



**DEPARTMENT OF SURGERY  
ANNUAL REPORT 2017**

*Educating. Innovating. Excelling.*



**UR**  
MEDICINE

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*Pictured: Ashley Amalfi, M.D.*





*Pictured: David C. Linehan, M.D.*

## LETTER FROM THE CHAIRMAN

As part of a world-class medical center and academic institution, the UR Medicine Department of Surgery has a long-standing tradition of innovation and healthcare excellence. In keeping with our ongoing effort to provide our patients and their families with the highest level of care and service, we also have an unwavering commitment to education.

With our Resident Wellness Fairs, special training programs for general surgeons, team-building retreats, faculty development curriculum and more, every member of our team is actively engaged in our many educational initiatives. Some of these exciting initiatives are highlighted in the following pages of this Department of Surgery Annual Report.

Based on our legacy of leadership in surgical education, in July 2016, UR Medicine was selected by the Accreditation Council for Graduate Medical Education (ACGME) to be one of eight Clinical Learning Environment Review (CLER) “centers of innovation” in the nation. Forty-four medical centers across the country applied for this designation and we are honored to have been chosen.

CLER is designed to evaluate the level of institutional responsibility for the quality and safety of the learning and patient care environment. Being named a CLER center of innovation has had a tremendous impact on our Department of Surgery, especially since our surgeons play instrumental roles in monitoring and improving quality and safety throughout our organization. Being a CLER incubator site enables us to recruit top-notch residents. This designation also allows us to be leaders and innovators as we redefine national best practices in graduate medical education.

Just as faculty and staff educational initiatives are of utmost importance, so is our educational outreach to the patients we serve that is designed to help patients and families make the best, most informed decisions about their health care. Events such as Breast Reconstruction Awareness (BRA) Day,

which helps patients learn about the latest techniques for breast reconstruction and our Informational Seminars at the Bariatric Surgery Center at Highland Hospital are examples of this outreach. As we grow our solid organ transplant programs, we also address critical organ shortages by educating our community about the importance of life-saving organ donation.

In recent months, many of our divisions have implemented our Enhanced Recovery After Surgery (ERAS) program, a paradigm shift in perioperative care resulting in significant improvements in patient satisfaction, clinical outcomes and reduction in cost of care. With our ERAS program, patients can experience a faster recovery, shortened hospital stays and significantly fewer complications. We also incorporate “prehabilitation” into our care plan, using the “teachable moment” of impending surgery to educate patients about the importance of diet, exercise and overall well-being to hasten recovery time and help them resume their normal activities as soon as possible after surgery.

This opening letter would not be complete without mentioning how the “face” of surgery and education is changing within our Department. In June, the first all-female general surgery resident class in our history graduated from our surgical residency program. As we said goodbye to these ardent learners – and leaders – we remain confident that the future of academic surgery is in good hands. Through rigorous training in a supportive environment, the UR Medicine Department of Surgery cultivates lifelong learners who will become the surgical leaders of tomorrow.



A handwritten signature in dark ink, appearing to read 'D. Linehan'.

**David C. Linehan, M.D.**

*Seymour I. Schwartz Professor and  
Chairman Department of Surgery  
University of Rochester  
Medical Center*





*Pictured front row: Candice Lee, M.D.; Mehr Qureshi, M.D.; Michelle Han, M.D.; Kristin Kelly, M.D.; Sandra Farach, M.D.; Bianca Redhead, M.D.*

*Pictured back row: Joanne Sun, M.D.; Carolyn Jones, M.D.; Kathleen Raman, M.D.; Roseanna Guzman-Curtis, M.D.; Linda Ding, M.D.; Kristin Skinner, M.D.; Jenny Speranza, M.D.; Seymour I. Schwartz, M.D.; Nicole Stassen, M.D.; Rachel Farkas, M.D.; Jennifer Ellis, M.D.; Eva Galka, M.D.*

*“Though the face of surgery has changed, some things remain constant. Dr. Schwartz, celebrates 65 years on the surgical faculty of URMCC.”*

*Dr. David Linehan  
Seymour I. Schwartz Professor and Chairman Department of Surgery*

## COVER STORY

### *#ILookLikeASurgeon: Female Surgical Residents Reflect on Training at URMCC*

They’ve been mistaken for other types of hospital employees. A few times, patients would only speak to their male counterparts. But when Drs. Bianca Redhead, Candice Lee, Kristin Kelly, and Sandra Farach officially ended their surgery residency program at University of Rochester Medical Center (URMC) on June 24, they look back, satisfied, knowing they were part of history.

“We’re just much stronger as a group, and as people, because we’ve been able to go through this experience together,” says Bianca Redhead, M.D., who is heading to the American College of Surgeons Transition to Practice Program at Montefiore Medical Center in the Bronx.

Chance brought these women together. In 2010, the nationwide computer program that matches medical students with residency positions happened to fill every spot in the URMCC surgery program with a female. It was the first time in the program’s history this had occurred.

Surgery is a branch of medicine long known for male dominance and hierarchy. Finally, the women say, surgical culture has started to reflect tolerance and equality. Several of the recent incoming classes of interns, including this year’s class, are a 50-50 mix of males and females.

In fact, graduate Candice Lee, M.D., who will move on to a cardiothoracic surgery

fellowship at Alleghany General Hospital in Pittsburgh, presented her final grand rounds at URMC on the all-female class and the rising tide of women in surgery. She points out that University of California-Davis now has a female dean of its medical school and a female chair of surgery – a rarity.

However, the news is not all rosy for women. Data from the American Association of Medical Colleges shows that it's much more difficult for females to advance to leadership positions such as division chief or department chair; one study estimates that females will not account for 50 percent of full professors in surgery until the year 2096.

Raising awareness is an important step toward breaking down barriers, and this spring, the graduates jumped into the #ILookLikeASurgeon and #NYerOR Challenge social media movements.

The online campaign blew up when the *New Yorker* magazine published a cover on April 3 showing the faces of four women in scrubs, as if they were looking at a patient on an operating table. (Nearly 30,000 tweets have since used the #ILookLikeASurgeon hashtag.) The URMC female residents took their own group selfie, replicating the *New Yorker* cover, and shared it to support diversity.

They've also bonded in more personal ways. They've confided concerns about balancing work and home life, and shared annoying observations, such as when the tallest of the male residents seemed to always be perceived as the person in charge. Dr. Lee recalls one trauma case in which she saved a patient's life in the operating room, but when she checked on him in recovery, the patient asked to speak to the male intern on the team.

