

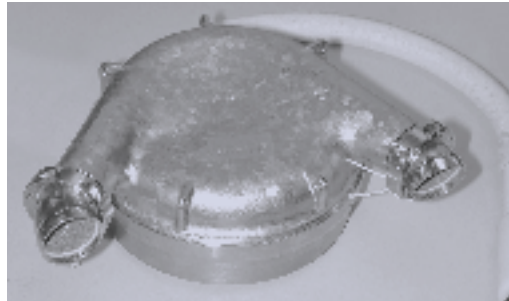


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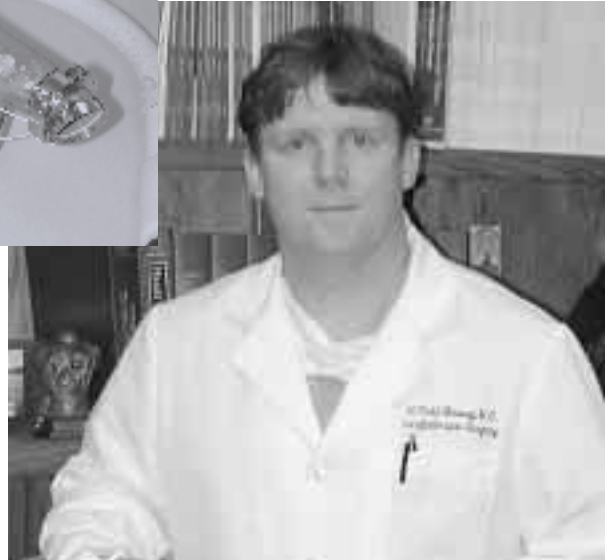
• **WOMEN AND
HEART DISEASE
FOCUS OF
NEW PROGRAM**

• **FIRST PET/CT
SCANNER IN
REGION WILL
IMPROVE CARE**

• **NEW CHAIR
APPOINTED
FOR SURGERY**



STRONG MEMORIAL OFFERS VADs AS DESTINATION THERAPY



Transplant surgeon H. Todd Massey, M.D., uses the Thoratec HeartMate XVE as an option for patients unsuitable for transplantation.

Strong Memorial Hospital of the University of Rochester Medical Center is now able to implant left ventricular assist devices as permanent therapy for heart failure patients who do not qualify for transplantation.

The Strong Health Program in Heart Failure and Transplantation is among the first in the nation and one of only four centers in New York state to receive approval from the Centers for Medicare & Medicaid Services to use a ventricular assist device (VAD) for this purpose.

The CMS authorization of the FDA-approved Thoratec HeartMate XVE LVAS as

destination therapy means patients unsuitable for

transplantation now have another option, says transplant surgeon **H. Todd Massey, M.D.**, surgical director of the Program in Heart Failure and Transplantation and director of the Strong Artificial Heart Program.

Assist devices have traditionally been used as a bridge to transplantation, in cases where a

patient's heart requires mechanical assistance during the indeterminate wait for a donor organ. In some cases, hearts become stronger because of the support of the devices and transplantation is unnecessary.

"Until now, many patients in need of a new heart but not eligible for a transplant had no

choice but to receive palliative care for their end-stage heart disease,"

says transplant cardiologist **Leway Chen, M.D., M.P.H., F.A.C.C.**, medical director of the Program in Heart Failure and Transplantation.

"This decision allows that group additional time and another chance at a better quality of life."

Medicare approval covers patients with chronic, end-stage heart failure

who have a life expectancy of less than two years and who are not appropriate for transplantation. Only Medicare-qualified destination ventricular assist centers may implant the Thoratec HeartMate XVE for this purpose.

The Strong Health Program in Heart Failure and Transplantation serves patients from throughout upstate New York and northern Pennsylvania. (See VADs, page 2)

Strong is among the first in the nation and one of only four centers in New York state Medicare-approved to use a VAD for this purpose.

**BEST
HOSPITALS**

HEART DISEASE IS FOCUS OF NEW PROGRAM FOR WOMEN

A team of women physicians and health care providers has created the Strong Women's Heart Program at the Strong Heart and Vascular Center to promote women's heart health and help women lead healthier lives.

The initiative is led by cardiologist **Gladys Velarde, M.D.**, cardiologist **Hanna Mieszczanska, M.D.**, and vascular surgeon **Cynthia Shortell, M.D.**

"As women, we understand the special health needs, concerns and questions facing women today," says Velarde, director of the Strong Women's Heart Program. "With heart disease the No. 1 killer of women in the United States, female patients need to become better educated about their risk factors, treatments and most importantly, prevention methods."

The team partners with obstetricians, gynecologists and primary care providers to offer patients comprehensive diagnostic testing and treatment.

Its heart and vascular experts recognize and treat unique cardiovascular needs of women during life-stages such as childbirth and menopause. Additionally, patients can participate in major drug and device trials that provide access to the newest medications and cardiac care before they become widely available.

"An emphasis is put on prevention, diagnostic screening, comprehensive risk assessment, risk reduction, education and support," Velarde says. The team provides a holistic approach to women's health care that includes stress



Cardiologist Gladys Velarde, M.D., director of the new program for women, examines Agnes Harper, 67, of Rochester.

management and nutrition consultations. Strong's nearby cardiac rehabilitation program assists patients in achieving and maintaining fitness.

