

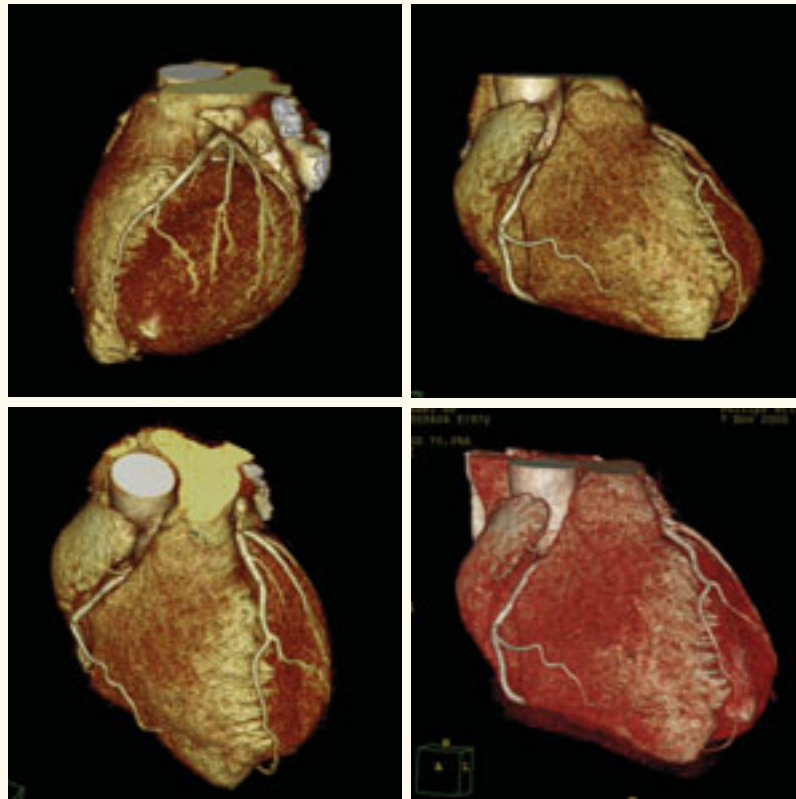


## IN THIS ISSUE

- SPINE AND  
BRAIN TUMOR  
SERVICE  
LAUNCHED

- HIP  
RESURFACING  
OFFERS RELIEF  
FOR YOUNGER  
PATIENTS

- CARDIAC,  
STROKE  
PROGRAMS  
HONORED



*CT angiography allows for visualization of internal structures by creating a collection of 64 thin-slice images that, when combined, form a three-dimensional view of the patient's anatomy.*

## New Imaging Technology at Strong Provides 3D Views of the Heart

Cardiac and radiology specialists at the University of Rochester Medical Center are using leading-edge technology to see the heart and its vessels more clearly than ever before, instead of performing more invasive tests some patients may not require.

Called CT angiography, or computed tomography angiography, the technology allows physicians such as cardiologist **John P. Gassler, M.D.**, assistant professor of Medicine/Cardiology Unit, and radiologist **David A. Dombroski, M.D.**, assistant professor of Imaging Sciences, to create detailed images of the heart arteries to ascertain if a patient requires traditional invasive diagnostic angiography.

This latest advance in noninvasive cardiac imaging allows for visualization of internal structures within the human body by creating a collection of 64 thin-slice images that, when combined, form a three-dimensional view of the patient's anatomy.

This level of detail provides an opportunity when caring for patients considered low-risk who have atypical chest pain, or patients who have had a stress test with slightly abnormal results, for physicians to quickly and non-invasively eliminate coronary artery disease as the source of the symptoms.

Before the CT angiography technology was available, low-risk patients were automatically

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sent to the catheterization laboratory to undergo a diagnostic angiogram to get the best picture of their heart health. In about 20 percent of cases, the angiogram showed there was no coronary disease, and thus the need for the invasive study had been unwarranted, albeit unknowingly. This new technology provides an additional check early on for low-risk patients and can eliminate unnecessary trips to the catheterization laboratory to rule out coronary disease.

“For patients who are slightly symptomatic, or have a stress test or echocardiogram that might very well be a false-positive, this diagnostic test can serve as an interim step before heading into the catheterization lab,” Gassler said.

“Catheterization itself is low-risk, but if we can help some patients avoid the need for an angiogram, we eliminate the risk, reduce the amount of time spent testing, and we reduce the health care cost.”

The cardiology and radiology experts at Strong Memorial Hospital have performed about 80 CT angiography scans. Of those patients, 10 percent required a follow-up catheterization.

Patients who undergo the diagnostic test are injected with a safe dye, which allows physicians to see whether heart artery blockages exist. The diagnostic scan itself requires a breath hold of 10 seconds; total time in the hospital can be up to 90 minutes.

Cardiologists or radiologists specifically trained in CTA interpretation then read the completed scans to determine whether there is coronary disease present and whether the patient should be brought into the catheterization lab for a traditional angiogram to further assess whether treatment is necessary.

“The 64-slice imagery allows us to see a detailed look at the heart, as well as the lungs and chest structure, sharing an unprecedented



John P. Gassler, M.D.

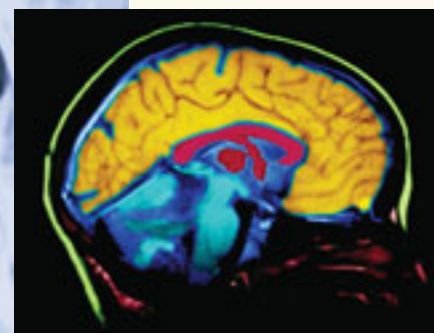
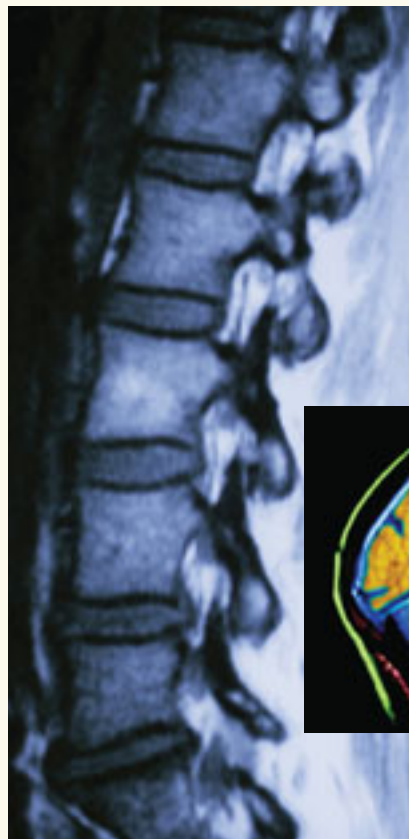


David A. Dombroski, M.D.

view that ultimately can save the patient from having to undergo a minimally invasive procedure unnecessarily,” Dombroski said. “It is an incredibly powerful tool to help us better diagnose and manage heart disease.”

For more information, please call (585) 275-6494.

# New Focus on Brain Clinical Treatments a



The University of Rochester Medical Center and its Department of Neurosurgery are establishing a multidisciplinary program to coordinate patient care, research and community outreach efforts for patients suffering with brain and spinal tumors. The Brain and Spinal Tumor Program will work with James P. Wilmot Cancer Center physicians and researchers to introduce new clinical treatments, provide access to more clinical trials, expand on the body of research devoted to brain tumor growth and treatment, and organize community education and outreach activities.