Michelle Han, M.D., started residency in 2009 in a male-dominated class. But then she took a few years out for research and ended up finishing her surgical training with the all-female group. She noticed a shift in the tone of the program with the influx of more women.

"The air was lighter," Dr. Han laughs. "Surgeons in general have creative minds and are adaptive and flexible, which made the transition from being in a class with only two females to now six females, exciting." Dr. Han's next stop is in Chicago, where she has accepted a fellowship in breast surgical

oncology at Northwestern University.

The graduates say they've learned to let go of most gender-related frustrations and to focus on being good doctors. Early on, they say, they received excellent advice from a mentor, Carolyn Jones, M.D., Associate Professor and Chief of Thoracic Surgery at URMC. Dr. Jones told them: "When you're in the minority, you're under a microscope. And your success depends on the success of your predecessors."

"It makes you better in the long run to have to work harder," says Kristin Kelly, M.D., who is staying at URMC for a colorectal surgery fellowship.

Dr. Lee says that earlier in their training, they gravitated toward and took cues from several female chief residents, as well.

"They were strong and capable, and most of them had a different communications style, more feminine, compared to the male residents," she says. "But in the end, we all get the job done."

Lasting friendships ended up being a big bonus during their time at URMC. They had fun exploring Rochester and the region together. They adore the burgers at Good Luck restaurant in the city, and hiking in Letchworth State Park 40 miles away. Each year, they took part in the grueling Seneca 7 relay race, running 77.7 miles around Seneca Lake, the largest of the Finger Lakes. Their team was known as "Running with Scalpels."

Two colleagues from the all-female intern class, who graduated in 2016, headed back to Rochester to join the team at their Department of Surgery graduation dinner on June 24th, 2017. Another female trainee, Mehr Qureshi, M.D., who is staying at URMC for a trauma and critical care fellowship, also graduated with the class. She started residency in 2012.

The icing on the cake is that among all of these talented women will be one "token male," as they like to joke – Devang (Akash) Joshi, M.D.

Dr. Joshi started his residency a year after the all-female class, but ended up completing his training this year. He doesn't mind graduating on the flip side of history, either. "It's been really, really, fun," says Dr. Joshi, who will go to Yale University for a cardiothoracic surgery fellowship. "I've witnessed the last four or five graduating classes and these women are great."





*Pictured: Roberto Hernandez-Alejandro, M.D.,  
with resident*

*“The progress and success of our transplant division is the result of the hard work and motivation of every single member of the team. Every day, our team prepares to win. Every day counts.”*

*Dr. Roberto Hernandez-Alejandro  
Professor of Surgery and Chief,  
Division of Abdominal Transplant and Liver Surgery*



# ABDOMINAL TRANSPLANT AND LIVER SURGERY

## *Additional Expertise, Focus on Living Donors and DCD Lead to Increased Number of Transplants*

Considering the lack of donated organs available for transplant, particularly for patients in New York state, the charge facing Division Chief Roberto Hernandez-Alejandro, M.D., when he arrived in Rochester in 2016 could have seemed daunting. Yet, his experience and a strong drive by an enthusiastic multidisciplinary team to quickly grow the Solid Organ Transplant program yielded results in just the first year. And momentum continues to build.

A focus by Dr. Hernandez-Alejandro, the new chief of Solid Organ Transplant, on adding resources – more expert staff to expand the transplant function – plus bolstering the living-donor kidney and liver initiatives, and better utilizing donations after cardiac death, continues to increase the number of transplants performed.

“Our mission each day is to save and extend the lives of our patients who come to us from across Upstate New York and northern Pennsylvania, providing them additional time with their loved ones,” Dr. Hernandez-Alejandro says.

### **More resources**

New, additional faculty have been recruited to support increasing transplant numbers, including hiring an experienced transplant hepatologist to serve as medical director of Transplant Hepatology, and enhancing hepatology support by doubling the number of dedicated hepatologists, bringing that team to four; recruiting an expert in complex liver transplants, particularly living donor cases, as the team’s fourth transplant surgeon; and adding a third transplant nephrologist.

### **DCD donors**

A strong emphasis has been placed on accepting organs from patients who suffer cardiac issues that lead to death (Donation after Cardiac Death, or DCD). Many centers shy away from this type of donor due to the expertise needed to match donors to recipients and the time constraints that hasten

decisions and the transplant itself. If a transplant team is successful in expertly managing DCD donors, Dr. Hernandez-Alejandro says it increases the number of recipients who can be transplanted. More than 15 percent of liver transplants at the University of Rochester Medical Center (URMC) are now a result of DCD donors, which has helped increase the total volume of liver transplants by 70 percent in just one year.

### **Living donors**

Because of the low rate of cadaveric donors, Dr. Hernandez-Alejandro also worked to enhance the transplant program’s focus on living donor kidney and liver transplants, the latter of which has seen a resurgence as a result of the recruitment of additional surgeons and other supporting providers.

The team also is focusing heavily on the paired kidney exchange program, which connects URMC to a consortium of academic medical centers across the country. It allows living donor kidney donors, who are not a match for a known recipient such as a family member but are still willing to donate, to give their kidney to a stranger in need of transplant, and in turn their loved one receives an organ from a similar donor.

Numbers continue to increase, with an exceptionally large group of cases taking place within a short period of time in the fall. The transplant team successfully performed eight transplants in just 10 days, an uncommon number of procedures given the lack of available donated organs.

They consisted of five kidney transplants, one pancreas transplant and two liver transplants. Half involved DCD donors; two were living donors, one part of a paired kidney exchange.

“That group of cases, although an aberration in such a short timeframe, is an excellent illustration of our commitment and how it is working,” adds Dr. Hernandez-Alejandro.

# ACUTE CARE SURGERY

## *Kessler Trauma Center Earns National Re-Verification as Level I Center*

Strong Memorial Hospital's Kessler Trauma Center has been re-verified as a Level I Trauma Center by the American College of Surgeons (ACS), signifying that its people, technology and facilities meet the nation's highest standards for delivering a coordinated response to injured patients. Level I verification – the highest possible for a trauma center – recognizes the program for its ability to provide comprehensive care for patients from pre-admission through rehabilitation, as well as its work within the community to prevent tragic injuries.