The program offers an array of services targeted specifically to women, including: clinical cardiology consultation; nuclear cardiology and echocardiography studies; arrhythmia monitoring; event loop monitoring; individualized nutrition programs; tailored exercise programs; general vascular surgery; and treatment of varicose veins with a less-invasive technology resulting in fewer complications and fast recovery.

For more information about the Strong Women's Heart Program, call (585) 343-7791, or log on to www.stronghealth.com/services/cardiology/women/.

VADs (Continued from front page)

The first heart transplant procedure in Rochester was performed in February 2001. To date, 45 heart transplants have been performed. The program's one-year survival rate is 92 percent, one of the best in the nation and significantly higher than the national average for heart transplant programs. Graft survival rate is 100 percent.

The transplant program has grown over the past year with two additional transplant cardiologists, **Jeffrey Alexis, M.D.**, and **Hamang Patel, M.D.**, who join transplant cardiologist **John Bisognano, M.D., Ph.D.**, and the other members of the

team. The program also added the life-saving service of a unique Cardiac Critical Care Transport Team, composed of cardiac critical care nurses, respiratory therapists, perfusionists and physicians. The team utilizes a vehicle equipped with state-of-the-art technology to assist patients being rushed from outlying areas to Strong Memorial for care.

For more information about the Strong Health Program in Heart Failure and Transplantation, call (800) 892-4964, or log on to www.stronghealth.com/services/cardiology/transplant.

URMC BREAKS GROUND FOR ROCHESTER REGION'S FIRST PET/CT SCANNER

IMAGE FUSION TO BRING BETTER DIAGNOSIS, CARE FOR PATIENTS

The University of Rochester Medical Center's Department of Radiology is bringing the first PET/CT scanner to the Rochester region, with plans to have it operational by late December 2004 or early January 2005. The positron emission tomography (PET) and computed tomography (CT) scanner merges images from both technologies into one scan, significantly improving physicians' ability to accurately diagnose and guide treatment plans for cancer, cardiac and, more recently, Alzheimer's patients. The new scanner will also become the region's only permanent PET scanner.

This image fusion is quickly becoming a standard of care. Industry experts report that more than 65 percent of all current PET scanner sales are combined PET/CT scanners, and that number is expected to increase to 95 percent in the near future.

According to **David Waldman, M.D.**, chair of the Department of Radiology, the incredible accuracy offered by the combined technology is driving those figures.

"CT scans focus on anatomy, while PET scans depict the physiology of what is being studied," Waldman says. "By fusing these two images together, we have a very precise image of not only the size and activity level of a cancerous growth, for



example, but also can see exactly where it is located. This is incredibly important for cancer patients undergoing radiation therapy."

The new scanner is an open design model, greatly improving patient comfort by reducing the claustrophobic effect associated with a long tunnel. The CT component of the new scanner has a 16-slice capacity to produce detailed images.

The new scanner will be located about a half-mile from the Medical Center. Plans also include building a cyclotron facility adjacent to the PET/CT scanner facility. The cyclotron unit, which delivers the necessary radiopharmaceuticals used in PET imaging, will be managed by Cardinal Health, a world leader in nuclear medicine.

STRONG CARDIOLOGY ASSOCIATES IS MULTILINGUAL PRACTICE

For patients who do not speak fluent English, clearly expressing their medical issues is often difficult without help from a family member or an interpreter. Even when someone does interpret, there is a danger that important details may be communicated incorrectly.

The Strong Cardiology Associates practice at Clinton Crossings offers a unique feature that is making it easier for some patients to talk with their doctor – staff members are fluent in Chinese, Greek, Hebrew, Polish and Spanish.

"The ability to speak directly to a patient in their own language, one we are fluent in ourselves, means we can ask detailed questions and get answers that assist us in quickly diagnosing problems and prescribing the appropriate treatment," says cardiologist **Chang-Seng Liang, M.D., Ph.D.**, who speaks Chinese.

The multilingual practice, which offers clinical cardiology consultations, nuclear cardiology and echocardiography

studies, Holter monitoring and event (loop) monitoring, has four physicians who can cross the language barrier. In addition to Dr. Liang: **Hanna Mieszczanski, M.D.**, speaks Polish; **Henry Richter, M.D.**, speaks Hebrew; and **Gladys Velarde, M.D.**, speaks Spanish. Support staff member **Maria Georgantopoulos** is fluent in Greek.

"As one of the only practices in the region that has cardiologists who speak numerous languages, we are pleased to be able to serve a wider range of patients more effectively," says cardiologist **James Eichelberger, M.D.**, director of Strong Cardiology Associates. "When you are considering a person's health, particularly when it involves cardiac issues, communication makes all the difference."

For more information about Strong Cardiology Associates, please call (585) 341-7700, or log on to www.stronghealth.com/services/cardiology/clintoncrossings/.



UNIVERSITY UROLOGY ASSOCIATES EXPANDS WITH NEW LOCATION, PHYSICIAN AND EQUIPMENT

New office space, expanded outpatient procedures and the addition of a new faculty member are enhancing services at Strong Health's University Urology Associates.

The group recently moved from Westfall Road to new offices in Clinton Crossings in Rochester. Nine physicians and three nurse practitioners are providing the full range of adult and pediatric urologic services at the new location. Physicians will also continue seeing patients at the ambulatory clinic adjacent to Strong Memorial Hospital.

