



Keeping Patients Safe

New Initiatives Reduce Errors, Improve Quality of Care

The care and safety of patients always has ranked first at the University of Rochester Medical Center. But finding ways to reduce errors and keep patients from harm has become an active and organized effort.

In 1999, in a report called "To Err is Human: Building a Safer Health System," the Institute of Medicine estimated that as many as 98,000 people die annually as a result of medical errors. The report launched a movement to improve patient safety in medical centers and hospitals across the country.

"All of us care about the safety of our patients," said **C. McCollister Evarts, M.D.**, CEO, University of Rochester Medical Center and Strong Health. "We cared about safety in the past. But we are more out-front and aggressive about it today. We're not just talking about safety. We're doing something about it.

We're making sure that patient safety is an everyday priority and reality."

The Medical Center's organized effort includes a non-punitive policy for reporting errors and safety events, new and upgraded technology, training programs, specific safety projects, and revamped procedures.

Top hospital executives conduct Safety Rounds, hour-long meetings held 13 times every month with doctors, nurses and other staff members of various hospital units to discuss errors, near-misses, accidents, fears, and mistakes waiting to happen.

A nurse's complaint resulted in color coding for printouts of emergency medication and treatment orders that sometimes were lost in the blizzard of routine paperwork. Reports at Safety Rounds sessions

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of problems and near-misses with intravenous medication pumps helped trigger a \$3-million investment in computer-driven “smart pumps” from Alaris Medical Systems.

Adopting IHI Safety Practices

Carol Haraden, Ph.D., vice president of the Institute for Healthcare Improvement, said Safety Rounds demonstrate the Medical Center’s commitment to patient safety. “Only the most courageous organizations take this step where executives and staff agree to take a clear and honest look at what can be done to improve the safety in their areas,” she said.

As part of a campaign to save 100,000 patients from fatal medical errors and poor care by June 2006, the Institute for Health Care Improvement asked hospitals to adopt at least one of six safety practices. The Medical Center, including Strong Memorial and Highland hospitals, is actively working on implementing all six. The safety practices include:

- Deploying rapid response teams to evaluate and help treat patients at the first sign of a serious decline in their condition.
- Delivering reliable, evidence-based care for heart attack patients including giving them aspirin and beta-blockers early.
- Preventing adverse drug events by requiring medication reconciliation on admission, transfer or discharge from the hospital.
- Preventing intravenous line infections with a series of five steps including full sterile draping for central line insertion.
- Preventing surgical site infections with a series of three steps including giving patients the right antibiotics at the right time just before their operation and maintaining normal glucose levels.
- Preventing ventilator-associated pneumonia in intensive care units with measures such as elevating the head of the bed by 30 degrees and meticulous oral care.

After fully implementing the pneumonia procedures in an adult critical care unit, the unit went 525 days without a ventilator-associated pneumonia. Then, one infection occurred. The infection rate is now far less than 1 percent.

Technology Aids Safety

Technology also is enhancing patient safety. A Computerized Provider Order Entry System allows entry of all patient care orders from workstations on the nursing units. It has significantly reduced medication errors by eliminating most problems with legibility in drug orders.

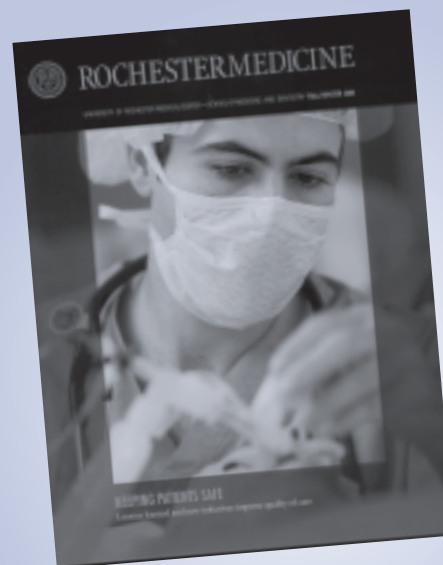
Work has begun on establishing an electronic medical record for ambulatory patients of the Medical

Center. The system handles phone calls, continuity of care and medication lists, problem and allergy notes, immunization history, electronic prescription writing, dictation, scanning of records, and indexing into a fully electronic chart. Regardless of which doctor a patient sees, there will be one chart that will include notes from a patient’s surgeon or orthopedist or internist.

“You will have more access to information in a single, common, patient-centric record, which is something we’ve never had,” said **David A. Krusch, M.D.**, chief medical information officer for the Medical Center. “You can see the tremendous benefits for safety.”

The medical simulator – a computerized mannequin that plays the role of a patient – increasingly is being used to assess the skills of doctors and medical students and to teach them about new procedures and devices. The end result, many believe, will be a reduction in errors and improved patient safety.

“In a safety culture, everybody is aware of what the issue is,” said **Robert Panzer, M.D.**, chief quality officer for Strong Health and the University of Rochester Medical Center. “While they’re not thinking of it as they do the activities of the day, safety is in the back of their minds. They are aware of what could cause problems. When there is a key element, they ask themselves if they have taken the time to do it right. They watch for complications that might occur. They are aware that everything is safer where people communicate. They anticipate people’s needs and they communicate their concerns. To be safe you have to be at a very high level of performance. Safety is everybody’s job.”



For an in-depth look at safety efforts at the University of Rochester Medical Center, visit the latest issue of Rochester Medicine online at www.urmc.rochester.edu/pr/publication/PDF/Roch_Med_Fall05.pdf



Medical Center Plans Tobacco-Free Campus

University of Rochester Medical Center leaders have charged a 30+ person task force with planning the steps necessary to turn the Medical Center and Highland Hospital campuses into smokeless havens for health care treatment. The switch to tobacco-free could be as early as November of 2006, said **Kathy Parrinello**, Strong Memorial chief operating officer and chair of the Tobacco-Free Campus Task Force.

“This is something that all of the Greater Rochester area hospitals are considering doing simultaneously,” Parrinello said. “Given everything we know about the dangers of tobacco and second-hand smoke, it is inconsistent with our missions to continue to allow smoking at our entrances and parking lots.”

Parrinello’s concern is shared by hospitals around the country; in the last several years, hundreds of U.S. hospitals have banned smoking on their campuses.

The task force has been asked to create policies, determine the perimeter within which smoking will be prohibited, develop protocols for cessation support and/or replacement therapy for patients who smoke, provide programs for faculty and employees who smoke to quit if they choose, and build communications tools to aid the process.