More than 2,000 patients a year arrive by ambulance or helicopter to the Kessler Trauma Center, which is the only designated Level I trauma facility in the 14-county Finger Lakes region. It is also the first trauma center in New York State to be re-verified by the ACS' Committee on Trauma, which promotes the development of trauma centers that can provide a full spectrum of care to injured patients. The verification also recognizes the Kessler Trauma Center for offering educational programs for healthcare providers, and targeted injury and violence prevention programs for members of the community. The Kessler Trauma Center was first verified by the ACS in 2014.

"The Kessler Trauma Center is an essential life-saving resource for people across our region, and this is another affirmation of the level of care they can expect from the time they come through our doors through their transition home," says Strong Memorial Hospital Chief Operating Officer and Executive Vice President Kathy Parrinello, R.N., Ph.D. "Our trauma team is also deeply invested in, and committed to, the health of our community and to reducing the volume of life-threatening accidents

and injuries through education and prevention efforts."

Trauma program director Mark Gestring, M.D., says the successful Level I verification "is a credit to all of the dedicated professionals at Strong Memorial Hospital who provide complex injury care. Verification at this level is not easy, it is a true team effort, and we are very proud to have achieved this level of national recognition. As a regional center, we strive to provide the best trauma care possible for those who need us."

Trauma centers across the United States are identified in two fashions – through designation and verification. The different levels (I, II, III, IV or V) refer to the kinds of resources available in a trauma center and the number of patients admitted yearly. Trauma Center designation is the function of local, regional or state healthcare agencies.

Hospitals voluntarily request ACS verification, which is made following a rigorous onsite review to evaluate and improve trauma care. Specifically, the ACS verifies the presence of the resources listed in Resources for Optimal Care of the Injured Patient, which include commitment, readiness, resources, policies, patient care and performance improvement.

As a Level I Trauma Center, the Kessler Trauma Center provides total care for every aspect of injury, from prevention through rehabilitation.

This includes:

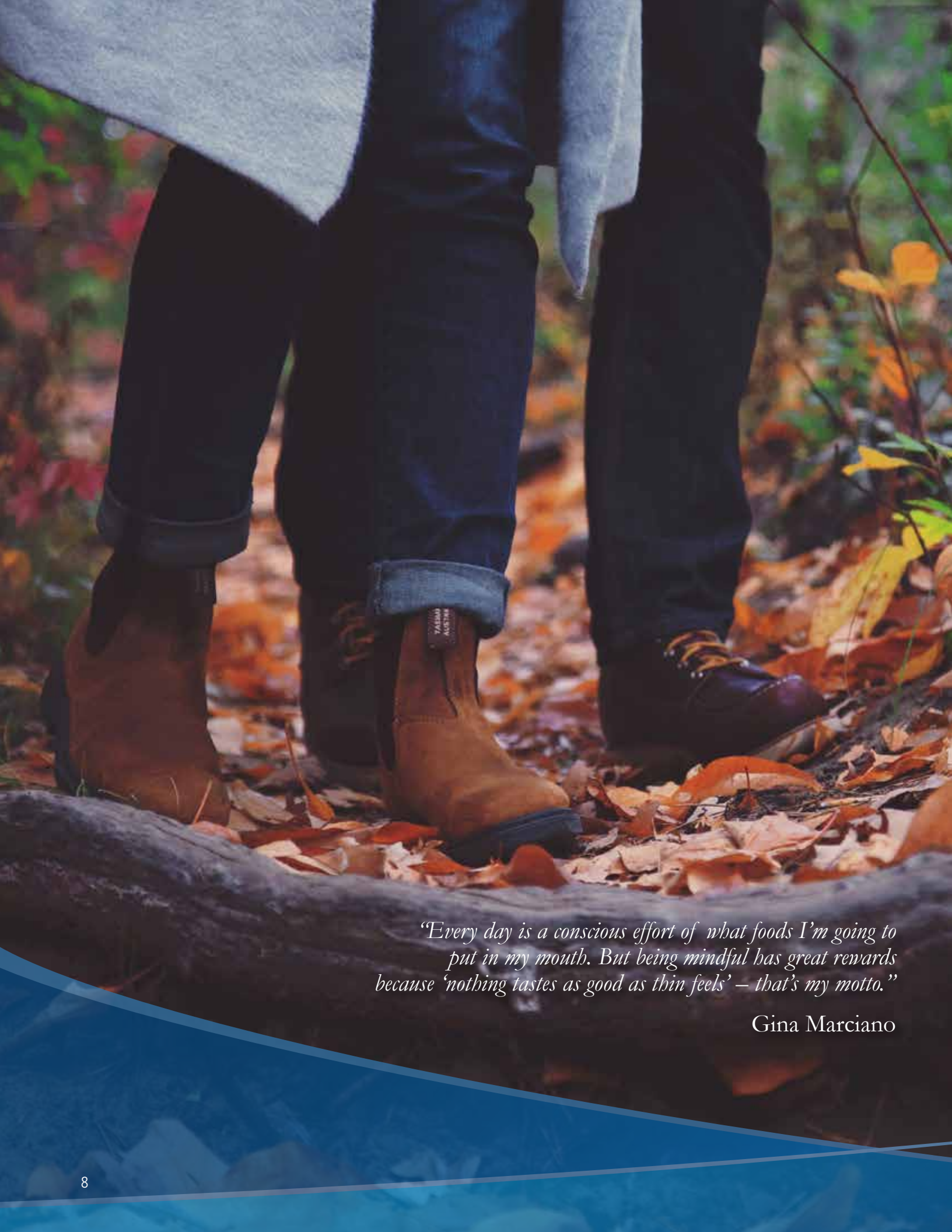
- Offering 24-hour coverage by trauma surgeons, and prompt availability of care in specialties such as orthopaedic surgery, neurosurgery, anesthesiology, emergency medicine, radiology, internal medicine, plastic surgery, oral and maxillofacial surgery, pediatric surgery and critical care





*Pictured left to right: Top row: Mark Gestring, M.D. Middle row: Ayodele Sangosanya, M.D., Paul Bankey, M.D., Ph.D. Front row: Yanjie Qi, M.D., Julius Cheng, M.D., M.P.H., Nicole Stassen, M.D.*

- Being a resource for communities in nearby regions
- Providing leadership in prevention, public education to surrounding communities
- Providing continuing education of the trauma team members
- Incorporating a comprehensive quality assessment program
- Operating an organized teaching and research effort to help direct new innovations in trauma care
- Having a program for substance abuse screening and patient intervention
- Meeting minimum requirements for annual volume of severely injured patients



*“Every day is a conscious effort of what foods I’m going to put in my mouth. But being mindful has great rewards because ‘nothing tastes as good as thin feels’ – that’s my motto.”*

Gina Marciano



# BARIATRIC AND GI SURGERY AT HIGHLAND

## *Finding the Inspiration and Willpower to Get Healthy*

From the time she was about 12 years of age, Gina Marciano began having weight problems. Despite trying just about every diet available over the years, her weight continued to go up and down. Then, in 2014, Gina hit rock bottom. “My mother passed away suddenly and I just ate and ate,” says Gina. “I missed my Mom so much – I was hungry for her.”

