

Strong Stroke Center Receives NYS Designation

The high level of care provided by nearly 100 physicians, nurses and rehabilitation specialists at the Strong Stroke Center at Strong Memorial Hospital has earned it an official Stroke Center designation by New York State's Department of Health. The Department of Health is in the process of forming a statewide system of designated stroke centers to improve the standard and timely access to care for stroke patients, a system shared by only one other state in the nation, Massachusetts.

As the third leading cause of death in the nation, and the leading cause of serious, long-term disability, how patients are treated immediately following stroke greatly determines not only their survival rate, but the extent of permanent disabilities they may suffer. The ability to quickly evaluate – and treat – patients with TPA or perform interventional procedures like thrombolysis are intricate procedures that need trained, multi-disciplinary teams to implement.

In order to receive the New York state designation, hospitals must have a staff specifically dedicated to treating stroke patients (including rehab), and round-the-clock capacity to perform CT scans. Patients must be seen by a physician within 15 minutes of arriving in the emergency room, have imaging within 25 minutes of arrival and interpretation within 45 minutes of arrival. In addition, rapid lab tests and a standardized written protocol for TPA administration are required.

"We look forward to continuing providing the top-notch care that we know helps save lives and prevent disability . . ."

As part of the designation, any stroke patient with acute symptoms within 20 minutes of transport to Strong Memorial will automatically be brought to the Strong Stroke Center.

"This designation reinforces the critical processes that are vital to reducing the potential devastating consequences from stroke: immediately getting to a hospital at the onset of symptoms, where a seasoned team is in place with ready access to imaging and other technologies proven to reduce the severity of the stroke and its potential side effects," **Curtis Benesch, M.D., M.P.H.**, director of the Strong Stroke Center, said. "We are honored to have received this designation from New York State, and look forward to continuing providing the top notch-care that we know helps save lives and prevent disability among stroke patients."

Strong's Stroke Center is the fourth largest in New York State, caring for close to 500 patients annually. Four board-certified vascular neurologists, backed up by more than a dozen other neurologists, provide 24 hour, in-house coverage, ensuring the ability to deliver time-sensitive care, such as administering clot-busting TPA drugs to patients within three hours of stroke symptoms. In addition, a multi-disciplinary team provides follow-up care through a specialized inpatient unit and rehabilitation facility.

By designating selected hospitals as primary stroke centers, the hope is to significantly increase the number of patients getting to experienced medical centers where TPA can be administered promptly and safely.

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at Strong

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ICU Upgrades to Improve Delivery of Highly Specialized Care

Setting a new standard of care in treating the region's critically ill patients is the focus of a two-phase, two-year, \$12 million overhaul to three of Strong Memorial Hospital's intensive care units, representing the most significant renovation to these units in more than three decades.

"As the hospital continues to grow our tertiary and quaternary programs, state-of-the-art units are needed to provide highly specialized care for acutely ill patients in intensive care settings, such as those recovering from liver transplant surgery, systemic infections and stroke," **Kathy Parrinello**, chief operating officer of Strong Memorial, said. "When completed, these new ICU areas will be among the most advanced in the nation."

At the heart of the overhaul will be enlarged rooms, roughly two and a half times the size of current rooms, that are key when treating patients whose care often requires extensive equipment. At 375 square feet, each room will accommodate this necessary equipment and allow for bedside procedures to be performed more efficiently.

All rooms will be capable of delivering kidney dialysis, an important enhancement, as a significant number of these patients will experience kidney failure. In addition, each unit will have a number of positive and negative pressure rooms to care for patients with compromised immune systems or communicable diseases.

Increased family communication is another hallmark of the renovation. In-room comfortable sitting areas designed specifically for families, in-room internet access for families' use, and a new family waiting room complete with a private consultation room for discussions with medical and social work staff are just a few of the elements being incorporated into the design to improve and facilitate communication with patients' families.

The 36,000-square-foot project will begin with renovations to the space recently vacated by the Kessler Family Burn/Trauma Unit on the eighth floor. Once complete, this space will become the staging ground for the other ICUs to temporarily move into while their permanent space is upgraded. The Surgical ICU will move into this space first, followed by the Medical ICU when Surgical ICU construction is complete.

Once renovations to the two main ICUs are finished, the former Burn/Trauma space will become a surgical progressive care unit, a significant addition to the spectrum of ICU care offered at Strong. This unit will specialize in treating patients who are doing well in their recovery but still need more intensive nursing care, enabling the hospital to free up much-needed beds in the ICUs, which operate at near capacity every day.

Construction is slated to begin before the end of 2005 and to be completed by the middle of 2007. When finished, Strong plans to have a total of 70 fully staffed ICU beds, and 25 intermediate-level care beds throughout the hospital.



Soy-based Compound May Stop Bladder Cancer

Wilmot Cancer Center Leading National Research Project

Urologists with the James P. Wilmot Cancer Center at the University of Rochester Medical Center are testing the potential of soy in stopping the growth of bladder tumors. **Edward M. Messing, M.D.**, chair of Urology, is leading a national study to determine whether genistein, a soy-based medication and potent isoflavone, can inhibit bladder tumors from progressing.