“We are not anti-smoker. We respect that our employees, patients, and visitors have a right to smoke, but we are going to ask them not to smoke while here at our Medical Center,” Parrinello said. “In addition, given the known and documented health hazards associated with smoking, we want to be proactive in helping employees and patients to consider stopping smoking entirely.”

Throughout the next year, Strong Memorial will keep admitting and referring physicians apprised of how the planned change could affect them and their patients.

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k u d o s

Strong Memorial Chosen as Rochester's Most Preferred Hospital

For the tenth consecutive year, Strong Memorial Hospital has won the National Research Corporation's (NRC) **Consumer Choice Award**. The annual award identifies hospitals that health care consumers have chosen as having the highest quality and image in 180 markets throughout the U.S. through NRC's Healthcare Market Guide study.

"We are delighted that Strong Memorial Hospital has again been recognized as Rochester's most preferred hospital," said Robert Panzer, M.D., chief quality officer of Strong Health. "This recognition reflects the success of our staff in meeting the increasingly difficult challenge of providing care that is patient-centered, safe, high-quality, and cost-effective."

Award winners were announced last fall in the health care trade journal, *Modern Healthcare*. In accepting the award, Strong Memorial Hospital CEO Steven I. Goldstein, said, "This award carries special significance because it is based on the experiences and impressions of our most important audience – our patients."

Regis J. O'Keefe, M.D., Ph.D., has been appointed director of the Center for Musculoskeletal Research, designed to further enhance the success of its musculoskeletal basic science and clinical research programs. As a member of the Department of Orthopaedics, O'Keefe has been dedicated to the pursuit of excellence in research, patient care and teaching. He maintains an active clinical orthopaedic practice, while directing an expansive portfolio of research projects. His NIH grant support has consistently placed him among the most highly funded orthopaedic surgeon-clinician scientists in the country. He is the author of more than 140 journal articles and has written numerous book chapters. He has been an outstanding contributor to teaching in the Medical Center and in 2003 was awarded the Marvin J. Hoffman Award for excellence as a mentor for medical students at the University of Rochester School of Medicine and Dentistry.

Hyun (Michel) Koo, D.D.S., Ph.D., oral biologist, and **Robert Marquis, Ph.D.**, microbiologist, both researchers at the University of Rochester's Center for Oral Biology, will each receive a Distinguished Scientist Award at a meeting in June of the International Association of Dental Research, the largest organization of dental researchers in the world. The awards recognize outstanding and innovative achievement in dental research worldwide. Koo, who is on the faculty of the Eastman Department of Dentistry, has already established a track record of success and will receive the Young Investigator Award. Marquis, professor in the Department of Microbiology and Immunology, will receive the Senior Investigator Award for a lifetime of achievement.

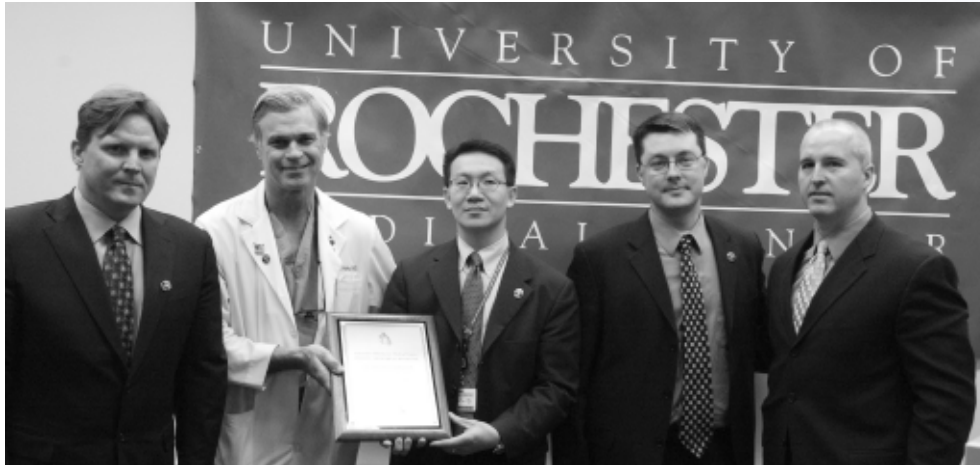
Lee D. Pollan, D.M.D., M.S., associate professor of Dentistry at the University of Rochester School of Medicine and Dentistry and director of the oral and maxillofacial surgery residency program at the Eastman Department of Dentistry, was elected vice president of the American Association of Oral and Maxillofacial Surgeons at the Association's 87th Annual Meeting, Scientific Sessions, and Exhibition. Pollan has been on the AAOMS board of trustees representing the oral and maxillofacial surgeons of District I since 2001. He is a diplomate of the American Board of Oral and Maxillofacial Surgery and is a fellow in the American and International College of Dentists.

James Sloand, M.D., associate professor of Medicine at the University of Rochester Medical Center and a clinical nephrologist at Highland Hospital, earned the 2005 "Making Lives Better" Volunteer Service Award from the National Kidney Foundation. The national award, presented to just two people each year, is the Foundation's highest volunteer honor presented to those who make significant contributions to the prevention and control of kidney disease. Sloand chairs the NKF of Upstate New York's local Medical Advisory Board and has been an advocate for Americans with chronic kidney disease for more than 20 years. He guided the implementation of the inclusion of the Glomerular Filtration Rate on all clinical laboratory reports in the greater Rochester area, which allows for earlier detection and treatment of chronic kidney disease by primary care providers.

Shanna H. Swan, Ph.D., professor of Obstetrics and Gynecology and director of the Center for Reproductive Epidemiology at the University of Rochester Medical Center, has earned a 2005 Jenifer Altman Award, given annually in honor of outstanding commitment and service to the promoting and protecting of human and ecological health. Swan is one of five scientists selected in 2005 for outstanding dedication to scientific integrity in environmental health sciences and the pursuit of science in the public interest. Swan was recognized for her pioneering epidemiological studies that drew scientific and public attention to ways that chemical exposure can affect reproductive health.

The Department of Pharmacy earned a prestigious **Best Practices Award** from the American Society of Health-System Pharmacists (ASHP) for Pharmacists Enhancing Patient Safety During Trauma Resuscitations, a project led by Emergency Department Pharmacists **Sarah Kelly-Pisciotti, Pharm.D.**, and **Daniel Hays, Pharm.D., B.C.P.S.** The project demonstrated that a pharmacist's presence during trauma resuscitations improves patient safety and allows medications to be prepared and administered promptly. Contributing to the success of the project were Pharmacy Director **Thomas O'Brien, Pharm.D.**, and **Mark Gestring, M.D., RJ Fairbanks, M.D.**, and **Matthew Metz, M.D.** This was the second such award for Strong, the only organization to win more than once since the award's inception in 1999. ASHP presents up to six awards each year, recognizing innovation and outstanding practitioners in health-system pharmacy.