Leading the effort is a husband and wife surgeon-researcher team that recently joined the Department of Neurosurgery from the University of Pittsburgh Medical Center. **Kevin Walter, M.D.**, associate professor of Neurological Surgery, directs the new program, while **Eleanor Carson-Walter, Ph.D.**, is co-director.

An accomplished neuro-oncologist, Walter specializes in the surgical treatment of and research into brain and spinal tumors. Each year, about 20,000 new cases of

# and Spinal Tumors Expands nd Research Available in Rochester

brain tumors are diagnosed, with about half of patients undergoing surgery to remove a new or recurring tumor. Survival rates greatly depend on the type of tumor and its location.

As part of the program, a multidisciplinary Brain and Spinal Tumor clinic is in operation, providing streamlined care to brain and tumor patients. Oncologists, radiation oncologists and neurosurgeons, along with other essential health care providers, are available to meet with patients on the same day, making the process as convenient and worry-free as possible for patients.

“Brain and spinal cancers are very complex diseases to treat,” Walter said. “Some tumors may not be malignant, but because of their location, are inoperable. Other tumors can be safely removed, but tend to grow back. This new clinic ensures that all physicians who need to be involved in diagnosing and developing treatment plans are working together on the same timeframe, giving patients the greatest chance at survival without greatly impacting their quality of life.”

The Brain and Spinal Tumor Program also will expand the variety of clinical treatments for brain and spinal cancers available in Rochester. Walter has extensive experience with radiosurgery, a technique where high-dose radiation is focused on a tumor to protect surrounding normal tissue. Walter plans to expand the use of radiosurgery to target more complex brain and spinal tumors with minimal patient side effects.

Walter also is trained in intra-tumor chemotherapy, which he helped to develop in the mid-1990s during a research fellowship at Johns Hopkins University. During surgery, the neurosurgeon implants dime-sized wafers containing a chemotherapeutic drug into the cavity where the tumor resided.

“Over time, the wafers slowly dissolve, releasing high concentrations of the drug into the tumor site targeting microscopic tumor cells that sometimes remain after surgery,” Walter explained. “The specificity of the wafers minimizes drug exposure to other areas of the body, while reducing the chances of reoccurrence of another brain tumor.”

Walter helped to develop the chemical compound used to manufacture the wafer that both stores the chemotherapeutic drug, and then slowly releases it when inserted into the brain.

Expanded access to clinical trials is also available through the new program, offering patients the ability to participate in new experimental drug therapies here in Rochester. By the end of the year, the Brain and Spinal Tumor Program hopes to be coordinating up to one dozen such trials, and will communicate the information to all brain and spinal cancer patients, regardless of what type of

treatment they are currently receiving (i.e., surgery, radiation, chemotherapy).

Health care professionals associated with the new clinic also will be active in educational outreach activities. From regular newsletters to ongoing support groups to special events, the clinic will support a host of activities aimed at helping these cancer patients deal with their illness.

## Brain Tumor Basic Science Research

As established researchers, Walter and Carson-Walter are directing a basic science lab focused on brain tumor angiogenesis—the growth of new blood vessels into tumors that fuel their deadly growth. Their work aims to pinpoint which genes may control angiogenesis in hopes that they could develop ways to turn off angiogenesis and, in effect, starve and kill the tumor. While this approach is not necessarily new to cancer research, Walter stresses that, for patients with brain and spinal tumors, developments in this area can make a huge difference.

“While we may not be able to cure a patient with a brain tumor with this type of research, if we can find ways to wound or shrink a tumor so that a patient can regain some function lost due to a tumor impinging on certain nerve areas in the brain or spine, we will have made a tremendous step forward for people suffering from this terrible disease,” Walter said.

For information or referrals, please call (585) 276-3581.

## About the Walters

Walter comes to the Medical Center from the University of Pittsburgh School of Medicine, where he most recently was director of Adult Neurosurgical Oncology. He received his medical degree from Johns Hopkins University School of Medicine, where he also completed residencies and fellowships in both general surgery and neurological surgery. He also served as a neuro-oncology research fellow at Johns Hopkins. He is active in a variety of national neurosurgical associations, and has published a dozen articles in neurosurgical and oncology related journals.

Carson-Walter's career path has followed a similar trajectory as her husband's. She obtained her doctorate in the Program in Human Genetics and Molecular Biology from Johns Hopkins, and completed a post-doctoral fellowship in Molecular Genetics and Oncology at the Hopkins' Howard Hughes Medical Institute. She most recently served as assistant professor in the Department of Neurological Surgery at the University of Pittsburgh, where she also was director of the Department's Molecular Core Lab.

For information or referrals, please call (585) 276-3581

# Hip Resurfacing Offers Options to Boomers' Aging Joints

**H**undreds of thousands of active adults in their 50s, often referred to as the “baby boomer” generation, are paying a price for their active lifestyles in the form of worn-out joints and pain, at much earlier ages than their more sedentary parents. When the pain’s culprit is an arthritic hip, the younger generation is finding they are not immediate candidates for the main treatment option, hip replacement surgery.

Hip replacements are meant to last 10 to 20 years at the maximum, according to **Christopher Drinkwater, M.D.**, assistant professor of Orthopaedics at the University of Rochester Medical Center. Surgeons shy away from doing total hip replacements on people younger than 60, as revision surgeries are not as successful.

A new procedure called hip resurfacing, approved by the Food and Drug Administration in May 2006, may be the answer for those who are considered too young for total hip replacements.

“Hip resurfacing is an interim solution for younger patients who face significant pain and disability due to damaged hip joints,” said Drinkwater, who performs about two hip resurfacing procedures a week at the Evarts Joint Center in Highland Hospital. “It allows us to fix the problem causing the pain, but in a way that preserves enough bone so that a patient can safely proceed to a total hip replacement down the road if it’s needed.”

Benefits of hip resurfacing surgery include the ability to maintain impact activities, like running or karate, and having a more natural feel of the hip after surgery, including increased range of motion and stability.

In total hip replacement surgery, both the pelvis socket and the top of the femur are replaced with artificial devices that allow a natural gliding motion of the joint. A socket is implanted into the pelvic bone, while a metal ball attached to a metal stem is driven deep into the center of the femur. It is the anchoring of the metal stem that often leaves too little solid bone to make a follow-up replacement procedure feasible.

In hip resurfacing, the socket is still implanted into the pelvic area, but the head of femur is only shaved to fit a metal cap, which is anchored by bone cement.

Currently, Drinkwater and **Hubert F. Riegler, M.D.**, chief of Orthopaedics at Highland Hospital and clinical associate professor of Orthopaedics at the Medical Center, are the only two surgeons who perform hip resurfacing procedures in the Finger Lakes region, working out of the Evarts Joint Center at Highland Hospital. The surgery is complicated and requires more time according to Riegler.



*With hip resurfacing, the head of femur is shaved to fit a metal cap, which is anchored by bone cement.*

For all of its benefits, Riegler cautions that hip resurfacing is still a major surgical procedure, and takes about the same time as a total hip replacement.

“In fact, the surgery itself is more demanding on the surgeon because a more extensive dissection is required to place the socket without removing the femoral head. Younger patients overall tend to recover a little faster, though initial recovery can be just as difficult,” Riegler said.

