

IN THIS ISSUE

- LASER PRESERVES LARYNX DURING CANCER TREATMENT
- VAD PROGRAM NAMED CENTER OF EXCELLENCE
- STRONG 1ST IN U.S. TO IMPLANT HYPERTENSION DEVICE



# WILMOT CANCER CENTER LAUNCHES \$42.5M CAMPAIGN TO GROW CLINICAL AND RESEARCH EFFORTS



A new building that doubles the amount of clinical and research space, the addition of 25 oncology faculty positions, and an intensive effort to capture National Cancer Institute designation as a comprehensive cancer center are the cornerstones of a \$42.5 million comprehensive campaign just launched by the James P. Wilmot Cancer Center.

“Our vision is clear: We will take a leadership role in finding cures for cancer,”

says **Richard I. Fisher, M.D.**, director of Wilmot Cancer Center and director, cancer services, Strong Health. “All of our plans for the future of the James P. Wilmot Cancer Center are driven by that singular goal.”

The Cancer Center has experienced dramatic growth recently, posting 15 to 20 percent gains over the past several years for all services. Last year, it provided care to approximately 6,500 patients and performed more than 32,000 outpatient procedures.

*Continued on next page*

# Laser Surgery Preserves Larynx During Throat Cancer Treatment

When James White of Churchville lost his voice back in December, he figured it was a short-term case of laryngitis. Little did he know that without a new laser surgery, his voice box might have been removed. White's laryngitis was actually laryngeal cancer, which affects about 10,000 people each year in the United States.

Until recently, standard treatment required high-dose radiation therapy. If the radiation fails or the tumor comes back, the voice box is frequently removed, leaving patients to breathe permanently through a tracheostomy.

University of Rochester Medical Center laryngologist **C. Michael Haben, M.D., M.Sc.**, diagnosed White's disease during laser surgery to remove a pea-sized tumor from his vocal cords.

He began performing this high-tech surgery – the first of its kind in Rochester – last year. Haben uses microscopic digital imaging and the laser beam with pinpoint precision to remove tumors from this sensitive area. Laser saves the voice box and is very precise, and can be repeated if a tumor recurs.

Haben is the only board-certified, fellowship-trained laryngologist in Upstate and Western New York. He trained under Wolfgang Steiner, M.D., who pioneered the laser surgery procedure in Germany.

White is grateful for the technology and looks forward to restoration of his voice in the next several months. Haben, director of the URM Center for the Care of the Professional Voice, will help White regain his natural voice following the end of his treatment regimen.

Laryngeal cancer, like many cancers of the head and neck region, is primarily caused by tobacco use. White smoked up to a pack a day for about 40 years, ignoring pleas from his wife, Joanne, to quit. He did try a few times, but was finally successful shortly before his surgery last month.

White's experience is very common, Haben says. Many times people are referred to him when their laryngitis doesn't go away, or their voice becomes hoarse. Those are the typical symptoms, as well as a lump in the neck, sore throat or persistent cough, bad breath and breathing difficulties.

For more information about the laser surgery, contact University Otolaryngology Associates at (585) 758-5700.



C. Michael Haben, M.D.

## WILMOT CANCER CENTER

*Continued from front page . . .*

On the clinical research side, the Wilmot Cancer Center enrolls about 800 patients in 130 national and local trials annually.

"With a state-of-the-art facility and top-tier oncologists, the James P. Wilmot Cancer Center will continue to provide the best possible care for people in Rochester and the northeastern U.S.," says **C. McCollister Evarts, M.D.**, CEO of the University of Rochester Medical Center and Strong Health.

"In addition, collaboration with researchers throughout the Medical Center will flourish in this new facility, custom-built for basic science and clinical cancer research."

The five-year campaign includes construction of a 163,000-square-foot, four-story building planned for the corner of Crittenden Boulevard and East Drive, as well as the recruitment of 25 additional clinicians and scientists specializing in various oncology areas. The new building doubles the space for clinical programs and translational research, and allows for consolidation of medical and

radiation oncology areas, which are now spread throughout the Medical Center. It also provides larger, more private space for patients and their families, and translational research labs to foster collaboration between clinicians and scientists.

The campaign is the core to the Cancer Center's \$65 million strategic plan to expand clinical and research programs, recruit more scientists and oncologists, and establish an endowment for the cancer center – all aimed to capture the National Cancer Institute designation as a comprehensive cancer center.

To date, \$15 million has been raised from community benefactors to support the effort, which is being led by Judy Wilmot Linehan and Jim Ryan Jr.

"Our cancer center primarily serves the 16-county region to the east and west of Rochester," says Fisher. "However, people from throughout the Northeast seek the expertise of our oncology specialists when they're faced with this life-threatening disease."

