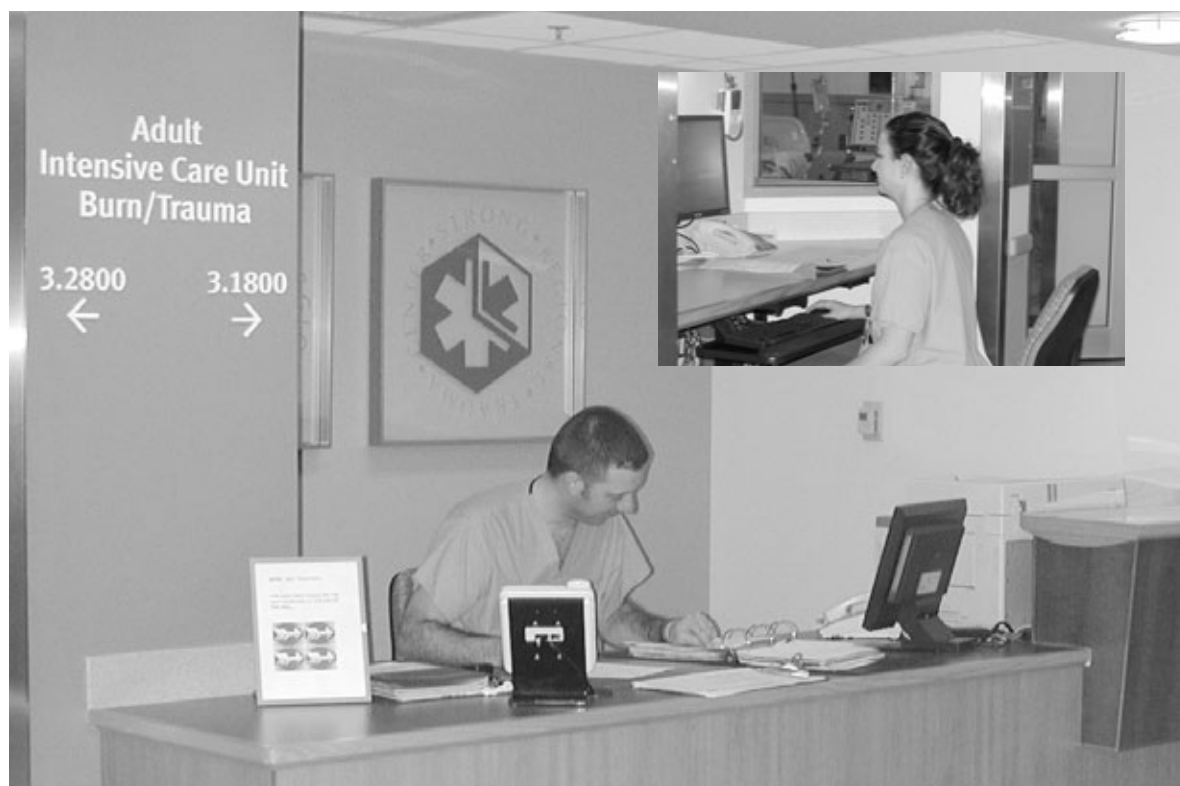


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# STRONG OPENS NEW ICUs, RONALD McDONALD HOUSE



**S**trong Memorial Hospital and Golisano Children's Hospital at Strong recently opened the new Kessler Family Burn/Trauma Intensive Care Unit, a Pediatric Intensive Care Unit, and a Ronald McDonald House — located within the hospital — that provide enhanced care and comfort for adults and children from throughout the region.

The units are part of a more than \$20 million enhancement in facilities and services aimed at providing the region with state-of-the-art intensive care services. "In terms of improving patient care for adults and children, and making life

easier for their families, it doesn't get much better than this," says **C. McCollister Evarts, M.D.**, CEO, University of Rochester Medical Center and Strong Health.

The new Kessler Family Adult Burn/Trauma Intensive Care Unit (AICU) is on the third floor of Strong Memorial Hospital, above the emergency department. Dedicated elevators mean that staff and patients have easy access between the AICU, emergency department, and operating rooms.

With 25 beds, the 20,000-square-foot AICU — three times larger than the previous one — is among the largest in the state. The trauma portion provides significantly larger rooms than the previous unit. Among the many new features: Rooms equipped with separate temperature systems to maintain specific heat

To learn about enhancements affecting children and families from throughout the region, please see the *Golisano Children's Hospital Connection* insert on page 5.

*Continued on next page*

# SPECIALTY CLINIC FOCUSED ON GYNECOLOGIC NEEDS OF PEDIATRIC AND ADOLESCENT GIRLS

Gynecological care for teens and younger women has traditionally focused on birth control and pregnancy, with little attention paid to care for girls prior to menstruation, or to other gynecological problems that affect youth. In fact, gynecological issues can be present at birth and continue through childhood and adolescence. Traditional gynecological services may not suit the special needs of young girls.

The University of Rochester Medical Center and Strong Health's Pediatric and Adolescent Gynecology Clinic is at the forefront of providing care in this emerging specialty for girls in Rochester and its surrounding communities. A component of the Division of Gynecologic Specialties, the clinic was founded and is directed by **Sireesha Y. Reddy, M.D.**, assistant professor of Obstetrics and Gynecology at the University of Rochester. The clinic is located in Rochester at 1815 South Clinton Ave., Building 400, Suite 450.



Sireesha Y. Reddy, M.D.

“Our expanding clinic emphasizes the importance of separating these special age groups from the adult populations,” says Reddy. “Although some of the medical problems we see may be similar to those of adult women, the examination, diagnosis and management of young patients may be different. In conjunction, we offer education and counseling to our young patients and their families, an important aspect of the care we provide.”

With sensitivity toward providing age-appropriate care, the practice sees patients for a range of conditions,

including (but not limited to):

- Abdominal pain
- Abnormal Pap smears
- Chronic genital rashes or itching
- Heavy, frequent or painful menstrual periods
- Irregular or infrequent menstrual periods
- Injuries involving reproductive organs
- Sexually transmitted infections
- Labial adhesions
- Ovarian cysts or pelvic masses
- Signs of early or delayed sexual maturation
- Unusual appearance of genitals
- Vaginal discharge

“If a primary care physician suspects a young patient has a gynecological issue, we are available for consultation and evaluation,” Reddy says. “We partner with primary care or other specialty physicians — such as endocrinologists, specialty surgeons, and specialty clinics — for a thorough diagnosis in an environment that is sensitive to a younger population, both in the way we approach them and in the equipment and facilities we have that are intended for their care. Often, we can help identify and treat minor issues before they become larger problems.”

