

LAWRENCE APPOINTED TO FOSTER REGIONAL PARTNERSHIPS



A Rochester native with extensive health care management knowledge and experience has been tapped to build and foster relationships with physicians, hospitals and other health-related organizations.

Michele M. Lawrence has been named director of Regional Development and Operations for Strong Health, according to **Mike Weidner**, vice president for Primary Care, Long-Term Care and the Strong Health Regional Network. "I am excited to be participating in the development of regional, national and international initiatives that will

enhance Strong Health's core competencies," says Lawrence.

Lawrence has more than 10 years of health care experience. She recently served as director of Provider Delivery Systems for PacifiCare Health Systems in Portland, Oregon, where she was responsible for the profitability of the Portland market. She managed all provider contracting and business operations, oversaw all delegated medical management and claims payment operations, and was involved in strategic planning and product development. Prior to PacifiCare she worked with Rochester Community Independent Practice Association (RCIPA).

Lawrence holds a bachelor's degree in economics and math from the University of Wisconsin, a master's of Public Health from the University of Rochester School of Medicine and Dentistry, and an M.B.A. in Finance and International Management from the University of Rochester's William E. Simon Graduate School of Business.

To contact Lawrence, please call (585) 784-7773.

FOR YOUR CME CALENDAR

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

Neurology for the Primary Care Provider IX
December 5, 2002
RIT Inn and Conference Center

Advanced Cardiac Life Support Provider Course
January 11 and 18, 2003
Re-Training Course
February 7, 2003

Update in Heart Failure Management Western New York Series
December 14, 2002
Wyndham Syracuse

Update on Diagnosis and Treatment of Pancreatic Cancer
January 18, 2003

Pediatric Advanced Life Support Re-Training Course
January 10, 2003
Provider Course
January 17 and 24, 2003

AROUND THE REGION

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

CANANDAIGUA

VA Medical Center
Call (585) 393-7211

Pulmonary Hypertension: Diagnosis and Treatment
December 6, 2002
Paul C. Levy, M.D.
Associate Professor of Medicine,
Pulmonary/Critical Care Unit

New Anticonvulsants: Use as Monotherapy
December 13, 2002
Michel J. Berg, M.D.
Associate Professor of
Neurology, Epilepsy Unit

Targeted Therapy for Hypertension
December 20, 2002
John D. Bisognano, M.D.
Assistant Professor of Medicine,
Cardiology Unit

F.F. Thompson Hospital
Call (585) 396-6532

Food Allergies
December 5, 2002
Kristen Sikorski, M.D.
Senior Allergy Fellow,
Immunology/Rheumatology Unit

ITHACA

Cayuga Medical Center
Call (607) 274-4225

Domestic Violence
December 6, 2002
Elizabeth A. Edwardsen, M.D.
Associate Professor of
Emergency Medicine

WELLSVILLE

Jones Memorial Hospital
Call (585) 596-4003

Recent Advances in the Treatment of Cerebrovascular Disease
December 19, 2002
Cargill Alleyne, Jr., M.D.
Assistant Professor,
Department of Neurosurgery

For further information:
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University of Rochester
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Email: office@cpe.rochester.edu
Web site: www.rochester.edu/smd/cpe

STRONG HEALTH

FOR PHYSICIANS AND HEALTH PROFESSIONALS

CONNECTION

FALL 2002

STRONG DEBUTS NEW CARDIAC CATHETERIZATION AND ELECTROPHYSIOLOGY LABS



(from left) Alan Cohen R.N., Frederick Ling, M.D., and Christopher Cove, M.D., care for a patient in one of five new cardiac catheterization labs at Strong Memorial Hospital. The facility offers the latest world-class technology and is the most advanced in Western New York.

IN THIS ISSUE

- MEDICARE APPROVES HEART TRANSPLANT PROGRAM
- CONSULT & TRANSFER OFFERS QUICK LINK TO STRONG HEALTH SERVICES
- TRAUMA, BURN CENTER EXPANDS

Strong Memorial Hospital dedicates its new cardiac catheterization and electrophysiology labs in November, celebrating the newest facility with the most leading-edge technology in Western New York.

Housed in nearly triple the square footage of its former laboratories, the new facility means an increase to five labs. Three are dedicated to cardiac catheterization, the remaining two for electrophysiology services. Space for a sixth lab is available, to accommodate expected increased patient volumes during the next few years.

The new facility further strengthens the way we care for cardiac patients, says **Richard M. Pomerantz, M.D.**, chief of Clinical Cardiology. "It enhances patient care by providing more room and better privacy for patients and their families, with 18 separate, private patient rooms and a dedicated waiting room. The newest technology allows the cath lab team to meet the growing need for diagnostic and interventional procedures."

The need for additional labs was evident considering the number of patients the department cares for annually. The catheterization caseload has increased by nearly 10 percent in the last year, Pomerantz says, while electrophysiology cases increased 20 percent.

In addition to serving an ever-increasing volume of adult patients, including those being evaluated for heart transplantation, the new labs enable Strong to treat even more pediatric patients and have been designed with the special needs of children in mind.

Under the direction of **Daniel Miga, M.D.**, director of Pediatric Interventional Cardiology, it is the only facility in the Finger Lakes Region equipped to treat children with congenital heart disease. It also is the only site in Western New York equipped to use the most current interventional devices on children.

Another distinguishing aspect is Strong's relationships with cardiologists in the region, which extend diagnostic and consultative services to support physicians as they care for patients in their own communities. Partners include Syed Asif A. Shah, M.D., M.P.H., Olean, and Malcolm Brand, M.D., Ithaca. In some instances, cardiologists in the region can communicate with Strong using new technology that transmits images to Rochester via the Internet, facilitating timely consultations. If patients need additional care not available in the region, they can be transported to Strong.

