

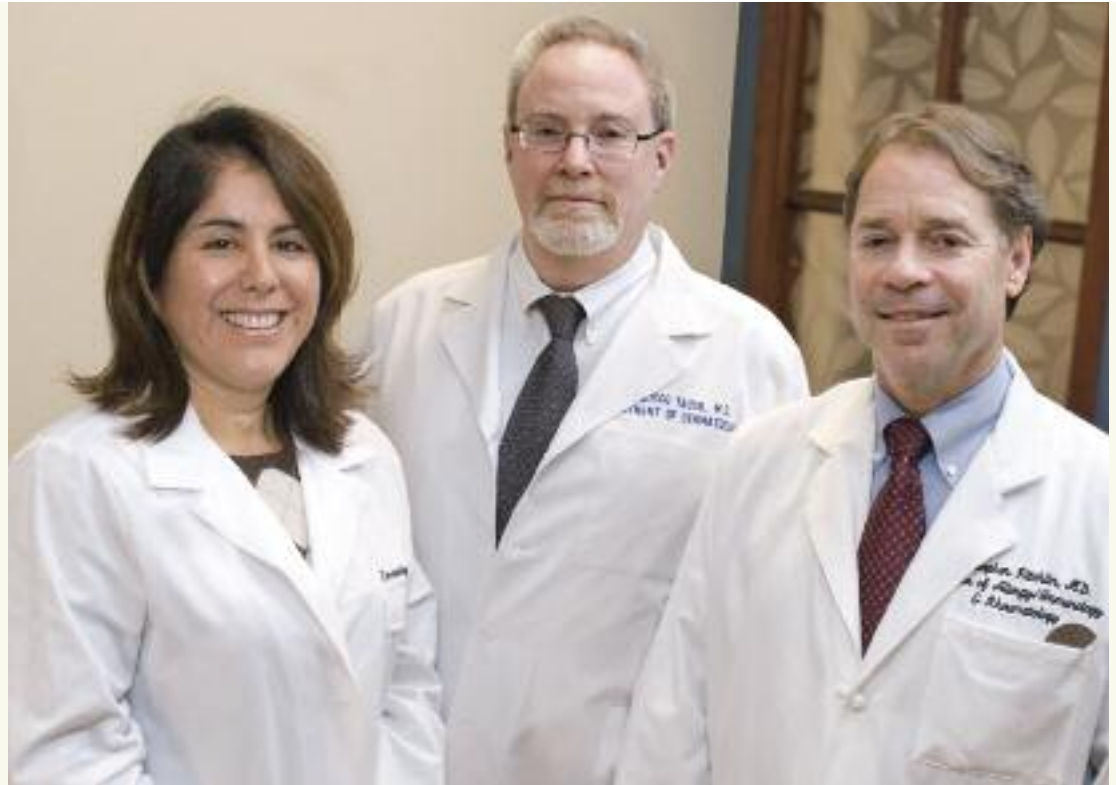
URMC CONNECTION

FOR PHYSICIANS AND HEALTH PROFESSIONALS

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URMC's Psoriasis Center, led by **Andrea Sandoz, M.D.**, **Francisco Tausk, M.D.**, and **Christopher Ritchlin, M.D., M.P.H.**, is devoted to the care of patients with psoriasis, psoriatic arthritis and related conditions.

Multidisciplinary Center Addresses All Facets of Psoriatic Disease

A new Psoriasis Center, launched through collaboration between Rheumatology and Dermatology at the University of Rochester Medical Center, is addressing the complex needs of those who suffer from psoriasis.

Despite its prevalence—as many as 7.5 million Americans have the chronic disease, according to the National Institutes of Health—psoriasis can be particularly challenging for physicians to diagnose

and treat effectively. Psoriatic disease is often associated with other serious health conditions, such as musculoskeletal issues that affect up to 30 percent of psoriasis sufferers.

“Psoriatic disease encompasses so much more than a person’s skin,” said **Francisco A. Tausk, M.D.**, professor of Dermatology and Psychiatry.

Continued on next page

Interdisciplinary Endoscopy Offers New Ways to Diagnose

An interdisciplinary approach using advanced endoscopic technology is aiding the diagnosis of mediastinal disease and the staging of lung cancer at the University of Rochester Medical Center.

URMC's Pulmonary and Gastroenterology specialists are collaborating with Thoracic Surgery to use a combination of endoscopic ultrasound (EUS) and endobronchial ultrasound (EBUS) to diagnose and better stage lung cancer. EUS and EBUS also can diagnose pathology in the mediastinum, the area that separates the lungs and contains the heart, large blood vessels, trachea, thymus gland and connective tissues.

"With these complementary procedures, we aim to accurately and rapidly identify and stage cancers to distinguish patients who will benefit from surgery from those with advanced disease who will not, and to accurately identify mediastinal diseases other than cancer," said pulmonary specialist **Michael Nead, M.D., Ph.D.**, assistant professor of Medicine. "When appropriate, these endoscopies can be used in place of diagnostic surgery, such as mediastinoscopy, that is more invasive, costly and, due to scarring, can only be performed once and might be more beneficial to a patient later in their disease course. These procedures are also significantly more accurate at staging lung cancer than non-invasive methods such as CT and PET scans. This spares patients with late-stage cancer any pain or complications from unnecessary surgery, while saving mediastinoscopy for patients that might require restaging after neoadjuvant chemotherapy."

In addition to their diagnostic capabilities, EUS and EBUS are advantageous because they can be done on an outpatient basis under conscious sedation, versus surgery that requires general anesthesia. As a result, these endoscopic procedures may result in improved outcomes for patients as well as reduced cost to the health care system, according to gastroenterologist **Vivek Kaul, M.D., F.A.C.G.**, associate professor of Medicine in the Division of Gastroenterology and Hepatology and associate director of Endoscopic Services.



An EUS/fine-needle aspiration of an adrenal mass, in a patient with lung cancer, confirmed inoperable Stage IV malignancy.

"This approach shifts the paradigm of mediastinal diagnosis," said Kaul. "By uniting our expertise and these technologies, we can provide better service to patients, more accurately defining the stage of their disease, which has an impact on their quality of life."

In a typical scenario, a patient may have a suspicious chest x-ray or CT scan results that prompt his primary care provider to request an urgent consult for mediastinal adenopathy. As alternatives to PET scanning, where results are less sensitive and specific, and mediastinoscopy, which has greater accuracy than PET but is more invasive, the patient may undergo an EBUS or EUS-guided biopsy. EBUS can access the paratracheal, subcarinal, and hilar regions, while EUS may be helpful when the patient has an enlarged adrenal gland or metastatic lesions in the liver. By combining EBUS and EUS evaluation, almost all lymph node stations in the chest can be accessed.

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Tausk and **Christopher T. Ritchlin, M.D., M.P.H.**, professor in the Division of Allergy, Immunology and Rheumatology, developed the center to address the entire spectrum of psoriasis in a multidisciplinary setting.

"We must interact with specialists in arthritis, cardiovascular disease, ophthalmology, gastroenterology, endocrinology, psychiatry and nutrition to properly attend to the various needs of patients with psoriasis," Tausk said.

One of only a handful of multidisciplinary psoriasis centers in the country, URMC's comprehensive care and research model addresses the multiple facets of psoriatic disease in a streamlined approach,

integrating clinical services with basic and clinical research as well as education to advance care and treatment.