Reddy earned her medical degree at Columbia University College of Physicians and Surgeons and completed a residency in obstetrics and gynecology and a master's of science in immunology at the University of Rochester. Board-certified in obstetrics and gynecology, she is a member of the Association of Professors of Gynecology and Obstetrics, the North American Society for Pediatric and Adolescent Gynecology and the American College of Obstetrics and Gynecology.

For information or to refer patients to the Pediatric and Adolescent Gynecology Clinic, please call (585) 273-3212.

*Continued from front page*

and humidity requirements, helping maintain the body temperature of patients who are in shock from their injuries.



There are also a number of rooms designed specifically to help people suffering from severe burns. These rooms offer individual temperature controls, and specially equipped bathrooms and showers to make bathing more comfortable.

The AICU also has an enhanced hydrotherapy room for patients in the acute phase of burn recovery, a physical and occupational therapy gym for

in-hospital rehabilitation sessions, and an outpatient room to provide treatment for burns during nights and weekends.

“As the only New York state-designated Burn/Trauma Center in the Finger Lakes Region, it is our responsibility to

ensure the best treatment and the latest technology to give our patients every chance they have for survival,” says **Paul Bankey, M.D.**, division chief of Strong's Burn/Trauma service. “This new unit allows us to do that.”

The AICU also features a decentralization of computer stations, encouraging caregivers to stay closer to their patients rather than congregate around a single nursing station. Now, there is a computer outside of each room, so health care professionals enter information about patients without ever losing sight of the patient. The unit also offers a waiting room for enhanced family privacy, and a meeting room for discussions with physicians. The previous ICU did not have such accommodations.

The new AICU cost more than \$10 million, but was a necessary improvement for Strong Memorial, the region's designated burn and trauma hospital. Each year, more than 2,300 critically injured or ill adults are cared for at Strong, a number that has grown by 25 percent during the past five years.

# UNIVERSITY UROLOGY ASSOCIATES ADDS MALE INFERTILITY EXPERT



Jeanne O'Brien, M.D.

Area couples having difficulty conceiving have a new avenue to explore when investigating causes of and possible solutions for their infertility. **Jeanne O'Brien, M.D.**, who recently completed a fellowship in male infertility at the University of Toronto, joined the staff of University Urology Associates as assistant professor at the University of Rochester Medical Center.

Of the more than three million infertile couples in the United States, physicians estimate that male infertility is the cause nearly 50 percent of

the time. As the first urologist in the Rochester region to specialize in this condition, O'Brien opens up new treatment options for couples seeking help with infertility.

"This is a relatively new service area, so many are unaware of the simple procedures that can be done to improve male fertility," O'Brien said. "I am honored to specialize in a field that helps couples achieve their dream of conceiving a child."

O'Brien will work closely with physicians at the Strong Fertility and Reproductive Science Center to assist couples in finding optimal solutions for treating infertility.

"Dr. O'Brien's expertise expands our capabilities in helping infertile couples," says **Vivian Lewis, M.D.**, professor of Obstetrics and Gynecology and director of Reproductive Endocrinology and Infertility at the University of Rochester Medical Center. "Though we've previously collaborated with urologists regarding male-factor infertility, her presence in our community expands the options available to couples for whom male infertility is a barrier. We'll be working closely with her to take a coordinated approach for couples who seek our help."

Prior to O'Brien's fellowship training in Toronto, she completed a residency in urology at the University of Rochester Medical Center and was chief urology resident during her last year. O'Brien is a graduate of the Loyola University Chicago Stritch School of Medicine. She is a member of several medical associations including the American Society of Andrology, American Society of Reproductive Medicine, Society of Male Reproduction, and American Urological Association. An accomplished speaker, O'Brien has spoken at a several national meetings on male infertility, and has published numerous articles on the topic.

As with women, the causes of infertility in men are varied, and include genetic, lifestyle and idiopathic issues. Researchers believe that a major culprit is a varicocele, an enlargement of veins inside the scrotum that drain the testicles. As many as 15 percent of all men are believed to have varicoceles, but up to 40 percent of infertile men have them. And, in secondary infertility cases, more than 70 percent of men are believed to have a varicocele.

Physicians are not entirely sure why these enlargements cause infertility though they suspect that the enlarged veins cause a rise in temperature in the immediate region, leading to decreased sperm production, and damaging sperms' motility and morphology. Diagnosis is completed through a physical exam, and microscopic surgery is the prescribed course of treatment.



Vivian Lewis, M.D.

O'Brien is the one of the few urologists in Rochester currently performing procedures with a specialized surgical microscope, which magnifies vision 15 to 20 times. Men should see an increase in sperm production as soon as two months after the procedure, and sperm counts can continue to rise for another seven months.

Other causes of male infertility include congenital defects and disease, although 30 percent of all infertility is idiopathic. A variety of treatment options with good success rates are available for many of these conditions, according to O'Brien.

"For example, vasectomy reversals have great outcomes, with up to 95 percent of men producing sperm in a quantity acceptable to conceive naturally, or to be used in conjunction with another procedure, such as artificial insemination," she says.

For more information on male infertility services, call University Urology Associates at (585) 341-7777.

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# WORLDWIDE HEART RESEARCH PROJECT LAUNCHES IN ROCHESTER IN 2005

## CLINICAL STUDY TESTS NEW USE FOR NEXT-GENERATION ICD

The University of Rochester Medical Center is leading a clinical trial that includes 93 medical centers across the globe to study a new application for the implanted cardiac defibrillator (ICD). The goal is to enroll at least 15 to 20 patients from the Rochester region, and a total of 1,800 patients. Local referrals are being accepted by **James Daubert, M.D.**, the study's principal investigator at the Medical Center, and **Carol Yeager, R.N., B.S.**, local study coordinator.

The clinical trial opened in January in Los Angeles, with the enrollment of the first patient at Good Samaritan Hospital. The goal of the research is to prevent heart failure progression in patients with early-stage disease.