Strong Cardiac Services Receive Accolades



From left: H. Todd Massey, M.D., George L. Hicks, M.D., Leway Chen, M.D., William Hallinan, and ABIOMED Chair and CEO Michael Minogue.

Strong Memorial Hospital's cardiac services have recently been honored with two awards that illustrate commitment to quality patient care.

The Artificial Heart Program, part of the Heart Failure and Transplantation Program, was awarded the ABIOMED Center of Excellence Award on Dec. 14. This honor recognizes the team's outstanding work with the company's ventricular assist devices and some of the best clinical outcomes in the country.

Since the program's inception five years ago, the team has implanted more than 200 VADs in an effort to keep patients alive while they await transplant. Seventy percent of patients waiting for transplant require artificial heart pumps in order to survive until a donor heart becomes available.

"Our team strives every day to save the lives of patients who have no other options, nowhere else to turn," said **H. Todd Massey, M.D.**, director of the Artificial Heart Program and surgical director of the Program in Heart Failure and Transplantation. "Ventricular assist devices have given us the opportunity to keep people alive and as healthy as possible prior to transplant."

Leway Chen, M.D., medical director of the Program in Heart Failure and Transplantation, attributes the award to the teamwork that has been present since the first days of the heart failure and transplant program.

"It is an honor to receive the first ABIOMED Center of Excellence Award, which reinforces the great work our team has done over the past five years in the areas of clinical care and research."

As a Center of Excellence, the program has access to the newest experimental devices and will continue to assist with the development of these technologies. It also serves as a training site for physicians from other medical centers learning to implant devices.

The Program in Heart Failure and Transplantation serves patients from throughout upstate New York and northern Pennsylvania. The first heart transplant procedure in Rochester was performed in February 2001. To date, 68 heart transplants have been performed. The program enjoys a 93.1 percent observed one-year survival rate, better than the 86.9 percent national survival rate.

Ventricular assist devices have become a significant component of the program. Massey, program coordinator **William Hallinan**, and the entire Artificial Heart Program team utilize a number of surgically implanted mechanical pump devices, including the Thoratec PVAD and IVAD, the ABIOMED BVS 5000 and ABIOMED Ventricle, and the Heartmate XVE LVAD. Strong also offers patients the latest devices through clinical trials, including the HeartMate II and the Levitronix CentriMag pump. More than 50 percent of Strong's VAD patients are able to be discharged to home after their device implant while awaiting heart transplantation.

Strong Memorial's cardiac services also have been named a 2005 UnitedHealth Premium Cardiac Specialty Center by UnitedHealthcare. This designation reflects quality and efficiency in the areas of heart surgery, electrophysiology services and cardiac catheterization. The entire cardiac team is proud of this quality assessment, which evaluated the hospital against evidence-based criteria.

Strong Memorial Hospital is upstate New York's only location offering the complete spectrum of cardiac services for adults and children, providing everything from preventive cardiology to 24-hour emergency angioplasty to heart transplantation.

For information or to refer a patient, please call (585) 273-3760.



The Big Chill: New Technology Can Dramatically Improve Life After Heart Attack

A new technology used to cool down patients after cardiac arrest to decrease and/or eliminate brain damage is making a difference in the Rochester area. A team of neurologists, cardiologists, critical care specialists, and emergency medicine physicians at the University of Rochester Medical Center's Strong Memorial Hospital have been seeing dramatic patient outcomes as a result of a new water circulating system that lowers a patient's inner core temperature in hopes of stemming any brain damage resulting from loss of blood and oxygen flow to the brain.

Strong Memorial was the first hospital in upstate New York to acquire the Medivance Arctic Sun non-invasive cooling system technology last August.

Currently, Medivance is the sole manufacturer of this non-invasive cooling technology, although several invasive endovascular methods are currently being evaluated in clinical trials.

According to **Scott Burgin, M.D.**, assistant professor of Neurology, while for years physicians have observed that decreasing the body's inner temperature appeared to be beneficial to those who suddenly were deprived of oxygen for short periods of time, it was only three years ago that research studies published in the *New England Journal of Medicine* outlined definitive benefits.

"The brain can only tolerate a brief period of deoxygenation before the neurons begin to wither and die," Burgin said. "By bringing down the inner body's core temperature to about 92 degrees Fahrenheit, we are able to slow down metabolism, inflammation and the release of harmful neurotransmitters, in effect giving patients a chance at a full and meaningful recovery after cardiac arrest."

According to the American Heart Association, there were more than 1.1 million myocardial infarctions last year in the United States. Researchers estimate that more than 90 percent of victims die before they reach the hospital. Of those remaining, chances of a significant recovery depend on how quickly the heart can be started, and what treatments can be put into place to decrease any negative effects from the oxygen-starved brain.

The Medivance Arctic Sun uses pads that adhere to the skin to circulate cooled water. The pads are applied with a gel to the thighs, trunk and back, and a computer monitors the patient's temperature and automatically cools or warms the circulating water as needed. A person's core temperature can usually be decreased to the correct zone within two hours. After 24 hours, the body is gradually rewarmed.

Before this system was available, some physicians would try a variety of methods to decrease body temperature, such as placing ice packs or cooling blankets in and around the patient. However, these methods were inefficient and difficult to routinely integrate into patient care.

Stringent criteria are in place to ensure the technology is being used on appropriate patients, and patient selection begins as soon as the patient enters the emergency department. Physicians have up to six hours after the cardiac arrest to begin the cooling process, but "the sooner the better," said **Frederick S. Ling, M.D.**, director of the Cardiac Catheterization Laboratory, who worked with Burgin to bring the system to the Medical Center.

"We have the ability to restart and fix the heart after cardiac arrest, but until cooling therapy, there was little we could do to prevent stroke or even brain death as a result of the arrest," said Ling. "With this technology, we can give our patients the best hope of a meaningful recovery, not just of body, but also of mind."



PICU Starts Mentoring Program for Nurses

A Year After New Unit Opens, the Future Looks Exceedingly Bright

In an effort to boost nurse retention and cultivate advanced nursing skills, Golisano Children's Hospital's Pediatric Intensive Care Unit (PICU) nurses have created a new mentoring program that extends formal training for nurses to one year.

