director of the Center for Healthy Aging in the Department of Medicine. Under his leadership, *U.S. News and World Report* recently cited the program as one of the top 50 geriatric medicine programs in the nation this year, the second time in five years the program was recognized. He is also director of the Center for Lifetime Wellness at Monroe Community Hospital.

The team also includes:

John Bennett, M.D., emeritus professor of oncology in medicine, laboratory medicine and pathology. He has more than 40 years in hematology/oncology and is an international expert on treatment of myelodysplastic syndrome and leukemia and is a leader in the geriatric oncology field.



John Bennet, M.D., and Deepak Sahasrabudhe, M.D., lead a team focused on meeting the special needs of older patients who have cancer.

John Loughner, Pharm. D., supervisor of the Wilmot Cancer Center pharmacy. He is board certified in oncology pharmacy and has more than 25 years experience in geriatric oncology.

Jerry Goldschmidt, M.D., geriatric oncology fellow, he completed his residency at the University of Rochester Medical Center.

Naeem Tahir, M.D., geriatric oncology fellow, he completed his residency at Wright State University at Dayton, Ohio, and previously served as medical director of four long-term care facilities in Plymouth, Mich.

J.E. Giarrizzo, M.S.W., C.S.W., A.C.S.W., genitourinary oncology social work supervisor.

Kim Pelletier, R.D., C.D.N., clinical dietitian.

The creation of the geriatric oncology program expands the Wilmot Cancer Center's portfolio of cancer care and research in Rochester and Western New York.

To refer a patient to the Geriatric Oncology Program, please call 585-275-5830 or toll-free at 1-866-4WILMOT.

RETINAL SPECIALIST JOINS STRONG

David A. DiLoreto, Jr., M.D., Ph.D., a retinal specialist, has joined the University of Rochester Medical Center's Department of Ophthalmology. DiLoreto was a fellow at Wilmer Ophthalmological Institute at Johns Hopkins University, serving in the Retinal Vasculature Center and most recently in the Vitreo-Retinal Service.

DiLoreto earned his medical degree as well as his doctorate degree in neurobiology and anatomy from the University of Rochester School of Medicine and Dentistry. He completed an internship at Highland Hospital and an ophthalmology residency at the University of Southern California/Doheny Eye Institute.

A member of the American Academy of Ophthalmology, his research has been published in the *American Journal of Ophthalmology*. His investigations include retinal research such as retinal regeneration and neuro-retinal transplantation.

For referrals to the Department of Ophthalmology, please call 585-273-3937.

PARKING IMPROVEMENTS UNDER WAY AT STRONG

Six hundred new ramp garage spaces for patients and visitors to Strong Memorial Hospital will ease parking issues when they are completed in early 2004. While construction is under way, some may encounter difficulty entering or exiting the garage.

The ramp's East Drive entrance/exit is closed during construction. To help reduce delays, the Hospital has staff placed throughout the garage at peak times to direct the traffic flow. Physicians may find the South Drive entrance less congested. Patients should be advised to allow an extra 30 minutes for parking upon their arrival to appointments, and another 15 minutes to exit the garage.

Thank you for your patience as we work to improve parking at Strong.

APPOINTMENTS

ANESTHESIOLOGY

Nathan Clark, M.D.
Hyun Kee Chung, M.D.
Mirsad Dupanovic, M.D.
Gary Haber, M.D.
Sushma Jain, M.D.

CARDIOLOGY

John Schriefer, M.D.

DERMATOLOGY

Jennifer Cooper, M.D.

EMERGENCY MEDICINE

Walter Bukowski, M.D.
Rollin (Terry) Fairbanks, M.D.
Eliotte Hirshberg, M.D.

GENERAL MEDICINE UNIT

Mukhtar Adem, M.D.
Lijun Mi, M.D., Ph.D.
Philip Stein, M.D., Ph.D.

NEPHROLOGY

Jeremy Taylor, M.D.

NEUROLOGY

Jennifer Kwon, M.D.

NEUROSURGERY

Rafael Allende, M.D.

OBSTETRICS/GYNECOLOGY

Cathleen Callahan, M.D.
Matthew Mingione, M.D.
Sara Sukalich, M.D.

OPHTHALMOLOGY

David DiLoreto, M.D., Ph.D.

OTOLARYNGOLOGY

Chase Miller, M.D.
Ken Whittlemore, M.D.

PATHOLOGY

Thomas Bonfiglio, M.D.
Ping Tang, M.D., Ph.D.

PEDIATRIC CRITICAL CARE

Emily Nazarian, M.D.

PEDIATRIC ENDOCRINOLOGY

Henry Artman, M.D.

PEDIATRIC INFECTIOUS DISEASE

Melanie Wellington, M.D.

PEDIATRICS

Danielle Thomas-Taylor, M.D.