The U.S. Food and Drug Administration last year approved the study, called MADIT-CRT (Multicenter Automatic Defibrillator Implantation Trial with Cardiac Resynchronization Therapy). The overall principal investigator is **Arthur J. Moss, M.D.**, professor of Medicine at the Medical Center. He will supervise scientific data analysis, safety monitoring, and

publication of the results. Guidant Corporation, a manufacturer of the device, is the sole sponsor of the research.

Patients who meet the enrollment criteria will receive either an implantable cardiac resynchronization device with defibrillator capability or only an implantable defibrillator. Both groups will receive optimal medical care. The cardiac resynchronization device with defibrillator capability can disrupt a potentially fatal heart rhythm, and also can synchronize the heart's lower chambers to help the heart pump more efficiently. This approach allows researchers to study whether resynchronization can improve the mechanical function of the heart and prevent or slow the progression of heart failure.

A large body of randomized, clinical scientific data gathered during the past decade has already demonstrated the life-saving benefits of ICDs. Each study has incorporated a larger or different group of patients who might benefit from the device at the earliest possible point in the disease progression.

To refer patients for the study, call Yeager at (585) 273-1300, or Daubert at (585) 275-4775.



## HIGHLAND FAMILY MEDICINE HAS NEW HOME, NEW NAME

After nearly 30 years at 885 South Avenue, Highland Family Medicine Center has relocated to expanded facilities at 777 South Clinton and changed its name to Highland Family Health Center, to better reflect its services to the community.

With more than 60,000 annual patient visits, the program outgrew its original home and needed more space to accommodate its growth. The Highland Apothecary, Cornhill Internal Medicine and a Strong Health laboratory collection station are also at the new location.

Compassionate patient care and high quality customer service have been hallmarks of Highland Family Medicine, and the new location provides improved benefits for patients. It is closer for many patients living in the South Wedge, has more parking, and is located on a convenient bus route. The state-of-the-art building offers increased clinical space and electronic health records, which will provide quicker turn-around times for tests.

"The Department of Family Medicine is nationally renowned for its work on doctor-patient relationships, family-oriented primary care and the elimination of the disparities in health care," says **Thomas L. Campbell, M.D.**, Rocktaschel Professor and chair of Family Medicine. "This new location will improve our ability to provide excellent care to our patients."



Photo by Third Street Studios



Elizabeth McAnarney, M.D.  
Pediatrician-in-Chief  
Golisano Children's Hospital at Strong  
601 Elmwood Ave., Box 777  
Rochester, NY 14642

On May 28, 2003, our little angel, Leah, was born. She was agitated from the moment she arrived. Our pediatrician, Dr. Zahi Kassas, in Wellsville, was aggressive in treating her, but nothing seemed to help. He referred us to Golisano Children's Hospital at Strong, where we eventually met a very special person, a surgeon named Dr. George Drugas.

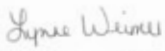
Leah was diagnosed with Hirschsprungs disease, meaning she was born without nerve endings in her colon. As Dr. Drugas entered our hospital room on September 17, 2003, he had such a confidence about him. We were immediately reassured by his knowledge and sincerity. He spoke to us with respect and with incredible compassion for our situation, and he always has shown that he cares for Leah. He's operated on her twice and has given her a normal life.

Last Easter, I had some questions for Dr. Drugas' nurse practitioner, Julie Pietraszewski, but she was out of the office. I told their assistant, Tracy, that it could wait. Later that day, we received a call from Dr. Drugas. I was stunned that such a busy surgeon would take the time to call and reassure me, to answer questions that were not of an urgent nature. He is a gift from God and I wanted you to know what a difference he has made in our lives.

Julie also deserves our deepest gratitude. Every once in awhile, I call to reassure myself that we are doing everything we can for Leah. She always makes time to talk, and when Leah was really sick, she was always there to give us much-needed emotional support.

I hope that you treasure both Dr. Drugas and Julie, as they are the reason our family survived a most difficult year. God bless all of you at Golisano Children's Hospital.

Sincerely,

  
Lynne Weimer

  
Donald Weimer

## PEDIATRIC SURGICAL SERVICES TO GROW

This year, Golisano Children's Hospital at Strong intends to create a Pediatric Surgical Suite designed to meet the specialized needs of children and their families.

Golisano Children's Hospital continues to recruit new surgical faculty and staff. Most recently, the hospital recruited **Mary Santos, M.D.**, a general pediatric surgeon. She is part of a trio that includes **Walter Pegoli, M.D.**, chief of pediatric surgery, and **George Drugas, M.D.** They are the region's only board-certified general pediatric surgeons, performing about 1,800 surgeries each year.

The team at Golisano Children's Hospital also includes **George Alfieris, M.D.**, a pediatric heart surgeon known for his excellent outcomes, **Howard Silberstein, M.D.**, the area's only pediatric neurosurgeon, and **John Giroto, M.D.**, a skilled pediatric craniofacial surgeon who has fostered a team approach among many disciplines.

In addition, the hospital offers the services of three outstanding pediatric urology surgeons — **Ronald Rabinowitz, M.D.**, **William Hulbert, M.D.**, and **Robert Mevorach, M.D.** — and a pair of talented orthopedic surgeons, **Gary Tebor, M.D.**, and **Anji Singh, M.D.** Children can also find excellence in pediatric otolaryngology, which is staffed by **Arthur Hengerer, M.D.**, and **Kenneth Whittemore, M.D.**

Faculty and staff often receive letters of thanks from children and their families. The accompanying, unsolicited letter is from Lynne and Donald Weimer, of Portville, N.Y., near Olean, about a two-hour drive from Golisano Children's Hospital at Strong.



*Three floors added above Strong Memorial Hospital's Emergency Department are now home to the Kessler Family Adult Burn/Trauma ICU, the Pediatric ICU/CICU, and the first Ronald McDonald House to be located inside a hospital.*

## NEW PEDIATRIC INTENSIVE CARE UNIT, RONALD McDONALD HOUSE OPEN

**G**olisano Children's Hospital at Strong recently opened a new Pediatric Intensive Care Unit/Pediatric Cardiac Intensive Care Unit, and a new Ronald McDonald House, the latter being the first in the world located inside a hospital.