Because of the disease's complexity, psoriasis patients are very often undertreated or not properly diagnosed, Ritchlin said. When they are, the extent of their treatment often does not encompass all the disease's manifestations. Additionally, psoriatic diseases often affect a younger population of patients who do not regularly visit their physicians, so related issues such as obesity, cardiovascular risk factors and psychological distress may not be adequately addressed.

"Our aim is to provide patients with timely, comprehensive care from a team of subspecialists," Ritchlin said. "This team approach

Mediastinal Disease and Stage Lung Cancer



This EBUS-guided biopsy of a 1.2cm left paratracheal lymph node revealed adenocarcinoma of the lung.

“Proper staging is important because the survival rates for lung cancer vary widely by stage, and treatment is dictated by the stage of a patient’s cancer,” Nead said. “EUS and EBUS allow us to reach areas that are frequently missed by other techniques, or that would require a more extensive surgery to reach, such as the hilum. These endoscopes are terrific tools to add to the armamentarium of Pulmonary, GI, and Thoracic Surgery.”

“When we can better define the stage of their disease, we do a better service to patients, giving them a more accurate picture of their condition. From there, an optimal plan can be generated for their care,” said Kaul.

EUS and EBUS are also helpful in identifying non-cancerous conditions such as sarcoidosis, a benign autoimmune disease that affects lymph nodes in the lungs, and certain lung infections.

When a diagnosis warrants surgery, Nead and Kaul collaborate with thoracic surgeons **Carolyn Jones, M.D.**, **Virginia Litle, M.D.**, **Daniel Raymond, M.D.**, and **Thomas Watson, M.D.**, to offer the full range of interdisciplinary care. A non-diagnostic EBUS or EUS may require further evaluation with surgical techniques. Thoracic Surgery also has EBUS scopes in the operating room for those cases that might require general anesthesia. The Pulmonary Division’s **Sandhya Khurana, M.D.**, also performs EBUS, while **Asad Ullah M.D.**, in Gastroenterology, also provides EUS-directed biopsies.

“This is truly a collaborative, interdisciplinary effort,” Nead said. “Pulmonary, GI and Thoracic Surgery have all worked together to develop our skills and to identify which patients are better served by which procedures, whether it be EBUS, EUS or mediastinoscopy.”

The Pulmonary Division is designing a bronchoscopy suite that will permit EUS/EBUS to be performed during one session with conscious sedation, making it more comfortable and convenient for patients and expediting scheduling and thereby time to diagnosis. Currently, patients requiring simultaneous EBUS and EUS must be scheduled in an operating room, with the added cost, inconvenience and general anesthesia risk.

While similar advanced endoscopic and endobronchial services are offered in some larger cities, URM is the first to provide such an interdisciplinary service in New York, outside of New York City.

For information about the program or referrals for EBUS or EUS, providers may call Nead at **(585) 275-4161**, Kaul at **(585) 273-3913**, or Thoracic Surgery at **(585) 275-1509**.

to treatment of various features of psoriatic disease can improve the quality of patient care and, in turn, the quality of patients’ lives.”

For some psoriasis patients, the impact on their quality of life is equal to that of patients who suffer severe heart failure, according to Tausk. Many suffer anxiety and depression along with their physical symptoms, which can be cumbersome and debilitating. The Center addresses both the physical and the emotional needs of patients.

The Psoriasis Center welcomes referrals of patients who have both skin and joint disease. In addition, patients with psoriasis and no musculoskeletal symptoms will be cared for by the dermatology team. Once referred, patients are initially evaluated by a

rheumatologist and a dermatologist, then all three meet to discuss the patient’s diagnosis and treatment plan, including referrals to other subspecialists who consult at the Center. In addition to specialist consults, the Center offers treatments including topical, systemic and biologic medications, phototherapy and laser therapy.

The Psoriasis Center is located at 400 Red Creek Drive, off Calkins Road in Henrietta. For information or referrals, please call **(585) 487-1403** or visit <http://psoriasis.urmc.edu>.



Strong Urologic Surgeons Perform Cutting-Edge Minimally Invasive Surgery

Urologists at the University of Rochester Medical Center are advancing the frontiers of minimally invasive surgery as they introduce single-port access (SPA) surgery to the Rochester region.

Since November 2008, urologists **Guan Wu, M.D.**, and **Hani Rashid, M.D.**, have completed 10 SPA surgeries entirely through the patient's navel, including the nation's first single-incision laparoscopic bilateral nephrectomy, and a SPA nephrectomy on an 8-year old—believed to be the youngest patient in the nation to undergo this surgery.

Traditional laparoscopic surgery involves making up to a half dozen incisions in the abdominal area. With SPA surgery, surgeons make one small incision in the naval area, through which they insert flexible instruments. The tips of these newer instruments can be articulated and rotated 360 degrees, giving surgeons the ability to reach all necessary areas in a procedure.

The nation's first SPA surgery was performed in May 2007 to remove a gallbladder, according to Wu, assistant professor of Urology who leads the effort to introduce SPA surgeries in Rochester. Since that time, SPA surgery has been steadily gaining ground nationwide and extended to a variety of more complex procedures.

"SPA is the next evolution of laparoscopic surgery," said Wu. "It allows us to further minimize minimally invasive surgery, while bringing multiple benefits to patients such as decreased risk of wound complications, shorter hospital stays and recovery time, less pain or discomfort, and little to no scarring."

Shawn Routly, 28, of Hilton, was Rochester's first patient to undergo a SPA procedure, and the first in the nation to have a bilateral nephrectomy using this technique.



"Unfortunately, over the years I've had lots of surgeries, so I'm familiar with recovery time when it comes to multiple incisions," said Routly, who has chronic kidney disease. "But I couldn't believe how little pain I felt, and how quickly I recovered. I was home and walking around within two days. And, I was grateful that the scarring was minimal."

"While SPA surgery is still in its infancy, with further refinements in instrumentation and operative techniques, and continued use of robotic technology, SPA surgery will become the preferred approach for the majority of laparoscopic surgeries over the next five years," Rashid said.

For more information about SPA surgery, please call **(585) 394-0850**.

New Program Aims to Help Patients After Significant Weight Loss

An innovative University of Rochester Medical Center program is addressing the needs of people who have experienced significant weight loss and want to maintain it while improving the way they look and feel about themselves.

Life After Weight Loss focuses on individual nutritional and emotional needs and personal goals, integrating state-of-the-art plastic surgery procedures with lifestyle and nutritional counseling, according to Program Director **Jeffrey Gusenoff, M.D.**

"We take all aspects of care into consideration and do way more than just body contouring surgery," Gusenoff said. "We understand the significant changes that people make through their weight loss. We aim to identify their individual goals and help them meet their expectations. Our philosophy is to help people maintain the benefits of that weight loss while feeling good about themselves and their achievement."

Patients who have lost weight through gastric bypass surgery or by other methods are candidates for Life After Weight Loss. The program involves personal consultations with nutrition and behavioral health experts as well as with Gusenoff, who is fellowship trained in body contouring procedures.

Depending on the nature and location of a patients' loose skin following weight loss, the Life After Weight Loss solution might include any of the following procedures:

- tummy tuck
- arm lift
- male chest reshaping
- liposuction
- thighs and buttocks lift
- female breast reshaping
- face and neck lift

Because cost is often a major factor in patients' decisions regarding plastic surgery procedures, Life After Weight Loss provides several financing options and counseling to assist in making it affordable.