Jeffrey Rubenstein, M.D., chief of pediatric critical care, called the mentoring program "outstanding" because of its potential to attract more nurses to the unit while also improving patient care.

"It really is the nurses who do most of our patient care," Rubenstein said.

A pediatric critical care nurse must develop the ability to adjust to a frequently changing environment, to prioritize critical needs and to react quickly to patients' fluctuating conditions. They must also support the family with compassion and understanding.

"You have to be able to realize that everything can change at a moment's notice . . . Some new nurses have trouble with that," said **Janis Croop, R.N.**, nurse manager of the 22-bed unit, which employs about 70 nurses.

That's why the unit provides a minimum orientation of four months in which a nurse works closely with experienced staff to develop the skills required to care for children in the PICU. In addition, the unit has developed a new mentoring program that continues the education of newer staff throughout the first year. The mentee nurses are given a variety of opportunities with close supervision to expand their knowledge base on the broad population of children they see.

Patrice Caines, R.N., who completed orientation in the fall, said both the orientation and the mentoring program have been helpful to her growth as a PICU nurse. Caines had anticipated a nursing career working with adults, but after shadowing at Golisano Children's

Hospital during school, she decided pediatrics was where she needed to be.

"The mentoring program allows me to feel like I can ask for help with complicated tasks such as removing breathing tubes without hesitation. I know there's always back up."

Bob Dorman, R.N., designed the mentoring program to help nurses in their first and, likely, most stressful year. The program's intention is to support nurses while also ensuring they are getting a variety of experiences, such as burn care, critical trauma and neurosurgical emergencies.

"The aim is to help nurses confidently transition from orientee to experienced PICU nurses with all the hope and enthusiasm they came here with," Dorman said, adding that recruitment and retention of PICU nurses should also improve.

Katie Kennerson, R.N., finished both orientation and mentoring shortly after the new PICU opened in December 2004, but she continues to ask for help whenever she needs it.

"That's the great thing about intensive care," Kennerson said. "You're never alone."

Following their first year, staff has the opportunity to orient to the post-operative management of children with congenital heart disease. The complexity of these patients requires highly specialized training, and they are given additional education and clinical experience to prepare them for caring for these children.

Croop said the unit hired 12 new staff in 2004, anticipating the opening of the new facility. In 2005, 18 more nurses were hired with another four expected to start by early in 2006. Like Kennerson and Caines, they will participate in orientation and mentoring programs.

University of Rochester Medical Center Names New Chair of Pediatrics

After a year-long search, the University of Rochester Medical Center has found its new leader in pediatrics, reaching into one of America's top-rated children's hospitals. **Nina Schor, M.D., Ph.D.**, was named chair of the Department of Pediatrics, pediatrician-in-chief of Golisano Children's Hospital at Strong, and professor of Pediatrics at the Medical Center. Schor, who is currently chief of the Division of Child Neurology of Children's Hospital of Pittsburgh, will begin her appointment Jan. 1, 2007, succeeding current chair **Elizabeth McAnarney, M.D.**, who will continue to be actively involved at the Medical Center as professor of Pediatrics in Adolescent Medicine and chair emerita.

"Under Dr. McAnarney, Golisano Children's Hospital at Strong has become a leading pediatric care and research institution for children across upstate New York and northern Pennsylvania. With that strong foundation, Dr. Schor will be able to continue to build the hospital into an unparalleled organization," said **C. McCollister Evarts, M.D.**, CEO of the University of Rochester Medical Center. "In addition, Dr. Schor's background in neurology will strengthen the Medical Center's efforts in the Neurosciences."

Schor will be the seventh chair of the Department of Pediatrics since its inception 80 years ago. She is nationally recognized for her research on neuroblastoma (the most common tumor of the nervous system in children), and degenerative disease and oxygen radical damage in the nervous system. She currently holds the Carol Ann Craumer Endowed Chair for Pediatric Research at Children's Hospital of Pittsburgh of the University of Pittsburgh Medical Center and is chief of the Division of Child Neurology, director of the Pediatric Center for Neuroscience, and associate dean for Medical Student Research at the University of Pittsburgh School of Medicine.

"Dr. Schor's career embodies and celebrates the academic clinician. Not only is she widely recognized as a superb investigator, clinician and educator, but she has managed to weave these skills together to create a whole that is greater than the sum of its parts," said **David Guzick, M.D., Ph.D.**, dean of the University of Rochester School of Medicine and Dentistry. "Her demonstrated leadership and administrative skills, as well as her ability to engage



Nina Schor, M.D., Ph.D.

the community in children's health, will be a great asset to the University of Rochester and to the region."

Golisano Children's Hospital at Strong is the region's only children's hospital, providing care for close to 100,000 children through its inpatient and outpatient services. It is in the final stages of a capital campaign that has raised more than \$40 million to date, which in part is helping to fund new expansions and programs at the hospital including the recently opened Pediatric Intensive Care and Pediatric Cardiac Intensive Care Units and a surgical suite currently under construction.

"Nina Schor, succinctly said, is one of the finest young pediatric academicians in the country with an impeccable academic pedigree and deep integrity. She has skillfully navigated the academic worlds in both neurology and pediatrics with great aplomb," McAnarney said.

Schor trained in Pediatrics and Neurology at Boston Children's Hospital of Harvard University. She received her M.D. from Cornell University Medical School and her Ph.D. from the Rockefeller University. Schor has been an attending physician in child neurology at Children's Hospital of Pittsburgh since 1986 and has won numerous awards, including several for teaching.

"I am very much looking forward to joining this wonderful University, Medical Center, and community," Schor said. "I will work to maximize the health and well being of our children and to ensure that tomorrow's children will enjoy a level of health care that surpasses the best we can offer today."

Pediatrician's National Appointment Celebrates Rochester



Rochester and **Jeffrey Kaczorowski, M.D.**, associate professor of Pediatrics at Golisano Children's Hospital at Strong, were a natural choice for the American Academy of Pediatrics' new Community Pediatrics Training Initiative.

"This is a special community," **Thomas McInerney, M.D.**, associate chair for clinical studies at Golisano Children's Hospital at Strong, said at an October 2005 reception for Kaczorowski thrown by The Children's Agenda at the Memorial Art Gallery. "It is no surprise that Jeff is here."

Kaczorowski will dedicate 30 percent of his time to developing a model for training residents in community health, supporting established programs and assessing the current status of community pediatrics training nationwide.