PLASTIC SURGERY

John Giroto, M.D.

PRIMARY CARE

Mala Gupta, M.D.

PULMONARY/CRITICAL CARE

R. James White, M.D., Ph.D.

UNIVERSITY

COUNSELING CENTER
Brigid Cahill, Ph.D.

Strong Health Connection is published by the University of Rochester Medical Center
Dept. of Public Relations and Communications
601 Elmwood Avenue, Box 643
Rochester, NY 14642-8643
Telephone: 585-275-3676
E-Mail: Lori.Barrette@urmc.rochester.edu

Teri D'Agostino, Director of Public Relations and Communications
Suzanne Sawyer, Director of Marketing
Lori Barrette, Editor
Shirley D. Zimmer, Art Director
Rita Ciarico, Editorial Assistant

KUDOS

David J. Calkins, Ph.D., of the University of Rochester Eye Institute has been granted a \$55,000 RPB Lew R. Wasserman Merit Award by Research to Prevent Blindness. These awards provide unrestricted support to scientists who are actively engaged in eye research at medical institutions in the United States. One of 69 scientists at 34 institutions honored with the award, Calkins' laboratory work focuses on understanding the genetic and molecular mechanisms that cause glaucoma.

The Deaf Wellness Center, part of the University of Rochester Medical Center's Department of Psychiatry, has been awarded a five-year, \$1.5 million grant to fund a host of research projects to help deaf people receive better mental health treatment. The grant comes from the U.S. Department of Education's National Institute for Disability and Rehabilitation Research.

Caroline Hall, M.D., was elected a member of the National Academy of Sciences prestigious Institute of Medicine.

Manish Shah, M.D., won a prestigious Dennis W. Jahnigen Career Development Scholars Award from the American Geriatrics Society. With \$200,000 in Jahnigen funding, Shah plans to develop a novel Emergency Medical Services program to screen elderly patients for their risk of preventable injuries and diseases.

Strong Health's Sleep Disorders Center received accreditation from the American Academy of Sleep Medicine (AASM) for meeting rigorous standards in all areas of operation, including patient services and employee qualifications. **Donald Greenblatt, M.D.**, directs the Center.

PNEUMONIA RATE PLUMMETS IN STRONG ICU

By consistently implementing a series of simple steps, staff in Strong Memorial Hospital's Medical ICU have discovered a solution to a deadly problem that plagues hospitals throughout the U.S. In less than a year, Strong's team has virtually eliminated ventilator-associated pneumonias, a complication that drives up ICU length-of-stay and mortality.

National studies estimate that between 10 and 65 percent of patients on ventilators contract ventilator-associated pneumonias, with mortality reported as high as 55 percent.

"This is a persistent and difficult issue in our ICU and in those throughout the nation," said **Michael Apostolakos, M.D.**, director, Adult Critical Care. "Yet, there are specific practices that have been shown to improve patient outcomes. We set out to make those practices standard of care, and to vigorously ensure compliance with those standards."

Those standards include elevating the head of a patient's bed more than 30 degrees, using gastrointestinal bleeding and deep venous thrombosis prophylaxis, and giving patients sedation holidays. Apostolakos' team incorporated these and other measures into a checklist that is now completed by medical residents during daily rounds on the unit. Meanwhile, staff from throughout the unit was educated as to the importance of complying with the standards. Issues are ironed out at weekly health team rounds.

Participating in an ICU quality improvement collaborative led by Berwick's Institute for Healthcare Improvement (IHI), the group carefully monitored compliance with the standards using the daily checklists. After just one year, the results have been dramatic.

- The percent of patients having head-of-bed elevation increased from less than 15 percent to more than 80 percent.
- The number of patients being allowed to awaken periodically from sedation increased from zero to 75 percent.
- The frequency of ventilator-associated pneumonia fell from 6 percent at the start of the initiative to zero in June of 2003.
- The amount of time patients spent on ventilators decreased from 7.7 days to 6.47 days, a 16 percent improvement.
- On average, patients spent two days less in the unit once the standards were implemented.
- Mortality decreased from 20 percent to 15 percent in the unit.

While the 14-bed unit involved in Strong's pilot project admits 1,100 patients per year (60 percent of whom require ventilators), Apostolakos believes that his checklist system is easily translatable to other ICUs. "We would be delighted to share our process, checklist and our lessons-learned with other hospitals," he adds.

REMOTE FOLLOW-UP CARE PROVIDES PEACE OF MIND FOR HEART-DEVICE PATIENTS

Diagnostic Data Can be Transferred Over the Phone Immediately After Cardiac Episode



Marcia Romeo, N.P. and James P. Daubert, M.D.

For Juri Ilisoo, wearing a cardiac defibrillator since 1992 has meant many episodes during which his device shocked him in order to correct his heart rhythm and save his life. And after each episode, Ilisoo would contact his cardiologist and within a day or so report to the physician's office, where data from his device detailing the episode would be

transferred to a computer for review.

