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STRONG MEMORIAL OFFERS NEWLY OK'D CAROTID STENTING PROCEDURE

CLINICAL INNOVATION LESSENS RISK OF STROKE, COMPLICATIONS FOR HIGH-RISK PATIENTS

A new carotid stenting procedure that holds great promise for thousands of patients at risk for stroke is being performed by physicians at Strong Memorial Hospital.

A team of cardiologists, vascular surgeons and interventional radiologists was the first in New York state to perform the procedure, which was approved by the U.S. Food and Drug Administration in August. The technique treats life-threatening plaque blockages in neck arteries leading to the brain.

Olive Hockey, 82, of Batavia underwent the stenting procedure Sept. 7. It was performed by interventional cardiologist **Craig Narins, M.D.**, and vascular surgeon **Cynthia Shortell, M.D.**, both of the Strong Heart and Vascular Center.

Hockey had experienced scarring in the carotid vessel after having an endarterectomy two years ago and needed the new blockage treated. Another operating room surgery was considered dangerous in her case. While surgery is effective, there is a risk of stroke or death, a result of plaque that may escape during the procedure, reaching the brain and triggering a stroke.

The new carotid stenting procedure is typically performed in a catheterization laboratory or surgical endovascular suite, where a catheter is inserted in a small incision and used to clear blockage in the vessel. A stent is then placed at the blockage site to reinforce the vessel wall.

The technique was shown to be as safe or safer than the traditional procedure in patients who are at high risk for surgery.

The reduced risk is due in part to built-in safety features such as a tiny, umbrella-shaped filter that prevents any plaque that may escape during the procedure from reaching the brain and triggering a stroke.

Strong has been involved in several carotid stenting studies, including Guidant's Archer study, the clinical trial of the stent manufactured by Guidant Corp. that considered how stents worked in patients at higher risk, and the ongoing CREST trial, a larger, NIH-funded study that compares stent therapy with traditional methods of removing plaque from the artery. Strong is the only area hospital involved in the CREST study and is the only Rochester hospital to participate in additional data collection for Guidant at the request of the FDA.

Narins is a leading expert on carotid stents. He came to Rochester three years ago, after completing interventional cardiology training at Cleveland Clinic. He has served as the principal investigator leading Strong's participation in the Archer study. He also currently serves as Strong's principal investigator for the CREST trial.

For more information about carotid stenting, contact the Strong Heart and Vascular Center at 1-866-HEART-03, or www.stronghealth.com.

STRONG MEMORIAL'S FIRST HEARTMATE II PATIENT RECEIVES NEW HEART

A 27-year-old woman received a donor heart in September at Strong Memorial Hospital, just two months after having an experimental heart pump implanted in her chest to keep her heart going while she awaited transplant.

Stacy Holford of Homer, Cortland County, is doing well after her Sept. 7 transplant surgery, says **H. Todd Massey, M.D.**, surgical director of the Strong Health Program in Heart Failure and Transplantation and director of the hospital's ventricular assist device program.

Holford's transplant procedure included the removal of the Thoratec HeartMate II ventricular assist device, a pump that replaced her heart function to keep her alive and help her stay as healthy as possible while she waited for a new heart. The device was implanted July 23.

"The HeartMate II made all the difference in the world," Massey says. "Without it, her heart would have been too weak to continue. With it, Stacy was able to become healthier as she waited for a donor organ."

Strong is one of only 10 centers in the United States and Europe approved to participate in the international clinical trial testing the newly designed left ventricular assist device, which replaces a patient's weak left ventricle while the individual waits for a donor organ to become available.

The HeartMate II is the next generation of HeartMate left ventricular assist devices. The new axial flow device is longer-lasting and considerably lighter—about 1 pound compared to the nearly 5-pound HeartMate XVE—and smaller

in size, which makes it possible to implant the HeartMate II in smaller patients, particularly women whose bodies could not accommodate the larger HeartMate model. Strong has been implanting the HeartMate XVE in patients since 2001.

Holford was referred to Strong Memorial's transplant team in 2003 by Ithaca cardiologist Lynn Swisher, M.D., and has been followed in Strong's cardiac transplant clinic as she awaited transplant. Unfortunately her condition deteriorated and she began to suffer from end-organ dysfunction secondary to her failing heart, prompting the transplant team to implant the HeartMate II as a bridge-to-transplant.

The transplant team utilizes a number of surgically implanted mechanical pump devices, including the Thoratec PVAD, the Abiomed BVS 5000 Thoratec IVAD, and the Heart-mate XVE LVAD. During his career, Massey has implanted more than 100 devices in patients with end-stage heart failure.

The Strong Health Program in Heart Failure and Transplantation is the region's only comprehensive heart failure service. It offers state-of-the-art medical therapy, heart failure surgery, an artificial heart program and heart transplantation. The program also is a national leader in research efforts.

For information about the Strong Health Program in Heart Failure and Transplantation, call (800) 892-4964 or (585) 273-3760, or log on to www.stronghealth.com/services/cardiology/transplant.