Gina’s Mom became the inspiration for her to have gastric sleeve surgery. “I was approaching my 50th birthday and realized I still have a lot of life to live,” adds Gina. “I knew I needed to get healthy.” Prior to her surgery, Gina had high blood pressure, acid reflux, sleep apnea and chronic migraines. She never exercised and her weight escalated to 250 pounds. “I woke up every morning feeling sore and winded,” explains Gina. “Now, I enjoy walking and biking with my husband, who is a marathon runner. We exercise together – and I love it.”

In addition, Gina joined a walk-fit program and exercises, including walking, at least five times per week. She also goes to the YMCA with her husband and son. “Getting and staying healthy requires hard work, dedication and willpower, but it’s paid off because I feel so much better,” she says.

Gina attributes much of her success to Dr. William E. O’Malley, her surgeon, as well as to her great support system.

“My relationships with family and friends didn’t change at all since I’ve had the surgery,” confides Gina. “In fact, we’ve become closer. Every-one from the Bariatric Surgery Center at Highland Hospital has been so supportive, too.”

Today, Gina has maintained her weight loss. She follows the Bariatric Surgery Center’s nutrition program and has found that cooking healthy is “so much fun.” Gina purchased a Spiralizer and enjoys trying new recipes and sharing them with family and friends. “Every day is a conscious effort of what foods I’m going to put in my mouth,” Gina comments. “But being mindful has great rewards because ‘nothing tastes as good as thin feels’ – that’s my motto.”

For a woman who once avoided doctor’s appointments, social engagements, reunions, being in pictures, exercise and, most of all, getting on a scale, Gina is now confident in herself. “The last time I shopped at Lane Bryant, the smallest size was too big for me,” she exclaims. “This was such an amazing feeling, I cried!” Gina has sold all of her plus size clothes and now enjoys shopping for smaller sizes. She adds that if her story can help just one person, she’d tell it over hundreds of times. “It’s not always easy, but it’s well worth it,” says Gina. “To get your life back is priceless.”



*Pictured: Gina Marciano before and after her bariatric surgery*



*Pictured: Jennifer Bardrof and her two daughters*

## CARDIAC SURGERY

### *Collaborative ECMO Care, Partnerships Save Lives*

It is unusual for a healthy, 33-year-old woman with flu-like symptoms to experience cardiogenic shock requiring extracorporeal membrane oxygenation (ECMO).

That's what happened to Jennifer Bardrof, a schoolteacher, mother of two and avid runner who completed a half marathon at Disney World just a few weeks earlier.

In May 2016, she caught the virus from her husband and young girls, and tried to "tough it out." She went for a walk and "my lungs started to burn. That's when I realized I might be sicker than I originally thought."

Yet, she focused on caring for her young family and teaching her students. Jennifer pushed herself too hard, though, when she fainted in the classroom.

"I remember sitting down in class and then opening my eyes to see all of the kids around me," she recalls. Later that evening, she went to an urgent care facility and "that's the last thing I remember for about three weeks."

Blood tests showed signs of heart failure and she needed to get to a hospital. She chose to go to Mercy Hospital of Buffalo, where her mother is a nurse. An echocardiogram showed her heart was functioning at 15 percent.

Aravind Herle, M.D., F.A.C.C., Chief of Cardiology at Mercy Hospital, said "she had no coronary artery blockages and no history of heart disease. She was very sick and looked like someone who was losing



life quickly.” Jennifer’s “flu-like symptoms” turned out to be myocarditis.

Mercy Hospital interventional cardiologists implanted an Impella pump to stabilize her heart function while Dr. Herle contacted the University of Rochester Medical Center (URMC) for next steps with her specialty care. URMC has partnered with other hospitals’ cardiac teams across Upstate New York to provide this specialized care and serves as a resource to hospitals from Albany to Buffalo and the Canadian to Pennsylvania borders. In 2012, our UR Medicine Heart and Vascular team provided care for 25 ECMO patients, and this year, that figure is expected to rise to 100, a four-fold increase in five years.

“We’ve had a long partnership with URMC’s heart failure team members and we know when we call for assistance, they will move quickly to support our patients,” Dr. Herle says. “And they’ll work closely with us when our patients return and we resume care.”

URMC Cardiac Surgery Chief Sunil Prasad, M.D., who leads the 45-member ECMO team, was quick to respond to Dr. Herle’s request. Dr. Prasad is an expert in this life-saving technique and helped pioneer the next generation therapy, known as “walking ECMO,” which uses portable devices that allow patients to get out of bed and walk with their device, often reducing complications and improving outcomes.

Jennifer was flown to Strong Memorial Hospital and immediately brought to the intensive care unit. A few short hours later, her heart failed and caregivers performed cardiopulmonary resuscitation and the ECMO team quickly stabilized her organ function.

Jennifer’s entire family works in health-care and watched closely over her care and recovery. “Nobody could believe this was happening to me because I’m the athletic one,” she says.

She needed ECMO support for 10 days and was on a ventilator another two weeks, due to lung complications, and then began rehabilitation in the hospital before discharge.

“Thankfully, the team at Mercy Hospital implanted the Impella pump, because Jennifer wouldn’t have lived long enough for us to be able to help her through the next phase of care,” Dr. Prasad says. “Collaboration is essential for providing this specialized therapy. We work closely with our colleagues at other hospitals throughout their patients’ hospitalizations to ensure a smooth transition as they are discharged back home.”