## MDS DRUG CREATES GREAT INTEREST AT MAJOR ONCOLOGY MEETING

The FDA is reviewing a new drug derived from thalidomide, once used for morning sickness, to treat a malignant blood disorder known as MDS, following a series of clinical trials involving the University of Rochester Medical Center.

In one study, about 75 percent of the 148 voluntary participants in the United States who took Revlimid, the experimental medication, either went into complete remission or stabilized enough so they no longer required monthly blood transfusions to stay alive. The results excited oncologists who gathered in Orlando in May for the annual meeting of the American Society of Clinical Oncology (ASCO). An MDS research group was invited to present its findings to the ASCO general assembly.

“I think we can say the majority of these patients will enjoy a year or more of remission, without being dependent on blood transfusions,” says **John Bennett, M.D.**, clinical director of the hematology-oncology service at the James P. Wilmot Cancer Center, and a co-author for the MDS research group. Bennett also founded the national Myelodysplastic Syndromes (MDS) Foundation and serves as chair.

The Food and Drug Administration has agreed to quickly review Revlimid, which is being tested as well in patients with multiple myeloma, brain and kidney cancer. New Jersey-based Celgene Corp., the drug manufacturer, is funding the research.

## Strong Artificial Heart Program Named VAD Center of Excellence

The Artificial Heart Program at Strong Memorial Hospital has been named by Abiomed Inc. as the device company's first Ventricular Assist Device Center of Excellence.

Abiomed develops heart assist and replacement systems for patients living with heart failure. The technology allows patients' hearts to continue beating as they wait for a donor organ, or until their heart becomes strong enough to pump on its own without assistance.

Strong is the first of six centers to be named. The designation means the Artificial Heart Program will help set standards for training, and other centers will come to Rochester to learn best practices related to VAD implantation and patient care. The recognition also extends the ongoing research between Strong and Abiomed.

Strong's Artificial Heart Program and Abiomed already have plans for:

- A funded training initiative of the Advanced Circulatory Support Training curriculum, which was developed by Strong medical experts, and will be a foundation for a nationwide education standard.
- Speaking opportunities, including a prestigious mastery session at the 2006 American Association of Critical-Care Nurses National Teaching Institute conference.
- Strong being considered as a trial center in the upcoming AbioCor Total Artificial Heart Study.
- Developing investigator-sponsored trials of Ventricular Assist therapy.

*The designation means the Artificial Heart Program will help set standards for training, and other centers will come to Rochester to learn best practices.*

“We are pleased to be acknowledged by Abiomed as a research and educational center,” says **H. Todd Massey, M.D.**, surgical director of the Strong Health Program in Heart Failure and Transplantation. “We will continue to work closely with the company to participate in and develop trials for VAD therapy technology, and will further enhance our program as a quality performance center.”

Ventricular assist devices have become a significant component of the Strong Health Program in Heart Failure and Transplantation. The work of Massey, program coordinator **William Hallinan**, and the entire

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. Strong also offers patients the latest devices through clinical trials including the HeartMate II and the Levitronix CentriMag pump. 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.

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

# Strong First U.S. Center to Implant Device to Treat Hypertension

Doctors at the University of Rochester Medical Center were the first in the nation to implant an investigational medical device that lowers blood pressure by activating the body's natural blood pressure regulation systems.

The landmark procedure, performed in March, is part of a Phase II clinical research trial to be conducted by a limited number of medical centers in the United States. Called the Rheos Trial, it is funded by CVRx Inc. of Minneapolis. **Karl A. Illig, M.D.**, chief of the Division of Vascular Surgery, is principal investigator for the Rochester trial site. Cardiologist **John D. Bisognano, M.D., Ph.D.**, associate professor of Medicine, who has been involved in development of this technology, and nephrologist **James A. Sloand, M.D.**, associate professor of Medicine, serve as primary co-investigators.

"The Rheos System works by electrically activating the baroreflex system based in the carotid arteries in the neck, regulating blood pressure in a manner similar to a pacemaker regulating heart rhythm," Illig says. "Low-level electrical stimulation to this area sends signals to the brain, 'telling' it to take action to lower blood pressure through a variety of mechanisms, including blood vessel dilatation, heart rate reduction and promotion of fluid excretion by the kidneys. In this way, the Rheos System provides a physiologic approach to reducing high blood pressure by allowing the brain to direct the body's own control mechanisms."



*Karl A. Illig, M.D.*



*John D. Bisognano, M.D., Ph.D.*



*James A. Sloand, M.D.*

"This device, if found effective, would offer a way to lower blood pressure in patients who have not been able to control their blood pressure with medications, and could conceivably reduce the need for pressure-lowering medications in patients with lesser degrees of hypertension," Illig says.