Not everyone is a candidate for hip resurfacing. Men must be under 65 and women under 55, due to concerns over bone density levels. Both Drinkwater and Riegler require all patients to meet minimum levels of bone density before doing the surgery.

For more information on hip resurfacing surgery, please call (585) 275-5321 or (585) 473-1033.



*Hubert F. Riegler, M.D.*



*Christopher Drinkwater, M.D.*

# Glowing Dye Improves Cancer Removal in Kidney

A new way to provide clear images of cancerous tumors in the kidney during surgery promises to help physicians preserve as much kidney function as possible while still removing all the malignant tissue.

Results from a small pilot study were presented at a recent American Urological Association annual meeting, giving surgeons a sneak peek at a new imaging process that gives healthy kidney tissue a fluorescent glow, clearly differentiating it from cancerous tissue. This glow assists surgeons in the accurate removal of cancerous tissue during a partial nephrectomy.

The National Cancer Institute estimates that there will be more than 51,190 new cases of kidney cancer this year, and almost 13,000 deaths from the disease.

“In general, surgery is the most effective treatment for kidney cancer. Improving surgeons’ ability to see all of the malignant tumor is a significant step forward,” said **Edward Messing, M.D.**, chair of the Department of Urology at the University of Rochester Medical Center.

Indocyanine Green or ICG, a dye that has been widely used for more than 50 years to help diagnose and treat various diseases of the eye, liver and heart, is the source of the guiding fluorescence. The compound, which binds to proteins in the blood, fluoresces and becomes visible once exposed to a laser beam, demonstrating patterns of blood and lymphatic circulation. It’s safe when injected into patients and even approved for use in pregnant women.

Physicians at the Medical Center’s James P. Wilmot Cancer Center recently discovered that when ICG is injected into the kidney during surgery, it clearly shows the boundaries of the cancerous tumor in just seconds, giving surgeons a quick and safe way to definitively mark the margins of cancerous tissue. This allows them to spare as much healthy kidney tissue, and kidney function, as possible.

The study, presented by urologist **Dragan Golijanin, M.D.**, included an analysis of images from 10 surgeries on people with cancer of the kidney. The technique outlined each of the tumors with a clarity not often seen in the operating room.

The discovery comes at a time when the number of partial nephrectomies is on the rise. In 2002, 12.3 percent of all kidney cancer operations were partial nephrectomies, compared with almost 20 percent today. Physicians are discovering that maintaining maximum kidney function is crucial, especially for older people on medications, the majority of kidney cancer patients. This is a sharp contrast with the traditional approach, which has been to remove the entire kidney—even if it contains only a small, localized tumor—so long as the patient has a second, functioning kidney.

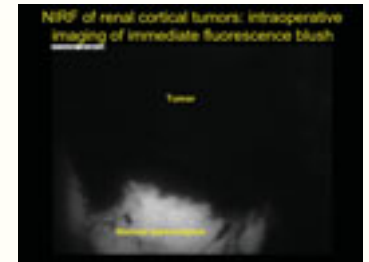
“Sparing even a little bit of kidney tissue, that I might have otherwise taken out, is a very good thing,” said Messing, who performs more than 50 full and partial nephrectomies each year and helped author the study. “Now, with the ICG dye process, I clearly see the tumor’s

outline and know that I am eliminating as much cancer as possible. I also can see tiny satellite tumors that we never were able to see before. This technique couldn’t come at a better time, as more and more surgeons are opting for partial nephrectomies whenever possible.”

The extensions of many kidney tumors are extremely difficult to spot with the naked eye, so surgeons currently rely on pre-operative imaging, ultrasound and pathology to guide their excisions. Each approach has limitations. Ultrasound images greatly depend on the expertise of the technician, and it adds a step that can be cumbersome during delicate surgery. Preoperative imaging often misses small lesions, can be imprecise with complex tumors, and ineffective in guiding cancer removal when tumors are embedded deep within the kidney. Pathology tests, while very accurate, take time, and cannot point to all cancerous areas, because it’s practical to only test a few samples from excised tissues during the operation (when the surgeon could still remove more kidney needed to get out the entire cancer). So in the end, most surgeons err on the side of caution, removing large chunks of healthy tissue surrounding the tumor to ensure maximum cancer control.

The idea of using a dye that had been floating around in the medical landscape since the 1950s was the brainchild of Golijanin, a resident training under Messing who was searching for a way to illuminate nerves that surround the prostate during prostatectomy surgery. His research led him to articles written by Robert W. Flower, M.D., the physician who first introduced ICG to the medical world some 40 years ago to help diagnose and treat blood circulation problems in the eye. Golijanin noticed a consistent theme in Flower’s writings: Not only did ICG seem to have amazing “glowing” properties inside the blood vessels, but it appeared to attach to other types of tissue as well.

“And so we began to look at ways we could use ICG in prostate surgery, and that has, in turn, led to a lot of additional discoveries, such as how well it illuminates normal kidney tissue, but not tumors,” Golijanin said. For his development of ICG as an imaging tool, Golijanin and colleagues received the top prize for best scientific manuscript at the World Congress of Endourology in 2006.



# Rochester Spreads Knowledge of Cancer-related Fatigue

## *Special Publication Aids Doctors in Battle Against Life-Altering Symptom*

In a special publication sent in June to thousands of oncologists nationwide, University of Rochester Medical Center scientists offer an in-depth look at cancer-related fatigue, with hope that a better understanding of the topic will prompt new research and treatment.

Virtually all cancer patients complain of some degree of persistent fatigue. Coping with this challenging side effect is critical to surviving cancer, especially since many people desire to work, raise children, run a household, or engage in recreation throughout their treatments, said **Joseph Roscoe, Ph.D.**, a co-author and research associate professor of Oncology at the University's James P. Wilmot Cancer Center.

"It used to be that fatigue was viewed as an inevitable part of sickness," said Roscoe, a cancer survivor. "Now we know better, and there's a great deal of ongoing research about what causes fatigue and how it can be managed. For some people, fatigue is so debilitating that they want to stop their cancer treatments—which is why it is particularly important to find ways to address this problem."

During his own bout with cancer fatigue, Roscoe recalled feeling "jet lagged all the time." But rest or sleep does not alleviate cancer fatigue, and it often persists for months. In some studies, patients report more stress from fatigue than from pain, depression or nausea.

Unfortunately, no one has turned up a quick fix. "Exercise is looking very promising and one psychostimulant drug, modafinil, is being studied as a potential new treatment," Roscoe said. "But nothing yet has clearly demonstrated the ability to relieve cancer-related fatigue."

*The Oncologist* published a body of work from the James P. Wilmot Cancer Center's Behavior Medicine Unit on current knowledge of this condition. Six articles form a special journal supplement, which is intended for use as a physician reference guide.

The following is a snapshot of what is reviewed in the journal:

- **Scale of the problem.** Of the 1.3 million Americans diagnosed with cancer in 2005, 95 percent of the people scheduled to receive chemotherapy or radiation expected to experience fatigue. Studies show the frequency of actual fatigue during chemo ranges from 70 percent to 100 percent; likewise, 90 percent of patients who receive radiation therapy report fatigue. Also, up to 40 percent of patients report unusual fatigue upon diagnosis, a sign that fatigue is an early symptom of malignancy as well as a consequence of treatment.