"We do this in real time, without waiting for patient X-rays or cath images to be delivered to Strong," says **Frederick S. Ling, M.D.**, director of the Cardiac Catheterization Laboratory. "It ensures quick decisions are made, resulting in the best possible treatment for patients."

Strong's cardiac catheterization and electrophysiology team is as unique in its research as its clinical patient care. Strong Memorial was one of 21 medical centers in the U.S. to test a new device called the Beta-Cath System, a therapy that dramatically improves the long-term effectiveness of stenting by using small doses of radiation

(See Cath and EP Labs, page 2)

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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HEART TRANSPLANT PROGRAM RECEIVES MEDICARE APPROVAL

The Strong Health Program in Heart Failure and Transplantation, led by **Leway Chen, M.D., M.P.H., F.A.C.C.**, senior transplant cardiologist, and **H. Todd Massey, M.D.**, senior transplant surgeon, has received Medicare approval and now is considered a Medicare Heart Transplant Center.

The status allows for Medicare reimbursement, which was provided once the transplant team performed a minimum of 12 cases with an overall survival rate of at least 73 percent. As of Oct. 7, the team had performed 20 transplants with a survival rate of 94.7 percent.

"Medicare certification is considered the 'gold standard' in transplant programs, and we are very pleased to have been approved," Chen says.

The Program in Heart Failure and Transplantation was started in January 2001.

Rochester resident David Beatson, then 58, received the first heart transplant at Strong Memorial, on Feb. 7, 2001. More than 200 patients from throughout Upstate New York have been referred for evaluation. There are currently 14 on the transplant waiting list.

The program provides the only critical cardiac transplant transport team in New York State. The team has successfully transported critically ill patients requiring intra-aortic balloon pumps as well as ventricular assist devices, which are implanted to help the heart continue beating until a donor heart is available.



Leway Chen, M.D., M.P.H., F.A.C.C., director of the Strong Health Program in Heart Failure and Transplantation, talks with patient Donald Cansdale, who is awaiting a heart transplant.

In addition to transplant, the program offers a full range of surgical treatments for heart failure, including left ventricular reconstructive surgery, high-risk coronary artery bypass for ischemic cardiomyopathy, and high-risk valve surgery. Nonsurgical treatments include Strong's new catheterization and electrophysiology labs, and echocardiography and nuclear imaging services.

"We have the ability at Strong to treat all cardiac diagnoses faced by patients throughout Upstate New York," Massey says. "This comprehensive care lets our patients stay closer to home, alleviating the financial and emotional hardship that they and their families face. That is the reason we started this program."

The heart transplant program complements the comprehensive transplant services long provided by Strong Memorial. Approved by UNOS, the program is an addition to existing, successful transplant

programs for kidney, pancreas, small bowel, liver and bone marrow.

The Finger Lakes Donor Recovery Network, Strong Memorial's organ procurement organization, performs well above the national average in organ recovery. The network has been the best in the state for eight out of 10 years, and is in the top 10 percent in placing organs for transplantation. The network covers 19 counties with a population of 2.4 million, and serves 44 hospitals and two transplant centers.

To refer a patient, call (585) 273-3760.



"My focus is to help burn patients recover in a way that takes into account their living situation, so that the long healing process does not completely hinder their quality of life," Lentz says. "Simply selecting one type of wound dressing over another based on a patient's lifestyle can make a world of difference to how that person is able to function."

In 2000, Lentz and Physician Assistant **Dixie Reid**, who came to Strong as part of Lentz's burn team, applied a vacuum assisted closure (VAC) technique that increases the take of skin grafts in addition to speeding recovery, increasing postoperative mobility, and decreasing pain.

"Before this technique, a person recovering from a skin graft would be unable to move the wound area, often hindered by bulky and uncomfortable splints," Lentz explains. "With VAC, we place a sponge over the wound, insert a drainage tube, and then apply vacuum pressure to a cellophane covering to close the wound. The result is that patients can walk around after surgery, and heal quicker so they can get back to living their lives."

Before joining Strong, Lentz was director of the George David Peak Memorial Burn Center at the University of Missouri Health Science Center. He gained much of his clinical experience serving in the United States Air Force Medical Corps, where he worked in various trauma facilities at such military bases as Lackland and Ft. Sam Houston, both in San Antonio, Texas.

Currently Lentz is a Lieutenant Colonel in the Air Force Medical Corp Reserves, and through this commitment recently taught trauma and burn techniques to medics participating in the United States' war efforts in Afghanistan and other countries. He recently

was awarded the Air Force Achievement Medal for sharing his extensive knowledge of trauma and burn care principles with military personnel enrolled in medical readiness training. Lentz received his medical degree from Wayne State University School of Medicine, Detroit, Mich., and was a resident at the Medical College of Wisconsin in Milwaukee. He completed several fellowships in trauma and burn surgery at such institutions as Shriners' Burns Institute at the University of Texas Medical Branch in Galveston, Texas and the University of North Carolina in Chapel Hill.

One number—(585) 275-4999 in Monroe County or toll-free (800) 499-9298—now funnels all requests for both the Trauma and Burn Centers, whether it is to speak to a trauma physician or arrange a patient transfer.