Stacy Holford, who recently received a new heart, sits with transplant cardiologist Hamang Patel, M.D., before undergoing a routine heart biopsy at Strong Memorial Hospital in November.

STRONG TRANSPLANT CARDIOLOGISTS STUDY EXERCISE AND HEART FAILURE

Transplant cardiologists with the Strong Health Program in Heart Failure and Transplantation are part of a National Heart Lung Blood Institute study that will consider whether patients living with heart failure may improve their health and extend their life by exercising.

The \$37 million heart failure trial, called HF-ACTION, will be conducted at more than 50 medical centers in the United States, Canada and Europe. Strong is the only upstate New York site to participate.

Strong's participation is being led by **Leway Chen, M.D., M.P.H.**, senior transplant cardiologist and medical director of the Strong Health Program in Heart Failure and Transplantation, and **Thomas Rocco, M.D.**, chief of Cardiology at Highland Hospital. **William Hall, M.D.**, director of the Center for Healthy Aging, will assist with the trial.

The five-year study, coordinated by Duke University Medical Center, will consider 3,000 patients living with heart

failure. It is the first large-scale trial designed to determine whether exercise can reduce mortality for patients with heart failure, and also whether it can reduce hospital admissions.

Smaller studies have shown exercise has a positive effect on heart failure patients' health, yet no study before HF-ACTION has considered the effect exercise may have on mortality.

Criteria for participation in the HF-ACTION trial is broad, unlike previous heart failure studies that were selective in the types of patients enrolled. Nearly every patient with a weak heart is a candidate.

Participants are randomized to traditional care, or traditional care with exercise training. Patients in the exercise group are provided a personal exercise program tailored to each individual's medical condition and physical abilities. For the first three months, patients in this group exercise three times per week under medical supervision, using a treadmill or a stationary

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STRONG MEMORIAL PERFORMS 50TH HEART TRANSPLANT

The Strong Health Program in Heart Failure and Transplantation reached a milestone in September, performing its 50th heart transplant surgery.

The patient, a man from Oswego County, received his new heart on Sept. 14. He is one of the many patients who have benefited over the past three years from having a heart failure and transplant program close to home.

"Our reason for creating a program in Rochester was to fill a void in upstate New York," says **Leway Chen, M.D., M.P.H.**, director of the program and a transplant cardiologist. "For patients living with heart failure and in need of a transplant, we have made it possible for them to stay near their support network – their family, their own physician – and get the leading-edge care they require."

Chen leads the transplant team with **H. Todd Massey, M.D.**, surgical director of the program and a transplant surgeon.

"Many patients in need of a transplant cannot just pick up their life and move indefinitely to another city or state, and many choose not to," Massey says. "We want to give them the opportunity to survive here in upstate New York."

The transplant team listed its first patient in January 2001 and performed its first transplant 12 days later, on Feb. 7, 2001. Since then, patients from across upstate New York and northern Pennsylvania have received care, including not only heart transplants, but also state-of-the-art medical therapy, heart failure surgery, and ventricular assist devices, which are implanted pumps that replace a patient's heart function to keep them alive and as healthy as possible while they wait for a new heart.

The program's one-year survival rate is 92 percent, one of the best in the nation. Graft survival rate is 100 percent.

The transplant team 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.

HF-ACTION, continued from page 2

bicycle. Beyond three months, patients continue their exercise regimen at home for three years. Funding for the study provides for exercise equipment patients use at home.

Results from the exercise group will be compared to the control group whose members receive the latest standard of care for heart failure, without a structured exercise program.

In addition to tracking mortality and hospitalization rates of study participants, researchers also hope to learn more about medical complications caused by exercise, and to ascertain what types of patients may benefit from exercise. Genetic, economic and quality-of-life analyses also will be done to determine their effect on mortality rates.

For more information about the study, call (800) 892-4964 or (585) 273-3760.



Cardiac surgeons George Hicks, M.D., left, and H. Todd Massey, M.D., perform Strong Memorial's first heart transplant in February 2001. The program has done 53 transplants since then, with a one-year survival rate of 92 percent, one of the best in the nation.

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 uses a vehicle equipped with cutting-edge technology to assist patients being rushed from outlying areas to Strong Memorial for the region's most comprehensive cardiac care.

Ventricular assist devices have become a significant component of the heart failure and transplant program. Massey serves as director of the hospital's VAD program, an initiative that has resulted in 70 patients receiving ventricular assist devices. The transplant team utilizes a number of surgically implanted mechanical pump devices, including the Thoratec PVAD, the Abiomed BVS 5000 Thoratec IVAD, and the Heartmate XVE LVAD. During his career, Massey has implanted more than 100 devices in patients with end-stage heart failure.