- **Underlying causes.** Cancer fatigue disrupts several interrelated systems: physiological, biochemical, psychological. The effect varies among individuals and also during different phases of treatment. It likely involves changes in the endocrine system, circadian rhythms, metabolism, cytokines and serotonin production. Predisposing factors must be understood before researchers can develop useful prevention or treatment strategies.
- **Measurement of a subjective symptom.** More than 20 different assessments are used to diagnose fatigue, from single-question scales to multidimensional measurements of a patient's physical, emotional and cognitive functioning. Most patients can easily rate their fatigue on a scale from 0 to 10, researchers said. However, it is important for physicians to distinguish cancer fatigue from other ailments, such as depression, and treat accordingly.
- **Fatigue and cancer-related sleep disorders.** Approximately 25 percent to 50 percent of all prescriptions that doctors write for cancer patients are for hypnotics. Studies show that sleep disturbances are more severe in the most fatigued patients, suggesting a reciprocal relationship between these two distinct conditions.
- **Drug remedies.** The first step to managing cancer fatigue is to treat conditions that may contribute to it, such as anemia, pain or depression. Studies show that anemia medications alleviate cancer fatigue to some degree. Psychostimulants have also shown promise in open-label trials.
- **Non-drug remedies.** A growing body of evidence shows that exercise and support groups help people with cancer fatigue the most. Additional studies into nutrition therapy, yoga, mindfulness stress reduction, and polarity therapy also show promise. Many people with cancer already use non-drug behavioral therapies on their own, researchers said, but it's important that the scientific community continue to fund and study these interventions.

The National Institutes of Health, American Cancer Society, U.S. Department of Defense and Cephalon Inc. funded the studies in the journal supplement. In addition to Roscoe, co-authors are: **Gary R. Morrow, Ph.D., M.S.**, chief of the Behavior Medicine Unit at the Wilmot Cancer Center; **Jennifer Carroll, M.D., M.P.H.**; **Kevin Fiscella, M.D., M.P.H.**; **Colmar Figueroa-Moseley, Ph.D., M.P.H.**; **Maarten Hofman, M.S.**; **Pascal Jean-Pierre, Ph.D.**; **Sadhna Kohli, Ph.D., M.P.H.**; **Sara Matteson, Psy.D.**; **Karen Mustian, Ph.D.**; **Oxana Palesh, Ph.D.**; **Michael Perlis, Ph.D.**; **Elizabeth Ryan, Ph.D.**; **Julie Ryan, Ph.D., M.P.H.**; and **Geoff Williams, M.D., Ph.D.**



*Kerri Noyes sits with her son Jacob in the new pediatric sleep lab, designed to allow parents to stay overnight with their children.*

## Upstate's First Pediatric Sleep Lab Offers Help for Kids in Family-Friendly Environment

**S**trong's new Pediatric Sleep Medicine Offices at Clinton Crossings is the first pediatric sleep lab in upstate New York. Evolving out of The Strong Sleep Disorders Center, the new pediatric lab is under the direction of **Heidi Connolly, M.D.**, the area's only pediatric sleep medicine expert.

Families like the Fruins can attest to the need for such a program, focused on the special needs of children with sleep problems. In the middle of the night, Hayden Fruin, 4, would wake up, climb out of his crib, walk into his parents' bedroom and stand there, waiting for his mother to wake up.

"He wouldn't say anything. He'd just stand there and I'd wake up," said his mother, Kimberly Fruin. "We'd quietly put him back to bed, but he just keep getting out, getting out, getting out."

After three months of Hayden getting up, up to seven times a night, Hayden's pediatrician, Barbara Heintz, M.D., referred him to Connolly. Along with help from pediatric nurse practitioner Rachel Kraus, the Fruins finally

found the solution to their problem—a strict routine from the time they got home, until Hayden got into bed. That even included the game he played in the bath and style of pajamas he wore.

Connolly had been practicing with the Strong Sleep Disorders Center until the Pediatric Sleep Medicine Offices opened. The new lab began performing overnight studies in May. Parents and patients come from as far away as Oneonta, Syracuse and Albany to receive care and find rest. The need is immense, Connolly says; as many as 10 percent of preschoolers snore—especially if they're overweight—and as many as 2 percent to 4 percent of preschool-age kids have sleep apnea. Connolly also treats patients with seizures and other potentially serious medical problems, the diagnoses of which are confirmed by monitoring children overnight in a sleep lab. Having the tapes and medical information recorded from the night not only helps Connolly make a diagnosis, it gives parents a glimpse of the condition, which helps them to better understand what is going on.



# Study Looks at Links Between Family Stress and Infectious Diseases

A physician-psychologist team at Golisano Children's Hospital at Strong found that children whose parents and families experience ongoing stress have more fevers with illness than other children, suggesting an association between family stress and susceptibility to infectious diseases.

Published recently in the *Archives of Pediatric and Adolescent Medicine*, the study also uncovered something unforeseen—that children's natural killer cell function, part of the body's first line of immune defense, actually increases under chronic stress, unlike in adults, in whom it does the exact opposite, or decreases.

"These findings are somewhat surprising to me but also exciting because they show us possible new avenues for improving children's health," said **Mary Caserta, M.D.**, associate professor of Pediatrics in the division of Pediatric Infectious Diseases at Golisano Children's Hospital at Strong.

Caserta undertook the study with collaborator **Peter Wyman, Ph.D.**, associate professor of Psychiatry at the University of Rochester. The study is one of the few that have examined the effects of stress on children's immune function.

The more unexpected finding of the study, that children's natural killer cell function increases under chronic stress, remains to be explained. Natural killer cells are part of the immune system that exists before a new germ is introduced and serve as the first, generic line of defense for the body

until the immune system adapts to find better-tuned ways fend off a specific bacteria or virus.

"It may have something to do with the fact that children's immune systems are still developing," Caserta said. "Or maybe they're compensating for a defect someplace else. More research is needed to figure out why.

"Once we understand these connections we can design interventions that lower family stress, or help families to better manage stress in their interactions—and lead to healthier kids," she said.

## Other Notable Research

- **Carl D'Angio, M.D.**, associate professor of Pediatrics at Golisano Children's Hospital, recently published a study that showed vaccines for measles-mumps-rubella and varicella are effective in extremely preterm infants, even though preemies' immune systems are not as developed as full-term babies. This confirms a long-held assumption by pediatricians and neonatologists across the country.
- **Sanjiv Amin, M.D.**, assistant professor of Pediatrics at Golisano Children's Hospital, recently published a study that showed preemies between 28 and 32 weeks are not harmed by multiple treatments no longer used to help their lungs mature before birth. Even though previous observational studies suggested that repeated courses of steroids in the womb may result in brain damage, this study shows that the babies' brains are virtually unaffected.

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*Continued from GCHAS Connection page 1 . . .*

"Children with sleep problems are not just small adults. If you're 40 or 80 and you can't sleep at night, it's a whole different ball of wax than if you're sleepless at 3," Connolly said.

Jacob Noyes, an 8-year-old from Chili, is one of those sometimes sleepless kids. His mother, Kerri, said that the new space is a comfort to her son, who suffers from sleep apnea and requires the help of a BiPAP machine, which helps to regulate his breathing while he snoozes.