The new office more than doubles the amount of space from the previous location – from four to 10 exam and procedure rooms, which the urology team anticipates will decrease appointment wait times. With state-of-the-art equipment, physicians are conducting the full range of outpatient procedures in the new office including prostate biopsies and cystometrograms for diagnosing interstitial cystitis, procedures that previously were only performed in the hospital clinic.

In addition, with the purchase of a new 3-D cystoscope, Strong urologists are the only physicians in the region using this new digital technology to help detect and treat bladder cancer. The 3-D scope offers clearer, sharper digital images, making it easier to identify bladder lesions.

In late September, **Jeanne O'Brien, M.D.**, will begin seeing patients at the new facility. A fellowship-trained urologist with an interest in infertility, O'Brien also brings a new specialty to the group: microscopic urologic surgery that will help to hasten recovery times for patients.

The new office is easily accessible, offers free parking, and is located at **2400 S. Clinton, Building H, Suite 150**. To reach University Urology Associates, call (585) 756-5469.

Early Hormone Therapy Best for Men with Aggressive Prostate Cancer

Men with aggressive, metastatic prostate cancer who receive immediate early hormone therapy live on average three to four years longer than others who delay similar treatment, according to researchers at the University of Rochester.

Hormone therapy, designed to reduce the production of testosterone known to cause disease progression, is effective immediately following surgery or radiation therapy, according to **Edward M. Messing, M.D.**, of the University of Rochester Medical Center. He led a randomized, prospective study that focused on the effectiveness of immediate or delayed hormone therapy, and results were presented at the American Society of Clinical Oncology.

"Evidence shows that if you have very aggressive prostate cancer that could kill you, early hormone therapy is your best bet," says Messing, UR urology department chair and deputy director of the James P. Wilmot Cancer Center.

The review shows that men who received early hormone therapy lived on average 14 years, compared to 10 to 12 years for those who delayed the treatment. This study is consistent with the results of a large meta-analysis of many studies testing early versus delayed hormonal therapy in men who have aggressive cancers, but are treated before the cancers were found to have spread to very distant sites.

"This is important information for patients and oncologists to have as they make treatment decisions," says Messing, a urology surgeon.

For more information or referrals, please call (866) 4WILMOT or (585) 275-5830.



Thomas L. Campbell, M.D.

CORRECTION

Thomas L. Campbell, M.D., was appointed as William Rocktaschel Chair of the Department of Family Medicine of the University of Rochester School of Medicine and Dentistry, as reported in the spring issue of *Strong Health Connection*. We regret that the wrong photograph was included with the original story. We apologize for any inconvenience this error may have caused.

NEW TECHNIQUE OFFERED IN ROCHESTER HELPS STEM CHILD'S DROOLING

Emily Cassidy turns 4 in August, but she has worn a bib since she was born. The Connecticut girl suffers from sialorrhea, a side effect of cerebral palsy, that was diagnosed before her first birthday.

Although Emily's salivary glands produce normal amounts of fluid, the neck muscles she uses to control swallowing are weak, causing her to drool. "Emily would sit at her desk in preschool to write or draw, and she would drool on her papers," says her mother, Marie Cassidy. "She would go to wipe it off, and the ink would smear, and the paper would rip. Emily would get so upset. There were other times when she would choke or wake up gagging. We had to call 911 one night because she was turning blue."

Otolaryngologists offered two kinds of surgeries. During one, the salivary glands are removed; the other involves tying off the salivary ducts. Both options require complex surgery and a hospital stay, and are often irreversible. "That was too invasive, especially at Emily's age," Cassidy says.

Last winter, Cassidy's brother-in-law, **Walter Pegoli, M.D.**, urged the family to explore a new technique using Botox injections to stem drooling. Pegoli, chief of Pediatric Surgery at Golisano Children's Hospital at Strong, assisted **Ken Whittemore, M.D.** last fall during what they believe was the first procedure of its kind in upstate New York. After another check of their hometown area, the Cassidy family journeyed to Rochester.

In April, Emily met with Whittemore, a pediatric otolaryngologist. Two days later, she was in the operating room. Specialists from the pediatric ultrasound department used state-of-the-art technology to locate the salivary glands. Next, Whittemore injected the Botox into the center of each of the parotid and submandibular glands.

Less than 45 minutes elapsed between the time Emily was brought into the operating room and when she went to the recovery room. She was discharged the same day, and went back to Connecticut within 24 hours. Within 10 days, the Botox injections, which inhibit the normal production of saliva, led to a dramatic reduction in drooling. "We had one month of no drooling," Cassidy says. "It was the greatest



Emily Cassidy, 4, came from Connecticut to seek help from Ken Whittemore, M.D.

thing, and every time I talk about it, my eyes fill up with tears. It was wonderful to see her so happy."

As expected, the effect began to wane, and there was a proportionate increase in drooling. In July, Emily returned for another treatment. "We have a little ray of hope," Cassidy says. "I contacted doctors here in Connecticut about it, and I want other parents to know there is hope."

Whittemore recently consulted with a doctor in Connecticut who is interested in doing the procedure. In the meantime, Cassidy has nothing but praise for Whittemore and his team. "They are fantastic," she says. "I can't say enough good things about Dr. Whittemore. He made us feel so comfortable. Emily just fell in love with him."