The randomized, double-blind Phase II study, funded by the National Cancer Institute, is designed for people who are at high risk of a recurrence of the disease. Each year, about 60,000 people are diagnosed with bladder cancer, a disease with a high recurrence rate.

"Bladder cancer can be fast-growing and we're hoping that this can slow it down," said Messing, an international expert in bladder cancer research.

Many times, doctors will detect bladder cancers and see significant growth in the tumor size during the short time between diagnosis by cystoscopy and the surgical treatment.

"We hope to see whether this could be another weapon in fighting this common disease and particularly in preventing its recurrence and even preventing it from developing in the first place," said Messing.

Study participants will take genistein (or placebo) daily for two to four weeks prior to the surgery to remove the tumors.

Other institutions participating in the study include: University of Wisconsin-Madison, University of Alabama-Birmingham, Emory University and University of Iowa.

Bladder cancer is more common among men than women and more common among whites than blacks. When found and treated early, the chances for survival are very good, however, about 12,710 Americans will die of the disease this year.

To refer patients or for more information about the study, please call (585) 275-0126.

Medical Center Physicians Explore MS Causes, Treatment

Doctors at the University of Rochester Medical Center are pinpointing the molecular causes of multiple sclerosis and are building on that knowledge to test a potential new treatment for the disease.

Physicians are testing an experimental medication in patients who are experiencing MS attacks or have had them recently. Scientists are examining the safety and effectiveness of a medication developed by Centocor, which is funding the study. The experimental drug targets a compound known as interleukin-12 or IL12, which activates the body's immune system.

Research in the laboratory of **Benjamin Segal, M.D.**, associate professor of Neurology and director of Neuroimmunology Research, suggests that IL12 plays an important role in the development of the disease. In a recent paper in the *Journal of Immunology*, Segal reported that IL12 allows some immune cells known as T-effector cells to evade the body's normal constraints and act like renegades that could damage nerves in the central nervous system.

Segal is leading the Rochester portion of the study to see whether the drug, designed to bring down levels of IL12, decreases relapse rates and blocks damage to the nervous system in patients.

During the nine-month study, participants will receive an injection of the medication once a week for the first month, then once a month for four more months; after that, participants will be monitored closely for four months. The University is one of approximately 20 sites around the world, including nine in the United States, that will enroll a total of approximately 230 people.

Participants will have blood drawn regularly and will also have a series of MRI scans. Most participants will receive the drug, though one out of five patients will be part of a control group that will receive a placebo.

In a second trial, Segal's team is looking for patients who are in the "progressive" stage of the disease to take part in a yearlong research study looking at whether IL12 levels in the body indicate how the disease is progressing in the brain and spinal cord. The study is funded by the National Institutes of Health through the University's Autoimmunity Center of Excellence.

The Medical Center is home to one of the world's leading MS clinics, where about 2,500 patients from Western New York and beyond receive their care. About 350,000 people in the United States have the disease, which is one of the top causes of disability in young adults. Symptoms of the autoimmune disease include fatigue, weakness, cognitive difficulties, and difficulty swallowing or walking.

Anyone interested in taking part in either study should call Eileen at (585) 275-6673.

Strong Only Center in Upstate New York to Participate in VAD Trial

Study Evaluates Effectiveness of HeartMate II as Bridge-to-Transplant, Destination Therapy

The Strong Health Program in Heart Failure and Transplantation has been selected as the only medical center in upstate New York to take part in a second-phase clinical trial for an advanced, next-generation ventricular assist device.

The trial is designed to determine the safety and effectiveness of the Thoratec HeartMate II Left Ventricular Assist System, a heart assist device intended to provide long-term or permanent cardiac support for patients with advanced-stage heart failure, said **H. Todd Massey, M.D.**, surgical director of the Strong Health Program in Heart Failure and Transplantation.

The HeartMate II is the next generation of HeartMate left ventricular assist devices. The 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.

The clinical trial incorporates a number of unique elements, including the use of the device for both bridge-to-transplantation (BTT), and destination therapy (DT), for permanent use in patients who do not qualify for heart transplantation. Both the BTT and DT arms allow patients to be discharged to their home based on their condition.

The BTT study design is a non-randomized trial that enables all subjects to receive the HeartMate II. The results are then compared to objective performance criteria. The BTT arm of the study will involve 133 patients at up to 25 centers.

The DT part of the study will include 200 total patients at up to 40 centers, randomizing the HeartMate II to the HeartMate XVE, the only FDA approved LVAD for Destination Therapy.

Strong's heart failure and transplant team participated in the first phase of the HeartMate II study, implanting six devices in patients on the waiting list for a donor organ.

The program's first HeartMate II case was performed in August 2004, when the device was implanted in a 27-year-old woman from Ithaca. She received a new heart in September 2004.