"Research has demonstrated that patient interest in plastic surgery following significant weight loss is very high, and that people have misconceptions about the costs associated with surgery," Gusenoff said. "Our goal is to educate them and help them identify things they can do to make it attainable."

Gusenoff founded the program at URM, which is only the second of its kind in the country. He completed fellowship training in body contouring surgery at the University of Pittsburgh. Gusenoff has published several articles and book chapters related to body contouring surgical techniques, safety and social issues.

For information or to refer a patient to Life After Weight Loss, call **(585) 276-LAWL** or visit **www.plastics.urmc.edu**.

Wilmot Cancer Center First Upstate to Offer Tomotherapy Technology

The James P. Wilmot Cancer Center was the first in upstate New York to introduce next-generation technology that expands doctors' ability to use therapeutic radiation to treat multiple tumors at once after 3-D, real-time imaging to improve precision.

The Tomotherapy Hi-Art System delivers intensity modulated radiation therapy, a type of 3-D conformal radiation therapy that uses radiation beams of varying intensities to deliver different doses of radiation to small areas of tissue at the same time. The technology allows for the delivery of higher doses of radiation within the tumor and lower doses to nearby healthy tissue.

"With this system, we can deliver small beamlets of radiation from every point on a spiral, which provides for exceptional accuracy," said **Paul Okunieff, M.D.**, chair of Radiation Oncology at the University of Rochester Medical Center. "The more angles that a radiation treatment beam can be delivered from, the better the focus on the tumor and there is less impact on surrounding tissue."

Another feature that makes tomotherapy revolutionary is the ability to create a computed tomography image just prior to each radiation treatment. This gives doctors and therapists a full, three-dimensional image of a patient's anatomy and, if needed, allows them to adjust the size, shape and intensity of the radiation beam to the precise location of the patient's tumor during the treatment regiment. This may be necessary as the anatomy may change due to

tumor shrinkage or weight loss, said **Yuhchyan Chen, M.D., Ph.D.**, professor of Radiation Oncology.

The system's technology and appearance resemble that of a CT scanner. When a patient is treated, therapists will take a CT scan before radiation begins, to ensure the patient is aligned perfectly. During treatment, a thin beam is rotated around the body, entering from many directions, while the table simultaneously moves into the donut-shaped machine. This effectively results in tens of thousands of little beamlets of different intensities entering the body, converging on the tumors.

Radiation oncologists have the benefit of being able to treat a patient with tumors in multiple locations, and avoiding radiation exposure to vital organs. This technology has already been used to treat lung, head and neck, brain, breast and prostate cancers.

The Medical Center has a long history of leadership in radiation oncology. Wilmot Cancer Center radiation oncologists developed ways to use stereotactic radiation, originally designed for brain tumors, to target tumors throughout the body, opening doors and extending life for many whose diseases were considered untreatable.

Wilmot Cancer Center is the Finger Lakes region's leader in cancer care and research. The Center has a team of 100 doctors, scientists, nurses and support staff working together to find cures for cancer. For information, please call **(585) 275-5830**.



Clinical Strengths, New Research Programs Propel Physical Medicine and Rehabilitation at URM

An independent Physical Medicine and Rehabilitation department has been established at the University of Rochester's School of Medicine and Dentistry, a tribute to the critical role physiatrists, physical therapists and occupational therapists play in helping patients recover from sudden illness and trauma. Led by **K. Rao Poduri, M.D.**, the Department of Physical Medicine and Rehabilitation (PM&R) formerly was a division within the Orthopaedics Department.

Over the past four years, PM&R has demonstrated its clinical strength, growing inpatient visits by 10 percent, and quadrupling its outpatient visits. Today, 16 board-certified physiatrists provide a wide spectrum of specialty services in the Rochester community, such as management of the complex rehabilitation needed to help stroke and spinal cord patients live as independently as possible. Faculty oversee rehabilitation care at Strong Memorial Hospital, Unity's St. Mary's

campus, Rochester General Hospital and the VA Center in Canandaigua. In addition, 125 allied health care professionals at Strong Memorial Hospital alone provide rehabilitation therapy services to the Rochester community.

PM&R is accredited for adults and pediatric patients by the Commission for Accreditation of Rehabilitation Facilities for its general rehab program, stroke program and the spinal cord injury system of care. It has achieved the highest level of accreditation that can be awarded to an organization in the field.

The Department has also made great strides in establishing one of the most successful residency training programs in the nation. Due to increased demand, the number of resident positions in PM&R has doubled to 12 since 2004. Research grants continue to grow as well, with five funded studies and many others in progress.

For information or referrals, please call **(585) 275-3271**.

Imaging Sciences Receives ACR Accreditation

Two of the Rochester region's most advanced imaging devices recently earned accreditation by the American College of Radiology (ACR). The PET/CT scanner and the 3T MRI, both located at the University of Rochester Medical Center's University Imaging at Science Park, passed the rigorous testing standards put forth by the national organization.

The ACR awards accreditation after an intense evaluation of the practice by board-certified radiologists and other experts in the field.

Accreditation by ACR has become increasingly important in establishing best practices and standards for imaging. All MRI and CT machines at Strong Memorial Hospital are accredited, with the exception of the recently installed 1T open MRI. That machine is set to be reviewed by ACR in upcoming months.

The Department of Imaging Sciences at URMC provides a comprehensive portfolio of imaging services. The Department has installed the region's first PET/CT scanner, the first 3T MRI scanner for clinical use, and the area's first hospital-based open MRI with the Ambient Experience.



Evarts Joint Center Earns Certification

Highland Hospital's Evarts Joint Center is the only program in the region and one of only two in New York state to receive the Joint Commission's Disease-Specific Care Certification for Knee and Hip Replacement.

To earn this Gold Seal of Approval™ for health care quality, the Center participated in an extensive, voluntary on-site evaluation, reviewing the its performance in meeting the Commission's rigorous quality and safety standards, and in demonstrating its ability to continuously evaluate and improve care.

"This certification means the Evarts Joint Center does the right things and does them well for knee and hip replacement patients," said Jean E. Range, executive director, Disease-Specific Care Certification, Joint Commission.

"This is a huge accomplishment for us," said Evarts Joint Center Director **Allen Boyd, M.D.**, associate professor of Orthopaedics at URMC and chief of Orthopaedics at Highland Hospital. "We voluntarily pursued this comprehensive, independent evaluation because we believe our approach to joint replacement delivers the most consistent, highest-quality patient outcomes. We are a center of excellence for joint replacement—you achieve that by ensuring the entire facility and everyone in it is geared to delivering the best patient care."

For more about the Evarts Joint Center, call (585) 784-2966 or visit www.joint.urmc.edu.

Strong Surpasses 2,000 Robotic Surgeries

Strong Memorial Hospital surgeons have performed more than 2,000 robotic surgeries, collectively placing the institution among the top 10 in the country for its expertise in this specialized technology. The milestone reflects patients' growing demand for less invasive surgeries that offer faster recovery and fewer complications.

Strong was first in the region to introduce the daVinci Surgical System in 2003, and since then has added another machine to keep pace with patient demand. Highland Hospital also acquired a robotic system in 2008.