Massey and the transplant team are involved in research of the newest models of ventricular assist devices, including the HeartMate II, which was implanted for the first time in Rochester in August. Strong is one of only 10 centers in the United States and Europe approved to participate in the international clinical trial testing the newly designed left ventricular assist device, which is thought to be longer-lasting and considerably lighter—about 1 pound compared to the nearly 5-pound HeartMate XVE—and smaller in size, making it possible to implant the HeartMate II in smaller patients, particularly women whose bodies cannot accommodate the larger model.

The Strong Health Program in Heart Failure and Transplantation is the region's only comprehensive heart failure service. It also is a national leader in research efforts to further the treatment of heart failure and return patients that suffer from heart failure to healthy and productive lives.

For information about the Strong Health Program in Heart Failure and Transplantation, call (800) 892-4964 or (585) 273-3760, or log on to www.stronghealth.com/services/cardiology/transplant.

GERIATRIC FRACTURE CENTER OPENS AT HIGHLAND



Two of Highland Hospital's strongest areas of expertise have joined hands to create the nation's first dedicated center for care of geriatric fractures.

By combining the hospital's successful geriatric fracture and geriatric medicine programs, Highland will deliver the highest quality care to seniors who have broken their hips.

More than 95 percent of hip fractures require surgery, according to **Stephen Kates, M.D.**, co-director of the new Geriatric Fracture Center. "The key to successfully treating patients with hip fractures is the ability to quickly evaluate the patient's condition. Getting that patient medically stable and then performing the appropriate surgical procedure in a timely manner will produce the best results for the patient," Kates says.

At Highland, patients with hip fractures will be fast tracked through the Emergency Department or, in some cases, directly admitted. Patients will be rapidly seen by orthopaedics and geriatrics, and then receive their surgery. The Center will be located on the hospital's newly remodeled orthopaedic floor. The entire floor will be dedicated to inpatient orthopedic treatment and medicine, including 24 private rooms and a specially designed rehabilitation room to assist in the recovery and rehabilitation of patients.

According to the Centers for Disease Control, in 2001 more than 1.6 million seniors were treated in emergency departments for fall-related injuries and nearly 388,000 were hospitalized. Of all fall-related fractures, hip fractures cause the greatest number of deaths and lead

to the most severe health problems and reduced quality of life.

Co-management of each patient by orthopaedic surgeons and geriatricians will meet the special needs of elderly patients. The orthopaedic program offers the very latest technology to treat hip fractures, making this program unique, according to **Daniel Mendelson, M.D.**, co-director of the Geriatric Fracture Center.

The program will focus on returning as many seniors with fractures as possible to their pre-injury status. Individual patient co-management will also lessen complications and lengths of stay at Highland. The Geriatric Fracture Center will also serve to teach residents and fellows and provide opportunities for clinical research.

"This is the first center of its kind in the United States, and we have an opportunity to provide an unprecedented level of care to our patients by combining two of the best programs at Highland into one cohesive unit," Mendelson says.

For more information please call Kates at (585) 242-7720 or Mendelson at (585) 341-6770.



UR EYE INSTITUTE UNVEILS NEW CLINICAL SPACE

The faculty and staff of the University of Rochester Eye Institute celebrated the opening of new clinical space in November with free patient education seminars, a ribbon-cutting ceremony and a special preview dinner event.

The project, which began in January, nearly triples the amount of clinical space available to Eye Institute faculty and provides room for the addition of leading-edge ophthalmic technology. The third-floor addition is constructed above the James P. Wilmot Cancer Center, adjacent to the current Eye Institute clinical area, and includes public space, offices, conference rooms, additional exam lanes and a new pediatric area.

The clinical project corresponds with plans for new research space, being funded in part by a prestigious \$2.6 million grant awarded by the National Institutes of Health. Construction of that project is scheduled to begin this fall.

The clinic welcomed patients on Nov. 15, and community members were invited to visit for free educational seminars about pediatric ophthalmology, adult macular degeneration and dry eye syndrome.

The official ribbon-cutting ceremony and breakfast was held on Nov. 19.

For more information about the University of Rochester Eye Institute, please call (585) 273-3937, or log on to www.stronghealth.com/services/ophthalmology/index.cfm.

PEDIATRIC EMERGENCY DEPARTMENT A NATIONAL MODEL



Gregory Connors, M.D., M.P.H., M.B.A. (center), leads a talented and devoted team of health care professionals in the Rochester Ronald McDonald House Children's Charities Pediatric Emergency Department.

Photo by Aimee K. Wiles courtesy of the Democrat and Chronicle.

On a regular basis, physicians from hospitals nationwide visit Rochester to see how children are cared for in an emergency setting at Golisano Children's Hospital at Strong. A group from Huntsville Hospital in Huntsville, Al., recently flew north to get a glimpse. The information these groups glean helps them further develop their own plans for new facilities.

The Rochester Ronald McDonald House Children's Charities Pediatric Emergency Department opened in 2001 at Golisano Children's Hospital, and has served as a national model for pediatric emergency care. Named to recognize a \$1 million gift from Ronald McDonald House Charities of Rochester, it is a vast improvement for the region's children, who make nearly 25,000 visits annually for triage, trauma, and acute care.