Pediatric otolaryngologists from Golisano Children's Hospital – in practice with University Otolaryngology Associates – help children who have a wide variety of ear, nose, and throat problems. For more information, call (585) 758-5700.

GOLISANO CHILDREN'S HOSPITAL CREATING HOST OF ENHANCEMENTS



Infants, children, and teens will be the main beneficiaries of a number of enhancements being made at Golisano Children's Hospital at Strong. Photo courtesy Democrat and Chronicle

Children from throughout the region soon will benefit from several major enhancements at Golisano Children's Hospital at Strong. Those who need intensive care or surgical services will be cared for in state-of-the-art facilities, and thousands of parents anxious to be near their critically ill or injured children will find on-site, overnight accommodations. These changes are being made in accordance with the hospital's pediatric strategic plan, a thoughtful, but aggressive five-year effort to bolster health care services for children in the Rochester and Finger Lakes region.

PEDIATRIC INTENSIVE CARE UNIT TO OPEN IN DECEMBER

During the past decade, in an effort to ensure that no child needs to leave Rochester for health care, Golisano Children's Hospital significantly enhanced its specialty services. By offering better access to top specialists, the newest equipment, and the latest in technology and procedures, the hospital ensured that children no longer were compelled to travel to larger cities such as Boston or Pittsburgh for the best care.

Given projections of patient care needs, the Pediatric Intensive Care Unit (PICU) soon will be undersized. While still functional, the 12-bed unit – opened in 1989 – is often operating near capacity. More than 800 children are treated annually in the PICU, an increase from 550 a year just a decade ago. In the late 1990s, Golisano Children's Hospital recognized this trend of increasing need, and began planning for a new unit, which is scheduled to open in December.

As the only PICU between Buffalo and Syracuse, it is a unique resource to the region. Each child in the region requiring intensive care is admitted to the PICU at Golisano Children's Hospital. This eliminates the high cost of duplication of services, but, most importantly, it allows for centralization of resources and expertise.

The new unit includes a Pediatric Cardiac ICU. By locating all of the pediatric heart patients in one area, the hospital will provide better, more efficient care. About 10 percent of the \$10 million required to completely fund the new PICU still needs to be raised.

NEW RONALD McDONALD HOUSE TO BE AT HOSPITAL

Golisano Children's Hospital at Strong is poised to become only the fourth location in the world to offer a hospital-based Ronald McDonald House for parents.

The 4,000-square-foot Ronald McDonald House is scheduled to open this winter. It will offer eight bedrooms, a family lounge, kitchen and dining area, and laundry facilities. The local Ronald McDonald House on Westmoreland Drive, within walking distance of the hospital, has served as a temporary home to more than 4,400 families during the past 14 years.

The existing Ronald McDonald House will remain open, making Rochester one of the few communities in the world to boast dual Houses. The new House is being built above the fourth-floor PICU and PCICU. Golisano Children's Hospital is providing the shell of the House, and Ronald McDonald House Charities is raising the money needed to build out and furnish the interior, staff, operate and maintain the new House.

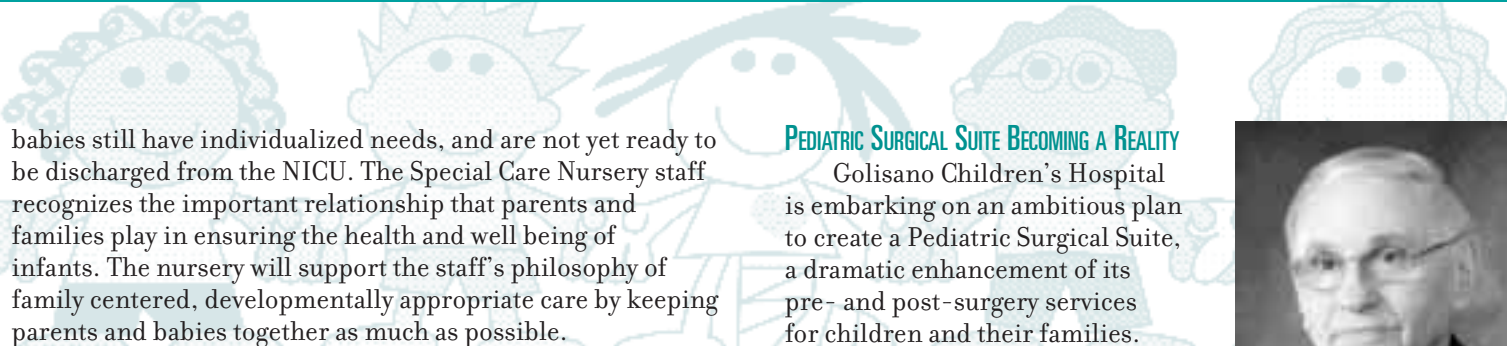
The generous commitment from Ronald McDonald House Charities of Rochester continues a long partnership between it and Golisano Children's Hospital, says **Elizabeth McAnarney, M.D.**, pediatrician-in-chief. "Having a House here at the hospital means that parents will be a quick elevator ride away from their children, and that is so important for our families."

In 1990, the University of Rochester – of which Golisano Children's Hospital is a part – donated to Ronald McDonald House Charities the land on which the original House was built. Ten years later, Ronald McDonald House Charities helped to fund a new pediatric emergency department and related programs at Golisano Children's Hospital. The Ronald McDonald House Charities Children's Emergency Department opened in March 2001.