STRONG REGIONAL TRAUMA CENTER

- Five full-time trauma surgeons, supported by in-house trauma teams around the clock
- 24-hour on-call support of specialists in pediatric surgery, orthopaedics and neurosurgery
- Comprehensive transfer center to coordinate all emergency and inter-facility transfers, including assistance in arranging transportation for patients
- 365-day, 24-hour direct consultation service with attending trauma physician
- Direct access to newly designed trauma operating rooms



STRONG REGIONAL BURN CENTER

- Experienced major burn surgeon supported by an experienced burn care team available 24 hours a day
- Access to the latest skin graft technology and wound dressings, as well as treatments and therapies not available elsewhere in Western New York
- Comprehensive rehabilitation resources including nutritionists, occupational, physical and respiratory therapists, child-life specialists, and social workers



Cath and EP Labs (Continued from front page)

to prevent recurrent restenosis. It also was the first site in Upstate New York to use the device routinely.

Strong's electrophysiology labs, led by director **James P. Daubert, M.D.**, offer arrhythmia, pacemaker and implantable defibrillator services and the newest technologies, including three-dimensional heart mapping and implantable rhythm recorders. Because of the large patient volumes and the team's record of expertise, Strong continues to be one of the first centers sought out by industry when a new device is ready for clinical use.

Daubert and **Arthur Moss, M.D.**, a distinguished faculty member and one of the country's foremost experts on implantable defibrillators, published a landmark study in the *New England Journal of Medicine* in 1996, which was the first to formally prove the

life-saving attributes of these devices in patients with abnormal heart rhythms who had suffered a heart attack.

Along with cardiac procedures, there has been further enhancement of the already superb peripheral vascular program. Cardiologists, radiologists and vascular surgeons work together caring for patients and undertaking clinical studies, such as a new trial of stenting in carotid arteries, which may reduce the need for surgery to treat neck artery blockage.

"Strong's catheterization and electrophysiology labs tout a dedicated focus on research that not only helps the medical community move toward better treatment options for patients in a general sense, it allows local individuals to benefit from leading-edge investigations being done in Rochester," Pomerantz says.

For information or to refer a patient, call (585) 275-4775.

Chair of Obstetrics and Gynecology

search of ways to help women to prevent this threat to pregnancy. He is a reviewer for numerous professional journals and publisher of *Strong Perifax*, a weekly fax publication reaching 10,500 subscribers in 530 hospitals across the country.

Woods is board-certified in both Obstetrics and Gynecology and Maternal-Fetal Medicine. His professional memberships include the Perinatal Research Society where he was president-elect in 1995, American Gynecological and Obstetrical Society, American College of Obstetricians and Gynecologists, Society for Gynecologic Investigation, Society for Perinatal Obstetricians, Association of Professors of Gynecology and Obstetrics and the Teratology Society. He has served on the advisory board of the American Hospital Association, Maternal and Child Health Division.

Woods has been honored with an endowed chair at the University of Rochester, whereby the position currently named Dean's Professor

of Obstetrics and Gynecology will become the James R. Woods Professor of Obstetrics and Gynecology at his retirement. The recipient of numerous awards, Woods has been frequently named in *The Best Doctors in America*, most recently in the 2001-2002 edition, under Addiction Medicine, Addicted Pregnant Women, Obstetrics and Gynecology and Maternal-Fetal Medicine.



James R. Woods, Jr., M.D.

Strong Consult and Transfer Center CENTER OFFERS QUICK LINK TO RESOURCES AT STRONG HEALTH

The Strong Consult and Transfer Center provides a quick, easy link for physicians to specialty services at Strong Memorial and Highland hospitals. Staffed around-the-clock by specially trained nurses, the Center assures physicians a prompt and effective link to Strong Health's specialists and services.

With a call to the Strong Consult and Transfer Center, physicians may:

- Consult with specialists regarding their patients;
- Arrange to transfer medical and surgical patients to Strong or Highland from another hospital inpatient unit or emergency department;
- Expedite the transfer of trauma patients to Strong's regional trauma center;
- Gain information about clinical services, new developments and the latest research at Strong;
- Inquire about patients they have referred to Strong;
- Request information for referring outpatients to specialists.

Transfer a Patient with One Call

A call to the Center can initiate the admission process for patients from another facility or community. Center nurses, under the direction of **Paul Levy, M.D.**, understand physician requests and patient needs and can tap into the appropriate specialty services to make the process as smooth as possible. "Our nurses work with admitting staff to register patients, secure a bed in an appropriate unit, and facilitate nursing reports so the staff at Strong and Highland are familiar with the patient and ready to care for him or her on arrival," explains Levy. The Center can also quickly link physicians with specialists on staff, when needed.

Physicians throughout the region find the service friendly and efficient. "As a group of physicians who staff emergency departments in community hospitals throughout Greater Rochester, the Finger Lakes and the Southern Tier, we have plenty of occasions to transfer patients to Strong Health," says Frank Edwards, M.D., president of Delphi Emergency Physician Services. "Over the years I've watched with appreciation the development of the Center into a first-rate transfer process. Emergency physicians in outlying areas have only

to call a single number to reach a transfer coordinator who is extremely knowledgeable and helpful. They put us in touch with appropriate specialists and manage the logistics necessary for a rapid, smooth and safe transfer. It's an excellent service."

"We're a user-friendly resource for physicians, saving them time when they transfer patients," says **Nancy Rood, R.N.**, Transfer Center nurse coordinator. "Our knowledge of Strong Health and our clinical background helps us understand and secure what their patients need quickly and effectively. Whether arranging a transfer from another hospital or consulting with a specialist, we can expedite the process. During the past six years of our operation, many physicians have become familiar with the Transfer Center nurses, and vice versa. This has added to our success in that the physicians have a sense of personal connection to Strong Health."

The Transfer Center receives an average of 240 transfer requests each month; most are successfully completed on the day of the initial call. This year the Center anticipates a record high of nearly 3,000 requests, according to Levy.