"This is a first-class environment in which to practice medicine, and is better suited to children and their families than a traditional emergency department," says **Gregory Connors, M.D., M.P.H., M.B.A.**, chief of Pediatric Emergency Medicine at Golisano Children's Hospital. Connors, who completed a Pediatric Emergency Medicine fellowship at Children's National Medical Center in Washington, D.C., recently was named to lead the Division of Pediatric Emergency Medicine.

Connors works with a host of physicians specifically trained to care for the emergent medical needs of children. They include **Mohamed Badway, M.D.; Ellen Bass, M.D., M.P.H.; Anne Brayer, M.D.; Lynn Babcock Cimpello, M.D.; Colleen O'Neil Davis, M.D., M.P.H.; Sharon Humiston, M.D., M.P.H.; Anne Lenane, M.D., and Dante Pappano, M.D. Joel Pasternack, M.D., Ph.D., Melissa Eirich, M.D., and Linda Spillane, M.D.**, from the Department of Emergency Medicine, also spend a portion of their clinical time caring for children.

In addition, "we all rely a great deal on our pediatric nursing staff, led by **Nikki Carlson Brockler, R.N.**, which provides tremendous care for our children," Connors says. "We have a very dedicated core group that works hand in hand with the hospital's other specialty departments." There are two full-time nurse practitioners, **Janice Rogers and Nancy Swank.**

The Pediatric Emergency Department at Golisano Children's Hospital provides a family and child-friendly environment not found in most hospitals. It is architecturally unique, offering its own waiting area and an atmosphere – complete with paintings and

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TRIO OF PEDIATRIC UROLOGISTS RELY ON EXPERTISE, TEAMWORK TO HELP KIDS



Golisano Children's Hospital offers the services of three outstanding pediatric urologists, who help hundreds of children – like 2-year-old Maeve – each year.

When **Rob Mevorach, M.D.**, was asked five years ago to relocate to Rochester, he relished the opportunity.

A pediatric urologist in the U.S. Navy, Mevorach was delighted to team up with **Ron Rabinowitz, M.D.**, and **Bill Hulbert, M.D.**, pediatric urologists at the University of Rochester Medical Center and Golisano Children's Hospital at Strong.

"I returned because this Division of Pediatric Urology is more conscience-driven than any I've known," Mevorach says.

Rabinowitz, associate chair of the Department of Urology and chief of Pediatric Urology, is an internationally known urologist and surgeon with more than three decades of experience. As he forged relationships with primary care physicians throughout the region, the practice quickly grew. To accommodate each child's needs, he recruited Hulbert and Mevorach, both of whom did their initial studies and training at the University of Rochester.

The trio helps children who have a variety of urology-related medical conditions, including congenital and acquired disorders of the kidneys, bladder, and genitals; undescended

testicles; hernias; hydroceles; voiding dysfunction; vesico-ureteral reflux; urinary-tract tumors; hydronephrosis; hypospadias; chordee; ambiguous genitalia; and cancer of the genitalia and urinary tract. They also offer urologic management of children with neurologic disorders, which is one of Hulbert's particular interests. Mevorach specializes in laparoscopic surgery.

Rabinowitz, Hulbert, and Mevorach are board-certified urologists with sub-specialty training from accredited pediatric urology fellowships. In addition, they are all members of the American Urological Association, fellows of the American Academy of Pediatrics, and fellows of the Society for Pediatric Urology.

They spend a great deal of time with children and their families, both in person and on the phone. "If parents want specialists who will listen to their concerns, explain all the options, give them an honest opinion, and spend the time to make sure they understand it, they should come to us," Rabinowitz says. "We are always available to them, and we make sure their child's primary care physician is a partner in the process, always informed of the latest developments."



Ron Rabinowitz, M.D., is chief of Pediatric Urology. His focus is on congenital and acquired genital, kidney and bladder disorders in children. He is a member of the American

Urological Association's Board of Directors, and past chair of the American Academy of Pediatrics' Section on Urology. Rabinowitz, who completed a fellowship at the Hospital for Sick Children in Toronto, has contributed more than 150 publications to the medical literature regarding topics such as testicular torsion and undescended testis.



Bill Hulbert, M.D., specializes in the treatment of—and reconstructive surgery for—urological problems of children who have neurologic disorders, spina bifida and other conditions.

A 1979 graduate of the University of Rochester School of Medicine and Dentistry, Hulbert completed his fellowship at Children's Hospital of Philadelphia. He serves as the Education Committee chair of the American Academy of Pediatrics' Section on Urology.



Rob Mevorach, M.D., leads the laparoscopic surgery program in pediatric urology, and specializes in treating voiding dysfunction in children, as well as the care of newborns with ambiguous

genitalia. He has published studies in peer-reviewed journals on topics such as testicular torsion, vesico-ureteral reflux, and nocturnal enuresis. He completed a fellowship at Children's Hospital at The University of California, San Francisco.