NEONATAL INTENSIVE CARE UNIT ENHANCING CARE

For more than six months, the Neonatal Intensive Care Unit at Golisano Children's Hospital at Strong has undergone some subtle renovations. New flooring and ceilings are being installed to improve the acoustics in the unit. The changes are part of the hospital's effort to create a new Special Care Nursery in the NICU.

The NICU offers the most advanced equipment, state-of-the-art technology, and cutting-edge therapies available to premature and fragile full-term babies. The NICU is designing a Special Care Nursery, which will provide a softer, more comforting environment for babies who no longer require high-tech, life-sustaining interventions. These



babies still have individualized needs, and are not yet ready to be discharged from the NICU. The Special Care Nursery staff recognizes the important relationship that parents and families play in ensuring the health and well being of infants. The nursery will support the staff's philosophy of family centered, developmentally appropriate care by keeping parents and babies together as much as possible.

Individualized care is provided through the collaboration of competent professionals dedicated to the baby's and the family's health. The family is the baby's most important caregiver, says Robert Sinkin, M.D., M.P.H., the NICU's medical director. Families are not visitors in the NICU. They are an essential part of the health care team.

In the Special Care Nursery, discharge planning and education will be drawn up depending on each baby's circumstances. Staff members will help support and teach parents to be confident in the care of their baby. Readiness for discharge from the Special Care Nursery to home is assessed by the family's active involvement and the baby's ability to keep his or her temperature in the normal range without the help of an incubator; eat by mouth without the help of a feeding tube; and have a stable respiratory pattern in room air.

CEPHALOSPORINS MORE EFFECTIVE AT CURING STREP THROAT THAN PENICILLIN

Pediatricians treating a child who has strep throat should reconsider the role of penicillin, given that a newer class of antibiotics is three times more effective. The findings, published in the April 2004 journal *Pediatrics*, contradict long-established guidelines from the American Academy of Pediatrics, American Heart Association, and World Health Organization.

Penicillin is considered the gold standard for treating strep throat, but pediatricians should realize that cephalosporins are more effective in killing the germs, says **Janet Casey, M.D.**, the study's lead author and a University of Rochester Medical Center pediatrician. Cephalosporin drugs include Cephalexin, Cefadroxil, Cefprozil, and Cephdinir.

The new study presents findings from a meta-analysis about the efficacy of cephalosporin drugs and penicillin. "We carefully examined 35 studies done since 1969, all of which discussed whether cephalosporin or penicillin are more effective in treating strep throat," Casey says, noting more than 7,000 children participated in the studies. "Children who have strep throat will have a superior outcome if they receive cephalosporin rather than penicillin." The findings indicate that the newer class of drugs has a more impressive bacterial cure rate.

"In my own practice, given the results of our analysis, I find it very difficult not to prescribe cephalosporin drugs to my patients," Casey says. "I am hopeful that organizations such as the American Academy of Pediatrics will review our study and revisit the guidelines."

PEDIATRIC SURGICAL SUITE BECOMING A REALITY

Golisano Children's Hospital is embarking on an ambitious plan to create a Pediatric Surgical Suite, a dramatic enhancement of its pre- and post-surgery services for children and their families. A recent gift of \$500,000 to name the William and Mildred Levine Pediatric Surgical Suite jumpstarted fund-raising for the project, which will cost upwards of \$2.4 million.

The Pediatric Surgical Suite will offer a host of enhancements that will make surgery more comfortable for children and their families. Thousands of children undergo surgery, procedures, and imaging tests each year, but children and adults undergoing surgery check in at the same reception desk, sit in the same waiting areas, and share the same pre-operative and recovery rooms. Their needs are different, but they share the same space.

The new Pediatric Surgical Suite will offer its own waiting room, designed for children and their families. The area, which will be colorfully painted and offer a variety of toys, will provide an immediate sense of comfort to children and families often unsettled by surgery. Plans also call for the installation of a TV and video system to provide comforting, calming entertainment for each child.

Once a child is called from the waiting room, he or she will be escorted to a pre-anesthesia room. Parents will be able to stay in this room with their child until just a few minutes before surgery begins. If they haven't already talked to one by phone the night before surgery, they will meet the pediatric anesthesiologist here.

In the new Pediatric Surgical Suite, when the surgery is finished, the child's surgeon will explain to the parents how the operation went, and what can be expected in the next hours and days. The parents will then be invited to the Post Anesthesia Care Unit, which in the past was referred to as the recovery room. After surgery, children need constant monitoring while regaining consciousness. By creating a family friendly PACU, parents will be able to see their child after surgery much sooner.



William Levine

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First Poison Center to Take Calls from Public Celebrates 50 Years

It was 1954. The Cold War was in its infancy, Ronald Reagan was just another actor, and local physicians with a fascination for poison prevention were preparing to do the outrageous . . . answer emergency phone calls from the general public!

Such a service was unheard of 50 years ago, but thanks to visionary physicians in Rochester, N.Y., a call-center revolution was afoot. Upon its inception, it was only the second poison center in the nation; the original in Chicago accepted inquiries only from the medical community. During the next decade, however, hundreds of poison centers – each answering calls from the public – sprang up across America.