Among the 50 child and health leaders in attendance at the reception was **Robert Haggerty, M.D.**, the man credited with Rochester's legacy of community pediatrics. After he became chair of Pediatrics in 1964, Haggerty coined the term "the new morbidity" in reference to biological and social problems that had been outside the topics with which pediatricians were trained to deal. Those problems include violence, education and behavior.

Haggerty's legacy was bolstered when Kaczorowski and **Laura Jean Shipley, M.D.** – who happens to be Kaczorowski's wife – led the initiative that created Pediatric Links with the Community. The Rochester community outreach program seeks to improve children's health by taking pediatricians out of their offices and into community settings. The program trains residents in the community and requires them to develop projects to improve children's health, such as advocating for daily physical education in schools.

Kaczorowski was appointed executive director of The Children's Agenda in March 2004 after a nationwide search for the Rochester-based independent, non-partisan, collaborative organization that promotes objective, research-based positions and mobilizes support for them.

Kaczorowski concluded the reception with a brief speech thanking the Rochester community and the community collaborators who have made it possible to improve children's health.

"Thank you for dreaming of a better life for children in Rochester and all across the country."

Comforting Behavior Mistaken for Movement Disorder

Masturbation in Young Females Can Mimic Paroxysmal Dystonic Posturing

The comforting behavior of thumb-sucking wouldn't land a 1-year-old girl in a neurologist's office, but the twisting and unusual movements of the comforting act of infantile masturbation can lead parents and physicians to believe a child is suffering from a movement disorder.

An article published in last December's describes a dozen cases of young girls who were referred to pediatric movement disorder clinics between 1997 and 2002 for evaluation of paroxysmal (episodic) dystonic posturing, which is characterized by involuntary muscle contractions that force the body into abnormal movements and positions. Many of the children were subjected to invasive testing and medication before neurologists discovered the dystonic-like symptoms were actually normal muscle contractions that accompany masturbation.

"Masturbation is a normal human behavior. It's not harmful to anybody," said **Jonathan W. Mink, M.D., Ph.D.**, chief of Child Neurology at the University of Rochester Medical Center's Golisano Children's Hospital at Strong, lead author of the article. "But these children have been on medication. They've had invasive procedures, and it's because their doctors either hadn't seen it before or they didn't recognize it."

Mink theorizes that the cases studied were all female because boys' masturbation is more recognizable because of the tendency to have direct hand contact with the genitals. Girls don't necessarily directly touch the genitals when masturbating. An episode may begin in a car seat or high chair where straps place pressure on the genital area. Many of the episodes come on when a child is tired or bored.

Children with dystonia or having seizures cannot respond or be distracted out of an episode. Mink recommends pediatricians and pediatric neurologists ask parents to videotape the episodes before performing invasive and often expensive tests that could turn out to be unnecessary. Masturbation does not mean that a child has been sexually abused, Mink said.

"It also doesn't portend any sexual deviancy later in life," Mink said. "It's such a common and normal behavior that it's nothing to worry about. It's not appropriate to punish children for it. They associate it with comfort, like thumb-sucking."

Mink said he assures parents that as their children get older and more aware of what they are doing, they can talk about reserving the behavior for home or the bedroom.

Collaboration Key in Prevention and Treatment of Eating Disorders

New State System of Care to Give Patients, Parents Clear Options

New York is the only state in the country that has had the foresight to establish a law mandating and funding the development of Comprehensive Care Centers for eating disorders. Rochester, with the pre-established collaboration between the University of Rochester Medical Center's Golisano Children's Hospital and Unity Health System, is home base for the Western New York Comprehensive Care Center for Eating Disorders (WNYCCCED), serving 30 counties from St. Lawrence County to Broome County and west.

The aims of the WNYCCCED are to ensure comprehensive and integrated care for patients and families; provide case management services in western and upstate New York; provide education, outreach, referral and early intervention; and research innovative and effective means to treat and prevent eating disorders.

"The new system provides a clear path to treatment for patients from all over New York," said **Richard Kreipe, M.D.**, medical director of the WNYCCCED and chief of adolescent medicine at Golisano Children's Hospital at Strong. "No longer will patients or providers have to search for more specialized care. It will be available to them no matter where they live in the state."



Richard Kreipe, M.D.

The formal partnership between Golisano Children's Hospital at Strong and Unity grew out of a decades-old established system of care for people with eating disorders in Rochester in which Golisano Children's Hospital cares for adolescents and children in inpatient and outpatient programs and Unity cares for adult patients in outpatient care and patients of all ages in the partial hospitalization program. The Rochester Area Eating Disorders Community Advisory

Board comprised of providers, patients, families and professionals from area non-profits and the business sector joined with Golisano Children's Hospital and Unity in the planning of the WNYCCCED.

"We are very proud to work in Rochester, where patient care comes first and where providers, patients, families, and insurers like Excellus work together to make this a reality. This formal collaboration in the new state system demonstrates our commitment to health and wellness above all else," said Mary Tantillo, director, of the WNYCCCED and Unity Health System Eating Disorders Program.

The state designation establishes a wider system of care that incorporates satellite offices in Buffalo, Syracuse, Watertown and Binghamton. Patients will be provided direct care in their own communities. Health care professionals in the satellite offices will receive support and training from the WNYCCCED.

The state Department of Health also distributed grants to one center in New York City that covers the downstate area and another to a center in Albany to cover the capital region. St. Joseph's Villa, located in Rochester, will treat all patients in the state who require adolescent residential care. Sage House, a part of DePaul Community Services (initially funded by Wegmans, the Daisy Marquis Jones Foundation, and the Rochester Area Eating Disorders Network), will provide enriched housing for adult women with eating disorders across the state as well.

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Advances in Lymphoma Treatment Reduced Deaths by 70 Percent

Treatment advances for patients with follicular lymphoma, previously considered an incurable cancer, have reduced deaths in the first four years by 70 percent. A recently published study recommends that doctors carefully choose their patients' initial therapies because there may be significant differences in overall survival rates, according to researchers at the James P. Wilmot Cancer Center.

Scientists who compared outcomes for 960 patients treated with three different regimens found that survival rates varied from 91 percent for the newest treatments using monoclonal antibodies, to 69 percent for standard therapy.

"This is real evidence that the clinical advances we've made over the last 30 years are prolonging lives," said **Richard I. Fisher, M.D.**, director of the Wilmot Cancer Center and lead author on a paper published by the *Journal of Clinical Oncology*. "Some of the new therapies that include monoclonal antibodies have revolutionized treatment of this disease."