Today, surgeons throughout the University of Rochester Medical Center use the daVinci robotic system for a variety of procedures including prostate, kidney, bladder and gynecologic cancer surgeries; benign gynecologic and pelvic reconstructive surgeries, and as a minimally invasive way to remove lymph nodes needed to accurately stage these cancers.

According to **Jean V. Joseph, M.D.**, director of the University of Rochester Medical Center's Urology Section of Laparoscopy and Robotics, the majority of cases performed at Strong are prostatectomies, though he sees that expanding.

"We are among the pioneers in the use of this technology," said Joseph, who also serves as president of the Society of Urologic Robotic Surgery, an international organization dedicated to advancing robotic surgery and credentialing institutions and surgeons.

The benefits of the robotic technology have a significant impact on patient outcomes. Because the cases are done laparoscopically, dime-sized incisions are made that result in faster recovery time and a lower chance of infection, decreased blood loss or other complications. The procedures themselves can be even more accurate than traditional surgery, with steadier "hands" at the surgical site being directed by a surgeon.





Goldman Leads Neurology Department

Steven Goldman, M.D., Ph.D., a leading international figure in efforts to use stem cells to treat human disease, was tapped to lead the Department of Neurology at the University of Rochester Medical Center.

Goldman, a professor of Neurology who has been with the University since 2003, was named the Edward A. and Alma Vollertsen Rykenboer Professor of Neurophysiology Chair of the Department of Neurology within the School of Medicine and Dentistry, leading a department known nationally for its research and the education it provides its students and young doctors.

“Dr. Goldman’s efforts will be central to the advancement of the field of neuromedicine, an area we’ve targeted in our strategic plan for significant growth and future investment in faculty and resources,” said **Bradford C. Berk, M.D., Ph.D.**, Medical Center CEO. “His experience as an outstanding researcher and clinician is a perfect fit for the position.”

The Neurology Department ranks among the nation’s best in terms of research funding received from the National Institutes of Health. Rochester is highly sought after by new doctors seeking training in neurology, and the education that its neurologists receive serves as a model for medical schools nationwide. Its neurologists

created the largest network of physicians working cooperatively across the globe to study potential new treatments for conditions like Huntington’s and Parkinson’s diseases.

Goldman follows in the footsteps of **Robert “Berch” Griggs, M.D.**, who led the department since 1986. During Griggs’ tenure, neurology research funding skyrocketed from about \$1 million to approximately \$28 million each year, and faculty size quadrupled. Griggs continues as professor of Neurology and will serve as president of the American Academy of Neurology.

Goldman is internationally recognized for advancing our understanding of stem cells and their use to treat human disease. He began his studies of the brain’s stem cells more than 25 years ago, and his doctoral thesis in 1983 was the first report of neurogenesis—the production of new brain cells—in the adult brain and opened the door to the idea of neural stem cells as the source.

Goldman earned his bachelor’s degree with honors in biology and psychology from the University of Pennsylvania, his medical degree at Cornell University, and his doctoral degree at Rockefeller University. From 1988 to 2003 he served on the faculty of Cornell University Medical College, where he was the Nathan Cummings Professor of Neurology and Neuroscience and where he continues to serve as adjunct professor.

Department of Surgery Adds Six to Faculty

The Department of Surgery welcomed six high-profile surgeons to its growing faculty, bringing essential surgical expertise services to the Rochester region.

The recruits cut across and further strengthen the main priorities of the Medical Center’s 2007-2012 Strategic Plan, according to **Jeffrey H. Peters, M.D.**, Seymour I. Schwartz Professor and chair of the URMC Department of Surgery.

“I am proud to welcome our new surgical faculty,” he said. “As surgical specialists and researchers, they are a perfect strategic fit that will allow us to realize the vision the Medical Center has set forth.”

John R.T. Monson, M.D., a world leader in colorectal surgery and one of the most productive translational and clinical surgical scholars in the United Kingdom, joins the Medical Center as chief of the Division of Colorectal Surgery and vice chair of the Department of Surgery. Monson was previously head of surgery at the University of Hull in the United Kingdom.

Monson specializes in minimally invasive and laparoscopic techniques for colorectal surgeries, including cancers. He has an interest in transanal resection of rectal cancer and has presented results of clinical trials of the technique at North American meetings.

David Lawrence Gillespie, M.D., F.A.C.S., R.V.T., D.M.C.C., has been appointed professor in the Division of Vascular Surgery. Gillespie is a nationally known cardiovascular specialist and former chief of Vascular Surgery for the U.S. Army who has been overseeing vascular surgery in Iraq. He also is a vascular surgery consultant with the Office of the Surgeon General. He has chosen to continue his clinical and research career in Rochester as he retires after 23 years of dedicated military service.

Virginia Litle, M.D., has been appointed associate professor in the Division of Thoracic Surgery. Her clinical expertise includes pushing the frontiers of minimally invasive thoracic surgery, such as laparoscopic esophagectomy. Additionally, she is well-respected for her active research work in the areas of lung and esophageal cancer, which includes funding from the National Cancer Institute to investigate micro RNA expression in esophageal adenocarcinoma.

Tony E. Godfrey, Ph.D., has been appointed interim associate professor in the Department of Surgery, with a forthcoming appointment expected as research associate professor. Godfrey’s laboratory focuses on providing physicians with new, molecular analysis tools to improve the accuracy and timeliness of cancer diagnosis and staging, and to predict prognosis. He also plans to establish a large tissue bank with detailed clinical information for oncologists and URMC scientists.

Jacob Moalem, M.D., a well-regarded surgeon, teacher and researcher, has been appointed assistant professor in the Division of Surgical Oncology. He is the only fellowship-trained endocrine surgeon in the region. His clinical and research concentrations focus on cancerous and benign lesions and disorders of the thyroid, parathyroid and adrenal glands, as well as endocrine tumors of the pancreas. He brings expertise in minimally invasive thyroidectomy and parathyroidectomy, in addition to laparoscopic adrenalectomy.

Jeffrey A. Gusenoff, M.D., newly appointed assistant professor in the Division of Plastic Surgery, is a fellowship-trained plastic surgeon specializing in management of post-bariatric surgery tissue contouring after massive weight loss. He heads the Life After Weight Loss Program at URMC, only the second of its kind in the country.

Ward Appointed Anesthesiology Chair

Denham Ward, M.D., Ph.D., professor of Biomedical Engineering and Anesthesiology, and former chair of the Department of Anesthesiology, has been named chair of Anesthesiology of the University of Rochester Medical Center for a three-year term. He succeeds **James Robotham, M.D.**, who stepped down as chair to focus on his research.

An internationally recognized expert in the field of anesthesiology, Ward returns to a role he knows well: In 1992, he was recruited to Rochester to lead the Department of Anesthesiology, a position he held for close to a decade. During his tenure, he helped to create one of the first international conferences in the use of simulation in Anesthesiology education, led the reorganization and strengthening of the Department's residency program, and co-authored a text book on operating room management.

Ward stepped down as chair in 2001 and, while on sabbatical at the University of Leiden in The Netherlands, continued his study on the control of breathing, and also edited a major book, "Pharmacology and Pathophysiology of the Control of Breathing." After returning to Rochester, he continued his funded research with a study of the effects of low and high glucose levels on breathing, and his laboratory continued investigations relating to obstructive sleep apnea.