Ventricular assist devices have become a substantial component of the Strong Health Program in Heart Failure and Transplantation. The work of Massey, Artificial Heart Program Coordinator **William Hallinan** and the Artificial Heart Program team has resulted in more than 150 patients receiving ventricular assist devices. The transplant team utilizes a number of surgically implanted mechanical pump devices, including the Thoratec PVAD and IVAD, the Abiomed BVS 5000 and Abiomed Ventricle, and the Heartmate XVE LVAD. More than 50 percent of Strong's VAD patients are discharged to home after their device implant while awaiting heart transplantation.

During his career, Massey has implanted nearly 200 devices in patients with end-stage heart failure.

Comprehensive Care Provided at Highland's New Evarts Joint Center



The Evarts Joint Center, based in the warm environment of Highland Hospital, provides all the services patients need to ensure the best outcomes for joint surgery, from pre-operative assessment through physical therapy and rehabilitation.

Opened earlier this year, the Center was named in honor of **C. McCollister Evarts, M.D.**, CEO of the University of Rochester Medical Center and Strong Health, a respected orthopaedic surgeon who helped introduce total hip replacement surgery in the United States.

"Knowing that this Center provides the highest quality care and continues to advance clinical research and positive patient outcomes in orthopaedics is extremely gratifying to me both personally and professionally," Evarts said.

The Center provides a wide range of services including knee and hip joint replacements and specialized procedures of the ankle, shoulder and elbow. Osteoporosis counseling, arthritis management and geriatric fracture treatments are also offered.

The Center includes a 20-bed inpatient unit with private rooms, rehabilitation services, and two state-of-the-art operating rooms. An outpatient clinic will soon be added.

"Highland Hospital's affiliation with the University of Rochester Medical Center provides the opportunity for ongoing research and innovation in total joint replacement," said **Allen D. Boyd, M.D.**, director of the Evarts Joint Center. "Patients have ready access to treatments that use the newest technologies and less invasive techniques."

Multiple clinical trials are under review for knee and hip replacement at the Center and include:

- Analysis of implant design
- Studies of implant materials
- Patient outcome studies
- Investigation of bone loss around implants
- Use of computer technology in surgery

Other features of the Center include computer-guided surgery, a joint patient outcome registry for research and analysis, minimal incision surgery, rotating platform total knee replacement, minimally invasive surgery and new implant materials.

In addition to Boyd, members of the Evarts Joint Center team include: **Terrance Diano, M.D.**, **Christopher J. Drinkwater, M.D.**, **Martin B. Gingras, M.D.**, **Stephen L. Kates, M.D.**, **Michael Klotz, M.D.**, **John Marquardt, M.D.**, **Steven Posnick, M.D.**, and **Hubert F. Riegler, M.D.**, chief of orthopaedics at Highland Hospital.

To contact the Evarts Joint Center at Highland Hospital, please call (585) 275-2838.

Glaucoma Specialist Joins University of Rochester Eye Institute

Shakeel R. Shareef, M.D., has joined the University of Rochester Eye Institute faculty as a glaucoma specialist and an assistant professor in the Department of Ophthalmology.

For the past seven years, Shareef has practiced at the prestigious Geisinger Medical Center in Pennsylvania.

In addition to his clinical work, Shareef's research interests include glaucoma drug studies and neural stem cells. He has received numerous research awards, including the New York Academy of Sciences certificate of merit; the Merck Index Award; a Medical Student Research Forum prize from New York Medical College; and the Association for Research in Vision and Ophthalmology/Retina Research Foundation Travel Fellowship Grant.



Shakeel R. Shareef, M.D.

Shareef earned his medical degree from New York Medical College. He completed graduate work in biochemistry and undergraduate work in chemistry, both at Queens College, City University of New York. He fulfilled an internship at Winthrop University Hospital, Stony Brook School of Medicine, and an ophthalmology residency at New York

Medical College, followed by a glaucoma research fellowship and glaucoma clinical fellowship at Washington University School of Medicine, St. Louis.

Shareef is a member of the American Academy of Ophthalmology and the Association for Research in Vision and Ophthalmology. He also serves as a peer-reviewer for the journal *Ophthalmology* and an ad hoc reviewer for *Current Eye Research*. He is on the scientific advisory board for the Sight-Loss Support Group of Central Pennsylvania.



Pediatric Surgical Suite Construction Under Way

Distinct Unit to Meet Special Needs of Children, Families

Excitement is high with the start of construction on the new Pediatric Surgical Suite at Golisano Children's Hospital at Strong. With final state approval, construction began in early August and the \$2.2 million project is expected to be completed next year.

The William and Mildred Levine Pediatric Surgical Suite will be a dramatic enhancement of the hospital's pre- and post-surgery services for children and their families and is a vital component of the hospital's five-year strategic plan.

More than 3,000 children undergo surgery each year at Golisano Children's Hospital. Although the care they receive is top-notch, we are constantly striving to improve care. Currently, children check in at the same reception desk as adults undergoing surgery, stay in the same waiting areas and share the same pre-operative and post-operative recovery rooms. The needs of children are very different from those of adults, especially when it comes to being able to have their families at their bedside right up until surgery and as soon afterward as possible.