But now the 69-year-old Rush resident doesn't have to worry about reporting to his cardiologist's office if the device is activated. He can transfer the medical data to his cardiologist's computer via phone, from anywhere in the country.

Although he hasn't had an episode that required him to use the new technology since he was given access to it in the spring, the freedom gives Ilisoo peace of mind. "I don't worry too much about it, not the way my wife does anyway, but being able to send information over the phone does make it easier to go places. We have a little more freedom."

CONVENIENCE AND SECURITY

The Strong Heart and Vascular Center is the first program in New York state and one of the first in the country to offer this unique technology. The system, called the Medtronic CareLink Network, facilitates communication between physicians and patients, providing convenience and a level of comfort when managing chronic heart disease.

"This is really revolutionary," says **James P. Daubert, M.D.**, director of electrophysiology laboratories at the Strong Heart and Vascular Center. "Prior to the debut of CareLink, patients typically stayed close to home, just in case their defibrillator went off. Now my patients can feel secure that I am available to them after an episode, even if they're on vacation in Florida or visiting their grandchildren in California."

More than 20 of Daubert's patients now have access to the CareLink. Patients with a Medtronic defibrillator do not need to replace their current device — the technology is compatible with their existing defibrillator.

HOW IT WORKS

The patient is given a special monitor with an attachment similar to a computer mouse. In the event their defibrillator is activated and has corrected the heart's rhythm, the mouse is placed on their chest over the area where the defibrillator is implanted. Diagnostic data regarding the patient's heart rhythm and defibrillator function is transferred to the CareLink monitor, where it is stored temporarily. The monitor then sends the information through the phone line to a CareLink database where the cardiologist can immediately access the information via a secure Internet site.

"Typically patients are OK once the defibrillator has shocked their heart back into an acceptable rhythm,"

Daubert says. "Follow-up care is often unnecessary since the defibrillator has already done its job, yet in the past patients were asked to come into the office the next day so we could extract their defibrillator data ourselves in an effort to record their episode. Now that step can be eliminated in many cases."

Additionally, there are occasions when the cardiologist requests that data be sent via phone as a routine follow-up measure, which relieves the patient of having to pay a visit to the office.

CareLink is approved by the U.S. Food and Drug Administration for use with several Medtronic defibrillator devices. In the future, CareLink will be available for patients with Medtronic pacemakers, heart failure devices and other diagnostic technology.

For more information contact nurse practitioner Marcia Romeo at 585-273-4336. Or log on to www.stronghealth.com/services/cardiology.

STRONG PROGRAMS RANKED AMONG NATION'S BEST



U.S. News & World Report's 2003

Best Hospitals ranked Strong's pediatrics programs, hormone specialties and geriatrics services among the best in the nation.

Pediatrics ranked 27th best in its first showing on the list that has been compiled annually for 14 years. Strong is the only pediatrics program among upstate hospitals to be included in the prestigious list which includes only three from New York State.

Strong Memorial's hormonal disorders specialties captured a position as 32nd best. The category includes overall management of diabetic and other metabolic disorders, along with related surgical procedures. At Strong, endocrinology/metabolism faculty direct care for diabetes, thyroid disorders, glandular/hormonal disorders and metabolic disorders, seeing more than 5,000 patients each year. They routinely work with Strong's general and vascular surgeons, as well as neurosurgeons, to follow through with any complications from these disorders.

Geriatrics at Strong ranked 42nd best on the list, recognizing the long-standing tradition for that specialty at the University of Rochester School of Medicine and Dentistry and its teaching hospitals, Strong Memorial and Highland. Today, board-certified geriatricians, reaching most of the 100,000 older adults in Monroe County, direct acute and follow-up care. The comprehensive care network is based at Strong and Highland hospitals, including the Center for Healthy Aging at Highland, and the Center for Lifetime Wellness at Monroe Community Hospital, along with various area assisted living and long term care facilities.

ARTIFICIAL CORNEAL TRANSPLANTS GIVING SOME PATIENTS HOPE

For patients who have undergone unsuccessful corneal transplants and have little or no sight, surgeons at Strong Memorial Hospital are now offering hope in the form of an artificial cornea. The device in some cases can offer limited vision, allowing patients to see shadows, movement and colors, and some may even regain the ability to read.

James Aquavella, M.D., professor of ophthalmology at the University of Rochester Eye Institute, is studying a new, flexible, one-piece artificial cornea (keratoprosthesis) designed to replace scarred or diseased corneas. The device is easier to implant than older models, cutting down on surgery time and requiring no stitches or donor tissue. The new procedure offers significantly more possibilities for patients at no more risk than implanting a cadaveric graft.