When Jennifer returned to Buffalo, she realized how long the road to recovery was going to be. “I felt so weak because I lost a lot of muscle tone in the hospital. I’ve always been active and busy, so taking things slow was really hard.” Outpatient cardiac rehabilitation helped strengthen her heart and restore function.

URMC’s ECMO survival rate exceeds national averages. Last year, the team saved the lives of 35 people just like Jennifer, who were at or near death when they arrived at Strong. So far this year, the team has saved 30 others from across Upstate New York.

A month after she left the hospital Jennifer was able to walk a mile – and the following month, she started running again, slowly.

“It took a while to rebuild my endurance and it was a frustrating road,” she says. Yet, she kept training and completed a 5K run last Halloween, a personal victory.

“Running has always been my outlet and I set a goal of running the Buffalo Half Marathon because it was exactly one year from the day I was airlifted to Strong,” adds Jennifer, who ran with her husband, Jeremy. “It was a great way to show my kids that I am strong and can do it.”

There was no question that she finished. “It wasn’t a pretty time, but I made it all the way and that’s a victory,” exclaims Jennifer.



*Pictured: Judah with his parents, Nick and Liz, and his sister, Giana*

## PEDIATRIC CARDIAC SURGERY

### *Faith: A Key Role in Young Boy's Heart Treatment*

It's a feeling that Nick and Liz Dantonio will never forget.

Loud beeps and alarms coming from the nursery where they delivered their first-born, Judah.

Doctors rushing toward the newborns.

Worriedness on the nurses' faces as they scrambled to help the doctors.

Nick asking the care staff at United Memorial Hospital, "Is it Judah?"

Warsaw, Wyoming County residents Nick and Liz were elated after Judah's birth just 24 hours earlier. Now, they were left wondering what went wrong. The prenatal ultrasounds were perfect. Judah was delivered at 40 weeks, on time and on schedule. Not even 24 hours later, he was struggling to breathe and was being transported from Batavia to a hospital in Buffalo for more testing.

The diagnosis: hypoplastic left heart syndrome (HLHS), a birth defect that affects blood flow through the heart because the left side of the heart doesn't form correctly. It's one of the most complex cardiac defects seen in newborns and is very challenging to treat – Judah's heart only had one pumping chamber, the right ventricle. Without treatment, HLHS is fatal, often within the first hours or days of life because the left side of the heart

cannot support blood circulation to the body's organs.

Judah would then be transported to UR Medicine's Golisano Children's Hospital, his third hospital in as many days, where he'd need surgery at just five days old.

Nick and Liz had 70 miles between hospitals to discuss their emotions and come up with a game plan for their son. To this day, they look back and credit the ride for their success as a couple and as a family.

"We made a promise that we wouldn't turn our backs on God, on each other and that we would do whatever we could for Judah," says Nick. "We later added another promise to rejoice for every baby we saw go home before Judah."

Upon arrival at Golisano Children's Hospital, they met with George Alfieris, M.D., where they were given a care plan from him and his team. The Dantonios were told that Judah would likely require three surgical procedures to reconstruct his heart and that eventually he may need a heart transplant. The first surgery Dr. Alfieris would execute shortly after their discussion.

"Judah was a very sick baby and it felt like he was constantly taking a step backwards," said Regina Cable, the pediatric cardiac surgical nurse practitioner. "We were not



sure he'd survive when we saw him for the first clinic visit."

Dr. Alfieri and his team performed Judah's first surgery aimed at rebuilding his aorta, creating one open outflow from his heart and adding blood flow to his lungs. The surgery is a complex procedure – at that point, his heart was roughly the size of a walnut, further complicating matters.

"Surgery days are the hardest days – emotionally and physically – they're just exhausting," Nick says. "I can't believe how much it took out of us."

Judah began the recovery process, which usually takes a month or two to complete. But that wasn't the case for Judah – his chest remained open for two weeks after surgery because of swelling. He needed a breathing tube and was on a ventilator for a prolonged period of time to help him breathe easier. Judah's lungs were struggling to provide air to his body. Physicians had removed the breathing tube for a couple hours, but every time they did, he would need to be re-intubated. After undergoing a bronchoscopy, a procedure done to see what Judah's airways looked like, it was decided that he needed a tracheostomy. He also required a gastrostomy tube for feeding because he was having trouble gaining weight.

"A tracheostomy and ventilator are almost unheard of in Judah's population," says Regina. "Taking a baby home with a trach and a vent is very stressful on its own, on top of caring for a child with HLHS, it's almost more than anyone could handle."

"That was one of the hardest things, with a tracheostomy and a ventilator, now, when we eventually would get home, we would need 16-hour nursing in the house," Nick says. "We went back to our first discussion we had in the car: it didn't matter what it cost, we would do whatever it takes to give him the best chance to be healthy and grow old."

Within hours of his tracheostomy, the Dantonios noticed an immediate difference in Judah's personality. He was beginning to turn the corner and was on the road to health. After five months spent in the pediatric cardiac intensive care unit (PCICU), Judah was finally heading home.

"He always had a smile on his face," Nick adds. "There were countless times his energy and happiness made us forget what our family was going through."

The second of Judah's three surgeries took place on October 28, 2013. This procedure, called the bidirectional Glenn, was performed to reroute blood circulation and reduce his ventricular workload. He was discharged from the second surgery on his first birthday, just 17 days after the procedure.

In February, 2015, Judah returned to Golisano Children's Hospital after Nick and Liz noticed he had symptoms of pneumonia. However, tests revealed he had a respiratory infection impacting his heart function. During ultrasounds, providers noticed that his single right ventricle was severely depressed, leading the cardiology team to be concerned for his future. Conversation ensued about referring Judah for heart transplantation.

Since 2015, Judah has done very well clinically. His function of the single right ventricle has improved with the help of several medications, allowing for his tracheostomy to be removed.

"As far as kids with his heart condition, he has had one of the more complex courses, yet he and his parents have always been so positive. I am so happy with how well he is doing currently," says Carol Wittlieb-Weber, M.D., a pediatric cardiologist at Golisano Children's Hospital. "He's just a happy, adorable little kid who is lucky to have such amazing parents. They're a pleasure to take care of."

Judah is growing and loving life as a four-year-old boy. He's seen by Dr. Wittlieb-Weber once every three months and they're constantly working together to evaluate the best treatment options for Judah.

But for the Dantonios, they count each day as a blessing.