"Instead of having the kids fit into an adult area, we're fitting this suite to the kids," said **Walter Pegoli Jr., M.D.**, chief of Pediatric Surgery at Golisano Children's Hospital at Strong.

The new suite will offer more streamlined care from the hospital's talented pediatric surgical teams than has been possible previously. With the exception of cardiac surgery, a dedicated team of health care professionals specially trained to care for the surgical needs of infants, children and adolescents will perform all surgeries and procedures requiring anesthesia in the new suite. These highly skilled individuals understand the

complex emotional and physical challenges of performing surgery on a child, and how the experience might affect his or her family.

The suite will include its own waiting room, designed exclusively for the use of children and their families. In addition, the plan includes a child- and family-friendly pre-operative area where parents can be with their child as long as possible.

Dedicated operating rooms for pediatric patients will enable the surgeons to operate in a space that is specially designed to meet their needs, and where they will have access to equipment that is tailored specifically for use on children. Some of the most dramatic improvements offered by the new Pediatric Surgical Suite will be experienced after the child's surgery. Currently, children undergoing surgery share a recovery area with adults and it doesn't allow parents to visit immediately after surgery. In the new suite, after they have been able to speak with the surgeon, parents will be invited to the Pediatric Post Anesthesia Care Unit (PACU) where their child will be monitored for between 30 minutes to several hours.

As the only hospital in the Rochester and Finger Lakes region devoted solely to the care of children, Golisano Children's Hospital has a unique responsibility to provide the highest quality of care.

"We strive each day to be a better children's hospital," said **Elizabeth McAnarney, M.D.**, pediatrician-in-chief.

"As part of that effort, we must provide our pediatric specialists — many of whom are at the top of their field — with the best facilities in which to practice medicine and surgery."

Dedicated Ambulance Enhances Pediatric and Neonatal Transports to Golisano Children's Hospital

To better serve neonatal and pediatric patients, Monroe Ambulance has provided Golisano Children's Hospital at Strong with a dedicated ambulance for transporting young patients who need specialized care at the region's only children's hospital. The ambulance, which began service in early August, is marked with the Golisano Children's Hospital name and is specially equipped for children and infants.

"We can operate, basically, as an intensive care unit on wheels," said **Valerie Cansdale, R.N.**, pediatric transport coordinator and a nurse leader in the Pediatric Intensive Care Unit. "The minute our team arrives, we can initiate critical care and continue that care during transport to Golisano Children's Hospital at Strong."

The ambulance was designed to accommodate a customized pediatric stretcher or a fully equipped neonatal isolette. The location of the stretcher/isolette in the ambulance and the ambulance's large size allow room for the full team to work efficiently, safely and comfortably while providing the necessary critical care during transport. The ambulance's ample space facilitates the use of specialized pediatric/neonatal equipment required during transport (e.g. monitors, ventilator, IV pumps, etc.). The neonatal and pediatric transport teams each consist of a neonatal or pediatric transport nurse, a transport respiratory therapist, a neonatologist or pediatric critical care physician when necessary, and a Monroe Ambulance emergency medical technician (neonatal team) or a paramedic (pediatric team). There is also room for a parent to ride along with his or her child.

Elise van der Jagt, M.D., M.P.H., director of the Pediatric Transport Program, said that Monroe personnel are integral to the transportation team and the care of patients being transported. "They know the rig and our patients' needs," van der Jagt said.

"They know what equipment is needed, what kind of care is to be given, and what kind of service we wish to provide to our region's physicians and hospitals."

Jean Livingston, R.N., neonatal transport coordinator and nurse leader in the Neonatal Intensive Care Unit, said the additional room in the dedicated ambulance helps in caring for babies because the improved visibility will make them easier to treat.

The new ambulance is an enhancement to an already strong partnership between the hospital and Monroe Ambulance. For 25 years, Monroe Ambulance has been transporting neonatal patients to Golisano Children's Hospital. The pediatric transport team began its program in 1995 and has been with Monroe Ambulance continuously for the past 10 years.

Robert Swantz, M.D., director of the Neonatal Transport Program, said the new dedicated ambulance is a "fine example of Monroe Ambulance's longstanding commitment to working with Golisano Children's Hospital to provide outstanding, state-of-the-art care to neonatal and pediatric patients in our region."





In partnership with Monroe Ambulance, the Neonatal and Pediatric Transport Teams go out on about 500 calls a year, bringing pediatric and neonatal patients from hospitals and emergency departments nearby and hours away. The Neonatal Transport Program has formal transfer relationships with hospitals in the region so that premature or critically ill newborns are efficiently and safely transferred to Golisano Children’s Hospital’s 52-bed, Level 4 NICU.

As with the Pediatric Transport Program, critical neonatal care begins at the outlying hospital and continues throughout the transport. The Neonatal Transport Hotline, based in the neonatal intensive care unit, facilitates requests for transport 24 hours a day, every day. To reach the Neonatal Transport Hotline, call (585) 275-2198.