"It is our expectation that for patients with a high risk of failure with a traditional corneal transplant, or as in this study for patients who have already failed two previous attempts at corneal transplantation, this option offers renewed hope," Aquavella says.

"In more than 35 years of involvement in corneal research and surgery, I have witnessed the introduction of numerous techniques and devices," he adds. "In keratoprosthesis work, these have been associated with very long, invasive and complicated surgical procedures with the prospect for only incremental improvement. This new development presents a fresh way of approaching the surgical and biological problems."

After having implanted more than 100 artificial cornea devices, and working with the new Argus implant in his surgical laboratory, Aquavella is joining investigators from 26 eye centers around the world to evaluate the device. The University of Rochester Eye Institute has been designated one of six Centers of Excellence in the United States to assist with the development of the technology. While the actual device has the approval of the FDA, Aquavella and colleagues will track complications, visual acuity, medications and failure rate. The University of Rochester Eye Institute plans to perform up to 20 AlphaCor cases this year to gather data.

The surgery is similar to implanting a donor cornea. Part of the cornea is removed and the AlphaCor is transplanted in its place. The artificial cornea, about the size and thickness of a nickel, is held by a ring of host tissue, which alleviates the incidence of rejection. The procedure concludes with the formation of a flap of tissue from the conjunctiva (the white of the eye), which is used to cover the surface of the eye. This natural bandage allows the AlphaCor to heal in place.

Three months after surgery, a circle of tissue covering the front of the eye is removed, allowing light and images to enter. The patient sees through this opening, and the vision should be as good as the health of the back of the eye will allow. Some vision may be improved with glasses or even with contact lenses fit over the prosthesis.

Corneal transplants using cadaveric donors have been around since the 18th century. Because early outcomes were generally unsuccessful—a high incidence of rejection existed—researchers began experimenting with plastic corneas in the 1950s and 1960s as a way to help more patients with severely damaged corneas.

Aquavella began implanting devices in New York before continuing his work in Rochester in the late 1960s. The procedures were long and tedious, and results were not known for many months. Patients required careful follow-up for the rest of their lives in an attempt to reduce the ever-present danger of serious complications.

"This Argus device is easier to implant, and much smaller," he says. "The recovery time is faster, with fewer complications, and often vision is re-established in just three months."

The relative ease by which surgeons can treat patients with the Alpha Cor could have an enormous impact on vision care in the Third World, where countries experience a high rate of corneal blindness as a result of exposure to the sun, disease, genetics and poor nutrition, Aquavella says. Without the need for donor corneal tissue, which is in very limited supply in the underdeveloped countries of Asia, Africa, and to some extent South America, surgeons could treat many more cases of corneal blindness.

Corneal blindness affects more than 10 million people worldwide, yet only 100,000 people receive corneal transplants each year. The shortfall is due to a combination of inadequate supply of donor corneas and the unsuitability of some patients to receive a corneal graft. While traditional corneal transplants are associated with a success rate of more than 80 percent today, the body has a capacity to reject human donor tissue, and a number of people with corneal blindness have a poor prognosis for success.



STRONG FERTILITY CENTER SELECTED AMONG NY CLINICS TO HELP INFERTILE PATIENTS STATE GRANT FUNDS IMPROVE ACCESS TO IVF

Strong Fertility and Reproductive Science Center, through a New York State Infertility Demonstration Project, has been selected among a group of clinics statewide to receive grant assistance for in vitro fertilization for New York residents who meet clinical and financial criteria.

"Recent legislation mandating insurance coverage for infertility services improved access to diagnosis and treatment for some women, but stopped short of covering IVF," says **Vivian Lewis, M.D.**, director of Reproductive Endocrinology and Infertility at the University of Rochester Medical Center and Strong Fertility and Reproductive Science Center. "This grant helps defray the cost of IVF for those who otherwise would be unable to afford it."

Legislation signed by Governor George E. Pataki earlier this year authorized \$100 million, from the tobacco settlement, to subsidize higher-level infertility treatments, such as IVF, for privately insured women for whom these procedures are not covered by insurance. Strong estimates its \$366,832 share could help approximately 60 women achieve pregnancy in 2003 while the project is under way.

An average IVF cycle costs around \$8,550 and most insurers in New York cover little if any of that amount. To qualify for the grant subsidy, a woman must:

- be a resident of New York State,
- be between the ages of 21 and 44,
- have been infertile for at least a year (or six months for women 30 and over),
- have some private health insurance
- meet financial criteria including annual income (combined with partner) under \$200,000
- not be covered by Medicaid.

An income-based sliding scale is used to determine the amount a patient or couple will pay, once any insurance reimbursement is subtracted from the total.

Due to demand for grant funds, women who meet all criteria will be enrolled in a random-selection process. The next group will be selected in September.