Keeping You Informed

The Center's nurses follow up on patients and assure that timely reports are sent to referring physicians as well as patients' primary care doctors. Usually within 72 hours of a patient's arrival, a status report and working diagnosis are faxed to the referring physician. The Center provides Strong Health specialists with contact information for referring and primary care physicians so discharge summaries can be sent in a timely manner.

Transfers can be arranged from nearby hospitals and outlying regions as well as outside of the state and country.

To reach the Strong Consult and Transfer Center, call (800) 499-9298 or, in the Rochester area, call (585) 275-4999.



Kudos

David Lambert, M.D., has been appointed associate dean for Undergraduate Medical Education at the University of Rochester School of Medicine and Dentistry.

Peter Papadakos, M.D., F.C.C.M., served as faculty at the 12th Congress Western Pacific Association of Critical Care Medicine in August in Bali, Indonesia.

Thomas Pearson, M.D., M.P.H., Ph.D., has been appointed senior associate dean for Clinical Research at the University of Rochester School of Medicine and Dentistry.

Tana Grady-Weliky, M.D., was named associate dean for Medical Education at the University of Rochester School of Medicine and Dentistry.

Brendan Boyce, M.D., has been elected president of the International Society for Bone Morphometry. The society's mission is to sponsor research and training in all aspects of bone morphometry including evaluation of the internal structure, volume and density of bones and their ability to support the soft tissues around them and investigation of the regulation of bone cell function.

APPOINTMENTS

Allergy/Immunology/ Rheumatology

Jennifer Anolik, M.D.

Anesthesiology

Franklyn Cladis, M.D.
Suzanne Karan, M.D.

Cardiology

Hanna Mieszczanska, M.D.
Thomas Rocco, M.D.

Digestive & Liver Diseases Unit

Assad Ullah, M.D.

Emergency Medicine

Brian Blyth, M.D.

Endocrinology

Laura Calvi, M.D.

Hematology/Oncology

Lauren Bruckner, M.D.
Gordon Phillips, M.D.

Neurology

Emma Ciafaloni, M.D.

Ophthalmology

Mina Chung, M.D.

Orthopaedics

A.J. Flemister, M.D.
Krishna Anjali Singh, M.D.
Matthew Tomaino, M.D.,
M.B.A.

Pediatrics

Elizabeth Reardon Walsh,
M.D.

Psychiatry

Lior Givon, M.D.

Radiology/Nuclear Medicine

Savita Puri, M.D.

Surgery

Carolyn Jones, M.D.
Christopher Lentz, M.D.

Correction

Richard Green, M.D., chief of the division of Vascular Surgery at the University of Rochester Medical Center, was named president-elect for the Society of Vascular Surgery. (*Strong Health Connection* regrets that Green's name was misspelled in the previous issue.)

Strong Health Connection is published by the University of Rochester Medical Center
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DIRECTOR NAMED FOR BLOOD AND MARROW TRANSPLANT, LEUKEMIA PROGRAM



Gordon L. Phillips II, M.D., an expert in stem cell transplantation, leukemia therapy, and transplant biology, has been selected as director of the Blood and Marrow Transplant and Leukemia Program at the James P. Wilmot Cancer Center.

"Dr. Phillips is a national leader in the treatment of hematologic cancers," says **Richard I. Fisher, M.D.**, director, James P. Wilmot Cancer Center and director of cancer

services for Strong Health. "He is an outstanding clinician and scientist and his arrival, in combination with our other highly skilled clinicians, establishes the Wilmot Cancer Center as one of the top East Coast centers for the treatment of non-Hodgkin's lymphoma, Hodgkin's disease, chronic lymphocytic leukemia, multiple myeloma and associated disorders."

Phillips will oversee the combined program, which provides more than 120 transplants each year, teamed with **Jane Liesveld, M.D.**, clinical director for the program; **Camille Abboud, M.D.**, professor of hematology/oncology; **John Horan, M.D.**, assistant professor of pediatrics hematology/oncology; **Jeffrey Lancet, M.D.**, assistant professor of hematology/oncology; and **J.J. Ifthikharuddin, M.D.**, assistant professor of hematology/oncology.

"I am pleased to be a part of a medical team committed to excellence in patient care and clinical research," says Phillips, who previously served as director of blood and marrow transplant program at the University of Maryland's Greenebaum Cancer Center. Prior to that, he directed programs at the University of Kentucky and in British Columbia.

He is the fifth physician recruited by Fisher to bolster research and care at the Wilmot Cancer Center. Fisher's vision includes recruiting 15 hematologists, oncologists and translational researchers to accommodate growing clinical needs and to advance clinical and basic science investigations.

Phillips' research interests include various aspects of stem cell transplantation, including nonmyeloablative (mini-dose) transplants and "alternative donors" for allogeneic transplants. He has developed several innovative clinical trials related to stem cell transplantation and is particularly interested in lymphoma, leukemia, and multiple myeloma.

A graduate of University of Oklahoma School of Medicine, Phillips completed his residency at the University of North Carolina at Chapel Hill and served as a clinical and research fellow in hematology/oncology at Washington University School of Medicine.

He is a member of the American Association of Cancer Research, American Society of Clinical Oncology, American Society of Hematology, International Society of Experimental Hematology, and the Autologous and International Bone Marrow Transplant Registries. He has authored over 200 book chapters, peer-reviewed journal articles and abstracts and serves on the Editorial Boards for *Bone Marrow Transplantation*, *Cancer Research*, and *Biology of Blood and Marrow Transplantation*.

STRONG EXPANDS TRAUMA AND BURN CENTERS OFFERINGS

A new burn director, direct access to attending trauma and burn physicians for consultations, an emergency surgical response team available to travel to the scene of an accident, and acceptance of *all* trauma and burn patients are some of the hallmarks of the newly expanded trauma and burn care programs at Strong Memorial Hospital. The Strong Regional Trauma Center and the Strong Regional Burn Center are now self-contained units, staffed to provide seamless medical treatment and continuity of care to patients from the time they enter the Laurence and Dennis Kessler Trauma Unit of the emergency department through discharge and rehabilitation.