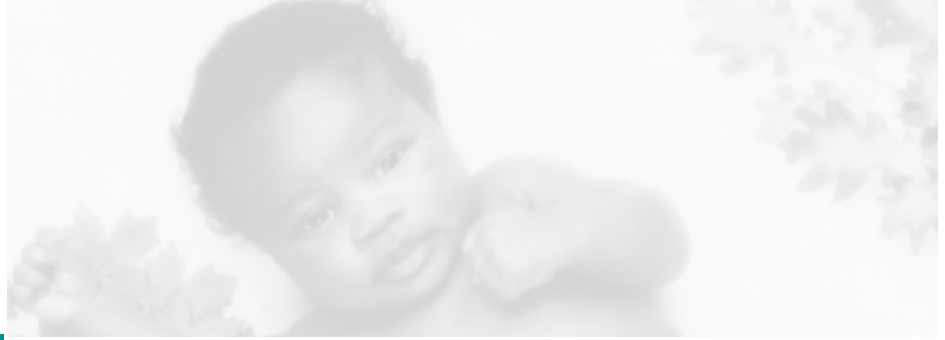
The Pediatric Transport Program provides critical care consultation and inter-hospital transport of any infant, child or adolescent who requires the inpatient services of Golisano Children’s Hospital. The majority of these children require critical care services initiated at the referring hospital by the team and continued throughout transport. Requests for consultation/transport are managed around-the-clock by the Pediatric Transport Hotline, which can be reached at (585) 273-1500. Both ground transport (in partnership with Monroe Ambulance) and air transport are available to pediatric patients in hospitals throughout western New York and northern Pennsylvania. Transports come most frequently from Monroe, Orleans, Genesee, Wyoming, Livingston, Ontario, Wayne, Seneca, Yates, Steuben, Schuyler, Chemung, Allegany, Cattaraugus, Cayuga, Tompkins, Oswego and Jefferson counties.

The new, dedicated ambulance will be based at Golisano Children’s Hospital so it is immediately available to the transport teams. This should significantly decrease the amount of time it takes for the transport team to be mobilized and to arrive at the referring hospital.

“Whichever crew answers the call will be able to respond directly to the hospital,” said George Glessner, project manager for Monroe Ambulance.

A ribbon-cutting ceremony is expected this fall to celebrate the new ambulance and the partnership between Golisano Children’s Hospital and Monroe Ambulance.





Meet Winston Gaum, M.D.

On August 1, Golisano Children's Hospital at Strong welcomed **Winston Gaum, M.D.**, as chief of pediatric cardiology. He came to us from Syracuse where he was a professor of pediatrics and director of the division of pediatric cardiology of SUNY Upstate Medical University.



Winston Gaum, M.D.

Gaum was born in Sydney, Nova Scotia, Canada, and he completed his undergraduate studies at McGill University in Montreal. He graduated from Dalhousie University Medical School in Halifax, Nova Scotia, completed his pediatric residency at Montreal Children's Hospital and Cincinnati Children's Hospital Medical Center, and did a cardiology fellowship under Samuel Kaplan, also in Cincinnati. After completing a fellowship in cardiac electrophysiology at the Indiana School of Medicine in Indianapolis, he initiated the clinical electrophysiology program in Cincinnati.

Q. What attracted you to Golisano Children's Hospital at Strong?

A. The excellence of the institution is well known. **Dr. Elizabeth McAnarney**, pediatrician-in-chief, proposed a regional approach to the care of children with heart disease, which would enhance cardiac care for all children of upstate New York. Golisano Children's Hospital has provided superb resources in which to do this, and an excellent faculty, led by **Dr. Roger Vermillion**, was already in place.

Q. Can you tell me about the "regional approach"?

A. I wish to foster and enhance the collegiality that already exists among pediatric cardiologists in Buffalo, Rochester and Syracuse. Each center has unique services for children, but as the largest pediatric cardiology division, Golisano Children's Hospital is in a position to coordinate care of patients with heart disease. To this end we already have in place a telemedicine link with all three centers. We are also planning a database of cardiac patients in upstate New York. This project will be based in Rochester, but will rely heavily on a cooperative effort among all the pediatric cardiologists in the region.

We plan to host regional meetings for pediatric cardiologists (and others who may be interested) so that we may exchange ideas and refine a truly regional service to children.

Q. What changes will you make in Rochester?

A. Dr. Roger Vermillion has done a superb job as interim chief and will remain as associate chief, overseeing the clinical service. I can assure everyone that the excellent service established under Dr. Vermillion's guidance will continue.

However, we will be responsive to any new ideas, requests for new services and educational programs that our referring physicians request. Without them we cardiologists wouldn't have much to do!

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Physician Liaison: At Your Service

Tina Faugh

Strong Memorial Hospital's Physician Liaison provides a quick link between physicians and the hospital to improve and foster effective, two-way communication.

"Our Physician Liaison is at your service if you need help getting appointments, or have a problem related to our systems or reports," said **Karen Crotinger**, director, Physician Services and Medical Staff Office.