The Rheos system consists of a battery-powered implantable generator, which is inserted under the skin near the collarbone, and two carotid sinus leads, which run from the generator to the left and right carotid sinus in the neck. While implantation is slightly more involved, the general principle is quite similar to the implantation of cardiac pacemakers.

Following the Phase II trial, if results continue to be good, a larger, nationwide trial will begin.

Trial patients receive the device as part of a minimally invasive surgical procedure, followed typically by a one- or two-night stay in the hospital. The device initially is tested for effect in the operating room and then turned off for one month, to ensure there are no health problems associated with the implant. At one month, a graduated scale of stimulation is applied until the best possible blood pressure response is achieved. Patients will be evaluated on a regular schedule until the device receives FDA approval, and generally will be followed for life.

For more information about the study, please call (585) 273-3760 or 341-6895.

# CMS OKs Strong for Reimbursement of New Carotid Stenting Procedure

The Centers for Medicare and Medicaid Services (CMS) has expanded coverage of a carotid stenting procedure that holds great promise for thousands of patients at risk for stroke. Strong Memorial Hospital was the first center in New York state and is the only center in the Finger Lakes region to have been awarded this reimbursement status.

Reimbursement for the procedure, which treats life-threatening plaque blockages in the neck arteries leading to the brain, covers patients who are at high risk for surgery and who have a symptomatic stenosis that is 70 percent or greater in severity, says cardiologist **Craig Narins, M.D.**, of the Strong Heart and Vascular Center.

CMS has limited use of carotid stenting to facilities and providers who have been determined to be competent in performing the evaluation, procedure and necessary follow-up care, to help ensure optimal patient outcomes.

Competency is based on physician experience and published clinical guidelines that outline physician training and facility support requirements for carotid stenting.

"We are pleased they have recognized Strong," Narins says. "This reimbursement allows us to care for an even larger population of patients who will benefit from this new, less-invasive technology."

A team consisting of Strong cardiologists, led by Narins, vascular surgeons, led by **Karl Illig, M.D.**, and interventional radiologists, led by **David Waldman, M.D., Ph.D.**, last fall was the first in New York state to perform the procedure, which received approval by the U.S. Food and Drug Administration in August 2004.

The hospital has been involved in several significant studies that considered the stent technology for carotid arteries, including Guidant's ARCHER study, the clinical



trial of the stent manufactured by Guidant Corp. that considered how stents worked in patients at higher risk, and the ongoing CREST trial, a larger, NIH-funded study that compares stent therapy with traditional methods of removing plaque from the artery. Strong Memorial is the only area hospital involved in the CREST study.

The carotid stenting procedure is typically performed in a catheterization laboratory or surgical endovascular suite where a balloon catheter is inserted in a small incision and used to clear blockage in the vessel. A stent is then placed at the blockage site to reinforce the vessel wall, in a manner similar to the common procedure done in heart or leg arteries. The technique was shown in the study done by Guidant to be as safe or safer than the traditional procedure in patients who are at high risk for surgery because of medical problems or unfavorable neck anatomy.

The reduced risk offered by the stenting procedure is due in part to built-in safety features such as a tiny, umbrella-shaped filter that extends into the artery above the blockage, Narins says. When opened, the filter reduces the chance that any plaque that may escape during the procedure will reach the brain and trigger a stroke. The traditional surgical procedure, called carotid endarterectomy, is done in an operating room and requires an incision in the neck to remove plaque blocking the vessel that takes blood to the brain. While surgery is effective and very safe in low-risk patients, it is associated with an increased risk of complications in higher risk patients.

For more information on carotid stenting, please call (585) 275-1669.

## Cardiologists Study Impact of Statin on Metabolic Syndrome in Women

A study being conducted by cardiologists at the Strong Heart and Vascular Center is considering the effects of a statin drug on metabolic syndrome, a condition that increases women's risk for heart disease and stroke.

Metabolic syndrome is a collection of health risk factors that include being overweight, having borderline glucose levels, borderline blood pressure, and abnormal cholesterol levels with high triglycerides. People with three or more risk factors are considered to have metabolic syndrome.

Little research has been done regarding the syndrome in women, who comprise a large segment of the population, according to cardiologist **Gladys Velarde, M.D.**, director of the Strong Women's Heart Program, a component of the Strong Heart and Vascular Center.

The purpose of the study is to evaluate the effect of atorvastatin, in this case, Lipitor, on some important blood markers known to be abnormal in the syndrome, Velarde says. The hope is to determine the ability of statins to lower risk factors of the condition, and to determine the impact of treatment on the syndrome's individual components. Atorvastatin is approved by the U.S. Food and Drug Administration for the treatment of high cholesterol.

"Metabolic syndrome is a constellation of conditions," Velarde says. "We are trying to ascertain if we can affect the components that make up the syndrome using statin drugs, with the goal of someday decreasing the risk of heart disease and stroke in women who have it."