The Pediatric Intensive Care Unit/Pediatric Cardiac Intensive Care Unit, also known as the PICU/PCICU, was made possible by the generosity of the Robbins Family, Wal-Mart/Sam's Club, and Tom Golisano, the hospital's namesake. The spacious, colorful, and child-friendly unit — which will serve more than 1,500 children each year — is on the hospital's fourth floor.

At 20,000 square feet, the new PICU/PCICU is more than double the size of the previous pediatric ICU. Most patient rooms, private and in excess of 300 square feet, include a phone and data line, a 32-inch television, and a bathroom, all for the convenience of children and their

families. The unit also includes a sizeable waiting room and a dedicated activity room for children.

"We had the chance to design this from scratch, and we took full advantage of the opportunity," says **Jeff Rubenstein, M.D.**, the unit's medical director. He and his colleagues visited nearly 40 pediatric ICUs throughout the country, noting the best features of each one, and incorporating their findings into the plans at Strong.

The new PICU/PCICU boasts more than 50 computers, a tenfold increase from the previous unit. "This includes a number of wireless computers, which are a big help because some parents find it very useful to view the X-rays," Rubenstein says. "They are very visual, and can understand information better if they see it themselves." In addition, decentralized computer stations — providing workstations just outside of each child's room — allow caregivers to stay near children more of the time rather than retreating to a centralized nursing area.



The PICU, the pediatric cardiac component of the unit, was created to foster the work of the hospital's pediatric cardiology and heart surgery teams, led by **Roger Vermilion, M.D.**, and **George Alfieris, M.D.**, respectively. This advancement is especially important because hundreds of children — from as far away as Buffalo and Elmira — undergo heart surgery at Golisano Children's Hospital.

In January, a new Ronald McDonald House, serving families of critically ill children, opened at the hospital. Made possible by the generosity of Ronald McDonald House Charities of Rochester, it is on the hospital's fifth floor, just a short walk or elevator ride from the PICU/PCICU, which is directly below it.

The House allows parents to find comfortable, convenient accommodations near their son or daughter. Known as the House within the Hospital, it is staffed by Ronald McDonald House volunteers. Providing lodging to families whose children are

facing the most critical of life-threatening situations, it is less than a 60-second walk from the new intensive care unit. The new House offers seven private bedrooms, each with two twin beds, as well as laundry and kitchen facilities, and a family lounge. The lounge — complete with a large-screen plasma TV — provides a gathering place for families to meet, talk, and lend support. It is the first House in the world to be located within a hospital. Rochester's original Ronald McDonald House, which celebrates its 15th anniversary of service this year, remains open at its Westmoreland Drive location.

The new PICU/PCICU cost more than \$10 million, and the Ronald McDonald House will cost about \$2 million. Although fund-raising continues for each, children and families are already benefiting from them. "This is another shining example of how our community works together on behalf of children," says **Elizabeth McAnarney, M.D.**, the hospital's pediatrician-in-chief.

# PEDIATRICIANS STUDY EFFECTS OF ROSEOLA VIRUS

Pediatricians from Golisano Children's Hospital at Strong are excited about leading a \$3.7 million study funded by the National Institutes of Health, but perplexed by the lack of interest among local parents.

The study will determine if babies born with the roseola virus are affected differently than those acquiring the illness as toddlers. The research is crucial because cytomegalovirus, which shares important characteristics with roseola virus, is a major cause of developmental disabilities when acquired before birth.

As many as 78 percent of children who have developmental disabilities recognized by age 10 have no known cause for the problem. Because roseola virus and cytomegalovirus (CMV) are closely related, it makes sense to examine whether the former plays a role in developmental problems. "We need 400 children to participate in order to obtain meaningful research results," says **Mary Caserta, M.D.**, of the Division of Pediatric Infectious Disease at Golisano Children's Hospital. "Rochester is the only location where this study is being conducted, so it represents a unique opportunity for the community to improve not only our children's lives, but the lives of children throughout the world."

Caserta and **Caroline Breese Hall, M.D.**, lead the study. Their team has spoken with many families, enrolling a dismal percentage of eligible babies. At the outset, they thought new parents might be too busy to enroll in a three-year study. Caserta — the mother of three children, including twins — was surprised to learn that was not a major consideration. "What I hear repeatedly from mothers is, 'If this were really important, I would have heard about it,'" she says. "It is a disappointing start to a study that could have international implications."

The duo published two roseola virus studies last fall in the *Journal of Pediatrics*. In an editorial, Robert F. Pass, M.D., of the

University of Alabama at Birmingham School of Medicine, writes: "Understanding the natural history of common, persistent viral infections and investigating their relationship to uncommon events inevitably requires study of large numbers of subjects . . . Hall and Caserta . . . are to be commended for their discipline and tenacity . . . The results of continued efforts to address the questions raised by their results are awaited with anticipation."

Exactly 1 percent of newborns are infected with the roseola virus before they are born. Pediatricians want to know how that may affect a child's development. "Is there a different history for children who are born with roseola virus infection than those who become infected as toddlers?" Caserta asks. "Does the virus behave differently if one acquires it in the womb, and what are the implications of that?"

Caserta and Hall are known internationally for studying roseola virus, and have good reason to suspect that it may play a role in how children develop. Like roseola virus, 1 percent of U.S. babies are born with the CMV infection. Ten percent of those infants experience significant damage to the nervous system, or show signs of developmental disabilities. "Until it was studied extensively," Caserta says, "we didn't know CMV caused progressive developmental disabilities, such as deafness."

Children enrolled in the new study make five visits to Golisano Children's Hospital during a 32-month period. Their primary focus is to administer highly specialized developmental testing at 4 and 6 months, again between 12 and 15 months, and when the child is at least 24 months. The last three visits involve drawing small amounts of blood to study how the virus may affect the immune system's response to childhood vaccines.

For more information about the study, call Golisano Children's Hospital at Strong at (585) 275-6672.



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## EMBOLIZATION AN ALTERNATIVE TREATMENT FOR UTERINE FIBROIDS

Women who suffer symptoms from uterine fibroids have a range of medical and surgical treatment options, including a newer procedure that gained national attention thanks to Secretary of State Condoleezza Rice. Last November, Rice underwent uterine fibroid embolization, a treatment less invasive than some surgical approaches that can alleviate symptoms such as heavy bleeding and pain.