"It's obvious that the new sleep lab was designed with children and parents in mind," Noyes said. "It's really night and day. Kids enjoy toys in the waiting room, movies as they doze off, and even receive a muffin and juice in the morning, when they're sent home. It's more like a miniature hotel than an exam room—at least, in a child's eyes." The rooms are bright, yet calming greens, yellows and blues, and are outfitted with two beds (some also include cribs)—

one for the child and one for the parent. These specially designed Murphy beds fold down from the walls and allow the parents and children comfort while sleeping, meanwhile saving space by day for the lab to operate as regular exam rooms. By working around the clock, the center can conduct as many as 28 overnight studies and 70 daytime appointments each week.

Connolly, who is board-certified in general pediatrics, pediatric critical care, pediatric pulmonology and sleep medicine, has expertise in sleep and breathing disorders that affect children with craniofacial anomalies. She also has special interests in sleep-related breathing disorders that affect obese children as well as children with complex medical problems.

For information or to refer a patient to the Pediatric Sleep Medicine Offices, please call (585) 341-7444.

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# Children's Hospital to Help Parents Limit Kids' Smoke Exposure

When children are admitted to Golisano Children's Hospital at Strong or they visit one of its outpatient clinics, their parents are generally asked whether they smoke. The answer is noted in the child's chart, but that's about as far as it went until recently.

A new initiative seeks to address children's potential secondhand smoke exposure. After noting that parents smoke, they will then be asked if they want help in quitting. If they do, they will be linked to a program to help them quit.

"We aren't expecting busy nurses and residents to get into motivational counseling," said **Jan Schriefer, R.N.**, assistant director of Pediatric Quality and leader of this quality improvement project under **Elise van der Jagt, M.D., M.P.H.**, medical director of Inpatient Pediatric Units. "We just want to get parents hooked up with these already established programs."

If parents aren't interested in quitting or simply haven't been able, they will be offered non-judgmental advice on how to lessen secondhand smoke exposure for their children through no-smoking rules in the home, car and in child care.

"Not all parents will be ready or able to quit when we ask them, so we'll also encourage them to establish firm rules about not smoking in their homes or cars. Those rules could be particularly helpful for our patients with respiratory problems, such as asthma or pneumonia," said **Jill Halterman, M.D., M.P.H.**, assistant professor at Golisano Children's Hospital at Strong.

Secondhand smoke is a serious health hazard that is linked to a host of health issues, including sudden infant death syndrome and ear infections. Infants and young children who are exposed to smoke are at higher risk of infections, such as colds, pneumonia, bronchitis and respiratory syncytial virus. Children can also develop or have worse asthma as a result of being exposed to secondhand smoke.

An analysis of 200 charts of Golisano Children's Hospital patients revealed that almost every child was screened about whether parents smoked. Of those whose parents smoke, 30 percent do so in their homes. There was no documentation of whether any attempt was made to counsel the parents about not smoking inside or about programs to help them quit.



Massachusetts General Hospital already has a program in place called CEASE, on which the Golisano Children's Hospital model is based. It aims—in a nonjudgmental way—to help parents either quit or avoid exposing their children to smoke. Instead of creating new programs to help parents quit, the Golisano Children's Hospital program will use the NYS Smoker's Quit Line and Intensive Tobacco Treatment Program to help parents quit.

While both offer parents free nicotine replacement therapy, they use different approaches to assist smokers in quitting. The statewide program sends a tailored packet of information on quitting to those enrolled. They also receive follow-up calls from specialists trained in helping people quit smoking. The program has shown to more than double chances of successfully quitting.

The local program offers parents a one-on-one tobacco counseling session. It also includes a physician consultation with the free nicotine replacement therapy. Interested parents may choose which program best fits their personality, needs and schedule.

"Most smokers know they are addicted and want to and try to quit. These new programs will help parents be more effective at quitting, both for their own health, and for their children and families," said **Jonathan Klein, M.D., M.P.H.**, associate professor of Adolescent Medicine at Golisano Children's Hospital. Klein is also the director of the new national Julius B. Richmond Center of

Excellence for Children, which is dedicated to preventing children's exposure to secondhand tobacco smoke.

The quality improvement committee that is implementing the smoking cessation program has streamlined paperwork for enrolling patients so that it only adds a few minutes to house staff's duties. This is a key issue for already busy nurses, residents and physicians.

"I find that parents don't usually bring it up unless they are asked, but once they are asked, they are open to discussion," said **Deepa Camenga, M.D.**, pediatric resident. "It takes less than three minutes, usually, to present this information and help direct parents to smoking cessation resources."

The program is already being used in the many of the pediatric outpatient clinics and is slowly being implemented in the pediatric inpatient units. It may eventually be expanded to obstetrical areas.

# New Program Connects Violence Victims to Services

Too many teens were coming through the doors of the Emergency Department at Golisano Children's Hospital at Strong with gun-shot and stab wounds, so **Mark Gestring, M.D.**, trauma surgeon, and **Jeff Rideout**, social worker, decided to stretch beyond their regular roles and help the teens outside the hospital.

Now, every pediatric victim of violence who passes through the ED is evaluated for more than just medical concerns. The team identifies immediate and long-term issues that may have put them in the position of being injured, such as the need for protection or housing. But the evaluation doesn't stop there—contributing factors are also considered, such as an undiagnosed psychological problem or issues around supervision.

"We want to make sure that when we send these children home that they aren't in danger," Gestring said. "We want to address all safety concerns so they don't come back through our doors again."

Once the issues are identified, the team sets into motion a series of referrals to outside organizations and governmental agencies to ensure the teens get the help they need. Among the key partners in the program are Pathways to Peace, PAVE (Partners Against Violence Everywhere), Rochester General Hospital Pediatric Emergency Department, Camp Good Days and Special Times, the Mayor's Office, Rochester Police Department



and Monroe County Child Protective Services. With the help of these organizations, the program creates a safety net to prevent another violent injury.

This program is only part of an increasing community response to address the issue of violence in the Rochester community. Still in its infancy, the program will evolve to meet the unique needs of victims, but the primary goal will be to stop victims from being revictimized or becoming perpetrators. Additional resources are now being mobilized to help the entire family.

"In a couple cases, we've actually had to help a child change school districts and the families do not return to their homes," Rideout said. "We'll do whatever we can to keep them safe."



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# The Five-Minute Smile Makeover

## Physicians Urged to Advise the Public on Quick, Proper Response to Tooth-Loss Injuries

Every day in the U.S., smile makeovers are unwillingly executed on prepubertal patients, inflicted by trauma to the mouth during accidents or physical acts of crime. For many injury types, the smile makeover is transient with return to normal appearance and function after a few treatment sessions at a local dentist's office. On the contrary, the complete dislodgement or avulsion of permanent teeth leaves a lasting imprint on the developing smile of a growing child.

**Jeffrey Karp, D.M.D.**, assistant professor of Pediatric Dentistry at the Eastman Dental Center and Golisano Children's Hospital at Strong, leads efforts locally to educate pediatric health care professionals about managing dental injuries for prepubertal children. Karp also provides timely, emergent care to patients through the Pediatric Emergency Department at Strong Memorial Hospital and the Eastman Dental Center Pediatric Clinic.