"We are very excited that this grant money allows us to help couples for whom these services would normally be out of reach," Lewis says. "It's hard enough for couples who struggle with infertility, but the decision whether or not to pursue certain treatments shouldn't necessarily be a financial one. These grant funds open doors for some who would otherwise not be able to consider such a treatment."

"It is our hope that our established program, with success rates among the best in the country, will bring the dream of parenthood to couples who perhaps had not thought it possible," Lewis adds.

According to the latest success rates published by the Centers for Disease Control and Prevention (CDC), at Strong in 2000, 46.5 percent of in vitro fertility cycles in women up to age 35 resulted in the birth of a baby. Nearly one in three (32.1 percent) cycles for women ages 35 to 37 resulted in a baby's birth.

"Our results reflect our commitment to providing the highest level of care for patients who choose our program to help them achieve pregnancy," says Lewis. The CDC guidelines were instrumental in the State's selection of clinics to receive grant funds.

Strong Fertility and Reproductive Science Center offers comprehensive diagnostic and treatment services for infertile women and men, including medication management, intrauterine insemination, intracytoplasmic sperm injection (ICSI) and gamete donation. For information or to refer patients to the Center, please call 585-275-1930.



Vivian Lewis, M.D.



FOR YOUR CME CALENDAR

All programs are held at University of Rochester Medical Center unless otherwise noted.

Cardiovascular Disease in Women: An Update

September 18
Memorial Art Gallery
Course Director: Gladys Velarde, M.D.

6th International Conference on Mechanisms and Treatment of Neuropathic Pain

September 18-20
Hyatt, Embarcadero
San Francisco, CA
Course Director:
Robert H. Dworkin, Ph.D.
<http://www.neuropathicpain.org>

Bath VA Clinical Conference Day

September 25
Bath VA Medical Center
Contact: Maureen Cook
(607)664-4799

Pediatric Advanced Life Support Provider Course

October 2 and 9
Re-Training Course
November 14
Course Director:
Elise van der Jagt, M.D.

Gastroenterology Update Conference

October 4
Rochester Academy of Medicine
Course Director:
Uma Sundaram, M.D.

10th Annual Rochester Cardiopulmonary Symposium for the Primary Care Provider

October 9
Rochester Riverside
Convention Center
Course Director:
Thomas P. Stuver, M.D., F.A.C.C.

Advanced Burn Life Support

October 11
Course Director:
Christopher Lentz, M.D.

Annual Health Care Compliance Conference

October 15
Course Director: Paul Levy, M.D.

The John L. Green, M.D. and John (Jay) Dickinson, M.D. CME Celebration Day

October 18
Course Director:
Michael Pichichero, M.D.

Gynecology 2003

October 25
Course Director:
David Foster, M.D.

Enhancing Communications with Special Populations: The Deaf, Migrant Workers and Others

October 30
The Lodge at Woodcliff
Course Director:
John Benitez, M.D.

10th Annual Diabetes Teaching Day

November 1
Course Director: John Gerich, M.D.

Epilepsy in Clinical Practice 2003: A Focus on Early Intervention

November 5
Course Director: Michel Berg, M.D.

Advanced Cardiac Life Support Re-Training Course

November 7
Course Director:
J. Russell Norton, M.D.

Advances in Heart Failure Management

November 8
Registration information,
(585)275-4392
<http://www.urmc.rochester.edu/cpe/hfm>

3rd International ROP Symposium: An Update on the ROP from the Lab to the Nursery

November 13
Anaheim, CA
Course Director: Dale Phelps, M.D.
www.urmc.rochester.edu/cpe/rop2003

9th Annual Mary M. Parkes Asthma Update Conference

November 20
RIT Inn and Conference Center,
Henrietta
Course Director: Carlos Ortiz, M.D.

Hypertension 2003: Putting the New Guidelines Into Practice

November 22
Course Director:
John Bisognano, M.D.

AROUND THE REGION

Courses offered by the University of Rochester School of Medicine and Dentistry

CANANDAIGUA

VA Medical Center
Call (585) 393-7211

Lasik Surgery

September 19, noon
Scott M. MacRae, M.D.
Professor of Ophthalmology

SARS

October 3, noon
Ann R. Falsey, M.D.
Associate Professor of Medicine
Infectious Disease Unit

Assessment and Management of Sleep Disorders

October 17, noon
Joseph Modrak, Jr., M.D.
Assistant Professor of Medicine
Pulmonary/Critical Care Unit

Diabetic Food Problems

November 7, noon
Steven D. Wittlin, M.D.
Associate Professor of Medicine
Endocrine/Metabolism Unit

A K (Pre-Skin Care)

November 21, noon
John H. Tu, M.D.
Instructor in Dermatology

ITHACA

Cayuga Medical Center

Call (607) 274-4225

Pediatric Neurosurgery

September 19, 7:30 a.m.
Howard Silberstein, M.D.
Assistant Professor
Department of Neurosurgery