Ward holds a Ph.D. in systems science from UCLA, as well as a medical degree from the University of Miami. He served his residency in anesthesiology and subsequently held various clinical and



administrative positions at UCLA, including director of its residency program in anesthesiology, before being recruited to the University of Rochester.

In 2006, Ward was named associate dean for Faculty Development-Medical Education, charged with developing programs and training sessions to improve School of Medicine faculty's teaching skills. He continues in this role.

"Dr. Ward is the natural choice to lead the Department of Anesthesia," said **David S. Guzik, M.D., Ph.D.**, dean of the School of Medicine and Dentistry. "He is familiar with the challenges faced by the Department and has an exciting vision for

the future. His substantial administrative experience, creativity and drive, bolstered by the support of departmental faculty, will assure success in achieving this vision."

With more than 60 peer-reviewed research publications and numerous book chapters and review papers to his credit, Ward is internationally recognized for his expertise in the pharmacology of the control of breathing and clinically for the anesthetic management of patients with sleep apnea and for patients undergoing thoracic surgery. He has been active in many professional organizations and currently serves as vice chair of the board of directors of the Foundation for Anesthesia Education and Research. Ward has been honored with several teaching awards and was inducted as a Distinguished Engineer in the Francis Crowe Society at his undergraduate alma mater, the University of Maine.

URMC Welcomes New Chief of Cardiology



A renowned scientist and clinician from The Johns Hopkins University School of Medicine has been recruited lead the Division of Cardiology, Department of Medicine at the University of Rochester Medical Center. **Charles J. Lowenstein, M.D.**, also will serve as director of the Aab Cardiovascular Research Institute.

Lowenstein, who will begin in his new roles in May 2009,

most recently served as professor of Medicine and the Clarence Doodeman Professor of Cardiology at Johns Hopkins University.

Cardiovascular disease is a major focus of URMC's Strategic Plan and a significant part of the long-term vision for the clinical and research future of the Medical Center, said **Mark B. Taubman, M.D.**, Charles E. Dewey Professor of Medicine and chair of the Department of Medicine.

"I am confident Dr. Lowenstein's leadership will provide new dimensions to our clinical cardiology program," Taubman said. "In addition, he will continue the expansion

of our basic and translational cardiovascular research programs. With the recruitment of Dr. Lowenstein, the Aab CVRI is well positioned to become the prominent vascular biology research program in the country."

Lowenstein's clinical interests include cardiac patients with acute coronary syndromes, as well as preventive cardiology strategies and novel risk factors for coronary artery disease. His laboratory explores the cellular and molecular mechanisms that regulate vascular inflammation.

Lowenstein is a member of the American Heart Association, the American Society for Clinical Investigation and the Interurban Clinical Club. He has served on grant review study sections for the American Heart Association and for the National Institutes of Health.

He graduated from Harvard College in 1982 and received his medical degree from Harvard Medical School in 1986. Following a medical residency at Massachusetts General Hospital from 1986-1989, Lowenstein did a post-doctoral fellowship at the Whitehead Institute at the Massachusetts Institute of Technology. He then trained as a cardiology fellow at The Johns Hopkins University School of Medicine, before joining the Department of Medicine at Hopkins in 1993.



Alaskan Family Turns to Rochester for Son's Medical Services

Zeke Eakin (bottom row, right) enjoys the loving support of his parents, Rod and Amy, and siblings Jared, Miranda, Gary, Stephanie and Zoie.

Just above the Arctic Circle, in a small village in Alaska, Amy Eakin made her way to the nearest hospital, 60 miles and one flight away. The first ultrasound that she saw, at 20 weeks pregnant, was alarming, to say the least. There was no radiologist available, just a lab technician, who was speechless.

"They didn't know what to tell us," said Eakin. "At the time, a cyst was covering three-fourths of the length of the fetus." Eakin's unborn child had cystic hygroma, a birth defect that is usually found on the neck and results from abnormal lymphatic development.

Eakin and her husband traveled to Portland, Ore., for testing. "The doctors said they didn't know why, but it seemed like he'd be okay," explained Eakin. She and her husband made their way back to Alaska and Eakin carried out the rest of her pregnancy there.

A month before the baby was born, they decided to leave the village and fly to New York. "I was raised around Rochester, in Clifton Springs," Eakin explained. "Rochester has a great children's hospital and I knew he'd be taken care of. We didn't know what would happen when he'd be born. Was the cyst going down into the chest cavity, or up the neck and through the brain? We didn't know."

Eakin delivered the baby, Ezekiel, whom they call Zeke, with a mass of doctors in attendance, prepared to help Zeke with whatever problems might arise. It turned out that the crowd of health professionals in the delivery room was not needed. Zeke's life was in no immediate danger from his cyst.

Continued on next page

At three days old, Eakin brought Zeke back to see **Walter Pegoli, M.D.**, professor of pediatric surgery at the University of Rochester Medical Center, who recommended that the family wait until Zeke was older for surgery. The family flew back to Rochester when Zeke was a year old, and Pegoli did another scan to make sure the cyst would not grow from the neck into the chest cavity.

At age 2, the Eakins brought Zeke back again. “The cyst had grown significantly and unfortunately, it got to the point where it started compressing things, so we ended up doing a pretty major removal,” said Pegoli. “The cyst had wrapped around Zeke’s airway and major blood vessels in his neck as well as the nerves in and around his neck. But he did great, and the family seemed to be very pleased.”

In November 2007, at age 8, Zeke asked his mother if he could show her how good his room looked after cleaning it. As Zeke proudly escorted her down the hall, Eakin stared in horror at his neck. She noticed a bump again. On Zeke’s neck, she could see just the tip of the cyst and then tentacles snaking all over inside. She didn’t know if the cyst had grown down or up or where it had gone and what it might be affecting internally.

“I got all over the Internet and tracked down Pegoli’s information,” said Eakin. “Dr. Pegoli emailed me back right away, which was really awesome because a lot of doctors won’t respond because they are busy. To a family who feels like they

live out in the middle of nowhere with little to no medical support at hand, a doctor willing to take the time and help us felt very comforting and was greatly appreciated.”

The family flew to the nearest family practitioner to get an ultrasound. They determined that the cyst was not life-threatening. “Over the satellite phone, I told his parents to send Zeke to Seattle and that he needed an MRI,” Pegoli said. “I told them that there were a lot of places he could fly to for surgery that were much closer than Rochester. Zeke’s mom insisted, though; her mind was set on bringing Zeke back to Golisano Children’s Hospital.”

Eakin and her husband are both schoolteachers, so they scheduled to bring Zeke down during a school break in March. “The children’s hospital was really great because they scheduled on our time constraints. They were very accommodating” said Eakin.

Pegoli felt flattered by the Eakins’ loyalty to him and Golisano Children’s Hospital. He removed the cyst and sent the family on their way back home.

Eakin is happy to report that now, thanks to Pegoli, her son is “wonderful” and “totally back to normal.” It has been quite a journey, but the Eakins’ efforts to seek the best care for their son have been a complete success. Back home now in their Alaskan village, the Eakins can rest easy and know that regardless of distance, it is always possible to get the best health care for their son.