Volunteers should be between the ages of 18 and 75, not pregnant and not planning to become pregnant in the next 12 months. They must have at least three of the five components that comprise metabolic syndrome.

About 60 subjects will be enrolled in Rochester, with participation lasting 18 weeks. Four visits to the Strong Women's Heart Program office at Clinton Crossings will be required, to discuss lifestyle changes and do blood tests and blood pressure checks, among other measures.

Patients will be assigned to one of two study groups. Starting the first week, both groups will be on the American Heart Association Step 1 diet, a low-fat program designed to reduce the risk of cardiovascular disease. All will continue their diet plans through the end of the study.

Starting the sixth week, one group will receive a statin drug, the other a placebo, to be taken through the end of the study. Neither volunteers nor researchers will know which group volunteers are in.

"The more we can discover about how to decrease the risk of heart attack and stroke in women, the fewer the number of patients who will suffer from the disease as a result," Velarde says. "This is a very important step in that direction."

For more information about the study, please call (585) 341-7709. For information about the Strong Women's Heart Program, log on to [www.stronghealth.com](http://www.stronghealth.com).



*Gladys Velarde, M.D.*



## SYMPOSIUM TO FOCUS ON HEART DISEASE IN WOMEN

The Strong Women's Heart Program this fall will hold the Cardiovascular Disease in Women Symposium 2005, in an effort to address the unique characteristics of women when it comes to their risk of heart disease and related conditions.

The second annual event will be held from 11:30 a.m. to 6:30 p.m. Thursday, Sept. 22, at the Memorial Art Gallery in Rochester.

The purpose of the symposium is to educate practicing primary care providers, internists, cardiovascular specialists, family practitioners, ob/gyn providers, nurse practitioners, physician assistants and nurses. Conference sessions will focus on identifying the different manifestations of cardiovascular disease in women, identifying cardiovascular health disparities in women of different ethnic backgrounds, and identifying innovative strategies for diagnosis of cardiovascular disease in women.

Cost for the program is \$65. CME credit is available. For more information or to register, please call (585) 341-7704.

# NEW TECHNIQUE MINIMIZES SURGERY FOR PITUITARY TUMORS

A new, less-invasive way to remove pituitary adenomas is now available at Strong Memorial Hospital. **G. Edward Vates, M.D., Ph.D.**, who recently joined the staff of the Neurosurgery Department as assistant professor at the University of Rochester Medical Center, specializes in the medical management and surgical removal of these tumors, which can effect up to five percent of the population.

Improvements in technology now allow him to use an endonasal technique to remove pituitary tumors, where instruments are funneled down the nasal passage to reach the tumor, according to Vates. Currently, most surgeons either make an incision under the lip and proceed through the nasal passage, or just cut directly into the nose.

"Smaller instruments and better imaging allow us to safely and efficiently remove pituitary adenomas in a way that is less painful, less disfiguring, and with equal assurance that the tumor can be removed completely with very low risk of recurrence," Vates says. "In addition, it allows for a much quicker recovery. My experience is that this procedure can get people back home and doing what they do within two weeks of the surgery."

Vates came to the Medical Center from the University of California, San Francisco, where the endonasal technique is routinely used. Data from work there showed that 85 percent of patients were sent home within 36 hours, and 95 percent of patients within 48 hours. This contrasts with the longer recovery time seen in patients treated with the older approach, which caused greater facial pain and two or three days in the hospital.

Surgery is not an option for all patients. Vates recommends first exploring medical management unless obvious symptoms, such as loss of peripheral vision or major changes in pituitary function, are present.

While some adenomas of the pituitary gland may never cause a health problem for some people, others can trigger a slew of hyper- or hypo- hormonal responses that can manifest in obvious symptoms, or, the symptoms accrue gradually, making it very difficult to diagnose.

"The complexity of disorders caused by adenomas is due in part to the large number of hormone functions controlled by the 'master gland,' the pituitary," Vates says. "Factor in varying degrees of tumor size and location, and you have a bevy of symptoms that physicians must tease out and understand before landing on a correct diagnosis."

Symptoms can often be overlooked, or mistakenly attributed to other ailments. For example, with the popularity of erectile dysfunction drugs, Vates said that



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

men may be taking the medication for impotence, when in fact they have a prolactin-producing adenoma that suppresses the normal secretion of testosterone.

"It's clear that the diagnosis and management of prolactinomas and other neuro-endocrine disorders can be quite complicated, and requires the efforts of doctors from multiple disciplines," Vates said, adding that he is working closely with physicians in the departments of Neuroradiology, Endocrinology, Otolaryngology, and Radiation Oncology at Strong Memorial Hospital to develop a multi-disciplinary approach that will provide

optimal care for patients with neuro-endocrine disorders throughout the Rochester area.