Children from as far away as Watertown, Binghamton, and Northern Pennsylvania seek their counsel. "Outside of New York City, we have the state's largest, most experienced, and most academically productive Division of Pediatric Urology," Rabinowitz says.

The partners rely heavily on one another to provide optimal care for children. "We are a tightly knit group," Hulbert says. "We consult among ourselves about our patients, and we take care of one another's patients whenever it is necessary, or whenever it makes the most sense for children and their families."

Pediatric urology isn't the most glamorous of the surgical subspecialties, but it is immensely rewarding and important work. "We have the opportunity to help even the youngest child who has a urologic problem find long-term answers," Rabinowitz says. "After our interaction, our patients will live another 75 or 80 years, so we want to provide them with superior care that has a lasting impact."

One of the three pediatric urologists is always available on-call. "When a primary care physician or parent calls, even if it is outside of normal business hours or on the weekend, they will get one of us," Hulbert says. "We are dedicated to our patients. We have a proven record of providing personal care."

For more information about pediatric urology services at the University of Rochester Medical Center and Golisano Children's Hospital at Strong, call (585) 275-3342.

"If parents want specialists who will listen to their concerns, explain all the options, give them an honest opinion, and spend the time to make sure they understand it, they should come to us."

—Ron Rabinowitz, M.D.





Emily Carrozzi, then 4, was rushed to Golisano Children's Hospital at Strong.

AFTER BRUSH WITH DEATH, DOCTORS MARVEL AT GIRL'S RECOVERY

Standing in the Pediatric Emergency Department at Golisano Children's Hospital at Strong, Kathleen and Lou Carrozzi saw their little girl slipping away. Behind the sliding glass door of an examining room, a team of pediatric specialists was administering CPR, making a last-ditch attempt to save the preschooler's life.

The day before, their 4-year-old daughter, Emily, enjoyed dance lessons, and went to bed seemingly healthy. When she woke up, though, she was vomiting and lethargic, giving her parents the impression that she had a virus. By, mid-afternoon, Emily took a visible turn for the worse. Her skin was turning gray, and the usually talkative girl was becoming less responsive. "I thought she was dehydrated," Kathleen says. "I thought we would go to the hospital and get her some fluids and everything would be OK."

Paramedics who were summoned to the family's Victor home couldn't get blood a pressure or pulse, and recommended that the girl be rushed to Golisano Children's Hospital. "Strong isn't the closest hospital to us, but, fortunately, we said yes," Kathleen recalls.

A team of doctors and nurses were waiting for Emily inside the pediatric emergency department. Within minutes, Emily was receiving CPR. For the first time, Kathleen and Lou realized they might not take their little girl home again. "I was extremely upset," Kathleen says. "I was hysterical, on the verge of collapsing." A social worker comforted the family, as the emergency team continued to work.

With persistence, doctors and nurses stabilized Emily, and she was rushed to the hospital's Pediatric Intensive Care Unit. Days later, lab cultures confirmed what doctors began to suspect a day earlier: Group A strep, which had infiltrated Emily's blood stream, caused her near-fatal illness. Already, decisions made in the emergency department upon her arrival were proving to be wise. Emily had received wide-ranging antibiotics during her first hour at the hospital, and they were able to stem the infection.

"The choices that were made, and the medications that were given, the doctors and nurses were right every step of the way," Lou says. "We now know how lucky we are to have Golisano Children's Hospital in Rochester. Had she not been treated by people who were so familiar with children . . . I don't want to think of what might have happened."

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murals—that sets it apart from traditional designs. It has 13 exam rooms that can accommodate as many as 22 children when necessary.

Thanks in large part to the grant from Ronald McDonald House Charities of Rochester, the Pediatric Emergency Department provides the services of a child-life specialist. Such specialists are trained to recognize children's unique developmental and emotional needs, and to help them overcome their fears, making the experience understandable to them and their parents. The grant also allows the department to provide training for new physicians interested in the sub-specialty field; offers generous support for nursing education and family educational programs; and funds start-up research projects to benefit children.

In addition to providing outstanding clinical care, many of the emergency physicians are involved with a wide range of research. For example, to better identify where and why unintentional injuries occur—and find ways to prevent them—**Drs. Anne Brayer and Lynn Babcock Cimpello** started upstate New York's first Injury Free Coalition for Kids. Made possible by the Robert Wood Johnson Foundation, it is among the country's most effective injury-prevention programs. Other physicians, such as **Mohamed Badawy, M.D.**, have published studies in peer-reviewed journals about lead toxicity, preventing head injuries, and serotonin syndrome. Conners is an internationally recognized expert on ingestions, specifically those involving coins. He has written much of the published medical literature on the topic.

"We've made great strides during the past years in terms of enhancing our facilities, staff, and services, and the children we serve are reaping the rewards," Conners says. "We look forward to doing even better on behalf of the kids."

For more information about Pediatric Emergency Medicine at Golisano Children's Hospital at Strong, visit www.urmc.rochester.edu/emergmed/.