Follicular lymphoma, a slow-growing cancer of the lymphatic system, affects about 30,000 older adults each year in the U.S. Median survival has been seven

to 10 years but, until this study, there was no evidence of any recent improvements.

Fisher and colleagues from the Southwest Oncology Group, Fred Hutchinson Cancer Research Center in Seattle, and University of Arizona Cancer Center assessed three common therapies that have been used over the last two decades.



Richard I. Fisher, M.D.

In the head-to-head comparison, they found that standard therapy—a four-drug combination called CHOP (cyclophosphamide, doxorubicin, vincristine and prednisone)—along with new monoclonal antibodies (rituximab or iodine-131 tositumomab) offers the best survival rate during the first four years. They studied 179 patients who were treated with this regimen during the late 1990s and the survival rate was 91 percent.

The second arm included 425 patients treated during the 1980s with ProMACE-MOPP, an eight-drug, combo-chemotherapy regimen, and 79 percent had survived at the four-year point. The third group of 356 patients received CHOP plus immunostimulant therapies during the 1970s; their four-year survival rate was 69 percent.

"This data gives doctors and patients real evidence that initial treatment decisions have significant impact on the length of survival," Fisher said.

Fisher has studied CHOP therapy and other combinations with the Southwest Oncology Group, one of the largest research cooperative groups, for the last three decades. He led studies that demonstrated its effectiveness as a treatment for aggressive lymphomas.

The Wilmot Cancer Center has established one of the Northeast's largest hematologic malignancies teams, specializing in the multidisciplinary treatment of lymphomas and leukemias. Wilmot hematologists are currently comparing the two most effective therapies—CHOP plus rituximab, and CHOP plus iodine-131 tositumomab.

For more information or to refer patients to the Wilmot Cancer Center, please call (585) 275-5830 or 1 (866) 4-WILMOT (494-5668).

Science News at Your Fingertips

The latest news on the University of Rochester's research in science, medicine and engineering is available via e-mail through the ScienceCache newsletter. About two or three times a month, subscribers receive a synopsis of the latest news in these areas, with pointers to the Web for more information.

It's a handy way to keep track of the University's top research news. For more information or to subscribe, send a note to tom_rickey@urmc.rochester.edu. ScienceCache is also available at www.urmc.rochester.edu/pr/sciencecache/.

Medical Center Helps the Sick Learn the System

NCI Awards \$3.2 Million to Study Patient Navigation Programs

The National Cancer Institute has funded a \$3.2 million, five-year University of Rochester Medical Center project that allows researchers to train community health workers to navigate people through phone calls, questions, documents, appointments and the emotional upset set off by a suspicion of cancer. The researchers also plan to teach patients how to communicate more effectively with their doctors, nurses, and other providers so that they fully understand the best treatment options, for example, or whom to call if problems arise.

Although patient navigation programs are believed to be useful, they are not widely available and have not been rigorously tested. The University will take a lead role in evaluating how well this potentially powerful tool can work, especially among minority groups, the poor, or anyone known to suffer from disparities in quality of health care.

“One of the reasons that we see disparities in cancer care likely has to do with better social networks among the better off,” said **Kevin Fiscella, M.D., M.P.H.**, associate professor, University of Rochester Department of Family Medicine and Community and Preventive Medicine. “There is truth to the old adage that when you are sick, it matters who you know and whether you are asking the right questions. Navigators fill this void particularly for patients who aren’t as well connected.”

Fiscella’s group will study the experiences of 350 local women with abnormal mammogram results, 250 men and women with abnormal colon-cancer screening results, and 200 people who are ultimately diagnosed with cancer. Consenting volunteers will be divided into two groups: usual care and exposure to a patient-navigation program.

The goal is to find out if having a trained navigator shortens the time between an abnormal test result and a definitive diagnosis, and whether the navigation improves adherence to treatment recommendations, the ability to talk to the doctor, patient satisfaction with care, and quality of life, Fiscella said.

The first patient navigation programs began at Harlem Hospital in New York City more than 15 years ago. However, Fiscella said, several studies continue to demonstrate that African Americans and other racial or ethnic minorities experience more delays, poor



communication, and financial barriers to the health care system. Although the local research will address the experiences of all individuals, a key question is whether members of underserved populations derive a greater benefit from patient navigation.

“Any time people go through a period of uncertainty it’s very stressful,” Fiscella said. “But you add to that the stress associated with fear, and not knowing who to call or what to ask or how to manage the circumstances of your own case, it can be truly overwhelming.”

In Rochester, a few groups outside of the University do provide navigation services. AIDS Rochester has developed excellent programs for helping patients through treatment, education, and many other aspects of HIV-AIDS care, Fiscella said. The Women’s Health Partnership also provides uninsured people with advocacy services in addition to free cancer screenings, follow-up care and treatment.

For the first time, the University will evaluate patient navigation in the cancer-care community. Volunteers will be enrolled through the six largest primary care practices in the city, and from specialists associated with area cancer programs including the James P. Wilmot Cancer Center and Highland Hospital. Three navigators will be trained.

The University of Rochester Medical Center was one of nine institutions nationwide chosen by the NCI to study patient navigation. Each of the centers has specific goals, but they will also collaborate to develop national policies and guidelines. Fiscella, the principal investigator, also serves as associate director of the Rochester Center to Improve Communication in Health Care.

Microvascular Specialist Tapped to Lead Plastic Surgery Division

Howard N. Langstein, M.D., has been appointed chief of Plastic and Reconstructive Surgery at the University of Rochester Medical Center, bringing a wealth of experience to the Rochester area, particularly in microvascular reconstruction.

Langstein came to Rochester from the University of Texas M.D. Anderson Cancer Center in Houston where he most recently served as associate professor of Plastic Surgery and director of the Department of Plastic Surgery Graduate Medical Education Programs. In addition to microvascular reconstruction expertise, Langstein has special interest in breast, head and neck surgery, as well as cosmetic procedures.

"The Medical Center's Plastic Surgery program has been well developed and I look forward to leading our team into the next phase of its growth," said Langstein. "Reconstructive procedures continue to evolve and become more sophisticated, and our team is poised to keep pace as new techniques emerge."

The Medical Center's Plastic Surgery team also includes **Vincent F. Reale, M.D.**, **John A. Giroto, M.D.**, and **Stephen J. Vega, M.D.**

"I look forward to expanding our division by adding several faculty positions, including researchers, and offering the entire array of plastic and reconstructive procedures, while continuously exploring areas of new growth," Langstein added.