"There have been a few times during this journey where I've been sitting by his hospital bedside thinking, 'Is this it?' 'Is this where it ends?'," Nick says. "Our faith has been a big part of why we were able to go through this and come out thriving in our relationship and as a family."



*Pictured from left to right: Fergal Fleming, M.D.; Christina Cellini, M.D.; Larissa K.F. Temple, M.D.; Jenny Speranza, M.D.; Rabih Salloum, M.D.*

*“Our robotics service has grown approximately forty-eight percent this year — we’re at full capacity and are excited we will be acquiring a new robot soon.”*

*Dr. Larissa K.F. Temple  
Professor of Surgery and Oncology Chief,  
Division of Colorectal Surgery*



# COLORECTAL SURGERY

## *Expanding Horizons in Colorectal Care*

Undergoing colorectal surgery is a challenging process for any patient. Yet, patients and families who seek help from UR Medicine's Division of Colorectal Surgery can rest assured they will receive best-in-class care. "We are working toward being one of the top colorectal programs in the country," says Larissa K.F. Temple, M.D., Chief of the Division of Colorectal Surgery and Professor of Surgery and Oncology. "All of our faculty members are nationally recognized experts and are able to treat colorectal diseases with cutting-edge technologies."

Until recent years, traditional open surgery and conventional laparoscopy were the only options for treating advanced or complex colorectal conditions or cancers. In fact, UR Medicine remains the only Upstate center to offer some of the most advanced laparoscopic options in managing polyps and early stage tumor with Transanal Endoscopic Microsurgery (TEMs). Our surgeons are proficient in minimally invasive techniques for patients with inflammatory bowel diseases and malignancies. This expertise, coupled with our understanding of colorectal diseases, enables us to continue to offer the newest options in minimally invasive surgery for our patients. "Our division and Department are committed to providing patients with an effective, minimally invasive alternative," adds Dr. Temple. "Robotic surgery extends our options and enables us to offer minimally invasive treatment to more patients. All of our division's faculty members are extremely skilled and embrace robotic technology."

Robotic surgery often offers surgeons advantages. In addition to enabling our colorectal surgeons to operate with greater precision, magnified visualization and more control, robotic surgery offers patients various benefits including smaller incisions, shorter hospital stays, reduced pain, less risk of infection and an overall quicker recovery. "The visualization and dexterity

offered by the robot are phenomenal," explains Dr. Temple. "Our robotics service has grown approximately forty-eight percent this year – we're at full capacity and are excited we will be acquiring a new robot soon." She adds the division is in the process of systematizing the "colorectal way" of using robotic technology and will be offering advanced training for attending surgeons, fellows and residents.

As Dr. Temple and the colorectal team look ahead to the future, they remain committed to advancing the field of colorectal surgery by spearheading or taking part in new initiatives. During the past year, the division increased its footprint at Wilmot Cancer Institute, offering patients a true multidisciplinary approach to care, plus the latest in research initiatives and clinical trials. It also became one of a select few sites in the nation involved in the National Accreditation Program for Rectal Cancer (NAPRC), a pilot program to advance the care of patients with rectal cancer. Plus, it unveiled a HIPAA-compliant app so that patients can easily and securely communicate with their surgeon prior to an appointment or after an operation.

In September, the division also implemented Enhanced Recovery After Surgery (ERAS), a multidisciplinary effort that helps patients experience a faster recovery, shortened hospital stays and significantly fewer complications, such as wound infections. "ERAS is the new science of optimizing perioperative care that has been shown to improve outcomes," says Dr. Temple. The key elements of ERAS include patient and family education, minimal fasting preoperatively, reduced use of narcotic pain medications and return to normal diet and activities as soon as possible following surgery.

"Our goal is to provide every patient with world-class care," states Dr. Temple. "We want our patients to feel they were well-cared-for and had the best possible experience and clinical outcome."

# HEPATO-PANCREATO-BILIARY AND GASTROINTESTINAL (HPB-GI) SURGERY

## *Enhancing the Patient Experience*

UR Medicine has a strong history of clinical leadership in surgery for disorders of the liver, pancreas and gastrointestinal tract. Our Division of Hepato-Pancreato-Biliary and Gastrointestinal (HPB-GI) Surgery brings this expertise new visibility as a thriving program and leader in the Rochester and Finger Lakes Region, specifically when it comes to cancer care.

“When patients are diagnosed with cancer, they are depressed and overwhelmed,” says Eva Galka, M.D., Assistant Professor of Surgery. “My goal is to do everything I can to support my patients during this traumatic phase in their life. I give them an overview of the disease process and explain in detail how we will treat it, both medically and surgically.” By educating patients and their families, Dr. Galka and her team help patients best understand the steps involved in treating their cancer. “I tell my patients, ‘this is your journey’ and that my entire team is one-hundred percent devoted to getting them through this,” she adds. “We want each patient’s experience to be one of positivity. This is a journey we’ll take together.”

Cancer care – and treatment options – have come a long way over the past few decades. Our clinical trials at UR Medicine make us a leader locally, nationally and internationally. “For example, we have patients with completely resectable pancreatic cancer who can go straight to surgery, but when they take part in our clinical trials, they may benefit from preoperative radiation or chemotherapy,” explains Dr. Galka. For patients with borderline resectable pancreatic cancer, there is a high risk of leaving part of the tumor behind with surgery. “Systemic, preoperative chemotherapy treatments can lead to negative tumor margins – or we

can treat any disease that may have escaped,” she adds.

Patients with advanced, non-resectable pancreatic cancer also benefit from our clinical trials. “Many of these individuals would not be candidates for surgery, but giving them chemotherapy helps us to bring more of them to the operating room,” says Dr. Galka. “We also offer clinical trials for postoperative chemotherapy, which helps improve survival rates and decrease recurrence.”

In addition to clinical trials, surgeons in our Division of HPB-GI Surgery are highly skilled in complex procedures such as the Whipple and major liver resections.

Dr. Galka adds, “We’re the most advanced in minimally invasive laparoscopic and robotic pancreas and hepatobiliary surgeries in Upstate and Western New York, and have been recognized as a ‘Center of Excellence for GI and GI Surgery’ by U.S. News & World Report.”

Since our Division of HPB-GI Surgery constantly strives for excellence in all we do, we implemented Enhanced Recovery After Surgery (ERAS) last fall. “ERAS is a process that has improved outcomes for colorectal surgery patients, which is where it began,” states Dr. Galka. “The ERAS program is up and running in our division. We’ve applied its principles to pancreatic surgery patients and our next phase will be extending ERAS to hepatic surgery patients.”