Today, the Finger Lakes Regional Poison and Drug Control Center – forerunner to 64 other poison centers throughout the nation – is celebrating five decades of free community service. During its first year, there were little more than 100 calls made to the poison center. These days, a typical year involves nearly 30,000 public queries. The Center is closely aligned with Golisano Children's Hospital at Strong, with both entities located at the University of Rochester Medical Center.

The idea to create a poison center was moved to the forefront in the early 1950s, when an influx of new products hit supermarket shelves. During the late 1940s and early 1950s, these products, created for use during World War II, were finding everyday applications in the home. This trend led to an increase in chemical exposures, especially among children.

Rochester started its poison center at the urging of the state Department of Health, which gave the University of Rochester a contract to develop the program. Soon after, the federal government recognized the groundbreaking work being done by physicians at the University of Rochester Medical Center. Those physicians were positioning themselves as international pioneers in terms of collecting, organizing, and quickly dispensing lifesaving information about potential poisoning for a textbook. Using the information, the federal government printed the data on index cards and shared it with subsequent poison centers.

In the early 1950s, Rochester was home to the birthplace of a book that many people still refer to as the "Poison Center Bible." Titled "Clinical Toxicology of Commercial Products," the comprehensive resource was written and compiled by a trio committed to creating a compendium about poisons. The authors were **Marion Gleason**, a research assistant in pharmacology at the University of Rochester Medical Center; **Robert Gosselin, M.D., Ph.D.**, of Dartmouth Medical School, and **Harold Hodge, Ph.D., D.Sc.**, professor of pharmacology and toxicology at the University of Rochester Medical Center. Rudimentary compared to today's keyword-driven computer databases, physicians answering calls at the poison center could look up individual products and quickly relay the contents. The ingredients were all numbered on a scale of one

to six, with one being somewhat innocuous, and a score of six causing widespread alarm throughout the poison center.

"The textbook was unique because it included all possible commercial products, whether they were toxic or not, and allowed one to know what their potential of toxicity was. This was a new concept," says **Ruth Lawrence, M.D.**, a pediatrician who became medical director of the Rochester poison center in 1958, a capacity in which she still serves today. "Prior to that, there was a small handbook about the really bad poisons, and one assumed that if it wasn't in the book, it must be safe. That philosophy was no longer tenable with so many products on the market, so poison centers were developed on the fact that we needed to know about all products, not just about poison ones. So the textbook was the first one to discuss all commercial products."

In the 1960s, 70s, and 80s, there were hundreds of poison centers in the United States. Today, many of these centers have been merged into regional call centers. "Back then," Lawrence says, "people would just hang a sign outside that said 'poison center' so they could say they had one."

Today, experts at the Finger Lakes Regional Poison and Drug Information Center use easily accessible computer databases to instantly retrieve information about all kinds of poisons and drugs. Under the leadership of managing director **John Benitez, M.D., M.P.H.**, staff members have expertise in dealing with poisoning caused by medications, chemicals, natural products, and snake and insect bites. In addition, the center offers the services of a prevention educator, who provides community outreach and education services. The Center provides vital information and counsel to health care professionals and the general public in Cayuga, Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne and Yates counties.

In 2002, the Finger Lakes Regional Poison and Drug Information Center, as part of a nationwide effort to make its services more convenient, began taking calls at (800) 222-1222. The toll-free number ensures that people always know the number for the experts at the closest regional poison center. Callers automatically are connected to specially trained nurses, pharmacists, and doctors at the closest regional poison center. The hotline helps ensure callers can reach health care specialists familiar with local concerns and the local health care community.

To speak with a specialist at the Finger Lakes Regional Poison and Drug Control Center, call (800) 222-1222, or dial TTY number (585) 273-3854. Medical toxicology physicians staff the Center. Registered nurses and pharmacists specially trained and certified in toxicology are also available 24 hours a day, seven days a week. The free service is confidential.



Prestigious Kaiser Medal Awarded to Dr. William J. Hall

William J. Hall, M.D., Paul Fine Professor of Medicine, Oncology and Pediatrics at the University of Rochester Medical Center and director of the Center for Healthy Aging, was awarded the Albert David Kaiser Medal by the Rochester Academy of Medicine at its annual meeting in May.

The medal – the Academy's highest honor – was presented to Hall for over 30 years of distinguished service and contributions to the medical community as a clinician, teacher and leader in medical progress.

Hall arrived in Rochester in 1971 as one of the first fellows in a newly created Pulmonary Disease Unit at the Medical Center, after which he helped develop a comprehensive pulmonary and clinical research program in both Medicine and Pediatrics. In 1983, Hall was appointed professor of medicine and physician-in-chief of the Department of Medicine at Rochester General Hospital, where he developed special interest in aging, the care of older adults, and the emerging discipline of geriatrics. He helped create innovative programs for the care of older adults including a specialized inpatient unit and the creation of a



William, J. Hall, M.D.

comprehensive community-based care program as an alternative to nursing homes for the frail elderly.

Hall returned to the Department of Medicine at Strong Memorial Hospital in 1992, with the goal of enhancing its geriatric program. Under his direction, these programs have grown steadily in influence and reputation. Hall led the development of a comprehensive plan of medical education in geriatrics involving students, residents, fellows and community physicians and

played a major role in developing a plan for geriatric services at Highland Hospital, now known as the Center for Healthy Aging. This Center includes a specialized inpatient unit at Highland as well as a geriatrics primary care practice. Hall also founded the Center for Lifetime Wellness, a fully equipped fitness and wellness resource based at Monroe Community Hospital that serves over 500 people over the age of 50. This Center's outreach programs reach over 600 adults in minority communities with comparable services.