Golisano Children's Hospital at Strong Connection is published by the University of Rochester Medical Center

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UROLOGISTS STUDY NEW DNA TEST FOR BLADDER CANCER RECURRENCE

Urologists at the James P. Wilmot Cancer Center of the University of Rochester Medical Center are joining a national effort to test a new detection method for the recurrence of bladder cancer. The Center is one of 12 sites across the nation selected by the National Cancer Institute to validate a new test to detect a marker for bladder cancer.



Edward M. Messing, M.D.

Edward M. Messing, M.D., chair of the Urology Department at the Medical Center, is leading the local three-year study, which will examine genetic changes in DNA obtained through urine samples. The test, if successfully validated, will provide a sensitive and non-invasive method of screening for bladder cancer.

"This is the first study of its kind, testing high-speed DNA technology to detect bladder cancer," says Messing. "If the results are positive, it will make large use of this test for monitoring

this disease, and even screening, feasible."

Frequent surveillance of bladder cancer patients is critical; it is one of the most common cancers and also one that has a high recurrence rate. But current procedures have shortcomings. Urine cytology often fails to detect early tumors. Cystoscopy, invasive and unpleasant for patients, can miss very early cancer or mistake non-malignant conditions for cancer, giving patients a false-positive result.

The bladder cancer test uses a technology known as microsatellite DNA analysis (MSA). Microsatellites, also known as short tandem repeats, are repeating units of one to six nucleotides found throughout human chromosomes. These repeating regions are frequently mutated in tumors. In screening for recurrent bladder cancer, DNA can be easily extracted from cells that are normally present in urine, and compared to DNA sequences of unaffected cells. Early studies have shown this non-invasive analysis can have over 90 percent accuracy.

In the validation study, 15 different biomarkers in 300 patients diagnosed with bladder cancer will be examined in an effort to predict cancer recurrence. Patients with healthy bladders and others with non-cancerous bladder problems that could be misdiagnosed as cancer, such as kidney stones or urinary tract infections, will be used as controls.

UR TO ESTABLISH ONE OF THE COUNTRY'S LARGEST HEART RESEARCH CENTERS

The University of Rochester is purchasing the Henrietta research facility formerly occupied by Wyeth-Lederle Vaccines and Pediatrics to establish a new research center for the study of cardiovascular disease.

More than 120 scientists and technicians from the UR Medical Center will relocate to the facility, making it one of the largest centers for heart research in the U.S.

The University intends to re-outfit the 84,000 square-foot facility. Minor renovations will start this fall and researchers will begin moving in early 2005.

"Establishing this research facility is an important step toward making Rochester one of the nation's premier centers for the study of cardiovascular disease," said **C. McCollister Evarts, M.D.**, CEO of the Medical Center and Strong Health. "Our goal is to make discoveries that will open the door to new treatments for heart disease, and to bring that work to the clinic so that patients in Rochester are the first to benefit."

When the University of Rochester Medical Center announced the second phase of a half-billion-dollar expansion of its medical research programs in 1999, it selected cardiovascular disease as one of six areas of research that it would seek to bolster by investing in new facilities and recruiting scientists. **Bradford C. Berk, M.D., Ph.D.**, a Rochester native and UR graduate, was named to head the newly established Center for Cardiovascular Research in the Aab Institute of Biomedical Sciences. Since his appointment in 1999, Berk has recruited 13 researchers and tripled to more than \$15 million the amount of grant funding the medical school receives annually for cardiovascular research from the National Institutes of Health.

These expanded research programs, which are currently housed across several buildings on the Medical Center's Elmwood Avenue campus, will be brought together under one roof at the Henrietta facility. Researchers at the Medical Center are currently conducting more than 100 research projects to gain new understanding of cardiovascular disease, ranging from clinical trials to test the effectiveness of new heart medications, to laboratory studies of atherosclerosis.

In addition, **Mark Taubman, M.D.**, Paul N. Yu Professor of Cardiology and chief of the Cardiology Unit, leads a research group studying the thrombosis and the link between atherosclerosis and thrombosis in heart disease.



A third research area, led by **Arthur J. Moss, M.D.**, professor of Medicine, is electrophysiology.

ROCHESTER'S TOP TWO EMPLOYERS TO PERFORM R&D

GOAL IS INNOVATIVE HEALTHCARE TECHNOLOGY TO IMPROVE PATIENT CARE

The University of Rochester Medical Center and Eastman Kodak Company in September announced two significant agreements for close collaboration.

The first is a four-year research and development agreement that will focus on innovations in digital medical imaging and healthcare information technology (HCIT), ultimately helping to making patient care swifter and more cost-efficient.

The second is a purchase agreement under which the Medical Center will acquire advanced digital medical imaging and HCIT solutions from Kodak's Health Imaging Group to support its growing demand for radiology services. Once fully deployed, Kodak's systems will enable more than 1,700 faculty and referring physicians to obtain patient medical images and related information with a few mouse clicks at a desktop workstation.