"Unfortunately, the peak incidence of dental trauma to the permanent dentition lies in 7-to-12-year-olds, when the impact of a dentoalveolar injury to the developing dentition and face is exacerbated by the effects of the pubertal growth spurt," Karp said.

"Tooth avulsions are the only dental emergency where response time is truly of the essence," he added. Current literature published by investigators of the Toronto Dental Research Group indicates that replantation of the avulsed tooth to its socket in five minutes or less guides healing by tissue regeneration versus by a process of repair.

"We must strive to prevent the process of repair because premature tooth loss or deformity of the dentition is an inevitable outcome in the vast majority of cases," Karp said. As such, tooth replantation in less than five minutes forms the foundation to long-term management of these smile makeovers.

Teeth that are not replanted within five minutes will undergo repair and tooth loss at variable rates depending on the circumstances of the accident, the amount of tooth surface contamination, the physiologic storage solution prior to replantation, and the nature and duration of the child's immune response and bone remodeling rates in the local area, according to Karp.

The recommended course of action that pediatric health care providers should relay to on-site responders such as parents, teachers, coaches or emergency medical personnel is to:

- find the tooth,
- grasp it by its white crown,
- rinse it gently with a stream of water to remove debris (plug the sink),
- and replant it to the socket.



Photos courtesy of Angle Orthodontist

*A quick and proper response to tooth-loss injuries can help preserve a child's smile. Shown here is a 12-year-old girl, five years after replantation of her maxillary left front tooth. This tooth, replanted after 30 minutes of extra-socket time, has lost the capacity to follow the normal downward and forward growth pattern of the maxilla and surrounding teeth as a result of fusion between the tooth and its bony socket. The severity of tooth submersion has increased during her pubertal growth period.*

If the tooth cannot be replanted prior to presentation at a dental office or local emergency department, the tooth should be stored immediately in a physiologic storage solution. A container of cold milk packed in ice is the first choice when a "Save-A-Tooth" solution kit is not readily available. The child's own saliva can also be used for up to 30 minutes while cold milk is acquired. On-site responders should be instructed to avoid placing the tooth in water or allowing it to become dry as tooth loss after replantation will occur expeditiously.

In all cases, the pediatric health care community is urged to ensure that this message reaches the public in an effort to preserve the smiles of the communities' children.

For more information on the emergent management of tooth avulsion injuries, please contact Dr. Karp at (585) 276-3145.

# Omega-3 Fatty Acid Trial to Study Effect on Progression of Alzheimer's

Researchers at the University of Rochester Medical Center will take part in a national clinical trial of one omega-3 fatty acid, docosahexaenoic acid (DHA), to determine its impact, if any, on the progression of Alzheimer's disease.

**Anton P. Porsteinsson, M.D.**, director of Alzheimer's Disease Care and Research Education at the Medical Center, is conducting the National Institute on Aging-supported trial in the Rochester area.

"Evidence to date in various research studies that have examined the effect of omega-3 fatty acids on Alzheimer's disease merits further evaluation in a rigorous clinical trial," Porsteinsson said. "Our hope is that we may find out that DHA plays a role in slowing the progression of this destructive disease."

In recent European studies and the Framingham Heart Study, scientists reported that people with the highest blood levels of DHA were about half as likely to develop dementia as those with lower levels.

Researchers will evaluate whether taking DHA over many months slows the progression of both cognitive and functional decline in people with mild to moderate Alzheimer's. During the 18-month clinical trial, investigators will measure the progress of the disease using standard tests for functional and cognitive change.

The clinical trial, coordinated by the University of California at San Diego, will take place at 52 sites across the United States. Researchers plan to enroll 400 participants age 50 and older with mild to moderate Alzheimer's disease. Joseph Quinn, M.D., associate professor of neurology at Oregon Health and Science University, is directing the national trial.

Participants will receive either two grams of DHA per day or an inactive placebo pill and will be monitored in regular visits throughout the trial. In addition to monitoring disease progression through cognitive tests, researchers will also evaluate whether taking DHA supplements has a positive effect on physical and biological markers of Alzheimer's, such as brain atrophy and proteins in blood and spinal fluid.



In the past 20 years, physicians at the University of Rochester Medical Center and their patients have taken part in virtually every large study of a potential Alzheimer's medication. Their work has spanned a time when there were no medications approved to treat the disease, to today when an array of drugs is available to help fight symptoms such as memory loss. More people have taken part in Alzheimer's studies at the University of Rochester Medical Center than at any other site in the nation, according to figures from the Alzheimer's Disease Cooperative Study (ADCS) group, the premier collection of scientists nationwide who work together to test new treatments for the disease.

For information on study enrollment, call (585) 760-6585 or email [adear@nia.nih.gov](mailto:adear@nia.nih.gov).

## STRONG CONSULT AND TRANSFER CENTER

A quick, easy, around-the-clock link for physicians to specialty services at Strong Memorial and Highland hospitals. To reach the Strong Consult and Transfer Center, call (800) 499-9298 or, in the Rochester area, call (585) 275-4999.



# Quality of Cardiac, Stroke Programs Recognized by AHA

The American Heart Association/American Stroke Association has awarded two Get With the Guidelines Annual Performance Achievement Awards to Strong Memorial Hospital for meeting its high standards for coronary artery disease and stroke care.

Strong Memorial is the only hospital in the Rochester area to be recognized with these honors, which celebrate a 12-month compliance of AHA/ASA standards, and the only Rochester hospital to receive any level of American Heart Association recognition for its coronary artery disease care.

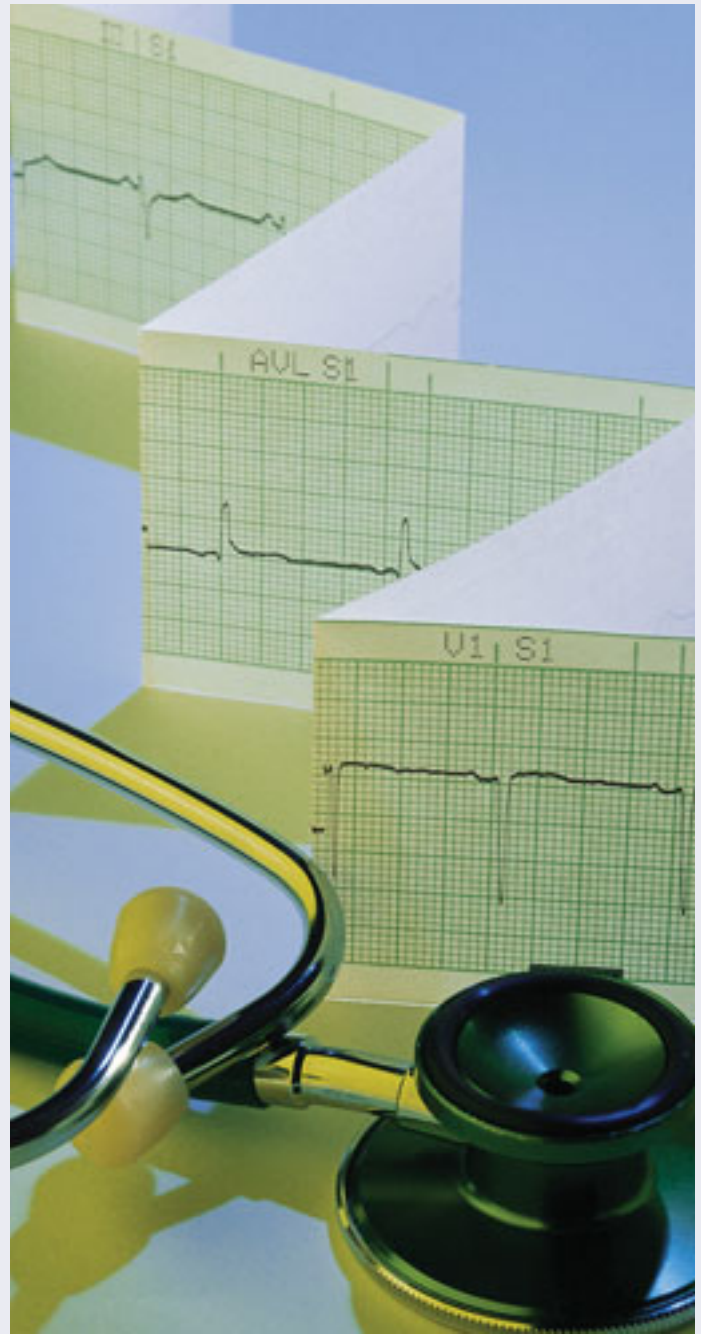
Highland Hospital is recognized with an Initial Performance Achievement Award, a 90-day compliance of its stroke initiatives. A complete list of award-winners was published in an advertising announcement in *U.S. News & World Report* in July.