The principles of ERAS include educating patients preoperatively about the importance of proper nutrition and exercise, avoiding narcotic pain medications whenever possible after surgery, decreasing length of hospital stays and improving clinical outcomes.





*Pictured: Colleen Clark, N.P. discussing ERAS with a patient*

“ERAS is about keeping patients healthy before, during and after surgery,” says Dr. Galka. To do so, there is minimal fasting before surgery to avoid hypoglycemia, patients are ambulated earlier, alternatives to narcotic pain medication are used and, when possible, diets are advanced faster.

“By educating our patients, we’re enhancing their overall experience. We’re also empowering them to do all the right things so

they will heal faster,” explains Dr. Galka.

“There may be obstacles to overcome when patients are discharged. But when they understand what the pitfalls may be, patients are more willing to accept and push through them. It’s all part of the normal healing process.”



*Pictured: Arianna with her parents, Brandon and Vanessa, and her older sister, Leila*

## PEDIATRIC SURGERY

### *Grapefruit-Sized Tumor Leads to Complicated Treatment, Surgery*

The average grapefruit usually grows to about 12 centimeters in diameter. The average size of a baby girl's liver is four to five centimeters. But somehow, six-month-old Arianna Stewart had a tumor the size of a grapefruit growing in her liver.

Arianna was living a seemingly typical life as an infant. She was growing and eating, but her parents sensed that something was wrong. Arianna had a lump that had formed on her stomach and her parents were monitoring it closely.

"There was a little bump next to her belly button that bothered us from the day she was born," says her father, Brandon Stewart. "Every meeting we had with our pediatrician, we were told it was a herniated muscle and not to be worried."

Brandon and his wife, Vanessa, continued to do their due-diligence, researching potential causes of the bump. At each appointment, they were sure to check in

with their pediatrician and ask about what could be causing it. By the time of Arianna's six-month check-up, the Stewarts wanted some answers. Their pediatrician referred them for an ultrasound at UR Medicine's Golisano Children's Hospital.

After arranging care for their other daughter, Leila, they brought Arianna in for her ultrasound. Then, all they could do was head home and wait for the results. The minutes seemed to blur together from there.

"I remember getting the phone call saying that Arianna had a growth on her liver that could be cancerous," says Brandon. "As an employee at Strong Memorial Hospital, I've seen kids hooked up with IVs and you never think for one minute that it might hit home, but it did."

The next day, Arianna would undergo more tests – an MRI, CT scan and blood tests. Little did the Stewarts know that was



the day their lives would change forever. Arianna's AFP, a tumor marker used to help detect and diagnose cancer of the liver, was elevated to 257,000, whereas the average child her age has a range of 0-7.

Arianna was diagnosed with hepatoblastoma, a rare tumor accounting for just one percent of pediatric cancer diagnoses.

"The pooching of Arianna's stomach actually had nothing to do with what we found in her liver," said David Korones, M.D., Arianna's oncologist. "It was kind of like a divine sign – something that led to early detection of the tumor. Had it been found later, it would have been a major problem that could have flipped her odds from a very curable to a very hard to cure cancer."

Arianna's liver tumor was quite large – making the treatment and surgical removal of the tumor especially difficult. But fortunately, it had been entirely confined to Arianna's liver, and had not spread to other areas of her body.

"It could have been a different story. If it had grown to involve several different areas of the liver, it might not have been able to be removed – which is the only way to cure it," Dr. Korones says. "If that had happened, the only way they could have cured it would have been to remove her liver and give her a transplant, which is pretty high risk while being treated for cancer."

"You have to put this into context, this was a beautiful six-month-old baby who wasn't having a problem in the world," Dr. Korones says. "Brandon and Vanessa were kind of numb, but what impressed me is that even as devastated and shell-shocked as they were, they still had the presence of mind to ask really good, really challenging questions."

Dr. Korones consulted with other centers prior to administering Arianna's treatment. He talked with Walter Pegoli, M.D., Chief of Pediatric Surgery at Golisano Children's Hospital, and formed a game plan for her care, which included giving Arianna six rounds of chemotherapy, two or three rounds before the surgery and three or four rounds after the surgery.

Without chemotherapy, Dr. Pegoli couldn't attempt to remove the tumor – Arianna wouldn't have had enough liver to survive. They explored all options, even a primary resection and a liver transplant, but in a child as small as Arianna, it was not feasible.

"The toughest part about giving a child chemotherapy – and Arianna was on the strongest, most intense chemotherapy – is that in order to get better, she had to get sicker," Dr. Korones says. "She responded so well that Dr. Walter Pegoli could do the surgery after two rounds of chemotherapy."

One of the largest risks for a hepatoblastoma resection is being unable to remove the entire tumor. Arianna's tumor in particular was bulky and in close proximity to major vessels of the vascular structure that feed or drain the liver. After two rounds of chemotherapy, Arianna's tumor had shrunk in size by 50 percent, and Dr. Pegoli could attempt to remove the tumor.

"The entire day was very nerve-wracking. It was the longest day ever," Brandon says. "It's a blur now, and it was a blur then – our minds were racing."

"It was a pretty big tumor that involved a very large portion of the right lobe of her liver and also extended into the left side," says Dr. Pegoli. "We ended up having to do a pretty major liver resection in close proximity to some of her major arteries."

One of the major concerns for children like Arianna is that the remaining portion might not be up to the job. Dr. Pegoli worried about infection and the leaking of bile from her liver edge. He also had to make sure he wasn't leaving any of the tumor behind.

The Stewarts brought Arianna in for four more inpatient chemotherapy treatments after her surgery. Statistics gathered by Dr. Korones supported the completion of six rounds of inpatient chemotherapy to fully fend off the tumor.

Arianna rang the "End of Chemo Bell" on July 26, 2016, signifying her triumph over cancer. Surrounded by her family, Arianna was declared cancer-free. She turned two years old on July 6, 2017.



*Pictured: Clinton Morrison, M.D. and patient; women of India; Howard Langstein, M.D., Clinton Morrison, M.D. and Oren Mushin, M.D. as distinguished guests*

## PLASTIC AND RECONSTRUCTIVE SURGERY

### *Giving Back Around the World*

At UR Medicine's Division of Plastic and Reconstructive Surgery, we are committed to bettering the quality of life for patients – in our community and across the globe.