As Strong's Physician Liaison, **Tina Faugh** is available to physicians or their practice managers in order to address problems, issues or concerns that need attention. Information shared with Faugh is used to improve services.

"Many physicians are familiar with our Consult and Transfer Center, which they can call to send patients to our specialists and clinics. The Physician Liaison program is separate but complements that by providing a person physicians may call with questions that go beyond consultations and transfers," explained Faugh.

"Let's say you're a primary care physician in Hornell and you're having difficulty making an appointment with a Strong specialist for one of your patients, or in acquiring the information you need to make a referral. That's when you should give us a call. We can help you make connections so you can provide optimal care for your patients," Faugh said.

When making referrals to Strong specialists, providing complete information about the patient prior to the appointment can help the specialist hone in on his or her individual needs. Information can be provided by phone at the time appointments are made, or the Physician Liaison office can supply referring physicians with a simple Referral Information Form to be completed prior to the patient's visit.

In addition to the patient's name and telephone number, information useful to specialists in providing care to referred patients includes:

- Date of birth
- Reason for referral
- Symptoms and treatment to date
- Pertinent test(s) and where they were done
- Medication(s)
- Relevant medical history

For copies of the Referral Information Form or to access Physician Liaison services at any time, please call **(585) 275-6662**, or e-mail Tina_Faugh@urmc.rochester.edu.

APPOINTMENTS

Anesthesiology

John Markman, M.D.
Rodger Ng, M.D.
Christopher Trojan, M.D.

Dentistry

Joseph Fantuzzo, M.D.

Dermatology

Cheryl Belmont, M.D.
Francisco Tausk, M.D.

Emergency Medicine

Madelyn Garcia, M.D.
Timothy Lum, M.D.
Suneel Koul, M.D.
Erik Rueckmann, M.D.
Sandra Sarnoski-Roberts, M.D.
Gwendolyn Snyder, M.D.

Family Medicine

Scott Clemensen, M.D.
Eric Smith, M.D.
Lois Van Tol, M.D.
Renee Wheeler, M.D.

Internal Medicine

Karen Stewart, M.D.
Thomas Verme, M.D.

Medicine

Anthony Bibawy, M.D.
Grace Candelario, M.D.
Luigi Giugno, M.D.
Daniel Gray, M.D.
Michael Larj, M.D.
Timothy Johnson, M.D.
Stephen Judge, M.D.
Seema Limaye, M.D.
Deborah Mulford, M.D.
William Novak, M.D.
Laurie Ann Patanella, M.D.
Carol-Lynn Petronaci, M.D.
James Richardson, M.D.
Lawrence Saubermann, M.D.
Sarah Taylor, M.D.
John Teeters, M.D.

Neurology

E. Ray Dorsey, M.D.
David Gill, M.D.
Chad Heatwole, M.D.
J. Craig Henry, M.D.
Leslie Lee, M.D.
Barnard Ravina, M.D.
Paul Twydell, M.D.
Michael Yurcheshen, M.D.

Neurosurgery

Jason Schwalb, M.D.

Obstetrics/Gynecology

Vy Rossi-Bui, M.D.
James Pulvino, M.D.
Loralie Thornburg, M.D.

Orthopaedics

Christopher Drinkwater, M.D.
Jonathan Gross, M.D.

Orthopaedics/PM&R

Douglas Fetkenhour, M.D.

Pediatrics

Katherine Deiss, M.D.
Winston Gaum, M.D.
Damian Krysan, M.D.
Julie Nicoletta, M.D.
Ponrat Pakpreo, M.D.
Nicholas Parilla, M.D.

Psychiatry

Scott Becker, M.D.
John (Jack) Rozel, M.D.
Jeremy Smith, M.D.
Ronald Spurling, M.D.

Radiation Oncology

Michael Milano, M.D.

Radiology

Robert Bruton, M.D.
Vikram Dogra, M.D.
Benjamin McDaniel, M.D.
Matthew Stalker, M.D.
Andrea Zynda-Weiss, M.D.

Surgery

Carolyn Jones, M.D.

Urology

Judd Boczko, M.D.

Vascular Surgery

John Porter, M.D.

kudos

Laura M. Calvi, M.D., an assistant professor in the Endocrine-Metabolism unit at the University of Rochester Medical Center, was one of 15 researchers nationwide to be selected as a 2005 Pew Scholar in Biomedical Science. As a Pew Scholar, she will receive \$240,000 to support her research on how cells in bone marrow influence the creation of blood cells.

Linda Chaudron, M.D., M.S., assistant professor in the Department of Psychiatry, was named the 2005 Marian I. Butterfield Early Career Psychiatrist by the Association of Women Psychiatrists. The Marian Butterfield award recognizes one psychiatrist a year who has excelled in an area of research and who has great promise for continuing to contribute to academic psychiatry. Chaudron's research and clinical interests focus on women's mental health issues across the lifespan, specifically postpartum depression and suicide risk factors among women.