“Though not for everyone, uterine fibroid embolization is a potential option for many women who have fibroids that cause bleeding issues and sometimes pressure and pain,” says University of Rochester Medical Center Interventional Radiologist and Assistant Professor of Radiology **David E. Lee, M.D.** “We now have long-term data that establishes this treatment as a standard of care for symptomatic uterine fibroids. It’s less invasive than some surgical treatments and, for many women, a way to have good results with a quicker recovery.”

The procedure works by cutting off the blood supply to the fibroids to inhibit their growth and decrease problematic symptoms. Under x-ray guidance, physicians insert a catheter into the arteries that enter the uterus and infuse embolic agents to plug those arteries and block the blood supply. Follow-up

*“I’d do it again in a heartbeat . . . I saw results within the first three months.”*

studies show the fibroids, on average, are 40 percent smaller a year after treatment, and symptoms are significantly reduced for most patients.

Deborah Valentine sought the treatment when unpredictable, heavy bleeding and anemia interfered with her quality of life. Though she considered having a hysterectomy, she wanted to avoid major surgery. At age 49, knowing she was close to menopause, she sought a less invasive option and learned about uterine fibroid embolization through research on the Internet, as many women do. Valentine discussed the procedure with her gynecologist and was referred to Lee who determined she would be a good candidate for the treatment. Valentine had the procedure done a year ago, was in the hospital for one night and returned to work in less than two weeks.

“I’d do it again in a heartbeat,” Valentine says. “After a year I have no doubt it was the right thing for me. I saw results within the first three months. And though I know it’s not for everybody, I would recommend that women, who find themselves in a similar position, at least learn about the procedure to see if it’s an option over more invasive surgery”

Lee says the best candidates for the procedure, in general,

are women in their 40s whose fibroids pose bleeding problems. “It is not for everyone but, as a treatment for symptomatic fibroids, can be a complement to

the array of treatments offered to help improve the quality of life for women with these issues. It offers women another alternative to consider.”

For consultation or to refer patients, please call (585) 275-5142.

## HIGHLAND HOSPITAL EXPANDS MEDICAL IMAGING SERVICES



The most advanced medical imaging technology combined with customized patient care is now available at Highland Hospital.

The Medical Imaging Department at Highland recently completed a 3,000-

square-foot expansion of its treatment rooms and waiting area. New, state-of-the-art technology, including a CT scanner and CT fluoroscopy, provide faster images, shorter exams, and rapid transmission of results to physicians.

Among the expanded services offered with the new equipment is virtual colonoscopy, a procedure using advanced visualization techniques to create a virtual image and exploration of the colon. This new procedure offers several advantages over conventional colonoscopy. It is non-invasive, takes less time, and does not require sedation.

Renovations also included the addition of a high-field MRI unit that offers the complete range of MRI examinations. The new cardiac MRI program and vascular imaging program complement the broad range of examinations offered at Highland.

New equipment combined with Highland’s strong emphasis on customer service means patients receive the best care available, according to **Raymond Tan, M.D.**, chief radiologist at Highland. Tan is a world-renowned expert in MRI and the author of *Differential Diagnosis in Magnetic Resonance Imaging*.

“Highland offers the latest technology in a community hospital atmosphere that focuses on customizing care to each patient’s needs,” Tan says. “This investment is a testament to Highland’s mission of service excellence in health care, one person at a time.”

To refer patients for medical imaging at Highland, please call (585) 341-6785 for general scheduling, or (585) 341-6586 for MRI scheduling.

## URMC RECEIVES PRESTIGIOUS NATIONAL AWARD FOR COMMUNITY OUTREACH

In recognition of its longstanding major institutional commitment to community health improvement, the University of Rochester Medical Center was honored by the Association of American Medical Colleges (AAMC) with its 2004 Outstanding Community Service Award at its annual meeting in November. This prestigious award is presented annually to a medical college that has developed a comprehensive approach to improving the health of the community in which it resides, using its combination of research, teaching and clinical care resources.

"This award reflects the durability of the commitment to community health that has been made by faculty throughout the Medical Center," said **David Guzick, M.D., Ph.D.**, dean of the School of Medicine and Dentistry, accepting the award. "Community health has become embedded as the fourth mission of the Medical Center across all of its departments. As such, it is not an afterthought, but is interwoven into the fabric of all of our research, patient care and education activities."

In 2003, URMC estimates that more than 20 departments within the Medical Center led over 70 community outreach programs. Additionally, 159 Rochester community-based research projects, funded at \$39 million, are ongoing in the community.

In winning this award, URMC joins the ranks of other national medical centers such as Morehouse School of Medicine in Atlanta, University of California at Los Angeles (UCLA) School of Medicine, University of Washington School of

Medicine, New York City's Montefiore Medical Center, Medical University of South Carolina and the University of Colorado School of Medicine.

"Community service and outreach have long been a tradition at URMC," said **C. McCollister Evarts, M.D.**, CEO of the Medical Center. "In fact, when the Medical Center's major benefactor, George Eastman, was initially approached for funding, he agreed to provide the seed money, but with a caveat: to use the skills and talents within URMC to create the world's healthiest community in Rochester. We believe that addressing health issues for the community, especially high-risk children and families, is perhaps one of our most important economic and social obligations. We will continue to work in partnership with the Rochester community to bridge the gap between the health care system, public health and the educational system as we continue on our journey to deliver on George Eastman's vision of making Rochester the healthiest community in the nation."

According to AAMC President Jordan J. Cohen, M.D., the award recognizes an institution that develops a variety of programs and initiatives that are responsive to community and social needs.

"URMC is to be commended for its commitment to produce culturally competent, compassionate physicians," said Cohen. "The entire institution's community involvement has had a profound impact on the medically underserved residents of Rochester."

## UROLOGISTS STUDY FLUORESCENT DYE, BLUE LIGHT TO DETECT BLADDER TUMORS

Urologists at the James P. Wilmot Cancer Center are joining an international clinical study of a new photosensitizer — a liquid dye inserted into the bladder — to improve detection of small tumors that will likely grow after surgery.

The photosensitizer, when placed in the bladder, makes cancer cells glow bright pink under a blue light, making them easier for surgeons to see and remove during cystoscopic procedures. Hexvix, or hexyl aminolevulinatate, is similar to a chemical found naturally in the body and contains porphyrins. Cancer cells absorb this substance faster than healthy cells, and they turn fluorescent pink when the cystoscope light changes from white to blue.