For more information on neuro-endocrine services, please call (585) 273-3551.

## Pituitary Adenomas at a Glance

Because the pituitary gland secretes many different hormones, and not all pituitary tumors secrete hormones, the symptoms of a pituitary adenoma can be quite variable and difficult to interpret. Here are the most common adenomas:

### Endocrine-Inactive Adenoma

The tumor itself does not secrete hormones. Symptoms typically are caused by its size, and can include decreased peripheral vision, headaches, or nausea.

### Endocrine-Active Adenomas

These tumors secrete a particular hormone, causing symptoms related to elevated levels of that particular hormone. The most common types of ailments caused by these adenomas include:

- **Giantism and Acromegaly:** Hypersecretion of growth hormone, causing extreme growth spurts in children or soft tissue growth in adults.
- **Prolactin:** Hypersecretion of prolactin, causing women who are not pregnant to produce breast milk and to stop menstruating. In men, it can cause impotence or breast enlargement.
- **Cushing's Disease:** Hyperproduction of ACTH stimulates overproduction of glucocorticoids, causing a malignant form of diabetes, as well as uneven build-up of adipose tissue on the face, back and chest, and osteoporosis.

# Medical Center Brings First Permanent PET/CT Facility to Region



University Imaging at Science Park, the University of Rochester Medical Center's new diagnostic imaging and research facility, opened in late June.

A collaborative effort between URM's Department of Imaging Sciences and Cardinal Health, the facility houses a state-of-the-art PET/CT scanner, as well as the region's first cyclotron unit and accompanying pharmacy. Borg Imaging is involved in the effort, providing scan interpretation two days a week.

"As demand for PET scans increased over the past few years, it was critically important for us to take a leadership role in making certain Rochester residents have convenient access to the latest technology," said **C. McCollister Evarts, M.D.**, CEO, URM and Strong Health. "Now, this state-of-the-art equipment at University Imaging at Science Park will keep pace with the medical demand for advanced imaging technology."

According to **David Waldman, M.D., Ph.D.**, chair of the Department of Imaging Sciences (formerly Radiology), PET scans have become the gold standard physicians use to diagnose and treat cancer. Recently, the PET technology has been made more powerful by adding a CT component to the machine.

"PET scans on their own help physicians pinpoint physiological processes taking place inside the human body, while CT scans help us map out the precise location of the disease," Waldman said. "By merging the two technologies, we have exponentially improved our ability to understand what's happening in the body, and exactly where it is happening. We are proud to make

this technology available to the Rochester region in a convenient facility, and are excited about the research potential the facility holds as well."

**Vaseem Chengazi, M.D., Ph.D.**, and **John Strang, M.D.**, are co-directors of the new facility.

While PET scans initially gained popularity among oncologists, more specialists such as neurologists and cardiologists are beginning to use them. "Researchers and physicians are increasingly turning to PET technology to comprehend the cell mechanisms that lead to other serious diseases," Waldman says.

Already, URM specialists are planning to use the PET/CT facility for an upcoming NIH Alzheimer's study. And radiologists plan to work on the development of radio-pharmaceuticals to aid in the detection and tracing of other diseases. Their research is made possible in part by the close proximity of Cardinal Health's cyclotron unit, which produces the radiopharmaceuticals used in PET scans.

The new scanner is a Gemini GXL made by Philips, and is only the third of its kind installed worldwide. It is configured so that PET and CT studies can be done independently if necessary. Its open design decreases the claustrophobic effect often associated with long-tunneled machines and both PET and CT scans can be accomplished in one pass-through, decreasing patient time on the machine. Its computer starts reconstructing and merging data in real-time for quick turnaround on results.

For more information, please call (585) 785-5000.

## NEUROSURGERY CLINIC OPENS IN MONTOUR FALLS

The Department of Neurosurgery at the University of Rochester Medical Center is working with Schuyler Hospital in Montour Falls to hold a monthly clinic for neurosurgery referrals. **Paul Holman, M.D.**, will see patients on the last Tuesday of every month from noon to 5 p.m. at the Primary Care Center, Orthopaedic Mobile Unit at Schuyler Hospital.

"We recognize that the Medical Center is an unfamiliar place to many," Holman says. "By holding a clinic closer to home, we are not only making a trip to

a specialist more convenient, but hopefully, will bring a higher level of comfort to patients."

Holman will see new patient referrals as well as conduct any surgical or procedure follow-up visits at the clinic. For questions or to schedule an appointment, please call (585) 275-7904.

Montour Falls is the sixth such clinic sponsored by the Neurosurgery Department. Other locations include Batavia, Hornell, Geneseo, Geneva and Canandaigua.