"This is a welcome recognition of our efforts to continuously improve care for cardiac patients as we work to reduce the risk of recurrent heart attacks and death," said **Mark Taubman, M.D.**, chair of Medicine, chief of Cardiology, and director of the Cardiovascular Research Institute at the Medical Center.

"We have a long and successful history of implementing a higher standard of stroke care at Strong and strive to further improve our comprehensive system for rapid diagnosis and treatment of stroke patients. We know that with a stroke, time lost is brain lost," Strong Stroke Center Director **Curtis Benesch, M.D.**, said.

Awards are given to hospitals that have consistently complied for 12 consecutive months with the requirements of the Get With the Guidelines (GWTG) programs regarding coronary artery disease (CAD) and stroke care and have demonstrated that at least 85 percent of its eligible patients (without contraindications) are discharged following the treatments recommended by the American Heart Association/American Stroke Association guidelines.

Developed to assist health care professionals in following proven standards and procedures before patients are discharged, GWTG-CAD helps reduce the risk of recurrent heart attacks and death in treated patients. Following the American Heart Association guidelines, CAD patients are started on aggressive risk reduction therapies such as cholesterol-lowering drugs, aspirin, ACE inhibitors and beta-blockers in the hospital and



receive smoking cessation and weight management counseling and referrals for cardiac rehabilitation before they are discharged.

Following the American Stroke Association guidelines, stroke patients are treated with aggressive use of medications like tPA, antithrombotics, anticoagulation therapy, deep vein thrombosis prophylaxis, cholesterol reducing drugs, and smoking cessation. GWTG-Stroke uses the "teachable moment," the time soon after a patient has had an acute event, when they are most receptive to behavioral and medical interventions that can help lower the risk of subsequent strokes. Studies demonstrate that patients who are taught how to manage their risk factors while still in the hospital reduce their risk of a second heart attack or stroke.

# KUDOS

**Mark J. Adams, M.D.**, was chosen to serve as president-elect of the Monroe County Medical Society (MCMS). More than 1,700 physicians are members of MCMS, an organization dedicated to improving education and standards of medicine in Monroe County. Adams also was recently appointed to the Council Steering Committee of the American College of Radiology. With 30,000 members, ACR devotes resources to making imaging safe, effective and accessible to those who need it.

**Rollin J. (Terry) Fairbanks, M.D.**, recently received the Weber EMS Leadership Award from the STEP Council of the Genesee Region. Fairbanks was honored for his work as chair of the Regional Emergency Medical Advisory Committee and the Associate Regional Medical Director for the Monroe and Livingston Counties EMS region.

**Robert Griggs, M.D.**, was elected to be the next president of the American Academy of Neurology (AAN), the nation's largest professional organization of neurologists. Griggs was chosen as president-elect at the association's annual meeting in April and will begin his tenure as president in 2009. AAN, established in 1948, is an international association of more than 20,000 neurologists and neuroscience professionals.

As chair of the Department of Neurology, Griggs has overseen a major expansion in education, clinical care, and research programs. Research funding to the department has skyrocketed from about \$1 million per year when Griggs began leading the department in 1986 to more than \$28 million last year. The department regularly ranks among the top five institutions nationally in the amount of research funding it receives from the National Institutes of Health (NIH), and leads the nation in overall neurological research funding from all sources.

**Jason Huang, M.D.**, received a 2007 Young Clinician Investigator Award from the Neurosurgery Research and Education Foundation of the American Association of Neurological Surgeons. The award supports young faculty who are pursuing careers as clinician investigators. It will enable Huang to pursue advanced research on peripheral nerve injury reconstruction.

**Hyun Michel Koo, D.D.S., Ph.D.**, was awarded the Basil G. Bibby Young Investigator in Cariology Award from the International Association for Dental Research. The award recognizes excellence in cariology research among those under age 40.

**Vivian Lewis, M.D.**, was selected as the National Trends and Services Honoree by the Rochester, N.Y., chapter of The Links Inc., at its 2007 White Rose Friendship Awards Luncheon on May 12. The Links is an international volunteer service organization of more than 11,000 professional women of color who are committed to

enriching, sustaining and ensuring the culture and economic survival of African Americans and other persons of African ancestry. The National Trends and Services facet of Links' local chapter honored Lewis for her extensive knowledge and expertise that have influenced the direction of women's health locally, nationally and internationally. Lewis was also cited for her advocacy and dedication to alleviating the social disparities that often face women in professional advancement and in health issues.

**Cyril Meyerowitz, B.D.S.**, has been named to the Council on Dental Education and Licensure, an American Dental Association agency dedicated to promoting high quality and effective processes of dental education, dental licensure and credentialing in the United States.

**Robert Pollard, Ph.D.**, won the 2007 Award for Excellence in Diversity Training from the Association of Psychology Postdoctoral and Internship Centers (APPIC). Pollard, associate professor of Psychiatry and director of the Deaf Wellness Center, was honored for his founding of The Program for Deaf Trainees. Part of the School of Medicine and Dentistry's psychology training program, it has graduated 12 doctoral interns, and trained seven candidates for master's degrees and nine candidates for bachelor's degrees, all of whom are deaf.

**J. Edward Puzas, Ph.D.**, was named president of the United States Bone and Joint Decade. Puzas will help the organization continue its nationwide effort to improve research, public awareness and treatment of bone and joint disorders.

**Asad Ullah, M.D.**, has been appointed director of endoscopy in the Gastroenterology and Hepatology Division of the Department of Medicine at the University of Rochester Medical Center. Ullah, who joined the Medical Center in 2001 as associate professor of Medicine, is recognized as one of the area's most advanced endoscopists, drawing patients from throughout western New York. His special interests include advanced endoscopic procedures, including endoscopic ultrasound and the study of bile and pancreas ducts (ERCP); pancreaticobiliary diseases, and GI malignancy, as well as other endoscopic examination and gastroenterology consultations.