"The change in color is dramatic and this lets us see tiny tumors or satellite tumors that we wouldn't have seen before with traditional white lighting during cystoscopy," says **Edward M. Messing, M.D.**, urology chair at the Wilmot Cancer Center at the University of Rochester Medical Center, the only upstate New York site testing this technique.

The randomized Phase III study of hexvix, the new drug, will enroll 620 people in the United States, Canada and Europe, including about 30 in Rochester. Hexvix, developed by PhotoCure ASA of Norway, is used in European countries and this study may open its use to patients in the United States. The study is funded by PhotoCure.

## APPOINTMENTS

### ANESTHESIOLOGY

Wasim Akhtar, M.D.

### DENTISTRY

Joy Abt, D.D.S.

Jeffrey Karp, D.M.D.

### EMERGENCY MEDICINE

Ty Dickerson, M.D.

Dante Pappano, M.D.

### MEDICINE

John Alexander, M.D.

### NEUROLOGY

Daniel Britton, M.D.

James Fessler, M.D.

Alan Pardee, M.D.

James Cleland, M.D.

### NEUROSURGERY

Paul Holman, M.D.

### OBSTETRICS/GYNECOLOGY

Jo Wrona, C.N.M.

### ORTHOPAEDICS

John Orsini, M.D.

### PEDIATRICS

Christopher Momot, M.D.

Basya Veybeman, M.D.

### PRIMARY CARE

Anthony Sousou, M.D.

### PSYCHIATRY

Monica Matthieu, Ph.D.

Juan Pena, Ph.D.

Wilfred Pigeon, Ph.D.

Pamela Schippell, Ph.D.

Leslie Tomek, M.D.

### RADIOLOGY

Takasni Kitanosono, M.D.

Wael Saad, M.D.

### SURGERY/VASCULAR

Michael Singh, M.D.

# KUDOS

**Neil Blumberg, M.D.**, has been appointed director of the Clinical Laboratories at the University of Rochester Medical Center. A long-time University of Rochester Medical Center faculty member, Blumberg is professor of Pathology and Laboratory Medicine and director of the Transfusion Medicine Unit, Blood Bank and Stem Cell Storage Facility at URMC. Blumberg will have overall responsibility for the operation of all clinical laboratories at Strong Memorial Hospital and Highland Hospital, including anatomic pathology and specialty laboratories. Blumberg joined the Medical Center in 1980 as assistant professor after receiving his medical degree from the Yale University School of Medicine. In addition to providing outstanding clinical and administrative leadership of the Transfusion Medicine Unit, Blumberg has significantly contributed to the advancement of transfusion medicine practice both nationally and internationally.

**Nancy N. Cain, M.D., D.F.A.P.A.**, was chosen by the American Psychiatric Association for the Frank J. Menolascino Award, given yearly for a member who has made significant contributions to psychiatric services for persons with mental retardation or developmental disabilities through direct clinic services and/or dissemination of knowledge in the field through teaching or research. Cain was the director of a regional clinic at the University of Rochester Department of Psychiatry for individuals with mental retardation and mental illness, has been active in training psychiatric residents and other professionals, and involved in dissemination of knowledge through written articles, book chapters and presentations at many national and international meetings in this field. Her research has focused on bipolar disorder in individuals with mental retardation.

**Jack G. Caton, D.D.S., M.S.**, received the American Academy of Periodontology Gold Medal Award during the Academy's 90th Annual Meeting last November in recognition of his outstanding contributions in the field of periodontal research, education and service. Caton was also honored with the Academy's Special Citation for co-chairing the 2003 Evidence-Based Workshop on Contemporary Science in Clinical Periodontics. Caton has been on the Eastman faculty since 1973 and has served as division chair and program director since 1990. He has authored more than 80 publications, given more than 190 major presentations worldwide, and served as principal investigator on many research grants.

**Robert Haggerty, M.D.**, who coined the term "new morbidity" and championed the creation of community health centers, received multiple honors that solidify his status as one of the most prominent pediatricians of the 20th century. Golisano Children's Hospital at Strong will dedicate the Robert J. Haggerty Child Health Services Research Laboratories, where pediatricians will work together to study topics such as school-based asthma

management and the use of telemedicine in day care settings. Haggerty received the International Pediatric Association's inaugural Dogramaci Award in recognition of his stellar career, and the 2004 Alfred I. DuPont Award for Excellence in Children's Health Care, recognizing lifetime contributions to excellence in children's health care.

**Richard Lewis, M.D.**, has been appointed medical director of the Orthopaedic Outpatient Clinic. Since the department moved its outpatient services to Clinton Crossings in January 2002, orthopaedic and rehab services have doubled their patient volume. Lewis also provides physician oversight for the after-hours orthopaedic urgent care clinic.

**Michael Maloney, M.D.**, has been named director of University Sports Medicine as well as director of the Sports Medicine Fellowship program. Maloney replaces Kenneth DeHaven, M.D., who was appointed senior associate dean for Clinical Affairs and director of the Medical Faculty Group.

**Dorota Kopycka-Kedzierawski, D.D.S., M.P.H.**, principal investigator, and **Ronald J. Billings, D.D.S., M.S.D.**, co-principal investigator, were awarded a \$48,000 Aetna Foundation grant for Teledentistry in Childcare — Reducing Oral Health Disparities in Young Children. The project is a collaborative effort with the "Health-e-Access" program led by **Kenneth McConnochie, M.D.** The proposed electronic-oral-health-access program will complement current Health-e-Access health services, which are already in place at local Head-Start programs and overseen by pediatricians in the University's Department of Pediatrics. It uses information technology to enable clinicians to evaluate and treat ill children at distant child care sites. Integrating dental services with medical would help to expand the already successful program and facilitate the development of an early intervention mechanism, combining medicine and dentistry, to reduce disparities and increase access to care for the underserved.

**Berislav Zlokovic, M.D., Ph.D.**, has been awarded a rare 10-year MERIT award from the National Institute on Aging, worth approximately \$5 million in funding to further his research that is opening up new ways for scientists to treat or prevent Alzheimer's disease. Zlokovic's peers at NIH selected him based on the consistent high quality of his work over several years. He specializes in studying the crucial role of blood vessels in diseases like Alzheimer's. Zlokovic, who joined the University in 2000, is professor in the Department of Neurosurgery and director of the Frank P. Smith Laboratories for Neurosurgical Research. While he has been funded continuously by NIH for several years, the MERIT award — for "Method to Extend Research in Time" — gives him stable, long-term funding.