After earning his medical degree at New York University Medical School, Langstein completed residencies in general surgery and plastic surgery at New York University's Bellevue Hospital Center, and a fellowship in surgical oncology at the National Cancer Institute. He was a chief resident in general surgery, resident in plastic surgery, and chief resident in plastic surgery at Bellevue before becoming a fellow in microsurgery and cancer reconstruction at M.D. Anderson.

In the mid-1990s, Langstein served in various surgical positions at Mercy Hospital and the University of Pittsburgh. He returned to Houston in 1998 where he was eventually promoted to associate professor at M.D. Anderson and named director of one of the world's preeminent microsurgical training programs.

Langstein has been editor-in-chief of *The Internet Journal of Plastic Surgery* for five years and has authored more than 30 articles in peer-reviewed journals, two invited articles, four book chapters, and numerous other publications.



Howard N. Langstein, M.D.

Appointments

ANESTHESIOLOGY

Jay Shayevitz, M.D.

FAMILY MEDICINE

Teresa Allen, D.O.
Drew Emerson, M.D.
Stefenie King, M.D.

IMAGING SCIENCES

Osbert Adjei, M.D.
Him-Wing Chan, M.D.

MEDICINE

Michael Becker, M.D.
Manish Kohli, M.D.
Yoshihiko Murata, M.D.
Clelia Negrini, M.D.
Andrew Williams, M.D.

OBSTETRICS/GYNECOLOGY

April Ricotta, C.N.M.

OPHTHALMOLOGY

Gregory McCormick, M.D.
Shakeel Shareef, M.D.

PEDIATRICS

Sanjiv Amin, M.D.
Natalie Sikka, M.D.

PRIMARY CARE

Margaret Bergin, M.D.
Sharon Berkowitz, M.D.
Marc Berliant, M.D.
Gina Cuyler, M.D.
Dina Kringstein, M.D.
Mary Labanowski, M.D.

Meredith Landorf, M.D.

Nicoline Lee, M.D.
Ralph Pincus, M.D.
Shannon Pitts, M.D.
Charles Wadsworth, M.D.

PSYCHIATRY

Saba Abaci, M.D.
Deanna Sams, Ph.D.

SURGERY

Samantha Hendren, M.D.
Howard Langstein, M.D.
Lelan Sillin, M.D.

UROLOGY

Ganesh Palapattu, M.D.



Department of Surgery
Bariatric Center

Highland Hospital's Department of Surgery recently opened the doors to its Bariatric Surgery Center, a new 9,000-square-foot home for the service, which cared for more than 500 patients in 2005. The new Center doubles the number of exam rooms and provides a central location for nutrition, psychology and education information for the growing program, which is projected to care for about 900 patients annually within the next two years. For information or to refer patients to the Bariatric Surgery Center, please call (585) 341-6213.

Strong Enrolling Severe Angina Patients in Gene Transfer Study

Experimental Trial Believed to Stimulate New Blood Vessel Growth

The University of Rochester Medical Center is one of 30 study sites in the United States to participate in a study of a revolutionary new gene transfer therapeutic. Researchers hope this treatment will restore blood flow to ischemic areas of the heart in patients who suffer from severe angina due to coronary artery disease and who have few or no remaining treatment options.

The procedure involves injecting a special gene directly into the heart muscle in six places through a specialized catheter. It is believed that the gene provides the heart with "instructions" to grow new blood vessels, which help to bring more oxygen to oxygen-starved areas of the heart—and relief from the angina.

"We are hopeful that the gene transfer therapeutic, called VEGF (Vascular Endothelial Growth Factor), will be beneficial to our patients with refractory angina," said **Frederick S. Ling, M.D.**, principal investigator for the Rochester study site. "These patients have few or no other remaining options."

The results of the earlier trials have been encouraging, Ling says. "We want to see this through to the next phase, in which larger numbers of patients are tested so we can provide the necessary proof that it really works. The evidence that we have so far is promising and we're looking forward to taking those steps."

Earlier trials of this therapy in 55 patients who suffered from moderate to severe refractory angina (Class 3 or 4), showed that 70 percent reported a reduction in angina of two or more classes. Patients also experienced a significant reduction in episodes of angina from an average of 32 per week to seven per week. These effects were sustained for at least two years and there were no associated safety issues. The current Phase IIb trial is being called GENASIS (Genetic Angiogenic Stimulation Investigational Study).

GENASIS, the largest trial of its kind, is sponsored by Corautus Genetics, Inc., the biopharmaceutical company that developed the gene transfer therapy being studied in the GENASIS.

For more information, please contact the Strong Heart and Vascular Center at (585) 273-4956.

Highland Breast Care Center Offering Internal Radiation Therapy

Patients with early-stage breast cancer have a new treatment option at the Highland Breast Care Center. MammoSite Radiation Therapy delivers radiation directly to the tissue surrounding the original tumor, minimizing radiation exposure to healthy tissue and reducing the length of treatment, from five to seven weeks to one to five days.

The MammoSite device is a balloon catheter that is inserted into the cavity created by a lumpectomy. After implantation, radiation is delivered directly to the tissue surrounding the original tumor from a source placed inside the balloon over a course of five days. The device targets radiation to the area where tumors are most likely to recur, while minimizing exposure to healthy tissue in the breast, chest and lungs.

“We are excited to offer this new internal treatment option to women with breast cancer who are

confronting difficult choices regarding their care,” said **Lydia Liao, M.D.**, associate director of Highland Breast Care Center, University of Rochester Medical Center. “MammoSite represents the next generation of internal radiation therapy, providing doctors and patients with a site-specific treatment option that can be completed in five days,” said **Joy Anderson, M.D.**, assistant professor of clinical radiation oncology and medical director of radiation oncology at Highland Hospital. “The fact that MammoSite is minimally-invasive for patients, coupled with the short treatment time, could make it easier for more women to consider the choice of lumpectomy.”

The Highland Breast Care Center, is part of the James P. Wilmot Cancer Center at the University of Rochester Medical Center. For more information or to refer a patient, please call (585) 341-6869.

Strong Stroke Center Recognized for “Exceptional” Care

The University of Rochester Medical Center’s Strong Stroke Center has been certified as a Primary Stroke Center by the Joint Commission on Accreditation of Hospital Organizations (JCAHO). The JCAHO certification follows a similar designation by the New York State Department of Health in September.

JCAHO certification represents the culmination of a lengthy and comprehensive review of the center’s facilities, staffing, training, protocols, services, and performance and recognizes centers that “make exceptional efforts to foster better outcomes for stroke care.”