## TELEDENTISTRY IN CHILDCARE PROJECT TEAMS WITH EASTMAN DENTAL TO REDUCE ORAL HEALTH DISPARITIES



**T**eledentistry may provide a new strategy for prevention and early detection of early childhood caries (ECC) so inner city families can easily access oral health treatment for their babies and toddlers.

A virulent form of human dental caries, ECC predominantly affects disadvantaged children and can destroy the primary dentition of toddlers and preschoolers. Many children who suffer from advanced ECC must be treated in the operating room because of the destruction of their baby teeth.

Teledentistry offers a new way for dentists to diagnose and treat children affected with ECC, ultimately eliminating the operating room. The dentist uses a computer and camera connected to a Synchronous DSL high-speed Internet connection to examine and interact with the child in real time. A dental peripheral intraoral camera allows for acquisition of complete intraoral images. Another component of the project trains telehealth assistants to identify early signs of possible oral disease and image the mouth for the dentist's assessment and referral for treatment. This project will provide dental assessment, early diagnosis and treatment referral for low-income children. It will help prevent long-term oral health problems, more extensive treatments, and will serve as an educational tool for parents.

Bolstered by a \$48,000 Aetna Foundation grant, **Dorota Kopycka-Kedzierawski, D.D.S.**, and **Ronald Billings, D.D.S.**, have spent months providing oral health access to children in day care centers.

The Teledentistry in Childcare Project is a collaborative effort with the "Health-e-Access" program, led by **Kenneth McConnochie, M.D.**, who has been using telemedicine technology so clinicians can evaluate and treat ill children at distant childcare sites.

Integrating dental and medical services expands upon McConnochie's already successful program and creates an early intervention method to reduce disparities and increase access to oral health care for the underserved.

"Eastman Dental Center is part of the New York State academic dental centers, which act as a safety net provider for the underserved and contributes to the well being of their communities through accessible oral health care services," says **Cyril Meyerowitz, D.D.S.**, professor and chair of the Eastman Department of Dentistry and director of Eastman Dental Center. "New models must be developed to ensure oral health care for all in our community and the Teledentistry in Childcare Project is one such model. As follow up, we are planning to have one of our SMILEmobiles at the site over the summer to provide treatment to those identified with ECC."

## Strong Ties Relocates to Brighton

**S**trong Ties Community Support Program, run by the University of Rochester Medical Center's Department of Psychiatry, recently moved to larger offices at 2613 W. Henrietta Road in Brighton. The new facility, which is 25 percent larger than the program's previous home on Elmwood Avenue, allows for expanded services, including a computer lab and kitchen training.

Strong Ties, part of Strong Behavioral Health, is nationally recognized as a leader in the care, teaching and research of severe mental illness. More than 85 mental health professionals provide outpatient care to about 1,200 adults affected by severe mental illness, such

as bipolar disorder and schizophrenia. Strong Ties is the psychiatry department's largest outpatient program.

The program's goal is to help clients and their families recover from severe mental illness in a way that allows them to achieve personal goals and participate fully in the community, said **Joy Koziol, Psy.D.**, executive director of Strong Ties.

Adoption of a rehabilitation and recovery treatment approach makes the new and larger space more important. The new facility houses specialized training facilities, expanded areas for group therapy, and alternative services provided by peers.

# KUDOS

**Robert H. Dworkin, Ph.D.**, professor of Anesthesiology, Neurology, Oncology, and Psychiatry at the University of Rochester Medical Center and an expert on neuropathic pain, received the Wilbert E. Fordyce Clinical Investigator Award from the American Pain Society at its recent meeting in Boston. The award recognizes Dworkin's career aimed at learning more about and ultimately treating and preventing chronic pain more effectively.

**Eastman Department of Dentistry's** advanced education programs at Eastman Dental Center (EDC) received full accreditation status from the Commission on Dental Accreditation (CODA). A CODA committee evaluated the advanced dental education programs in orthodontics and dentofacial orthopaedics, pediatric dentistry, periodontics, prosthodontics, and advanced education in general dentistry. The programs were granted the accreditation status of "approval without any reporting requirements" and there were a number of commendations. "It is significant that we received full approval from CODA and there were no citations," says **Cyril Meyerowitz, D.D.S.**, professor and chair of the Department of Dentistry and director of Eastman Dental Center. "It's most unusual that all elements in five programs are approved and it reflects the hard work of the program directors, faculty, residents, and staff. We are also pleased at the ongoing full accreditation of the oral and maxillofacial surgery and the general practice residency programs at the Strong Memorial Hospital site."

**C. McCollister "Mac" Evarts, M.D.**, was awarded this year's Albert David Kaiser Medal, the highest honor bestowed by the Rochester Academy of Medicine. Evarts, CEO of URMC and Strong Health, was recognized for his "long and distinguished career and pioneering work as a surgeon, mentor, educator and strategic leader." Also honored by the Academy were Award of Merit recipients: **Marilyn R. Brown, M.D.**, clinical professor of Pediatric Gastroenterology/Nutrition, Department of Pediatrics; **Earl S. Lipman, M.D.**, clinical professor emeritus of Medicine; and **Henry A. Theide, M.D.**, professor emeritus and former chair of Obstetrics and Gynecology.