## NEW SURGERY, PERMANENT IMPLANT IMPROVES SEVERE NEARSIGHTEDNESS

A new surgical procedure that has improved eyesight in people who have severe nearsightedness and face a dearth of treatments has made its way to western New York. Ophthalmologist **Scott MacRae, M.D.**, director of the Strong Vision Refractive Surgery Center at the University of Rochester Eye Institute, recently treated a patient's severe nearsightedness — vision of approximately 20/3,400 compared to a healthy 20/20 — by outfitting her with a permanently implanted lens in each eye, a procedure that was approved late last year by the U.S. Food and Drug Administration. The patient's uncorrected vision is now about 20/20.

The surgery gives an option besides life-long thick glasses or contact lenses to patients legally blind.

"This surgery produces one of the most dramatic improvements in quality of life that I have seen in my 20 years as a corneal surgeon," says MacRae. "These are patients who really are blind without glasses. If they knock their glasses off the nightstand, they're blind — for many, their greatest fear is to be caught in a situation like a fire in a hotel where they could lose their glasses and not be able to find their way out."

The key to the new procedure is a plastic lens that is implanted into a person's eye permanently to correct for the person's abnormal vision. In studies of the device, 84 percent of patients with vision 20/400 or worse improved to at least 20/40. The technology was included in *Time* magazine's list of top medical developments in 2004.

Most such patients aren't eligible for procedures like LASIK because their eyes simply are too bad to benefit from the procedure.

But for most people with more modest cases of nearsightedness, LASIK remains a viable option. MacRae recently told an audience of eye doctors in a keynote address at the annual meeting of the American Academy of Ophthalmology that patients should benefit from several recent discoveries. The techniques appear crucial for minimizing unwanted side effects and allowing patients, most of whom now have vision of 20/16 or better, to enjoy the full effects of a type of enhanced vision, customized ablation, that wasn't even a twinkle in the eye of doctors 20 years ago.

MacRae discussed three recent findings by his team that boost vision quality:

- Increasing the size of the surface of the eye being treated helps prevent a visual defect known as spherical aberration. **Geunyoung Yoon, Ph.D.**, a colleague who works closely with MacRae, has untangled how the laser can affect spherical aberration, which can cause blurry vision and sometimes results in patients seeing halos around lights at night. The team found that increasing the area of the "treatment zone" on the eye reduces this side effect dramatically.
- Precise positioning of the laser during surgery is vital to prevent a defect known as coma, which causes lights to appear fuzzy and can result in a sharp and annoying glare from lights at night. In a recent study, MacRae's team got its best results when the tracking device used to position the laser was within 200 microns of the most desirable spot. Better tracking devices in recent years have helped physicians position the beam precisely, reducing in patients the amount of coma.
- Careful manipulation of the flap of the cornea that is cut during surgery is more crucial than was previously thought to achieve the best vision possible. MacRae has found that keeping the area dry during surgery helps prevent swelling that can make it difficult for a surgeon to bring the cornea back together meticulously.

## PALLIATIVE CARE EXTENDS SERVICES TO OUTPATIENT SETTINGS

Palliative care services, offered by a multidisciplinary team of Strong Health providers, have helped hundreds of hospital inpatients and their loved ones improve the quality of their lives in the face of severe illness. Now, the program's hospital-based services have been expanded to include outpatient care, all under the direction of **Timothy Quill, M.D.**

The Palliative Care Program has experienced rapid growth since it began in 2001 and now provides up to 70 inpatient consultations each month at Strong Memorial Hospital. Consults also are available at Highland and Monroe Community hospitals. Adding outpatient and home settings complements the services provided to severely ill patients and those involved in their care.

"Our consults are directed at improving pain and symptom management, taking a fresh look at goals of care, and enhancing family support and access to home services," explains Quill. "Every effort is made to enhance the patient's quality of life at the same time that the treatment of disease is being optimized."

Consultation is now offered at private outpatient offices, patient homes, and outpatient care sites such as the James P. Wilmot Cancer Center.

Quill, a nationally recognized expert in palliative care, leads a team of specially trained physicians, nurses, nurse practitioners, social workers, ethicists, chaplains and specialists in pain management and behavioral health.

"We offer additional expertise as part of the health care team caring for patients who are suffering," says Quill.

The program's goals are to:

- Offer patients relief from pain and other symptoms
- Show respect for patients' values and choices
- Support fully informed treatment decision-making
- Preserve patients' quality of life and dignity
- Provide additional support for patients and their families.

In February, the program formally linked with the Medical Center's Program in Clinical Ethics, led by **Jane Greenlaw, J.D.**, to form a collaborative Center for Palliative Care and Clinical Ethics. This link helps optimize educational opportunities for faculty, fellows, residents and medical students, and may lead to joint research projects.

A physician's referral is needed to initiate inpatient or outpatient palliative care services. For information or referral, please call (585) 273-1154.

## CLINIC FOR LUPUS PATIENTS OPENS AT STRONG

Strong Health has opened a new clinic focusing on patients with lupus. The clinic brings together resources that have already made Strong doctors known around the world for the research and treatment of lupus, and marks the beginning of a registry of patients that researchers will turn to as they seek to discover better treatments.

Doctors at Strong's Allergy, Immunology, Rheumatology (AIR) Unit, headed by **Ignacio Sanz, M.D.**, follow about 800 patients throughout western New York who have symptoms of lupus. The new clinic is designed to streamline care of these patients and to serve as a base to compile the registry.

Creation of the clinic comes at an exciting time for lupus researchers and patients. Strong physicians recently found that the drug rituximab, approved to treat lymphoma, appears to be effective at treating lupus, but they say research with more patients is needed to confirm the results. Doctors compare today's treatment of lupus to where treatment of rheumatoid arthritis stood about 10 years ago. Then, doctors were just beginning to test out several new drugs that targeted specific proteins in the body that are at the core of that disease. Since then, several new drugs have become available to treat rheumatoid arthritis — the drugs are much more effective, with fewer side effects, than earlier medications.