Herbal Medications/Reactions

October 17, 7:30 a.m.
Vincent Silenzio, M.D.
Assistant Professor
Department of Family Medicine

Bipolar Disease in Children

October 31, 7:30 a.m.
Barbara L. Gracious, M.D.
Assistant Professor of Psychiatry

DANSVILLE

Noyes Memorial Hospital
Call (585) 335-4213

Pediatric and Adolescent Weight Management and Type 2 Diabetes

October 23, 8 a.m.
Henry Artman, M.D.
Associate Professor of Pediatrics

WELLSVILLE

Jones Memorial Hospital

Call (585) 596-4003

The Management of Psychosis with Atypical Anti-Psychotics

Teleconferenced from the University of Rochester
September 18, 9 a.m.
Robert L. Weisman, D. O.
Assistant Professor of Psychiatry

Long-Term Management of Epilepsy

October 16, 9 a.m.
Syed T. Ali, M.D.
Sr. Instructor of Clinical Neurology

Antibiotic Update

November 20, 9 a.m.
Paul S. Graman, M.D.
Professor of Medicine
Infectious Diseases Unit

BATH

VA Medical Center

Call (607) 664-4799

Parkinson's Disease

September 11, 10 a.m.
Frederick J. Marshall, M.D.
Assistant Professor
Neurogeriatrics

New National Recommendations on the Treatment of Hypertension

October 9, 10 a.m.
John D. Bisognano, M.D.
Assistant Professor of Medicine
Cardiology Unit

For further information:

Continuing Professional Education
University of Rochester Medical Center
601 Elmwood Avenue, Box 677
Rochester, NY 14642-8677
Telephone: (585) 275-4392
Fax: (585) 275-3721
Email: office@cpe.rochester.edu
Web site: www.rochester.edu/sM.D./cpe



STRONG HEALTH

Strong Memorial Hospital • Golisano Children's Hospital at Strong • Highland Hospital
The Highlands • Eastman Dental Center • Visiting Nurse Service

601 Elmwood Avenue • Box 643
Rochester, New York 14642

Change Service Requested

PRSR STD
U.S. POSTAGE
PAID
ROCHESTER, NY
PERMIT #780



NEW CRANIOFACIAL/CLEFT SURGEON JOINS PEDIATRIC TEAM

By recruiting **John Giroto, M.D.**, Golisano Children's Hospital at Strong recently reinforced its commitment to children who need craniofacial or cleft lip/palate surgery. Giroto now serves as director of the Strong Center for Craniofacial Anomalies.

A 1994 graduate of Washington University School of Medicine in St. Louis, Giroto has impressive credentials. His training includes an eight-year, integrated general-plastic surgery residency at the Johns Hopkins Hospitals, followed by a craniofacial fellowship at the Seattle Children's Hospital.

Giroto is as skilled at research as he is in the operating room. He has authored or co-authored more than 20 peer-reviewed studies in publications such as *Annals of Plastic Surgery*, *Plastic Reconstructive Surgery*, and *Journal of Otolaryngology*.

Giroto joins a team that includes colleagues from plastic surgery, orthodontics, pediatrics, otolaryngology, neurosurgery, dentistry, social work, genetics, and speech therapy. He is a strong proponent of the team approach. "During such a stressful time, families need and deserve an integrated team of quality physicians in one central location," Giroto says.

The Strong Center for Craniofacial Anomalies is a comprehensive, interdisciplinary team comprised of specialists from Golisano Children's Hospital. These specialists are uniquely qualified to evaluate, treat, and care for children who have congenital or acquired craniofacial anomalies.

When a child is referred to the Strong Center for Craniofacial Anomalies, a team of at least 10 physicians and practitioners meet with the child and family to determine the most effective treatment plan. This approach is crucial because these children often require the expertise of medical professionals from a variety of disciplines. The team is ready to help children who have cleft lips or palates, craniofacial clefts, hemifacial microsomia, craniofacial tumors, craniosynostosis, congenital birthmarks, deformities of the facial features, and other of craniofacial syndromes.



John Giroto, M.D.

In addition to craniofacial and cleft surgeries, Giroto also performs reconstructive surgery on children and adults who have experienced facial trauma. He will serve as the hospital's chief craniofacial/cleft and pediatric plastic surgeon.

For more information about craniofacial and cleft services for children, call 585-275-6008.

PEDIATRIC POWERHOUSE EMERGES DURING 10 YEARS OF GROWTH DEPARTMENT RANKS AMONG NATION'S BEST

When **Elizabeth R. McAnarney, M.D.**, was named pediatrician-in-chief at Strong Children's Medical Center and chair of the University of Rochester's Department of Pediatrics in 1993, she foresaw the potential of a transformed children's hospital that would rival the nation's best. A decade later, McAnarney and her colleagues have fostered a rapid, but thoughtful expansion of services, staff, facilities, and academic programs at what is now known as Golisano Children's Hospital at Strong.