The new structure allows physicians and staff more flexibility in developing and implementing specific treatment protocols for acute trauma and burn patients, according to **Paul E. Bankey, M.D., Ph.D.**, chief of the Trauma, Burn and Critical Care Treatment division. The new organization also will benefit referring physicians, hospitals and the EMS community throughout the Finger Lakes Region.

"It is vitally important that patients arrive at our Trauma and Burn Centers as soon as possible after an accident, since the amount of time it takes before a patient receives stabilizing surgical care is the major determinant of disability and survival," Bankey says. "We therefore have worked with referring physicians, hospitals and EMS personnel to streamline the regional trauma system and coordinate transfers so we can do what we do best—save lives and minimize disability."

Mark Gestring, M.D., is leading the charge as director of the Strong Regional Trauma Center. Gestring, who joined the Strong trauma team in 2001, completed his surgical training at Brown University and his specialized training in trauma and critical care at the University of Pennsylvania in Philadelphia.

The Strong Regional Trauma Center has five trauma surgeons on staff, and a 15-bed ICU dedicated to trauma/burn patients. A 24-hour consultation service enables physicians to talk directly with the Strong attending trauma/burn surgeon, allowing the two

experts to evaluate a patient's condition and determine if a transfer is necessary, as well as coordinating patient management during transport.

"It's a simple thing, but by offering direct access to trauma surgeons, it cuts down on the chance of a miscommunication and, most importantly, allows a decision to be made as quickly as possible so that patients who need to be at a Trauma Center are transported expediently," Gestring says. "Time is a critical factor in the successful management of critically injured patients, and all of our program's efforts are directed toward making the process as efficient as possible. This is especially important because of the large geographic area covered by the Strong Regional Trauma Center."

Other new approaches include the acceptance of all trauma patients, with an on-site support team ready to help work through any transportation issues, and a trauma team ready to provide on-site assistance at the scene of an accident when appropriate.

"As the region's largest and most advanced emergency facility, it's important that we make ourselves and our services easy to access," Gestring says.

BURN DIRECTOR JOINS STAFF

A trauma surgeon with close to 15 years experience at some of the nation's most prestigious burn centers has been tapped to direct the Strong Regional Burn Center. **Christopher W. Lentz, M.D.**, joined Strong last August. His specialization in traumatic burns makes him the only major burn surgeon in the Rochester/Finger Lakes region, and one of few such physicians in upstate New York. In fact, many of the treatments and therapies offered at the Burn Center are not available elsewhere in Western New York.

According to Bankey, the region gained a valuable asset with Lentz's hiring. "With a critical shortage in burn surgeons facing our nation, we are fortunate to have recruited a physician with such accomplished training in treating major burns," Bankey notes.

Lentz brings with him a new philosophy in the treatment and rehabilitation of burns, as well as a surgical technique that has garnered national attention.

Medicine. He was promoted to professor and associate chair in 1990 and served as acting chair for most of 1993.

A graduate of Bowman Gray School of Medicine, Woods completed an internship and residency at Tripler Army Medical Center in Honolulu, and a perinatal fellowship at UCLA School of Medicine in Los Angeles. He has extensive leadership and teaching experience, having served in academic and clinical roles at Letterman Army Medical Center and the University of Cincinnati Medical Center prior to coming to Rochester.

Renowned for extensive research on pregnancy loss and the effects of drug abuse on pregnancy, Woods has published books, chapters and numerous journal articles and is a sought-after speaker at professional conferences. He is currently principal investigator of an NIH-funded study on premature rupture of the membranes, in

Renowned Maternal-Fetal Medicine Specialist Appointed

James R. Woods, Jr., M.D., has been appointed Henry A. Thiede Professor and Chair of the University of Rochester's Department of Obstetrics and Gynecology. Woods, associate chair of the department since 1990, served as interim chair since the promotion of the department's former leader David S. Guzick, M.D., Ph.D., to Dean of the School of Medicine and Dentistry.

"Jim's extensive experience and years of leadership as associate chair and director of Obstetrics and Maternal-Fetal Medicine make him a natural choice for this appointment," said **Jay H. Stein, M.D.**, senior vice president and vice provost for health affairs for the University of Rochester Medical Center. "We're thrilled to have such an accomplished clinician, researcher and educator at the helm of a department that is so vital to our mission."

Woods arrived in Rochester in 1986 when he was appointed associate professor and director of Obstetrics and Maternal-Fetal

HEART FAILURE SYMPOSIUMS OFFERED BY STRONG MEMORIAL TEAM

Health care professionals across Upstate New York are participating this fall in half-day symposiums about heart failure and transplantation offered by the Strong Health Program in Heart Failure and Transplantation.

Symposiums in Buffalo and Ithaca have already taken place, with meetings in Rochester and Syracuse set for Nov. 23 and Dec. 14, respectively. Attendees include front-line physicians, including primary internists, family medicine and general internists, as well as nurse practitioners, physician assistants and registered nurses. It also is a useful update for cardiologists and surgeons who manage heart failure patients. CME credit is available.

The meetings are divided into four sessions, says **John Bisognano, M.D., Ph.D.**, director of the Strong Cardiac



Rehabilitation Center and Strong Heart Preventive Cardiology Program at Clinton Crossings. The first session details medical management of the patient with heart failure, namely the initial evaluation of the patient, a discussion of drug therapy for the patient, and the approach to the patient with an acute problem. The second covers surgical management, including what a cardiac surgeon can do to improve heart function, the evaluation and process of transplantation, and the description of implantable heart assist devices, pacemakers and defibrillators. The third

entails group break-out sessions that consider social, nutritional, drug and preventive issues. Finally, a keynote address is given with an eye toward heart failure therapy in the year 2010.