"There are a lot of potential treatments for lupus in the pipeline," says rheumatologist **R. John Looney, M.D.**, one of

three physicians who will see patients in the clinic. "The current results offer a great deal of promise for patients. There's a lot of excitement among researchers."

Looney has teamed with **Sanz** and **Jennifer Anolik, M.D., Ph.D.**, to create the clinic at Clinton Crossings on Westfall Road. The trio comprises one of the world's top resources for lupus expertise, ranging from practical information for patients to the very basics of how the disease begins in the body. The team's expertise has already made Strong one of 26 centers in the nation that make up the Lupus Clinical Trials Consortium, where patients have access to experimental treatments. And one year ago, the medical center was named an Autoimmunity Center of Excellence by the National Institutes of Health, with lupus one of three diseases to be studied by two dozen researchers.

The group is working closely with rheumatologists throughout western New York to create the registry, which will be used to get information to patients as well as help doctors pursue new research.

"We really don't have adequate treatments for lupus right now," says Looney. "To develop new treatments, we need enough patients to get these studies done. Patients and physicians throughout the area have been extremely helpful and willing to take part, and we're very thankful."

For information or to make a referral, please call (585) 275-7167.

## DENTAL OUTREACH AIMS TO REDUCE DISPARITIES IN CHILDREN'S ORAL HEALTH

Eastman Dental Center, partnering with social workers from Strong, received a 5-year, \$250,000 grant to target children with significant unmet dental needs, who tend to use Eastman's Pediatric Dentistry Clinic for emergency care. The funding, from Healthy Tomorrows Partnership for Children, comes from the Maternal and Child Health Bureau, which is part of the Health Resources and Services Administration and the American Academy of Pediatrics. The Dental Home for Children Project funds a full-time outreach worker to offer families a wide range of services to address barriers to care and other related issues.

**Maggie Petrosky**, the project's principal investigator and a social worker with Eastman Dental Center and the Medical Center for nearly 10 years, developed the grant with Eastman faculty.

The Dental Home for Children Project's goals are to improve the oral health of targeted children by changing their use of pediatric dental services at the Eastman Dental Center site, and to improve communication between the dental and primary pediatric care health systems. This will enhance both the dental and primary medical care for impoverished and underserved children. The project includes formal communication between Eastman and the pediatric primary

care community to inform pediatricians about their patients' oral health. It will also promote dental/medical partnerships that will assist in the reduction of oral health disparities.

"Oral health is such an important marker for quality of life," said Petrosky. "I continue to be impressed by the personal stories that unfold in the dental setting when families are given a chance to talk. Their stories are powerful, humbling, and unsettling, at times. I am very excited about the opportunity to engage families in a meaningful way, using oral health as the avenue."

"This project dovetails perfectly with our other outreach efforts and helps us continue the legacy established so many years ago by our benefactor, George Eastman," said **Cyril Meyerowitz, D.D.S.**, chair of the Department of Dentistry and director of Eastman Dental Center. "This is a logical extension of Ms. Petrosky's work with the underserved and one that complements the services we already provide."



Maggie Petrosky

## For Your CME Calendar

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

### ADVANCED CARDIAC LIFE SUPPORT

#### PROVIDER COURSE

**March 29, April 19 or May 6**

#### RE-TRAINING COURSE

**April 5 or May 17**

Course Directors: J. Russell Norton, M.D., Carol Ann Diachun, M.D.

### PEDIATRIC ADVANCED LIFE SUPPORT

#### RE-TRAINING COURSE

**April 8**

#### PROVIDER COURSE

**May 19 and 26**

Course Director: Elise van der Jagt, M.D.

### CARDIOLOGY FOR THE CLINICIANS

**April 9**

Course Director: Ronald Schwartz, M.D.

### ANNUAL ALLERGY/ASTHMA UPDATE

**April 30**

Course Director: Mariola Kubicka, M.D.

### PERINATAL MEDICINE CONFERENCE

**May 17**

Rochester Riverside Convention Center  
Course Director: Eva Pressman, M.D., James R. Woods, Jr., M.D.

### 50TH ROCHESTER EYE

#### INSTITUTE CONFERENCE

**May 20 and 21**

Course Director: Steven Feldon, M.D.

### ANTI-TNF THERAPY IN IMMUNE MEDIATED INFLAMMATORY DISORDERS: RHEUMATOLOGY/IMMUNOLOGY UPDATE

**May 21**

Wyndham Syracuse, Syracuse, NY  
Course Director: Christopher Ritchlin, M.D.

For further information:

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## AROUND THE REGION

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

### CANANDAIGUA

CALL (585) 393-7211

### PROSTATE CANCER

**March 18, noon**

Rochester Outpatient Clinic  
Edward M. Messing, M.D.,  
Professor Urology

### DIABETIC NEUROPATHY: CURRENT TREATMENT AND STRATEGIES

**May 20, noon**

Rochester Outpatient Clinic  
Steven D. Wittlin, M.D.,  
Associate Professor  
Endocrine-Metabolism Unit

### HRT

**April 15, noon**

Canandaigua VA  
Medical Center  
Vivian Lewis, M.D., Professor  
Obstetrics & Gynecology

### ITHACA

CAYUGA MEDICAL CENTER  
CALL (607) 274-4225

### STATIN MONITORING, COMPARISONS, COMPLICATIONS

**May 6, 7:30 a.m.**

Robert C. Block, M.D., F.A.C.P.,  
Post-Doctoral Preventive  
Cardiology Research Fellow  
Departments of General Internal  
Medicine and Community and  
Preventive Medicine

### DANVILLE

NOYES MEMORIAL HOSPITAL  
CALL (585) 335-4323

### DEMENTIA DIAGNOSIS AND MANAGEMENT

**March 24, 8 a.m.**

Paul Katz, M.D.,  
Professor Psychiatry  
Robin Henderson Logan, Ph.D.,  
Associate Professor  
Physical Medicine and  
Rehabilitation and Psychiatry

### INSULIN THERAPY FOR TYPE 2 DIABETES MELLITUS

**April 28, 8 a.m.**

Steven D. Wittlin, M.D.,  
Associate Professor  
Endocrine-Metabolism Unit

### HEADACHE MANAGEMENT

**May 26, 8 a.m.**

Heidi B. Schwarz, M.D.,  
Assistant Professor Neurology

## STRONG HEALTH

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

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