Paul Katz, M.D., was appointed head of the Geriatrics/Aging Division of the Department of Medicine at the University of Rochester Medical Center. A nationally distinguished leader in geriatric care and the study of aging, Katz joined the University in 1991 as director of the Geriatric Medicine Fellowship program. He has practiced geriatrics in a variety of acute care, rehabilitation and residential care facilities, is a frequent member of national Study Sections and expert panels, and has authored dozens of journal articles, books, and chapters on studies related to aging. The Geriatrics/Aging Division brings together the talents of 28 faculty members previously spread across the General Medicine Unit. Establishing this distinct division recognizes the outstanding clinical and academic work under way, including the continuation and expansion of the HRSA Geriatric Education Center grant and the maturation of the Center for Healthy Aging.

Elizabeth R. McAnarney, M.D., pediatrician-in-chief and professor and chair of the Department of Pediatrics at the University of Rochester Medical Center, was honored by the *Rochester Business Journal* as one of Rochester's Influential Women. The annual award recognizes the achievements of women who work in the highest ranks of area organizations and make or influence policy decisions, and whose efforts help to shape Rochester's future.

Cyril Meyerowitz, D.D.S., director of the Eastman Dental Center and professor and chair of the Eastman Department of Dentistry, has been appointed to the American Dental Education Association's (ADEA) Commission for Change and Innovation in Dental Education. This commission will likely shape dental education for decades to come, as it helps to oversee the execution of recommendations on curricular reform and innovation in dental education recently made by the ADEA.

Wendy J. Nilsen, Ph.D., assistant professor in the Department of Psychiatry, has been selected as one of 25 fellows in the Leaders for the 21st Century program. The program is a project of Zero to Three, a non-profit organization based in Washington, D.C., to share knowledge on the healthy development of children in their early years. Nilsen will work with Monroe County Family Court, the Monroe County Department of Social Services, the Mt. Hope Family Center and the Society for the Protection and Care of Children to develop a visitation program for the parents of foster children.

The **Palliative Care Program** at the University of Rochester Medical Center has earned the American Hospital Association's "Circle of Life" Citation of Honor in recognition of its community-based palliative care/end-of-life initiative, research programs and education for medical students and residents.

Andrew Rudmann, M.D., serves as chief of the new Hospital Medicine Division (HMD), a division created to provide leadership and coordination to our growing team of hospital-based physicians. Rudmann received his undergraduate degree from Duke University before attending Johns Hopkins University School of Medicine. He completed his residency in Internal Medicine at Strong Memorial and joined the faculty in 1996 as an inpatient physician. Currently, over 13 faculty members serve as hospitalists throughout Strong Memorial, caring for admitted patients working closely with residents and mid-level providers. The HMD has also assumed administrative oversight of nearly 40 full- and part-time mid-level providers who work on the medical service.

USNews & World Report ranked Geriatrics programs based at Strong Memorial Hospital and Highland Hospital 15th best in the nation in its annual "America's Best Hospitals" issue, rising 26 slots from the previous year. Strong Memorial Hospital was recognized in the Hormonal Disorders category, ranking 31st best in the nation, while its Neurology and Neurosurgery program ranked 42nd best. "This recognition is a tribute to all of our faculty and staff who work tirelessly to provide the latest treatments and the very best care to our patients," said **C. McCollister Evarts, M.D.**, CEO of the University of Rochester Medical Center and Strong Health. "We are fortunate that in Rochester we have many physicians and medical researchers who are at the forefront of their respective specialties, enabling us to provide a level of care that is nationally recognized."



UR Scientists Link Vascular Gene to Alzheimer's Disease

Scientists at the University of Rochester Medical Center have discovered a link between a prominent developmental gene and neurovascular dysfunction in Alzheimer's disease.

The gene plays a major role in the growth and remodeling of vascular systems. But, in brain cells of people with Alzheimer's disease, expression of the gene is low, the scientists found, revealing a new piece of the Alzheimer's puzzle.

In laboratory studies, the scientists also showed that restoration of the gene expression level in the human brain cells stimulated the formation of new blood vessels. It also increased the level of a protein that removes amyloid beta peptide, the toxin that builds up in brain tissue in Alzheimer's disease.

In further studies, the scientists, led by **Berislav Zlokovic, M.D., Ph.D.**, professor in the University of Rochester Medical Center's Department of Neurosurgery and director of the Frank P. Smith Laboratories for Neuroscience and Neurosurgical Research, deleted one copy of the gene in mice, creating echoes of the damage of Alzheimer's, including reduced ability to grow blood vessels in the brain and impaired clearance of amyloid beta.

"This is a new pathway for the study and treatment of Alzheimer's disease," said Zlokovic. "This gene could be a therapeutic target. If we can stop this cycle, we could slow or stop the progression of the neuronal component of this disease."

An article by Zlokovic and his team detailing the research findings appears in the September edition of *Nature Medicine*.

The gene targeted in the research is a homeobox gene known as MEOX2 and also as GAX. A homeobox gene encodes proteins that determine development. Zlokovic calls it a "big boss."

The scientists studied human brain endothelial cells taken from autopsy samples from people with Alzheimer's. They found that expression of MEOX2, or mesenchyme homeobox 2, is low in the cells of those with Alzheimer's.