For health care professionals who cannot attend one of the upcoming symposiums, the team is happy to run seminars and grand rounds at any institution that is interested.

"As the only heart failure-heart transplant program in Upstate New York, the team is committed to caring for all patients who require its services," Bisognano says. "The symposiums are part of a multi-institutional approach to improve delivery of heart failure care to all of the residents of Northern, Central and Western New York and the Southern Tier."

"There are numerous therapies for heart failure that significantly extend patients lives, including inhibition of the renin-angiotensin system, beta blockade, spironolactone, cardiac rehabilitation, and implantable pacemakers and defibrillators," the heart failure specialist adds. "Drug therapies are underused and, in conjunction with preventive measures, can positively affect overall public health in this region if heart failure were prevented, and then treated more aggressively."

There are more deaths from heart failure than from all forms of cancer combined. About 4.7 million patients in the United States are living with heart failure, with 550,000 new cases reported annually. The prevalence of heart failure increased from 3.5 million in 1991 to 4.7 million in 2000. It is estimated to be 10 million by 2037.

For more information about the upcoming events, or to schedule a symposium or grand rounds, please call (585) 273-3760.

UPCOMING SYMPOSIUMS

Nov. 23 Rochester

Dec. 14 Syracuse

For information call (585) 273-3760

RETINAL SPECIALIST JOINS OPHTHALMOLOGY FACULTY

Mina Chung, M.D., has been appointed an assistant professor in the Department of Ophthalmology at the University of Rochester Medical Center.

Chung was an assistant professor in the Department of Ophthalmology at the University of Southern California. She also served on the retina service of Children's Hospital Los Angeles, and as resident supervisor as well as Associate Chief of Service at Los Angeles County Medical Center.

Her research activities include inherited retinal diseases and genetic factors contributing to age-related macular degeneration and diabetic retinopathy. She will also be working with the Institute of Optics and the Center for Visual Sciences to develop new technology for retinal imaging.

Chung earned her medical degree from Yale University School of Medicine. She completed a residency at University of Southern California/Doheny Eye Institute, and a retina-vitreous fellowship at the University of Iowa.

She was recruited by **Steven Feldon, M.D., M.B.A.**, chair of the University of Rochester Medical Center Department of

Ophthalmology, with whom she worked at the Doheny Eye Institute. The addition of Chung to the University of Rochester faculty, Feldon says, will further strengthen the department's plans to create a Top 10 eye institute during the next decade.

"Dr. Chung fulfills a long-standing need for a world-class, full-time vitreoretinal surgeon at the University of Rochester with a strong interest in translating basic discoveries in retinal imaging and disease into better diagnosis and treatment of patients with macular degeneration and diabetic retinopathy," says Feldon.



Mina Chung, M.D.

PEDIATRIC ORTHOPAEDICS STRENGTHENED BY NEW FACILITY, STAFF



Anji Singh, M.D.

With the addition of **Anji Singh, M.D.**, a fellowship-trained pediatric orthopaedist, Golisano Children's Hospital at Strong and the University of Rochester Medical Center continue to expand orthopaedic services at the new Clinton Crossings outpatient center in suburban Rochester.

Singh, who completed her fellowship at Baylor College of Medicine in Houston, diagnoses and treats a wide variety of conditions in children. These include spinal deformities such as scoliosis and kyphosis; back pain; intoeing; knock-knee; bowleggedness; Perthes disease; developmental dysplasia; metatarsus adductus; tarsal coalitions, flatfoot; leg-length discrepancy; cerebral palsy; spina bifida, muscular dystrophy; and musculoskeletal syndromes.

Upon arriving in Rochester, Singh joined more than 200 physicians, therapists, technicians and support staff who specialize in orthopaedics, outpatient rehabilitation, and imaging. They recently moved into a 106,000-square-foot orthopaedics center. With a variety of services under one roof, the center affords patients access to the region's most comprehensive musculoskeletal and rehabilitation facility.

The new facility is one of the first outpatient centers in the country to showcase a comprehensive digital imaging system, one in which state-of-the-art equipment captures images digitally. Each exam room

is outfitted with a flat-screen monitor so that physicians can pull up images immediately after they are taken, and discuss injuries and treatment procedures with patients.

The venture has been so successful that expansion is already under way. "The patient feedback has been phenomenal," says **Randy Rosier, M.D., Ph.D.**, chair of the Department of Orthopaedics. "Our patients really appreciate the benefits of having all of these services located in one convenient place. We thought we built well enough for the next decade, but we're already adding 16 more exams room because demand for our services is so high."

The new center—known as University Orthopaedic Associates—is located at 4901 Lac de Ville Boulevard, Brighton. Among the services available are evaluation and treatment of orthopaedic injuries; post-surgical follow-ups; measuring and fitting of prosthetic and orthotic devices; diagnostic X-ray and imaging; rehabilitation of hand injuries; sports rehabilitation; and rehabilitation for patients following traumatic injuries, surgeries, strokes, or for diseases such as arthritis. It also offers orthopaedic urgent care, where patients referred by a primary care physician can be seen the same day from 8 a.m. to 7:30 p.m.

Pediatricians are encouraged to call and discuss any issue related to pediatric orthopaedics. "We're always interested in talking to our colleagues in pediatrics," Rosier says. "We encourage them to contact us if they or the child's parents would like a second opinion or a different perspective."