Flu Shot Protects Kids – Even with a Suboptimal Vaccine Match

Children who receive all recommended flu vaccine doses are less likely to catch the respiratory virus that the CDC estimates hospitalizes 20,000 children under 5 years old every year. This is according to research published in *Pediatrics* by Golisano Children’s Hospital at Strong and colleagues from Vanderbilt University, Cincinnati Children’s Hospital and the CDC.

The study looked at children between 6 months and 5 years old in 2003-2004 and 2004-2005. The study found that, though the vaccine and the circulating viruses in those years were not well matched, the shots were clearly protective during the 2004-05 year and possibly even during the 2003-04 year.

“In these years, fully vaccinated children were about half as likely to get the flu,” said **Katherine Eisenberg, B.A., an M.D., Ph.D. candidate** at the University of Rochester School of Medicine and Dentistry and author of the paper. “We saw a reduction in both influenza-related hospitalizations or emergency room visits and influenza-related visits to doctors’ offices.”

The study, which was performed as part of the CDC-funded New Vaccine Surveillance Network, included 2,400 children from 6 months old to 5 years old in Rochester,



Nashville and Cincinnati. Partial vaccination (receiving one shot when two are recommended) did not provide any protection. “It is incredibly important for all children to receive flu vaccinations and to make sure that

people who live with or care for children younger than 5 years old also get vaccinated,” said **Peter Szilagyi, M.D., M.P.H.**, a professor of Pediatrics and Community and Preventive Medicine at the University of Rochester Medical Center and an author of the paper. “Since the vaccine is not 100 percent effective, it is very important to also vaccinate those who are close to children, especially those around children less than 6 months of age. These children are at the highest risk of influenza complications but they are too young to get vaccinated. Vaccinating those around them is the best way to protect our youngest children.”



Pediatric Hospitalist Wins AAP Research Award

Study Determines Average Length of Stay for Respiratory Illnesses

Karen Wilson, M.D. M.P.H., received a research award at the American Academy of Pediatrics' (AAP) annual meeting in Boston for her study that determines the average length of stay for respiratory illnesses, the most common reason for pediatric hospitalization. Wilson, a senior instructor of Pediatrics at the University of Rochester Medical Center's Golisano Children's Hospital, was awarded the 2008 Pediatric Hospital Medicine Abstract Research Award by AAP's Section on Hospital Medicine.

Respiratory illnesses, including asthma, pneumonia and bronchiolitis, accounted for almost 700,000 hospital stays for children in 2003. Those hospital stays add up to about \$3 billion in hospital costs. Wilson's research, using a nationally representative sample, showed that the mean length of stay for children with asthma, pneumonia and bronchiolitis was about two days.

"We need these benchmarks to see how we're doing compared to other hospitals," said Wilson, one of Golisano Children's Hospital at Strong's first pediatric hospitalists and a fellow in the General Academic Pediatrics fellowship program. "We also need benchmarks to show us whether new interventions are making a difference in children's outcomes."

Pediatric hospitalists provide busy pediatricians and family practitioners the option of allowing physicians specializing in the care of hospitalized children to provide care for their patients while they are inpatients. Begun in late 2007, the Pediatric Hospital Medicine Program at Golisano Children's Hospital is one of a few academic programs in the country. Not only do its physicians provide clinical care, but they also dedicate time to research and other academic activities. Given their specialization in pediatric hospital care, it is natural for pediatric hospitalists to conduct research in hospital quality improvement, safety, cost and the inpatient healthcare process. Wilson's research is an excellent example of this type of research, highlighting the importance of length of stay for pediatric patients hospitalized with the most common illnesses that lead to hospitalization.

The study results have also come at an opportune time, said Wilson. The AAP released new clinical guidelines for treatment of bronchiolitis in 2006, and with the baseline data from this study, subsequent studies on the length of stay for those patients could show whether the new guidelines speed recovery. Wilson is also the founding chair of the Research Subcommittee of the AAP's Section on Hospital Medicine. Her study was funded by a grant from the U.S. Department of Health and Human Services Health Resources and Services Administration.

City Child Obesity Rate Almost Twice as Large as Suburban Monroe County's Kids Mirror National Trends

Nearly 40 percent of children and adolescents living in the City of Rochester are overweight or obese, while 25 percent of children living in the suburbs are overweight or obese, according to a study conducted by the University of Rochester Medical Center's Golisano Children's Hospital and funded by the Greater Rochester Health Foundation (GRHF).

The study, which is the first to determine the rate of obesity for a representative sample of children and adolescents 2 to 18 years of age in Monroe County, establishes a baseline to examine the effect of community-wide efforts targeting childhood obesity. It also underscores the fact that the city has a larger burden to bear. The county's overall childhood obesity rate hovers just above 15 percent—a little better than the 17 percent national rate—but the rate in the suburbs is less than

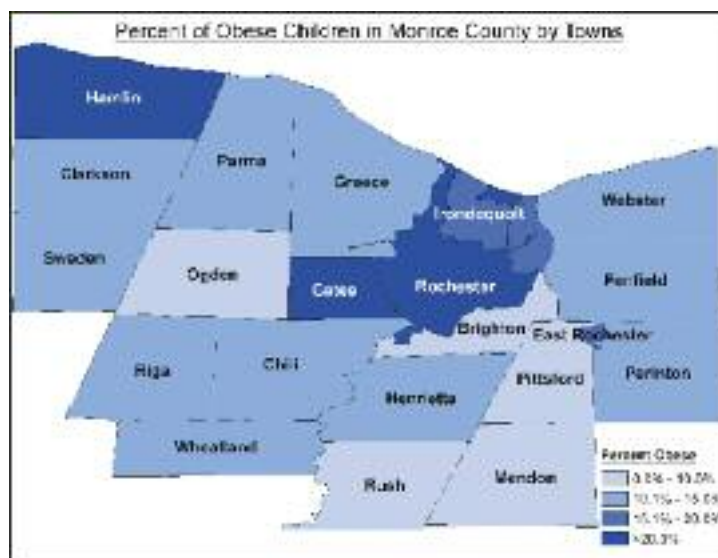
12 percent while the rate in the city is almost 22 percent.

"Think about it this way: Asthma is recognized as a very common chronic health condition among children in the city, with maybe 14 percent being affected. Overweight and obesity is a problem for more than one in three children in the city," said **Stephen Cook, M.D., M.P.H.**, an assistant professor of Pediatrics at Golisano Children's Hospital and author of the study.

With the help of pediatric and family medicine practices across the county, the study examined the height, weight, BMI and blood pressure of about 8,000 children. Rochester is an ideal location to do this type of population study because of its diversity of race, socio-economic levels and population densities (urban, suburban and rural). Rochester is also a natural choice because of the area's history as the home of community pediatrics and the cooperation around children's health—among hospital systems, schools, community groups, government agencies and private practices.

"This community and the Greater Rochester Health Foundation are putting a lot of effort into addressing childhood obesity in the schools, child care and after-school programs and in our own homes. This baseline study is going to show us, five and 10 years down the road, if our efforts are working to prevent the many life-long medical diseases and illnesses associated with an unhealthy weight," said John Urban, president and CEO of the foundation. "And based on these numbers, as a community, we have a big challenge ahead of us."

About 70 percent of children older than 2 years old are normal weight, but 15 percent are overweight and another 15 percent are obese. As they age, more children fall into the obese category (12 percent at 2 to 5 years old and almost 17 percent at 6 to 11 years old).