**Gladys Velarde, M.D.**, received the National Hispanic Medical Association Health Leadership Award for her leadership in improving the health of Hispanics. Velarde is founder and director of the Women's Heart Program at the Strong Heart and Vascular Center. Her practice stresses preventive care for those at risk for cardiovascular disease and early detection of cardiac-related problems.

# Taubman Selected to Lead Department of Medicine

A national search for a new chairman of Medicine at the School of Medicine and Dentistry led to the selection of **Mark B. Taubman, M.D.**, as the School's chair, effective May 1.

As chair and Charles E. Dewey professor of Medicine, Taubman oversees the single largest department within the Medical School, a role most recently filled by now Medical Center CEO **Bradford C. Berk, M.D., Ph.D.** Taubman will continue serving as chief of Cardiology and director of the Cardiovascular Research Institute.

"URMC searched wide and hard for our new chair, and carefully considered some of the best candidates in the nation," said Surgery Chair **Jeffrey H. Peters, M.D.**, who led the selection process. "After nearly nine months of effort, in the end the search committee felt strongly and unanimously that we had the right mix of leadership, skill, talent and humanism in one of our own—Dr. Mark Taubman."

"Mark is an accomplished researcher, clinician and educator, nationally recognized in all three areas," said School of Medicine and Dentistry Dean **David S. Guzick, M.D., Ph.D.** "He has the knowledge, experience, personality, drive and depth of commitment to be a stellar chair of Medicine."

Taubman joined the Medical Center as chief of Cardiology in 2003 from Mount Sinai School of Medicine and is credited with significantly advancing that school's M.D.-Ph.D. program. Since Taubman took over leadership of Cardiology, overall funding for research in the unit has increased by 11.8 percent, going from \$8.5 million to \$9.5 million by the end of 2006. Overall research funding figures are comprised of grants from the National Institutes of Health, funding from the pharmaceutical industry to conduct clinical trials of new treatments and funding from disease-specific foundations. Taubman has more than 110 journal articles, book chapters, and other publications to his credit.

He's also been the guiding force behind the expansion of cardiac patient care services, faculty recruitment, strengthening treatments for those with heart arrhythmias and heart failure, adding new preventive cardiology programs such as the women's heart program, and forging strong regional services. Last December, Taubman was named editor-in-chief of



Mark B. Taubman, M.D.

*Arteriosclerosis, Thrombosis and Vascular Biology*, one of five international medical journals published by the American Heart Association, and the leading journal in the field of vascular biology.

"The Department of Medicine at the University of Rochester has a storied history," Taubman said. "I am honored and delighted to be the next in what has been a list of outstanding academic medicine chairs. The launch of the new Medical Center strategic plan and the Clinical and Translational Science Institute make this a particularly exciting time to be at the helm of the department and will provide unprecedented growth opportunities."

Taubman is a graduate of the New York University School of Medicine who interned at Peter Bent Brigham Hospital before completing his medicine residency and cardiology fellowship training at the Brigham & Women's Hospital. He held academic appointments at Harvard Medical School, Boston's Children's Hospital

Medical Center, and Mt. Sinai School of Medicine prior to being recruited to the University of Rochester.

"Mark has clearly earned the respect of his colleagues within the Department of Medicine and across the country. He is a brilliant scientist, skilled administrator and an accomplished clinician and teacher," Berk said. "He is the ideal person to lead the department and help URMC take full advantage of the opportunities that lie ahead."

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Teri D'Agostino, Director of Public Relations and Communications  
Lori Barrette, Editor  
Shirley D. Zimmer, Art Director

## FOR YOUR CME CALENDAR

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

### Advanced Cardiac Life Support Provider Course

**August 11 and 18, or October 18 and 25**

Activity Director:  
Carol Diachun, M.D.

### Advanced Trauma Life Support Provider Course

**September 5 and 6, or November 27 and 28**

Activity Director:  
Mark Gestring, M.D.

### Advanced Trauma Life Support Re-Verification Course

**September 6 or November 28**

Activity Director:  
Mark Gestring, M.D.

### Cardiology Dinner Series 2007 **September 12**

Inn on the Lake,  
Canandaigua, N.Y.  
Activity Director:  
Bryan Henry, M.D.

### Recognition and Management of Sport-Related Concussion

**September 14**

RIT Inn and Conference Center  
Activity Director:  
Kenneth Veenema, M.D.  
Contact: Allyson Lee Borrino at  
(585) 261-9870

### Neurology 40th Celebration

**October 4 to 6**

Activity Director:  
Richard Moxley, M.D.

### Pediatric Advanced Life Support Renewal Course

**October 5**

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

### Cardiology Dinner Series 2007

**October 10**

Christina's, Batavia, N.Y.  
Activity Director:  
Frederick Ling, M.D.

### Healthcare Compliance

**October 11**

Activity Director: Joanna Tinch

### Cardiopulmonary Update

**October 18**

Rochester Riverside  
Convention Center  
Activity Director:  
Roy Wiener, M.D.

### Cognitive Behavioral Therapy for Insomnia

**October 19 to 21**

The Lodge at Woodcliff,  
Fairport, N.Y.  
Activity Director:  
Michael Perlis, M.D.

### When Medications Fail: An Overview of Surgical Approaches to Neurological Disorders

**October 20 to 21**

Inn on the Lake,  
Canandaigua, N.Y.  
Activity Directors:  
Jason Schwalb, M.D.,  
Irene Richard, M.D.

### 10th International Conference on the Mechanisms and Treatment of Neuropathic Pain

**November 1 to 3**

Snowbird Mountain Conference  
Center, Salt Lake City, Utah  
Activity Director:  
Robert Dworkin, M.D.  
[www.neuropathicpain.org](http://www.neuropathicpain.org)

### Pediatric Advanced Life Support Provider Course

**November 2 and 9**

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

### Cardiology Dinner Series 2007

**November 7**

Casa Larga, Fairport, N.Y.  
Activity Director:  
Christopher Cove, M.D.

### Annual Mary Parkes Asthma Update

**November 15**

RIT Inn & Conference Center

## AROUND THE REGION

Courses offered by the University of Rochester School of Medicine and Dentistry are held at the following locations. For an update on specific topics and speakers, visit our website at [www.urmc.rochester.edu/cpe](http://www.urmc.rochester.edu/cpe)

### DANSVILLE

Nicholas H. Noyes  
Memorial Hospital  
Call (585) 335-4323

### The Primary Care Provider and the Cancer Patient: How the Surgeon Can Facilitate Care as Part of the Multidisciplinary Team

**September 27, 8 a.m.**

Stephen E. Ettinghausen, M.D.  
Associate Professor of  
Surgical Oncology  
University of Rochester  
School of Medicine and Dentistry

### C Difficile

**October 25, 8 a.m.**

Robert F. Betts, M.D.  
Professor of Medicine  
Infectious Disease Unit  
University of Rochester  
School of Medicine and Dentistry

For further information:

Continuing Professional Education, University of Rochester Medical Center, 601 Elmwood Avenue, Box 677 Rochester, NY 14642-8677  
Telephone: (585) 275-4392 Fax: (585) 275-3721 Email: [office@cpe.rochester.edu](mailto:office@cpe.rochester.edu) Web site: [www.urmc.rochester.edu/cpe](http://www.urmc.rochester.edu/cpe)

## STRONG HEALTH

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