Under the agreements:

- Kodak research engineers, and URMC researchers and clinical experts, will work together on product development efforts for next-generation Kodak digital healthcare products and innovations that will further improve clinical productivity and patient care.
- As the University converts to advanced Kodak solutions, it will become a showcase site for current and future digital technologies. Kodak will bring customers from around the world to Rochester to see products and systems in operation across a large academic medical institution that is networked to many remote facilities.
- URMC, with more than 300,000 radiology exams per year, will benefit from Kodak's HCIT solutions for its complex, multi-site environment by improving turnaround time and access to patients' medical images and clinical reports.
- KODAK DIRECTVIEW PACS System 5—Kodak's newest picture archiving and communications system (PACS) for retrieving, reviewing and storing patient radiology images—will be installed throughout URMC, including an integrated solution enabling physicians at Strong Memorial Hospital, Highland Hospital and orthopedic outpatient facilities at Clinton Crossings to share images and information.
- KODAK Enterprise Information Management (EIM) solutions will enable information from radiology, and other clinical areas and medical records, to be managed from a centralized archive. EIM will be deployed across URMC so that designated systems in multiple facilities can communicate with each other.

"As Rochester's largest employers, the future of Kodak and URMC are already inextricably linked," said **C. McCollister "Mac" Evarts, M.D.**, CEO, Medical Center, "In teaming the research and patient-care strengths here at the Medical Center with Kodak's digital medical imaging expertise, we are each staking our organization's success on our ability to partner for the good of Rochester."

"Kodak is committed to working with URMC to research and develop innovative digital medical imaging and information applications for the multi-site, teaching healthcare market. We chose URMC among our selected collaboration partners based on its reputation as an academic institution and because many of our own employees use URMC's services. We believe this collaboration will produce significant benefits for similar facilities and for the Rochester community as well," said Dan Kerpelman, President, Kodak's Health Imaging Group.

APPOINTMENTS

Anesthesiology

Scott Berry, D.O.
Zana Cabak-Borovcanin, M.D.
Kenneth Cheng, M.D.
Jacalyn Cytryn, M.D.
Hossein Hadian, M.D.
John Storheim, D.O.
Alexander VanDamme, M.D.

Cardiology

David Goldstein, M.D.
Burr Hall, M.D.
Grzegorz Rozmus, M.D.
Sangeeta Shah, M.D.

Emergency Medicine

Matthew Jordan, M.D.
Matthew Stuppel, M.D.
Faber White, M.D.

Endocrinology

Ervin Szoke, M.D.

General Medicine Unit

Jennifer Barton, M.D.
Christopher D'Angelo, M.D.
Matthew Funderburk, M.D.
Megan Lyons, M.D.
Pricilla Martin, M.D.
Brandon McMahon, M.D.
Daniel Morgan, M.D.
Debra Ogie, M.D.
Rob Thornburg, M.D.

Geriatrics

Anthony Caprio, M.D.
Thomas Caprio, M.D.
Dallas Nelson, M.D.
Kim Petrone, M.D.

Hematology Oncology

Michelle Shayne, M.D.

Medicine

Robert Block, M.D.

Nephrology

Scott Liebman, M.D.

Neurology

Jill Miller, M.D., Ph.D.

Neurology/ Neuroimmunology

Richard Lango, M.D.

Neurosurgery

G. Edward Vates, M.D., Ph.D.

Obstetrics and Gynecology

Michael Flynn, M.D.
Laura Janisch, C.N.M.
Marit Sheffield, M.D.
Angela Woodall, M.D.

Orthopaedics

Susan Bukata, M.D.
Lisa Kurian, M.D.
Glenn Rehtine, M.D.
Mark Weight, M.D.

Pathology

Haodong Xu, M.D., Ph.D.
Jorge Yao, M.D.

Pediatrics

Alison Holmes, M.D.
Sandra Jee, M.D., M.P.H.
Heidi Witmer Smith, M.D.

Pediatrics/GI/Nutrition

Korosh Kooros, M.D.

Primary Care

Heather Bonenfant, M.D.
Rose Duver, M.D.
Laura Cancilla Kenny, M.D.

Psychiatry/Family Medicine

Steven Novak, M.D.

Radiology

Shannon Campbell, M.D.
Daniel Lee, M.D.

Surgery

Jennifer Griffith, M.D.
Ann Olzinski, M.D.
Jeffrey Peters, M.D.

Plastic Surgery

Stephen Vega, M.D.

Transplant Surgery

Peter Abt, M.D.

Urology

Jeanne O'Brien, M.D.

KUDOS

Deborah Friedman, M.D., a neuro-ophthalmologist, won a career development award from the National Institutes of Health (NIH). This is a five-year award, which could be worth up to \$900,000. This will provide the opportunity for Friedman to devote most of her time to research helping people with brain disorders that affect their vision.

James A. Hadley, M.D., F.A.C.S., was elected as a director to the American Board of Otolaryngology, the second oldest board certifying organization in the United States. Hadley, an associate professor of Clinical Otolaryngology in practice with University Otolaryngology Associates, is also president of the American Rhinology Society.