To learn more about pediatric orthopaedics at Golisano Children's Hospital, or to discuss a child's case or to make a referral, call (585) 275-5321.



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

FALL 2002

FOR PHYSICIANS AND HEALTH PROFESSIONALS CONNECTION

PEDIATRIC NEPHROLOGY EXPANDS STAFF, RESEARCH INTERESTS



Elif Erkan, M.D., M.S.

The Division of Pediatric Nephrology at Golisano Children's Hospital at Strong provides diagnostic and consultative services for infants, children, and adolescents who suffer from a number of physical ailments and disorders.

"We offer carefully crafted management plans for children who have acute and chronic renal failure, hypertension, and major fluid and electrolyte disorders," says Division Chief **George Schwartz, M.D.** "We work closely with our colleagues in a number of pediatric disciplines to ensure each child has the best chance to thrive."

More than two decades ago, Schwartz authored the Schwartz Formula, a widely used rapid estimate of kidney function. In 1979, after developing an interest in ion-transport systems across different segments of the kidney, he joined the Albert Einstein College of Medicine, where he developed a reputation as an expert in kidney acid-base physiology. In 1992, Schwartz was recruited to develop and direct the Pediatric Nephrology program at Golisano Children's Hospital. He and his staff see more than 1,400 outpatients and hundreds of inpatients annually.

Schwartz, who also serves as director of the Strong Children's Research Center, is specifically interested in renal tubular acidosis and renal tubular disorders. During the last two decades, the work of he and his colleagues has led to a much broader understanding of how the kidney normally adapts to increased acid levels in the blood. Equally important, the work helps explain why some kidneys don't adapt. The author of more than 70 peer-reviewed articles, he's had continuous funding from the National Institutes of Health since 1979. Schwartz is also a member of a number of national academic and nephrologic medical societies, including the American Society for Clinical Investigation and the Society for Pediatric Research.

During the last decade, Golisano Children's Hospital has assembled a highly regarded nephrology staff. **Marc Lande, M.D.**, and **William Varade, M.D.**, work closely with Schwartz and **Marilyn McMullen, P.N.P.**, to provide the best clinical care possible. They also have broad-based laboratory research interests that include physiological, cell-biological, and molecular investigations into acid-base and renal tubular disorders, and attempt to better understand the mechanisms for renal acidification of the urine. Clinical research is centered on the investigation of renal tubular disorders, new methods to measure glomerular filtration rate, kinetics of the peritoneal handling of drugs in infants, mechanisms of kidney-stone formation in children, and diagnosis and management of hypertension in children.

Lande, who is board-certified in pediatrics and pediatric nephrology, graduated from the University of Pennsylvania School of Medicine, completed a residency at the University of Rochester, and took part in fellowship studies at Children's Hospital in Boston. Lande's special clinical interests include dialysis and transplantation, and his research focuses on the behavioral aspects of pediatric kidney disease and on the treatment of steroid-sensitive nephrotic syndrome. Lande's most recent research, made possible by a grant from the National Kidney Foundation, involves studying the early warning signs of hypertension in children. He hopes his research will lead to the creation of tests that detect damage from hypertension long before health risks increase.

Varade, a graduate of SUNY Upstate Medical Center, completed a pediatric residency at Children's Hospital Medical Center in Cincinnati. Board-certified in pediatrics and pediatric nephrology, he is especially interested in glomerulonephritis, particularly membranoproliferative glomerulonephritis. Varade is also interested in further developing the hospital's kidney training program, helping to establish a teaching curriculum for new postgraduate fellows and residents rotating on Pediatric Nephrology.

The Division of Pediatric Nephrology recently welcomed a new member, **Elif Erkan, M.D., M.S.**, who completed her pediatric residency and nephrology fellowship at the Albert Einstein College of Medicine. Erkan, who is highly regarded as a clinician-scientist, is interested in better understanding how urinary protein adversely affects the kidney. Accordingly, she has a major clinical interest in the care of children with nephrotic syndrome, chronic glomerulonephritis, and persistent proteinuria.

To make a referral or learn more about the Division of Pediatric Nephrology at Golisano Children's Hospital, call (585) 275-9784.



PEDIATRIC CARDIOLOGY PROGRAM FOCUSES ON CLINICAL CARE, RESEARCH

Not content to focus solely on clinical care or cutting-edge research, the Division of Pediatric Cardiology at Golisano Children's Hospital at Strong is successfully pursuing both avenues. Led by **Steven Lipshultz, M.D.**—author of more than 50 cardiac-related studies published each year—the division is regarded as a worldwide leader in pediatric cardiology.

REGISTRY TRACKS CHILDREN WITH HEART TROUBLES, OFFERS HOPE

At the Children's Heart Center at Strong, part of Golisano Children's Hospital, clinical care and research go hand in hand. For instance, the hospital oversees the North American Pediatric Cardiomyopathy Registry, which it created in 1995. The one-of-a-kind database contains invaluable information about children who have cardiomyopathy, information the staff here is able to put it into practice at its first-class pediatric cardiomyopathy clinic. This registry, funded by the National Institutes of Health, is made possible by one of nearly 40 research grants currently administered to the Division of Pediatric Cardiology.

Before the registry was created, many questions about cardiomyopathy remained unanswered. Since 1995, researchers have analyzed data collected through the registry to learn more about cardiomyopathy, and that data is helping to answer important questions that affect the health and survival of children who have cardiomyopathy. Researchers are discovering how the disease presents itself in children, what causes it, and how those with cardiomyopathy fare over time. In addition, researchers are sifting through information, trying to find common links among patients, whether it is their ethnicity, where they live, family history, or dozens of additional variables.