Recognized nationally and internationally for his work in geriatrics, he is a frequent speaker locally and across the country, strongly committed to preventive health and successful aging. Hall earned the Jahnigen Memorial Award from the American Geriatrics Society for his outstanding contributions to education in the field of geriatrics.

In 2001, Hall served as president of the American College of Physicians, the largest medical subspecialty organization in the world. He has served as a member of its Board of Governors representing Upstate New York and was appointed to its Board of Regents. The Upstate chapter awarded Hall their Laureate award in 2001 and in 2002 he received a Mastership in the College.

For his community involvement, Hall has been recognized with the Health Care Award of the Rochester Chamber of Commerce, a Certificate of Merit from the Rochester Academy of Medicine, and the Gold Medal Award from the Alumni Society of the University of Rochester School of Medicine and Dentistry.

GERIATRICS PROGRAM RANKS AMONG NATION'S BEST

For the second year in a row, geriatrics programs at Strong Memorial Hospital and Highland Hospital rank among the best in the nation, according to the July 12th issue of *U.S. News & World Report*.

The program captured the spotlight from among more than 2,100 hospitals eligible for this year's rankings, listed as #41, up one notch from last year. Geriatrics has a long-standing tradition at the University of Rochester School of Medicine and Dentistry and its teaching hospitals. Beginning with the pioneering work of T. Franklin Williams, M.D., almost 40 years ago, broad clinical, education, and research programs have been developed in Rochester. Today, acute and follow-up care is directed by 10 board-certified geriatricians, reaching most of the 100,000 older adults in Monroe County.

The comprehensive care network is based at Strong and Highland hospitals, including the Center for Healthy Aging at Highland, and the Center for Lifetime Wellness at Monroe Community Hospital, along with various area assisted living and long-term care facilities.

INTERNATIONAL AUTHORITY ON ESOPHAGEAL DISORDERS TO HEAD SURGERY DEPARTMENT

Jeffrey H. Peters, M.D., has been named chair of the Department of Surgery, Seymour I. Schwartz Professor of Surgery at the University of Rochester Medical Center, and surgeon-in-chief of Strong Memorial Hospital, effective July 1, according to **Mac Evarts, M.D.**, Medical Center CEO.

"I am very pleased to welcome a nationally prominent surgeon to this post," Evarts said. "Dr. Peters has exciting plans to transform the department, creating centers of excellence in several disciplines."

Peters comes to Rochester from the University of Southern California (USC) Healthcare Consultation Center in Los Angeles where he served as chief of the Division of General Surgery and professor of Surgery at the University of Southern California School of Medicine. He is a respected surgeon, teacher and NIH-funded researcher who developed at USC a nationally prominent Division of General Surgery, and is interested in replicating that success at the University of Rochester.

"I've long been aware of the positive reputation and outstanding history of the University of Rochester's surgical program, and I've had good experiences with surgeons and residents who've trained in Rochester," Peters said. "This program has the foundation and potential to be great. That opportunity to build plays to my personal interest."

David Guzick, M.D., dean of the School of Medicine and Dentistry, said that Peters impressed the UR's Search Committee and Senior Leadership Team with a preliminary plan to capitalize and build on the core talents that currently exist here in Surgery. "He is an energetic and strategic leader

who is committed to making this University's Surgery Department one of the finest in the country," Guzick said. "We're very excited that he plans to have several recruits in place by this fall."

Over the next decade, Peters will restructure surgical care into multi-specialty teams that are "disease focused" rather than "technically based" so that patients get the full advantage of gastroenterologists, pathologists, surgeons, radiologists and others. He also plans to establish new divisions, such as divisions of colorectal surgery and surgical oncology, and a program in minimally invasive surgery.

Within his first year, Peters expects to appoint a new full-time surgery educator who will re-energize the Department around learning at all levels – students, residents and faculty. In building the Department's research reputation, Peters plans to focus closely on clinical research, following both the National Institutes of Health roadmap and his own personal interests.

Peters is an international authority on the etiology, diagnosis and treatment of esophageal disorders, and has published more than 160 scientific papers and 70 book chapters. A graduate of Ohio State University School of Medicine, Peters completed internship, residency and fellowship training at Johns Hopkins Hospital where he also did graduate work in the Department of Molecular Biology and Genetics. In addition, Peters completed a second fellowship in esophageal surgery at Creighton University. He is the recipient of numerous awards recognizing excellence in research and teaching.



Jeffrey H. Peters, M.D.

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APPOINTMENTS

EMERGENCY MEDICINE

IMELDA MACDONALD, M.D.

OPTOMETRY

REBECCA LOCKEMANN, O.D.

MEDICINE/ENDOCRINOLOGY

WILLIAM CAVE, M.D.

PSYCHIATRY

SCOTT McDONALD, M.D.

MEDICINE/NEPHROLOGY

ANIRBAN BOSE, M.D.

RADIOLOGY

MITCHELL CHESH, M.D.

MARGARET ORMANOSKI, M.D.