“We are honored that both JCAHO and the State of New York have recognized the excellent work that is being done here at Strong Memorial Hospital,” said **Curtis Benesch, M.D., M.P.H.**, director of the Strong

Stroke Center. “The Strong Stroke Center has a long history of providing the highest quality of care and breaking new ground in the treatment and rehabilitation of stroke victims.”

The Strong Stroke Center is the fourth largest in New York State and treats 500 stroke victims annually. The team consists of four board-certified vascular neurologists, other supporting general neurologists, subspecialty nurse practitioners, and nurses who specialize in stroke care. This team provides 24-hour coverage, ensuring the ability to deliver time-sensitive care. In addition, a multi-disciplinary team of therapists provides follow-up care through a specialized inpatient unit and rehabilitation facilities.



Highland Stroke Center Earns State Designation

The New York State Department of Health has designated Highland Hospital a Stroke Center, formally acknowledging Highland’s capabilities in stroke evaluation, diagnosis, continuing treatment, and rehabilitation. The designation also recognizes Highland’s efforts in staff development and community awareness.

“The Health Department has established a set of evidence-based clinical standards in stroke care and offers the Stroke Center designation only when all of these standards are put into action,” said **Cindy Becker**, Highland Hospital vice president and COO. “The true beneficiaries of this designation are the many patients we serve and their families who will seek treatment here knowing they’ll receive the highest standard of care.” Highland Hospital sees approximately 400 stroke

patients a year—either new to the emergency department or who have suffered a stroke while already hospitalized.

“Good intentions are not enough in order to receive this kind of designation,” said **Heidi Schwarz, M.D.**, leader of Highland’s stroke management team and the hospital’s chair of Neurology. “The fact is, when a community hospital applies for this kind of designation, it is scrutinized more closely than the bigger hospitals. We had to make a convincing case that all the services and capabilities are active and in place in our smaller setting, where the same services might be assumed to be in place elsewhere.”

Stroke team leaders are Schwarz, **Mike Cunningham, M.D.**, Emergency Department associate director, and **Sheri Flynn, R.N.**, project coordinator.

FOR YOUR CME CALENDAR

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

PEDIATRIC ADVANCED LIFE SUPPORT 2005 GUIDELINES ROLL-OUT

INTENDED FOR PALS INSTRUCTORS

MARCH 9 OR MARCH 18

Course Director:

Elise van der Jagt, M.D.

PEDIATRIC ADVANCED LIFE SUPPORT PROVIDER COURSE

MARCH 10 AND 17, OR
MAY 4 AND 11

RE-TRAINING COURSE

APRIL 7

Course Director:

Elise van der Jagt, M.D.

PACS 2006

MARCH 14-17

The Westin Riverwalk
San Antonio, Texas

Course Director:

Edward M. Smith, Sc.D., F.A.C.N.P.

ADVANCED CARDIAC LIFE SUPPORT 2005 GUIDELINES ROLL OUT

INTENDED FOR ACLS INSTRUCTORS

MARCH 30

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Elise van der Jagt, M.D.

CARDIOLOGY FOR CLINICIANS

APRIL 1

Course Director:

Ronald Schwartz, M.D.

DR. STANFORD B. FRIEDMAN CELEBRATION

APRIL 25

Activity Director:

Elizabeth McAnarney, M.D.

PEDIATRIC ADVANCED LIFE SUPPORT ORIGINAL INSTRUCTOR COURSE

APRIL 28

Course Director:

Elise van der Jagt, M.D.

PAIN MANAGEMENT UPDATE

APRIL 29

Course Directors:

Deborah Friedman, M.D.

John Markman, M.D.

PRINCIPLES AND PRACTICE OF COGNITIVE BEHAVIORAL THERAPY FOR INSOMNIA

MAY 5-7

Course Director:

Michael Perlis, Ph.D.

EPILEPSY 2006

MAY 18

Course Director:

A. James Fessler, III, M.D.

19TH ANNUAL ROCHESTER CONFERENCE IN PERINATAL MEDICINE: HOT TOPICS IN OB

MAY 18

Rochester Riverside

Convention Center

Course Director:

Eva K. Pressman, M.D.

51ST ROCHESTER EYE INSTITUTE CONFERENCE

MAY 19-20

Course Directors:

Steven Feldon, M.D.

James Aquavella, M.D.

Deborah Friedman, M.D.

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CANANDAIGUA VA MEDICAL CENTER

CALL (585) 393-7211

TARDIVE DYSKINESIA

APRIL 7, 11:30 A.M.

Frederick J. Marshall, M.D.

Associate Professor,

Neurology

ANEMIA OF THE ELDERLY, INCLUDING MDS

MAY 5, 11:30 A.M.

Jane Liesveld, M.D.

Associate Professor,

Hematology/Oncology

ITHACA

CAYUGA MEDICAL CENTER

CALL (607) 274-4225

UROLOGIC AND MEDICAL MANAGEMENT OF RENAL STONES

MARCH 10, 7:30 A.M.

Craig Kaplan, M.D.

Associate Professor,

Nephrology

CURRENT CONCEPTS IN EVALUATION AND MANAGEMENT OF PELVIC ORGAN PROLAPSE

APRIL 21, 7:30 A.M.

Gunhilde Buchsbaum, M.D.

Associate Professor,

Obstetrics and Gynecology

DISTINGUISHING AGE-ASSOCIATED MEMORY LOSS FROM MILD COGNITIVE IMPAIRMENT

MAY 19, 7:30 A.M.

M. Saleem Ismail, M.D.

Assistant Professor,

Psychiatry

BATH

BATH VA MEDICAL CENTER

CALL (607) 664-4770

ASSESSMENT OF SEPTIC JOINTS

MARCH 9, 10 A.M.

Allen Anandarajah, M.D.

Assistant Professor,

Immunology/Rheumatology

ASSESSMENT AND TREATMENT OF POST TRAUMATIC STRESS DISORDER

APRIL 13, 10 A.M.

Robert L. Weisman, D.O.

Associate Professor,

Psychiatry

DANVILLE

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LIPID MANAGEMENT

MARCH 23, 8 A.M.

Michael W. Fong, M.D.

Associate Professor,

Cardiology

COPD AND ASTHMA

APRIL 27, 8 A.M.

Michael Larj, M.D.

Assistant Professor,

Pulmonary Medicine

INFLAMMATORY BOWEL DISEASE

MAY 25, 8 A.M.

Razi M. Arifuddin, M.D.

Associate Professor,

Gastroenterology

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