Steve Lamberti, M.D., has been selected by the American Psychiatric Association to receive the 2004 Arnold L. van Ameringen award in Psychiatric Rehabilitation, recognizing "the extraordinary past and ongoing contributions made by Dr. Lamberti in the field of psychiatric rehabilitation." The award is given annually to an institution, organization, or individual that has made an outstanding contribution to the field of psychiatric rehabilitation and care for the chronically mentally ill.

Kanakadurga R. Poduri, M.D., has been appointed chair of the Division of Physical Medicine and Rehabilitation at the University of Rochester Medical Center. PM&R was recently restructured as a division of the Department of Orthopaedics, to join the strengths of both disciplines to improve education, research and patient care.

Daniel H. Ryan, M.D., was named chair of the Department of Pathology and Laboratory Medicine at the University of Rochester Medical Center. Ryan has served as professor of Pathology and director of Strong Health Clinical Laboratories. Over the years, he has worked to restructure and coordinate testing within all the multiple laboratories that serve Strong Health. A member of five national and international pathology and hematology associations, Ryan has chaired the Clinical Laboratory Hematology subcommittee of the American Society of Hematology, and served on the American Cancer Society Scientific Advisory Committee on Drug Development, Hematology and Pathology. He has published more than 65 articles, and authored more than two dozen book chapters.

STRONG RECEIVES INTERNATIONAL QUALITY DESIGNATION FOR NURSING

Strong Memorial Hospital has achieved recognition as a Nursing Magnet Hospital, an international nursing quality designation enjoyed by only about 2 percent of hospitals in the country.

The distinction comes after more than a year of extensive documentation and evaluation of Strong's nursing program. The American Nurses Credentialing Center, the group within the American Nurses Association that awards Magnet Status, looked at nearly 100 criteria in evaluating nursing care at Strong. The term "Magnet Status" originates from a group of 41 hospitals during a national nursing shortage in the 1980s that nonetheless was able to recruit and retain nurses, serving as a "magnet" for the profession. Strong Memorial was one of those original "reputational Magnet" hospitals.

Researchers who have compared Magnet hospitals to those that haven't earned the quality status have found that Magnet hospitals enjoy better outcomes, including lower mortality rates

for patients. Likewise, patients and nurses alike report increased satisfaction. And nurses at Magnet hospitals perceive the care being given by their institutions as better.

The rigorous process of achieving Magnet Status began in 2003. A steering committee started documenting the practice of nursing throughout the hospital, focusing on 14 key nursing standards such as quality of care, planning, implementation, evaluation, education and ethics.

Required documentation included descriptions of "the innovative, dynamic, excellence-focused features of the organization."

Strong submitted more than 3,500 pages of documentation. The hospital scored within a "range of excellence," earning a site visit from four nurse appraisers from the American Nurses Credentialing Center and the Magnet Recognition Program. The appraisers conducted a comprehensive review of Strong's Nursing Practice Department over four days, meeting with more than 800 nurses, physicians, employees in other disciplines, and the executive leadership.



For Your CME Calendar

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

NEUROLOGY

December 2

RIT Inn and Conference Center
Course Director:
Ralph Jozefowicz, M.D.

PEDIATRIC ADVANCED LIFE SUPPORT

Re-Training Course
December 3 or February 3
Instructor Update Course
December 10
Provider Course
January 13 and 20
Course Director:
Elise van der Jagt, M.D.

ANTI-TNF THERAPY IN IMMUNE MEDIATED INFLAMMATORY DISORDERS (RHEUMATOLOGY/IMMUNOLOGY UPDATE)

December 11
Course Director:
Christopher Ritchlin, M.D.

ADVANCED TRAUMA LIFE SUPPORT

Provider Course/
ATCN Course
February 9 and 10
Re-Verification Course/
ATCN Course
February 10
Course Directors:
Mark Gestring, M.D., and
Paul E. Bankey, M.D.

AROUND THE REGION

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

CANANDAIGUA
CALL (585) 393-7211

COPD

December 3, Noon
at Canandaigua VA
Medical Center
Smita Desai, D.O., Assistant
Professor Pulmonary/
Critical Care Unit

OPTIONS FOR THE PATIENT WITH SEVERE HEART FAILURE IN UPSTATE NEW YORK: FROM DRUGS TO TRANSPLANTATION

December 17, Noon
at Rochester Outpatient Clinic
John D. Bisognano, M.D.,
Associate Professor
Cardiology Unit

ITHACA
CAYUGA MEDICAL CENTER
CALL (607) 274-4225

STRESS URINARY INCONTINENCE

December 3, 7:30 a.m.
Gunhilde Buchsbaum, M.D.,
Associate Professor
Obstetrics and Gynecology

BATH
BATH VA MEDICAL CENTER
CALL (607) 664-4770

TOXICOLOGY UPDATE

December 9, 10 a.m.
John G. Benitez, M.D.,
Associate Professor
Emergency Medicine

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STRONG HEALTH

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