"But that could also mean that our strategies targeting children at a younger age, when their habits are just forming, are effective," Cook said. "Still we need to appropriately adapt our effort to the specific populations we target. If we can make a difference among those most affected or at highest risk, the overall health of the community will be greatly improved."

This project involved reviewing medical records from 22 pediatric and family medicine primary care offices around Monroe County. The sample included data from annual well-child visit from approximately 8,000 charts at the practices. The study was conducted in collaboration with the Greater Rochester Practice Based Research Network and their affiliated primary care practices, as well as the Children's Institute.

The Greater Rochester Health Foundation has dedicated itself to reducing childhood overweight and obesity in Monroe County through by funding programs focused on improving children's lifestyles and by launching a wide-reaching marketing campaign called "Be a Healthy Hero." The foundation was established in 2006 to improve the health status of all residents of the Greater Rochester community including people whose unique healthcare needs have not been met because of race, ethnicity or income.

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URMC Recruits New Endocrinology Chief

Stephen R. Hammes, M.D., Ph.D., has been appointed to lead the Division of Endocrinology, Department of Medicine, at the University of Rochester Medical Center.

Hammes, who joined URMC in January, most recently served as an associate professor in Endocrinology and the W.W. Caruth Jr. Scholar in Biomedical Research at the University of Texas Southwestern Medical Center.

"Dr. Hammes is a fantastic addition to our faculty," said **Mark B. Taubman, M.D.**, Charles E. Dewey Professor of Medicine and chair of the URMC Department of Medicine. "Under his leadership as chief, the Division of Endocrinology will strengthen the goals of the Medical Center's Strategic Plan and continue to move us forward in our clinical and research endeavors."

Hammes' clinical interests relate to adrenal, endocrine, pituitary and thyroid conditions. He maintains an active

research lab with NIH and other funding for studies regarding ovarian physiology and development, reproduction and reproductive biology, steroid metabolism, among others.

Hammes is a member of the American Society for Clinical Investigation. He serves on the editorial boards of the journals *Molecular Endocrinology* and *Biology of Reproduction*. He has published in numerous journals and is a frequent presenter at national and international meetings.

He received a bachelor's degree in chemistry from Cornell University, earned his M.D. and Ph.D. in microbiology and immunology at Duke University, and completed his training in endocrinology at the University of California at San Francisco.



New Chief of Hematology/Oncology Named



Innovative and respected hematologist **Jonathan Friedberg, M.D.**, has been appointed chief of the Division of Hematology/Oncology of the Department of Medicine and the James P. Wilmot Cancer Center

at the University of Rochester Medical Center.

Friedberg, associate professor of Medicine and director of hematological malignancies clinical research at the Wilmot Cancer Center, has been on the faculty since 2002. He is a national leader in lymphoma care and research.

"Dr. Friedberg's novel research and leadership within the lymphoma field makes him an excellent choice for chief of Hematology/Oncology," said **Mark B. Taubman, M.D.**, Charles E. Dewey Professor of Medicine and chair of the Department of Medicine. "As chief, Dr. Friedberg will have the opportunity to grow the clinical enterprise, expand our clinical research programs and set new standards in patient care."

"Dr. Friedberg has developed an innovative and effective management style that will permit him to lead the Division of Hematology/Oncology to even greater success in clinical care, research and education. His academic credentials, in terms of training, funding, and publications, are outstanding. He is the right person at the right time to assume the leadership of this important division," said Wilmot Cancer Center Director **Richard I. Fisher, M.D.** Fisher also serves as the Samuel E. Durand Professor of Medicine and URMC vice president.

Friedberg is a member of the lymphoma committee in the Southwest Oncology Group, the nation's largest cooperative clinical trials group, and serves as principal investigator on many local and national lymphoma treatment studies for Hodgkin lymphoma and non-Hodgkin's lymphoma.

"I'm thrilled to have this opportunity to continue building the Division of Hematology/Oncology, in conjunction with the Medical Center strategic plan," Friedberg said. "With our state-of-the-art facility, and recent large grant awards, I anticipate the ability to recruit faculty in many specialty areas of oncology, to provide patient care and education, as well as further our mission of clinical research."

Friedberg's research interests focus on development of novel therapies for patients with lymphoma. Most recently, he received the Scholar in Clinical Research Award from the Leukemia and Lymphoma Society for his work with an oral inhibitor of a protein called Syk, which demonstrated efficacy in the treatment of several different forms of lymphoma.

Friedberg has a lead role in the Wilmot Cancer Center's Specialized Program of Research Excellence, a prestigious National Cancer Institute-funded program to foster translational research. He is leading the clinical trials program designed to study new therapies for lymphomas.

Friedberg earned his medical degree from Harvard Medical School. His postgraduate training included an internship and residency at Massachusetts General Hospital. He also completed medical oncology and hematology fellowships at Dana-Farber/Partners Cancer Care. He earned an M.M.Sc. degree in clinical investigation from Harvard Medical School.

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Judith F. Baumhauer, M.D., is the first woman president of the Eastern Orthopaedic Association, a regional professional organization representing 1,200 orthopaedic surgeons from Maine to Florida. A nationally recognized teacher, researcher and clinician, Baumhauer leads the Strong Orthopaedic Foot and Ankle Institute, a joint venture in clinical care and research with the Ithaca College Physical Therapy Department.

Jennifer Carroll, M.D., M.P.H., won career development awards from the National Institutes of Health, the American Cancer Society, and the URM Clinical and Translational Science Institute. Her research is focused on primary care-based communication interventions to promote physical activity in underserved populations.



David S. Guzick, M.D., Ph.D., dean of the University of Rochester School of Medicine and Dentistry, professor of Obstetrics and Gynecology and the director of the University's Clinical and Translational Science Institute, and

Ira Shoulson, M.D., professor of Neurology and director of Experimental Therapeutics, have been elected to the prestigious Institute of Medicine, one of the nation's highest honors in the fields of medicine and health.



David Hicks, M.D., professor of Pathology and Laboratory Medicine and chief of Surgical Pathology at Strong Memorial Hospital, was appointed to a panel that is developing guidelines for testing the estrogen receptor, one of the most important medical tests given to almost 200,000 women diagnosed with breast cancer each year. The test plays a key role in determining the

type of treatment they receive.

Jacob Moalem, M.D., assistant professor of Surgery, was named chair of the American College of Surgeons' Resident and Associate Society (ACS-RAS), a national organization representing more than 11,000 residents and young surgeons.



Arthur Moss, M.D., professor of Medicine, has won the highest honor of the New York Academy of Medicine, the Glorney-Raisbeck Lecture and Award in Cardiology. Established by Corlette Glorney in 1988 to honor her longtime physician, Milton Raisbeck, the award is endowed by the Corlette Glorney Foundation and presented annually to a clinician or scientist for

outstanding contributions to the field of cardiovascular disease. The award included an honorarium and the honor of giving a lecture on a cardiology topic of Moss' choosing to an audience of his peers at the academy headquarters in New York City.



Thomas Pearson, M.D., M.P.H., Ph.D., Kaiser Professor of Community and Preventive Medicine, is chair-elect of the National Forum, an organization formed by the American Heart Association and the Centers for Disease Control and Prevention to chart a course for the prevention of heart disease and stroke.