The hospital has developed into a pediatric powerhouse, providing extensive medical, surgical, and psychosocial services to children from an increasingly broad geographic area. For the first time, in its 2003 Best Hospitals issue, *U.S. News & World Report* ranked Strong's Department of Pediatrics among the best in the nation. It is the only pediatrics program so ranked among upstate children's hospitals.

When she took her new posts, McAnarney pushed for an expanded faculty base—a key priority outlined in her pediatric strategic plan—and supported the recruitment of more pediatric surgical specialists. During her tenure, the hospital has recruited a pediatric neurosurgeon, two pediatric orthopedic surgeons, a pediatric heart surgeon, a pediatric craniofacial surgeon, pediatric urologists, and two general pediatric surgeons, among others. "We want to ensure that children have the high-quality care they need, right here at home," says McAnarney's colleague, **Thomas K. McInerney, M.D.**, associate chair of clinical affairs.

As services expanded, McAnarney and her team foresaw the need for improved facilities, and more focused fund-raising. Several years ago, the hospital simultaneously strengthened its community-based fund-raising events and placed a renewed emphasis on raising major gifts. That led to a \$14 million gift by B. Thomas Golisano, founder of Paychex Inc., and the hospital's namesake. Golisano's landmark gift—the largest from a living donor ever received by the University of Rochester—put important building plans two years ahead of schedule. This summer, the hospital began construction on a new, 22-bed Pediatric Intensive Care Unit and Pediatric Cardiac Intensive Care Unit for infants, children, and teenagers. The creation of these new intensive care units follows the March 2001 opening of a new pediatric emergency department. The hospital is also finalizing plans to create a new Pediatric Surgical Suite, which will further enhance services for children.

Walter Pegoli Jr., M.D., chief of pediatric surgery at Golisano Children's Hospital, was recruited in the late 1990s from Johns Hopkins University in Baltimore. "Without a doubt,

what we offer here in Rochester is on par with the pediatric services they have at Johns Hopkins," he says.

A strong leader within the hospital, McAnarney has also earned her stripes within the greater community. Shortly after assuming her leadership posts in 1993, McAnarney faced a major challenge with the fragmentation of the Rochester health care market. She and several of her colleagues—including McInerney and Keith R. Powell, M.D., now pediatrician-in-chief of Akron Children's Hospital in Akron, Ohio—created a report titled: "Maintaining Our Single Network for Pediatric Care in Changing Times." The report urged ensuring that children would continue receiving the highest quality comprehensive pediatric health care by trained and qualified pediatric providers, in the most effective manner.

A key priority was guaranteeing that children and their health care providers had access to the most convenient and appropriate facility, regardless of the child's insurance coverage. Centralized pediatric care does not exist in much of the country. In other areas, competition is creating a lackluster environment for ill and injured children. For instance, in Richmond, Va., a city comparable to Rochester in terms of population, there are four pediatric intensive care units, each handling a portion of the total caseload in that city.

Traveling throughout the country, McInerney often meets pediatricians who express their desire to work in a community such as Rochester, where those involved with the care of children are on the same page, no matter where they work, nor by whom they are paid. "What we have accomplished during the past decade is the creation of a true children's hospital—Golisano Children's Hospital at Strong—that serves children from Rochester and the region," he says. "Dr. McAnarney is deserving of much of the credit for this."



Construction of a new 22-bed Pediatric I.C.U. and Pediatric C.I.C.U. are under way.



Elizabeth R. McAnarney, M.D.

As for her impact on the field of medicine, many believe McAnarney helped set a standard to which female doctors can aspire. "Dr. McAnarney stands as a role model for pediatric leaders, and represents a unique amalgamation of local and national eminence," says Margaret Hostetter, M.D., chair of the Department of Pediatrics at Yale University School of Medicine. "One of the participants of Rochester's marvelous program of collaborative research with community pediatricians, Dr. McAnarney's distinguished career on the faculty at the University of Rochester was capped by her appointment as chair in 1993. During her tenure as chair and national leader, she has proven herself mentor to countless medical students, residents, fellows, and junior faculty, and to those women rising to leadership positions who seek to follow her example."

McAnarney has been elected to the presidency of three major academic organizations: the Society for Adolescent Medicine in 1983, the American Medical School Pediatric Department Chairs in 2001, and the American Pediatric Society for 2004. In addition, she was elected to the Institute of Medicine, the National Academy of Sciences, and received the 2003 Albert David Kaiser Medal of the Rochester Academy of Medicine.

McAnarney's colleagues say she routinely and happily works at least 80 hours a week, but she gives much of the credit for the hospital's improvements to the faculty, staff, and her colleagues in the larger medical center and throughout the community. "The Medical Center is open 24 hours a day, seven days a week, and our doctors and nurses are always there," she says. "Early in the morning or late at night, there's a special kind of energy in our children's hospital that is exciting and reassuring. We all consider our caring for others' children a great privilege."