**Robert Panzer, M.D.**, chief quality officer for URMC, was honored at the *Rochester Business Journal* Health Care Achievement Awards. The awards recognize excellence, promote innovation and honor organizations and individuals who are making a significant impact on the quality of health care in the Rochester area.

**Seymour I. Schwartz, M.D.**, distinguished alumni professor of Surgery and former chair of the Department of Surgery, was recently recognized by the King of Spain for his body of work as a surgeon over the past 50 years. King Juan Carlos I personally bestowed upon Schwartz the Fundación Mutua Madrileña medal during a ceremony in Madrid. In the King's words, Schwartz and the five other medal winners were honored for their "exemplary vocation and tenacity

to serve the culture of the progress (of medicine) without borders, of the well-being of all and of the human dignity over disease."

**Edward M. Schwarz, Ph.D.**, associate professor of Orthopaedics, was honored with the Kappa Delta Young Investigator Award, one of the "Nobel Prizes of orthopaedic research," for his work with orthopaedic gene therapy. Most recently, Schwarz and his team have created a way to transform the dead bone of a transplanted skeletal graft into living tissue in the laboratory, using gene therapy.

**Scott Thompson, M.D.'s** research on the effects of hormones on hearing has been cited as the most important research by a young doctor in the field in 2005 by the American Academy of Otolaryngology - Head and Neck Surgery. Thompson, a resident in the Department of Otolaryngology, is part of a team studying the effects of hormone-replacement therapy on hearing.

## McCANN EARNS AMERICAN COLLEGE OF PHYSICIANS' HIGHEST AWARD

**Robert McCann, M.D.**, chief of medicine at Highland Hospital, received the 2005 Laureate Award from the American College of Physicians. The College's highest honor, the Laureate Award is presented annually to physicians who have demonstrated a commitment to excellence in medical care, education, research and service to their community.

McCann, named Highland's chief of medicine in 1999, has made significant contributions to the care of older adults through his research, academic pursuits and clinical geriatric work in the community. Prior to joining Highland, McCann was medical director for Independent Living for Seniors, an innovative nursing-home alternative for frail elders.

McCann earned his medical degree from SUNY Upstate Medical Center and completed his residency at Rochester General Hospital and the University of Rochester. He is a UR professor of medicine and has published in numerous peer-reviewed journals. McCann has been awarded multimillion-dollar education grants from the Donald W. Reynolds Foundation and the Hartford Foundation to improve the delivery of health care services to older adults. He has served the Rochester community for over 20 years.

The Laureate Award honors fellows and masters of the American College of Physicians that have demonstrated, by their example and conduct, an abiding commitment to excellence in medical care, education, research and service to their community with distinction. A Laureate nominee is usually a senior physician that has been a fellow or master of the College for at least 15 to 20 years.

# UR MEDICAL CENTER CEO WINS PRESTIGIOUS CHARNLEY AWARD

**C. McCollister Evarts, M.D.**, who helped introduce total hip replacement surgery in the United States, recently received the prestigious John Charnley Award, the second time the honor has been bestowed on the current CEO of the University of Rochester Medical Center and Strong Health. Evarts and four other orthopaedists were recognized for their work in helping to research, develop and document proven methods for preventing blood clots, a potentially fatal complication that can arise after hip replacement surgery.

Given by the Hip Society, an exclusive member organization comprised of leading orthopaedic surgeons who specialize in total hip arthroplasty, the award is named after England's Sir John Charnley, inventor of the Charnley artificial hip. The award is given each year to author(s) of a publication that outline important clinical or basic research that advances the management of hip disorders.

According to Evarts, as hip surgery was becoming more commonplace, it became apparent that close to half of all patients undergoing hip surgery were at risk of developing a blood clot, and up to three percent of them might die from a pulmonary embolism. This discovery set into motion decades of research to develop best practices in the management of these venous thromboembolisms.

Interestingly, Evarts himself has benefited from his research, after undergoing hip arthroplasty in 2003.

Evarts began his medical career as a graduate of the University of Rochester School of Medicine and Dentistry, before serving his internship and residency in orthopaedic surgery at Strong Memorial Hospital. In 1964, he joined the Cleveland Clinic Foundation and, over the next decade, headed that institution's orthopaedic residency training program, and ultimately served as chair of its Department of Orthopaedics. It was during his tenure at Cleveland when Evarts traveled to England to spend time training with Sir John Charnley, observing him as he performed hip arthroplasties.