NEW EQUIPMENT, GENETICS FOCUS PINPOINT HEART PROBLEMS

In a perfect world, doctors would diagnose heart irregularities early in a child's life, and devise a plan of treatment to help fend off long-term complications in adulthood. To that end, Golisano Children's Hospital uses diagnostic lab equipment that allows doctors to more accurately pinpoint if a child has heart trouble, and, if so, to know which part of the heart is weak or ailing.

The equipment—used in conjunction with the hospital's state-of-the-art echocardiography laboratory run by **Roger Vermilion, M.D.**—provides the highest resolution digital images possible. The staff relies on quantitative measurements pioneered here that are used worldwide to measure the function and efficiency of children's hearts. The lab is helpful when doctors are examining a child who, for example, has high blood pressure and elevated cholesterol levels. Doctors know the child is at high risk—perhaps genetically predisposed—for future heart disease, and the new equipment can help identify that.

"The state-of-the-art imaging and quantitative measurements that we make by echocardiography unravel the mysteries of children's true heart structure and function," Lipshultz says. "This enables us to better plan for each child's future, whether that means further preventive interventions, surgery, or providing a clean bill of health."

Golisano Children's Hospital is one of less than 10 hospitals worldwide that has a formal pediatric cardiac genetics program. It is led by **Bonnie Salbert, D.O.**, a board-certified pediatric geneticist who focuses solely on helping children who have heart problems. In fact, the program was recently recognized with a nearly \$600,000 grant from the National Institutes of Health. The funds will help to further expand the program and help children who have genetic heart defects.

PHYSICIANS, PATIENTS PUMPED UP ABOUT PREVENTING DISEASE IN CHILDREN

Golisano Children's Hospital recently took a leap forward in its quest to help youngsters avoid heart disease—often times a complication from cancer, HIV, and obesity—as adults, an ambitious move that places the hospital at the national forefront in its effort to provide comprehensive preventive cardiac care. Once an intervention plan is mapped out using high-tech equipment and the services of a pediatric geneticist, children who have heart problems are able to exercise using the hospital's new Pediatric Cardiac Rehabilitation Program.

There, one overweight 8-year-old boy was recently informed he would likely develop heart disease as an adult unless he does something now to help prevent it. "The time to get these children involved in a lifestyle change is now, when they're young, not when they're 40 years old and have already experienced a heart attack," Lipshultz says. "Research tells us that, if children have this type of training center available, they will demonstrate dramatic improvement in their exercise routine, which usually leads to an improvement in quality of life. This is one of the only programs in the United States that is devoted to pediatric cardiac rehabilitation, bringing cutting-edge technology to children in our region."

The Pediatric Cardiac Rehabilitation Program center was the idea of **Tracie Miller, M.D.**, Chief of Pediatric Gastroenterology and Nutrition at Golisano Children's Hospital. It was made possible by a half-dozen National Institutes of Health grants to study exercise physiology in chronically ill children and in children at increased risk of premature heart disease. The equipment, which looks much like that found in a professional gym, includes a set of seven individual resistance-training stations. Children use the equipment under the watchful eye of **Sara Horgan**, a certified exercise physiologist.

Miller, who has a special interest in treating children who have HIV, ordered the equipment so that population could work out with it and regain muscle mass. With only 40 HIV-infected children in the region, though, she realized the gym could also serve other groups of children dealing with significant health conditions. After speaking with others, she realized children with heart ailments, long-term cancer survivors, and youngsters who struggle with obesity could benefit if they were given a chance to use the equipment.

CARDIOLOGY RESEARCH IS KEY

In addition to providing the best in clinical care to children from throughout Upstate New York, cardiologists at Golisano Children's Hospital are involved in research to better understand and prevent heart problems in children. This year, Lipshultz published a study in the *Journal of Clinical Oncology* that refutes a long-held but unproven theory that children suffering from acute lymphoblastic leukemia might suffer less heart damage if treated with longer-lasting infusions of chemotherapy.

"As a result of this research, we presented this year the results of an international clinical trial showing that heart injury could be reduced by 50 percent through the use of a special cardioprotective medication called Dexrazoxane," Lipshultz says.

Many members of the Division of Pediatric Cardiology have special research interests. For example, **Christine Miller, Ph.D.**, is involved with a study that may provide a better understanding why children are born with—or are more likely to develop—heart problems. Using a grant from the National Institutes of Health, Miller is studying chicken-embryo hearts to learn what they might reveal about human hearts.

"This research might help us learn why some congenital heart defects occur, and eventually may help us find ways to treat or prevent them," Miller says. "It could also give us insight into disease in adult hearts."

COMPREHENSIVE CARDIAC SERVICES

Golisano Children's Hospital at Strong offers a variety of additional pediatric cardiology services. For instance, **Daniel Miga, M.D.**, runs the region's only pediatric cardiac catheterization program and recently moved into a state-of-the-art lab. The hospital also offers specialized programs in fetal cardiology, preventive cardiology, arrhythmias, syncope, and an exercise physiology program led by **David Connuck, M.D.**

In 2003, Golisano Children's Hospital intends to begin construction of a new, 22-bed Pediatric Intensive Care Unit, half of which will serve as a Pediatric Cardiac Intensive Care Unit to better support the work of the Children's Heart Center staff. The hospital is proud to have on staff the region's only pediatric heart surgeon, **George Alfieris, M.D.**

Whether engaging in research that may lead to breakthroughs in cardiac care, or providing the best in day-to-day care for children who have heart problems, Golisano Children's Hospital and its Children's Heart Center are poised to help. To learn more, make a referral, or arrange for a consultation, call (585) 275-6108.



Steven Lipshultz, M.D.



Roger Vermilion, M.D.



Bonnie Salbert, D.O.



Sara Horgan



David Connuck, M.D.