KUDOS

Honorees at the Rochester Academy of Medicine's annual meeting in May included: **William Bayer, M.D.**, who earned the Geriatric Award in honor of Carter and T. Franklin Williams; and **Caroline B. Hall, M.D.**, and **Christopher H. Hodgman, M.D.**, who received Awards of Merit.

Mark Adams, M.D., was inducted as a Fellow in the American College of Radiology, one of the highest honors conferred by the American College of Radiology.

Ronald Epstein, M.D., professor of Family Medicine and Psychiatry, was appointed associate dean for Education Evaluation and Research. A graduate of Harvard Medical School, he is an alumnus of Rochester's family medicine residency training program and has served on the faculty in Family Medicine and Psychiatry since completing his residency.

David S. Guzick, M.D., Ph.D., dean of the School of Medicine and Dentistry, was inducted into the Society of Scholars at a ceremony on May 19 at Johns Hopkins University. Among the 15 honorees were scientists from several states and from France, Switzerland and Norway. The society – the first of its kind in the nation – recognizes significant accomplishments of leaders who spent part of their careers at Hopkins. Guzick, who came to the University of Rochester Medical Center in 1995, was an intern and resident at Hopkins from 1979 to 1982. The Society of Scholars Committee chose Dr. Guzick for being a national and international leader in reproductive endocrinology. He is a renowned expert on women's health epidemiology, and on the pathogenesis and management of endometriosis and polycystic ovary syndrome.

Peter J. Papadakos, M.D., professor in the departments of Anesthesiology, Surgery, and Neurosurgery, was a Section Chairman at the 13th Congress of the Western Pacific Association of Critical Care Medicine in Seoul, Korea in June, on Sedation and Neuromuscular Blockade. He also gave three lectures, highlighting the work of the Burn/Trauma ICU of Strong Memorial Hospital in the field of mechanical ventilation of the trauma patient, on the use of sedative agents in closed head injury, and the use of vasoactive drugs to maintain microcirculation and prevent organ injury.

Todd Thierer, D.D.S., M.P.H., was recently named chief quality officer for Dentistry at the University of Rochester Medical Center and medical director for Eastman Dental Center.

Jeffrey M. Tomlin, M.D., won the Robert Florin Award for his presentation at the recent American Association of Neurological Surgeons (AANS) annual meeting. The award is presented for the best abstract submitted by a neurosurgeon that explores the many nuances socio-economic issues bring to the practice of medicine.

Among physicians bicycling 100 miles on May 20 for the National Center for Missing and Exploited Children were **Jeanne Delsignore, M.D.**, **Ann Lenane, M.D.**, **Art Papier, Bruce Peyser, M.D.**, **Scott Tripler, M.D.**, and **Susan Voci, M.D.** (photo below).



Thanks for Your Help

Thank you to all readers who completed and returned the Readership Survey that was included in the previous issue of *Strong Health Connection*. Your feedback will help us improve the quality of our publication and provide you with useful, relevant information about the University of Rochester Medical Center and Strong Health.

Congratulations to **Gerald Ginsberg, M.D.**, of Rochester, who won the drawing for a Bose Acoustic Wave Radio for participating in the survey.



For Your CME Calendar

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

PEDIATRIC ADVANCED LIFE SUPPORT RE-TRAINING COURSE

August 20 or October 21

PROVIDER COURSE

September 17

Course Director:

Elise van der Jagt, M.D.

UNCOVERING THE SHROUD OF SECRECY: EXPANDING THE SCOPE, ASSESSMENT & TREATMENT OF WOMAN'S MOOD DISORDERS (SEX, SLEEP & SUICIDE)

September 9

Course Director:

Linda Chaudron, M.D.

Advanced Cardiac Life Support Re-Training Course

September 10 or October 5

PROVIDER COURSE

September 21 or October 22

Course Directors: J. Russell

Norton, M.D., Carol Ann

Diachun, M.D.

MANAGEMENT OF PATIENTS WITH CARDIAC DYSRHYTHMIA

September 18

Course Director:

David Huang, M.D.

LATINO HEALTH ISSUES

September 23

Course Directors:

Carlos Ortiz, M.D.

Gladys Velarde, M.D.

INFERTILITY UPDATE 2004

October 2

Course Director:

Kathleen Hoeger, M.D.

11TH ANNUAL ROCHESTER CARDIOPULMONARY SYMPOSIUM

October 7

Rochester Riverside

Convention Center

ANNUAL HEALTHCARE COMPLIANCE CONFERENCE

October 14

ADVANCED TRAUMA LIFE SUPPORT PROVIDER COURSE

October 27-28

RE-VERIFICATION COURSE

October 28

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MEN'S RISK FOR OSTEOPOROSIS **September 3, Noon**

VA Medical Center
J. Edward Puzas, Ph.D.,
Professor
Orthopaedics

AGENT ORANGE

September 17, Noon

Rochester Outpatient Clinic
Thomas Gasiewicz, Ph.D.,
Professor and Chair
Environmental Medicine

ANALGESIC OVERDOSES

October 15, Noon

Rochester Outpatient Clinic
John G. Benitez, M.D.,
Associate Professor
Emergency Medicine

DANSVILLE NOYES MEMORIAL HOSPITAL CALL (585) 335-4323

HANDHELD COMPUTERS IN MEDICINE

September 23, 8 a.m.

Douglas Stockman, M.D.,
Clinical Assistant Professor
Family Medicine

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