Randy Rosier, M.D., Ph.D., was honored by two national orthopaedic organizations for his significant clinical, research and educational contributions to the field. The American Orthopaedic Association and the Orthopaedic Research Society presented Rosier with the The Alfred R. Shands Jr., M.D. Award, which annually honors a physician who has dedicated a significant portion of their professional career to furthering knowledge of musculoskeletal disease.



Ashok N. Shah, M.D., professor in the Division of Gastroenterology and Hepatology, has been named a Fellow of the American Gastroenterological Association, the nation's oldest medical society dedicated to disorders of the gastrointestinal tract. Through the fellowship program, the AGA honors superior professional achievement in clinical private or academic practice and in basic or clinical research. Fellowships are awarded to AGA members whose accomplishments and contributions demonstrate personal commitment to the field of gastroenterology.

Dana Work, D.O., Ann Russ, Ph.D., Rebeca Monk, M.D., and Scott Liebman, M.D., were awarded grants from the National Kidney Foundation of Upstate New York.

Work, a third-year pediatric resident, is the recipient of an \$11,000 grant for her study of renal function in children. The purpose of the study is to determine whether the speed of disappearance of an agent called iohexol from the blood after a high-protein feeding can be used to measure kidney reserve, the ability of the organ to clean the blood in response to a high dose of protein. By comparing differences in kidney reserve in children with and without a history of renal damage, she hopes to discover which children are at risk for more serious kidney problems when they get older.

Russ, senior instructor in Psychiatry, received \$10,000 to study the decision-making process among elderly dialysis patients regarding treatment near end-of-life and the roles of family and clinicians in the decision-making process. According to Russ, as the population continues to age, this decision making regarding costly life-sustaining maintenance therapies such as dialysis in late life will become increasingly more important to understand as well as the underlying factors in the decision making.

Monk, associate professor of Medicine, and Liebman, assistant professor of Medicine, both specializing in nephrology, were awarded an \$11,700 research grant for their study of patients with end-stage liver disease who have been on a gentle form of dialysis called veno-venous hemofiltration. This type of dialysis is typically used with patients with low blood pressure. The study assesses the types of anticoagulation used to keep the filters from clotting when filtering blood.

NKF grants are meant to stimulate research that directly or indirectly leads to improvement in the lives of patients with kidney and urological diseases.

Berliant Named General Medicine Chief

Marc Berliant, M.D., a longtime Rochester clinician and educator, has been appointed chief of the Division of General Medicine, Department of Medicine, at the University of Rochester Medical Center.

Berliant, a clinical professor of Medicine, has been a member of the Medical Center faculty since 1980. He most recently worked as an internist at Rochester Internal Medicine Associates. He also has been involved with medical students in community commitments such as the St. Joseph's Outreach Project at the St. Joseph's Neighborhood Center, and has worked extensively with medical residents as a clinical professor and a mentor.

"Dr. Berliant's long history at the Medical Center makes him the perfect choice for chief of General Medicine," said **Mark B. Taubman, M.D.**, Charles E. Dewey Professor of Medicine and chair of the URM Department of Medicine. "His expertise related to clinical care in the ambulatory and hospital settings, and his commitment to medical service to

the community and teaching our future physicians will help further support the missions of the Department of Medicine and the Medical Center's priorities of its Strategic Plan."

Berliant is a fellow of the American College of Physicians. He has been honored with the James M. Stewart Award of the Department of Medicine for Distinguished Clinical Teaching and the Art Bauman Award for Outstanding Housestaff Teaching.

He earned his medical degree from the University of Illinois, where he also did his undergraduate work. He completed his medical internship and served as chief resident during his post-doctoral training and residency at URM. Additionally, he was a Kohn Senior Teaching Fellow.



Rochester Taps Mayo Physician to Head Emergency Medicine Department

Latha G. Stead, M.D., has been named professor and chair of the Department of Emergency Medicine at the University of Rochester School of Medicine and Dentistry. Stead came to Rochester from the Mayo Medical School in Minnesota where she served as chair of the Division of Emergency Medicine Research.

Stead's impressive credentials, combined with her successful track record of problem solving, will pay dividends for both the Emergency Medicine department and Strong Memorial Hospital's Emergency Department, according to School of Medicine and Dentistry Dean **David S. Guzick, M.D., Ph.D.** She succeeds Sandra Schneider, M.D., who stepped down in September 2007 to devote time to her expanding responsibilities at several national emergency medicine organizations, and **Gregory Connors, M.D., M.B.A.**, who served as interim chair.

"In a very short time, Dr. Stead has established herself as a gifted clinician, a tireless advocate for emergency medicine education, and a force to be reckoned with when it comes to creating solutions for pressing problems," Guzick said. "We are truly fortunate to have attracted such a top talent here. I know she will bring her tremendous energy and passion to the foundational work of the inaugural chair, Dr. Schneider, and the innovative contributions of Dr. Connors, to develop a nationally eminent department."

Stead will draw on her clinical experiences at Mayo to help manage operations at Strong Memorial Hospital's Emergency Department. While at Mayo, she developed several critical pathways to streamline care for patients needing rapid assessment and treatment for conditions like stroke and heart attacks, and established systems to more efficiently deliver quality care to ED patients across all service lines.

"Dr. Stead's national recognition in the field of emergency medicine is extraordinary and a testament to her skills as a physician, educator, mentor, and leader. I am confident that she will continue to build on her accomplishments, and all of us here at the Medical Center—from patients to faculty to students—will benefit," said URM CEO **Bradford C. Berk, M.D., Ph.D.**

Stead will further develop the Department's research and educational missions. At Mayo, she founded the Division of Emergency Medicine Research and, under her leadership, its academic productivity soared; so did its research fellowship program, which is currently one of the largest in the country. She also developed several successful programs aimed at attracting students to the field of emergency medicine.



"I am delighted to join the University of Rochester Medical Center, an organization with a track record of excellence in patient care, research, and education," Stead said. "The Department of Emergency Medicine has all of the elements necessary for success, and I look forward to partnering with the outstanding faculty to take this department to the next level."

On the research front, Stead's work focuses on exploring translational science that can have immediate impact on patient care. Her personal research interests include stroke, heart rate variability, and loss of consciousness; her grants have primarily explored clinical strategies to advance care for patients with these ailments while in an ED setting.

Stead's connection to Rochester dates back to her undergraduate studies, when she majored in biochemistry in the University's College of Arts and Sciences. She attended Columbia University's College of Physicians and Surgeons and Ponce Medical School in Puerto Rico, interned at Mount Sinai School of Medicine, and completed her training through the Albert Einstein College of Medicine's Jacobi-Montefiore Emergency Medicine Residency Program. She is also completing a Biomedical Sciences Degree in Clinical Research from the Mayo Graduate School.

She is a member of, and holds leadership positions in, several national professional organizations including the American College of Emergency Physicians (ACEP), the Society for Academic Emergency Medicine, the American Heart Association, the American Medical Student Association, the Emergency Medicine Residents Association, and the Institute for Clinical Systems Improvement. She is a scientific reviewer for several journals, and most recently founded the *International Journal of Emergency Medicine*, for which she serves as co-editor-in-chief. A frequent speaker at national and international medical conferences, Stead has published more than 200 scientific abstracts and manuscripts, is senior editor of the highly popular "First Aid" textbook series (6 volumes) and is co-author of the textbook "Abdominal Emergencies."

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