Evarts returned to the University of Rochester Medical Center in 1974 as chair of Orthopaedics, where he is credited with transforming the Medical Center's Orthopaedics department into a national hub for research and clinical care. In 1987, Evarts was recruited to serve as chief executive officer, senior vice president for Health Affairs, and dean of the College of Medicine at The Pennsylvania State University and The Milton S. Hershey Medical Center. While at Hershey, Evarts was named to the prestigious Institute of Medicine of the National Academy of Sciences. He retired from Hershey in 2000, and moved back to Rochester in 2002, where he served as a senior advisor until tapped to lead the Medical Center in 2003.

# GOLISANO CHILDREN'S HOSPITAL APPOINTS NEW PEDIATRIC CARDIOLOGY CHIEF

**Winston E. Gaum, M.D.**, will join the Golisano Children's Hospital at Strong in August as the new chief of pediatric cardiology. Since 1990, Dr. Gaum has served as professor of Pediatrics and Medicine at the State of New York Health Science Center and chief of the Division of Pediatric Cardiology at Crouse Hospital in Syracuse.

"Dr. Gaum brings a wealth of experience to the role of division chief of Pediatric Cardiology at the Golisano Children's Hospital at Strong. He is an outstanding clinician and administrator and we are delighted that he will be joining our team," said **Elizabeth R. McAnarney, M.D.**, pediatrician-in-chief of Golisano Children's Hospital. Gaum said one of the benefits of coming to Golisano Children's Hospital is the new Pediatric Cardiac Intensive Care Unit.

"It's a beautiful facility and it is unique in upstate New York but what really attracted me was the opportunity to work with the Golisano Children's Hospital's impressive staff," Gaum says. He added that he is also looking forward to working with the leadership of the University of Rochester Medical School.

**Roger Vermillion, M.D.**, will be the associate chief and will continue in a leadership role for expanding clinical services.



## FOR YOUR CME CALENDAR

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

### PEDIATRIC ADVANCED LIFE SUPPORT PROVIDER COURSE

July 15 and 22 or September 15 and 22

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

### ADVANCED TRAUMA LIFE SUPPORT PROVIDER COURSE/ATCN COURSE

September 7 and 8  
RE-VERIFICATION COURSE/  
ATCN COURSE

September 8

Course Directors:  
Mark Gestring, M.D.,  
and Paul E. Bankey, M.D.

### ADVANCED CARDIAC LIFE SUPPORT RE-TRAINING COURSE

September 9  
PROVIDER COURSE

September 20  
Course Directors:  
J. Russell Norton, M.D., and  
Carol Ann Diachun, M.D.

### UPDATE ON WOMEN AND CARDIOVASCULAR DISEASE

September 22  
Memorial Art Gallery  
Course Director: Gladys P.  
Velarde, M.D., F.A.C.C.

For further information:  
Continuing Professional Education  
University of Rochester Medical Center  
601 Elmwood Avenue, Box 677  
Rochester, New York 14642-8677  
Telephone: (585) 275-4392 • Fax: (585) 275-3721  
Email: office@cpe.rochester.edu  
Web site: www.urmc.rochester.edu/cpe

## AROUND THE REGION

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

### CANANDAIGUA

VA MEDICAL CENTER AND THE  
ROCHESTER OUTPATIENT CLINIC  
CALL (585) 393-7211  
Medical/Psychiatric Service  
Staff Conferences  
All sessions begin at noon

### ITHACA

CAYUGA MEDICAL CENTER  
CALL (607) 274-4225  
All sessions begin at 7:30 a.m.

### BATH

BATH VA MEDICAL CENTER  
Call (607) 664-4770  
All sessions begin at 10 a.m.

### DANSVILLE

NOYES MEMORIAL HOSPITAL  
CALL (585) 335-4323  
All sessions begin at 8 a.m.

Strong Health Connection is published by the  
University of Rochester Medical Center  
Dept. of Public Relations and Communications  
601 Elmwood Avenue, Box 643  
Rochester, NY 14642-8643  
Telephone: (585) 275-3676  
E-Mail: [Lori\\_Barrette@urmc.rochester.edu](mailto:Lori_Barrette@urmc.rochester.edu)  
Teri D'Agostino, Director of Public Relations and Communications  
Suzanne Sawyer, Director of Marketing  
Lori Barrette, Editor  
Shirley D. Zimmer, Art Director  
Janet Mangano, Editorial Assistant

## STRONG HEALTH

Strong Memorial Hospital • Golisano Children's Hospital at Strong • Highland Hospital  
The Highlands • Eastman Dental Center • Visiting Nurse Service

601 Elmwood Avenue • Box 643  
Rochester, New York 14642

Change Service Requested

PRSR STD  
U.S. POSTAGE  
PAID  
ROCHESTER, NY  
PERMIT #780