As McAnarney enters her second decade of leadership, the hospital is poised for more dramatic improvements. "We have made significant strides in our quest to become one of the nation's best children's hospitals," she says. "But there are miles to go before we sleep."

The landscape at the University of Rochester Medical Center has become increasingly complex during the past decade. Foreseeing the challenges ahead, **Elizabeth McAnarney, M.D.**, pediatrician-in-chief at Golisano Children's Hospital, named faculty leaders to help ensure excellence in all pediatric missions.

These leaders are **George B. Segel, M.D.**, vice chair; **Thomas K. McInerney, M.D.**, associate chair of clinical affairs; **George L. Schwartz, M.D.**, associate chair of research and director of the Strong Children's Research Center; **Francis Gigliotti, M.D.**, associate chair of academic affairs; **J. Peter Harris, M.D.**, associate chair of education; and **Michael L. Weitzman, M.D.**, associate chair of community affairs.

Three other senior faculty members head children's services at Highland Hospital, Rochester General Hospital, and Park Ridge Hospital. In addition, there are 12 pediatric medical division chiefs, 10 of whom are new in their leadership positions during the past decade.



NEUROLOGY CLINIC OFFERS MORE TIMELY TREATMENT FOR KIDS WITH SEIZURES

Children who have their first experience with a non-febrile seizure will get answers and advice more quickly, thanks to an innovative program at Golisano Children's Hospital at Strong.

Frustrated by the growing wait time for a child to secure an initial visit with one of six pediatric neurologists, experts at Golisano Children's Hospital sought a new approach. "Clinics nationwide such as ours are facing the same problem," says **Jonathan Mink, M.D.**, chief of the Division of Pediatric Neurology. "We were booking initial consultations five months in advance. The demand for pediatric neurologists exceeds the supply."

It is estimated that at least 25,000 U.S. children experience their first non-febrile seizure each year. More than 300 new outpatient seizure evaluations are done annually at Golisano Children's Hospital.

Intent on finding a way to streamline the process for children and their families, Mink spearheaded an effort to create the New Onset Seizure Clinic. The clinic offers new hope to children and their families who otherwise would wait months for testing and consultation.

The clinic, which is one of only a handful in the nation, was created using parameters set forth by the American Academy of Neurology. It allows children to have an EEG and meet with one of two pediatric nurse practitioners—**Lisa Augostini, P.N.P.**, or **Laurie Zwetsch, P.N.P.**—within one week of referral. "Attending child neurologists are available on-site to consult with the pediatric nurse practitioner if needed," Mink says.

The clinic is designed to quickly triage children who are otherwise healthy, without a significant, pre-existing neurologic diagnosis, who have experienced their first non-febrile seizure. Primary care physicians should refer to the New Onset Seizure Clinic if such a child has made a complete recovery, and if the child is otherwise healthy. If underlying neurologic problems are suspected, he or she will be referred for follow-up in the child neurology clinic.

About half of children who experience a non-febrile seizure will never have another one, Mink says. The other half, children who do experience another seizure, benefit from the



Lisa Augostini, a nurse practitioner at Golisano Children's Hospital, helps run the New Onset Seizure Clinic. The novel clinic allows children to be seen by a health care professional weeks—sometimes months—ahead of traditional scheduling.

clinic because a baseline EEG is on file, and parents have been instructed about what to do in the event their child has another seizure. For instance, parents are told to keep a close eye on children who are swimming or bathing, and are instructed to immediately call 911 if their child has a seizure that lasts for five minutes.

"In many cases, children outgrow seizures," Mink says. "For those who do not, our goal is to help them enjoy as safe, happy, and normal of a childhood as possible."

Mink, a nationally recognized expert in movement disorders in children, became chief of the division of Pediatric Neurology at Golisano Children's Hospital last year. When he arrived, he started with impressive plans to further grow pediatric neurology services. He has accomplished several of his agenda items, such as starting the New Onset Seizure Clinic, and recruiting an additional pediatric neurologist, **Jennifer Kwon, M.D.**, from Washington University in St. Louis.

For more information about the New Onset Seizure Clinic, or Pediatric Neurology services at Golisano Children's Hospital at Strong, call 585-275-2808.



Golisano Children's Hospital at Strong Connection is published by the University of Rochester Medical Center
Dept. of Public Relations and Communications
601 Elmwood Avenue, Box 643
Rochester, NY 14642-8643
Telephone (585) 275-3676

Lori Barrette, Editor

E-Mail: Lori_Barrette@urmc.rochester.edu

Elise van der Jagt, M.D., M.P.H., Editorial Advisor

Travis Anderson, Writer