"The cells with low levels can't form any kind of vascular system or any kind of network," Zlokovic said. "They just start dying."

In restoring expression of the gene, the Rochester scientists showed for the first time that it suppresses a specific transcription factor. When the expression of MEOX2 is low, the factor "rampages" and allows apoptosis or programmed cell death in the brain vascular system, Zlokovic said.

When MEOX2 expression is low, the research also showed that a protein that helps with the clearance of amyloid beta is suppressed.

Zlokovic views the findings reported in *Nature Medicine* as support for his belief that Alzheimer's is a neurovascular disease.

"If you find a problem in the brain, it doesn't necessarily mean that it started in the brain," he said. "It's not that neuronal injury is not important, it's that other things are more important."

But Zlokovic said that it is not clear yet whether the low expression of the gene results in the death of brain cells and Alzheimer's disease or that the disease in neurons results in the low expression of the disease.

"But if we can restore the dysfunctional gene, we might be able to slow or stop the disease wherever it started," Zlokovic said.

The National Institutes of Health provided some of the funding for the research.

In November 2004, Zlokovic received a MERIT award from the National Institute on Aging. The award, worth approximately \$5 million in funding, will be used to further his research for new ways to treat or prevent Alzheimer's disease. Zlokovic was selected by his peers at NIH to receive the award based on the consistent high quality of his work and leadership and commitment in the field over several years.

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For Your CME Calendar

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

ADVANCED CARDIAC LIFE SUPPORT PROVIDER COURSE

OCTOBER 7
OR NOVEMBER 15

RE-TRAINING COURSE OCTOBER 18

COURSE DIRECTORS:
J. RUSSELL NORTON, M.D., CAROL ANN DIACHUN, M.D.

12TH ANNUAL ROCHESTER CARDIOPULMONARY SYMPOSIUM

OCTOBER 12
ROCHESTER RIVERSIDE CONVENTION CENTER
COURSE DIRECTOR:
THOMAS P. STUVER, M.D.

7TH ANNUAL HEALTH CARE COMPLIANCE CONFERENCE

OCTOBER 13
COURSE DIRECTOR:
PAUL LEVY, M.D.

PEDIATRIC ADVANCED LIFE SUPPORT PROVIDER COURSE

NOVEMBER 3
COURSE DIRECTOR:
ELISE VAN DER JAGT, M.D.

8TH INTERNATIONAL CONFERENCE ON THE MECHANISMS AND TREATMENT OF NEUROPATHIC PAIN

NOVEMBER 3 TO 5
COURSE DIRECTOR:
ROBERT H. DWORKIN, PH.D.

PEDIATRIC ADVANCED LIFE SUPPORT PROVIDER COURSE

NOVEMBER 3
COURSE DIRECTOR:
ELISE VAN DER JAGT, M.D.

GYNECOLOGY 2005: NOVEL TREATMENTS AND TREATMENT CONTROVERSIES VI

NOVEMBER 5
COURSE DIRECTOR:
DAVID FOSTER, M.D.

MARY PARKES ASTHMA TEACHING DAY

NOVEMBER 17
RIT INN AND CONFERENCE CENTER
COURSE DIRECTOR:
CARLOS ORTIZ, M.D.

LESSONS FROM THE COCKPIT

NOVEMBER 19
COURSE DIRECTOR:
HARRY SAX, M.D.

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NOVEMBER 30 AND
DECEMBER 1
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CHRONIC PAIN: UPDATE ON MANAGEMENT II

OCTOBER 21
8 TO 9 A.M.

ROCHESTER OUTPATIENT CLINIC

JANET PENNELLA-VAUGHAN,
M.S., N.P.
ASSISTANT PROFESSOR
UNIVERSITY OF ROCHESTER
SCHOOL OF NURSING

GERD: UPDATE ON DX, RX, AND NON-ESOPHAGEAL MANIFESTATIONS

NOVEMBER 4
11:30 A.M.

CANANDAIGUA VA

ASHOK N. SHAH, M.D.
PROFESSOR
GASTROENTEROLOGY UNIT

ITHACA

CAYUGA MEDICAL CENTER
CALL (607) 274-4225

ENCEPHALITIS INCLUDING WEST NILE

NOVEMBER 4
7:30 A.M.

PAUL S. GRAMAN, M.D.
PROFESSOR
INFECTIOUS DISEASE UNIT

BATH

BATH VA MEDICAL CENTER
CALL (607) 664-4770

HIV TREATMENT RECOMMENDATIONS

NOVEMBER 10
10 A.M.

AMNERIS E. LUQUE, M.D.
ASSOCIATE PROFESSOR
INFECTIOUS DISEASE UNIT

DANVILLE

NOYES MEMORIAL HOSPITAL
CALL (585) 335-4323

TREATMENT OF ACUTE STROKE, ISCHEMIC AND HEMORRHAGIC

OCTOBER 27
8 A.M.

DAVID REMPE, M.D.,
ASSISTANT PROFESSOR
NEUROLOGY

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