In February 2017, surgeons from our division traveled to Chandigarh and Chennai, India to visit several hospitals, as well as attend an international meeting on cleft palate care. The two-week trip was the culmination of efforts that began when Dr. Howard N. Langstein and Dr. Clinton S. Morrison formed an organization known as “CHIRPS,” which stands for Cleft Health in India by Rochester Plastic Surgeons, a non-profit that increases the level of education about surgical cleft lip and palate care, both nationally and overseas. The trip was also supported by donations from a local philanthropist and “Kids Reaching Hearts

through Performing Arts,” students who are dedicated to helping children in India get surgical care for cleft palates.

“Training is a global experience and our trip to India was consistent with our vision to give all of our trainees the opportunity to understand what it’s like to give back on a global level. This is something we emphasize,” says Howard N. Langstein, M.D., Chief of the Division of Plastic and Reconstructive Surgery, Professor of Surgery and Vice Chair of Academic Affairs and Faculty Development.

“The way we do things in America may not be the only, or necessarily the right, way. Our goal is to forge the best training paradigm in the world for cleft lip and palate problems.”



While in India, Dr. Langstein, who was accompanied by Dr. Morrison and Dr. Oren P. Mushin, scouted out locations where our residents can spend approximately one month of their training, providing services for patients in medically underserved areas. “We made extensive contacts with our counterparts at the largest training programs in India,” explains Dr. Langstein. “Through ongoing relationships, our residents will have the opportunity to provide medical care to people who desperately need it – reminding them of the reason why they became doctors to begin with.” Due to the extreme level of poverty in India, most patients don’t have access to care. Local surgeons, along with international

organizations such as Smile Train and Operation Smile, treat impoverished children with cleft lips and palates.

The next step in our ongoing relationship with hospitals in India involves having their resident trainees spend time with our division to be exposed to the ways we train for cleft lip and palate care, as well as general plastic surgery. “Diseases are global and surgeons in India are overwhelmed. We also have fewer surgical cases and the benefit of more advanced technology,” adds Dr. Langstein. “The lesson here is that each party has a lot to offer the other side. I believe ultimate training is a blend of both worlds.”

### **Breast Reconstruction Awareness (BRA) Day Was a Success!**

During October, UR Medicine’s Plastic and Reconstructive Surgery team hosted BRA Day, providing patients with the opportunity to learn about the latest techniques for breast reconstruction. The event, which was held at City Grille and moderated by Norma Holland, coincided with Breast Cancer Awareness Month.

“We chose to focus on education and celebration,” says Howard N. Langstein, M.D. “Our goal is to help women understand what happens during the initial consultation and offer information about new options that are available for breast reconstruction, as well as more advanced techniques that are on the horizon.”

### **Providing the Full Spectrum of Plastic and Cosmetic Surgery Services**

UR Medicine’s Division of Plastic and Reconstructive Surgery is dedicated to delivering the most comprehensive services in the region as we continue to expand our horizons in patient care. “In addition to plastic and reconstructive surgery services, we offer non-surgical, aesthetic services such as laser tattoo removal,” explains Howard N. Langstein, M.D. “We also offer a ‘Makeover for Mom’ treatment to help restore and rejuvenate the breast and abdomen, areas that are often the hardest hit post pregnancy. Our patients can be confident knowing we have expertise in all types of cosmetic surgery.”

## SURGICAL ONCOLOGY

### *Providing One-Stop Care for Endocrine Surgery*

For patients diagnosed with thyroid, parathyroid and adrenal problems, expert care is available in one convenient visit at one location – the UR Medicine Endocrine Surgery Clinic.

“When patients come to our office, they can be confident knowing they’ll receive comprehensive care from a team with subspecialized expertise,” says Jacob Moalem, M.D., F.A.C.S., Associate Professor of Surgery and Endocrinology. “I take great pride in helping to make challenging diagnoses, having detailed discussions with patients about implications and alternatives – and then performing onsite imaging, biopsy if needed, and scheduling surgery – all in one visit.”

At first, patients may think they are simply coming in for an initial consultation with a surgeon. However, they often state that their understanding of all the aspects of their problem has been greatly enhanced by the visit. Along with Todd B. Chennell, R.N., N.P., Dr. Moalem offers the highest level of patient-centered care. “Our practice is the only center in our community dedicated exclusively to the management of patients with benign and cancerous conditions affecting the thyroid, parathyroid and adrenal glands,” explains Dr. Moalem. “By having a narrow scope of practice, we’re able to offer the best possible treatment options for the conditions we focus on.”

Although Dr. Moalem provides follow-up care and enjoys long-standing patient relationships, many of his patients are cured with surgery. In addition, UR Medicine endocrinologists, with whom Dr. Moalem works closely, follow patients with thyroid cancer. “I strongly believe in a multidisciplinary, team-based approach to care for patients whose conditions are complex, and in personalized, efficient care for those whose conditions are less involved,” he

adds. Dr. Moalem also mentors endocrinology fellows, who sometimes join him in the operating room to witness firsthand how patients with various conditions are treated.

The goal of the UR Medicine Endocrine Surgery Clinic is to ensure that all patients feel comfortable that they are in the hands of someone who truly cares about them. “It is a tremendous honor, responsibility and privilege to be entrusted with the care of others,” says Dr. Moalem. “I strive to ensure that my patients are treated as I would expect to be treated myself – with respect, expertise, candor and compassion.”

#### Significantly Decreasing Opioid Use

Recently, the UR Medicine Endocrine Surgery Clinic conducted a review of our patients and found that the overwhelming majority who underwent thyroid and parathyroid surgeries did not need to take narcotic pain medications following discharge. “We also learned that, across the country, the amount of pain pills prescribed at discharge was highly variable – ranging from 20 to 80 pills,” says Dr. Moalem. “Patients typically took pain medicine because they were encouraged to do so – or they wanted to get a good night’s sleep and didn’t want to wake up because of pain, which may not even occur.”

Since July, our Endocrine Surgery Clinic started sending patients home without narcotic pain medications, unless patients specifically requested them. “We’re still in the early phases, but are finding the greatest number of our patients are receptive to not taking these types of medications because of their side effects,” adds Dr. Moalem. “They’re excited about avoiding them whenever possible.”



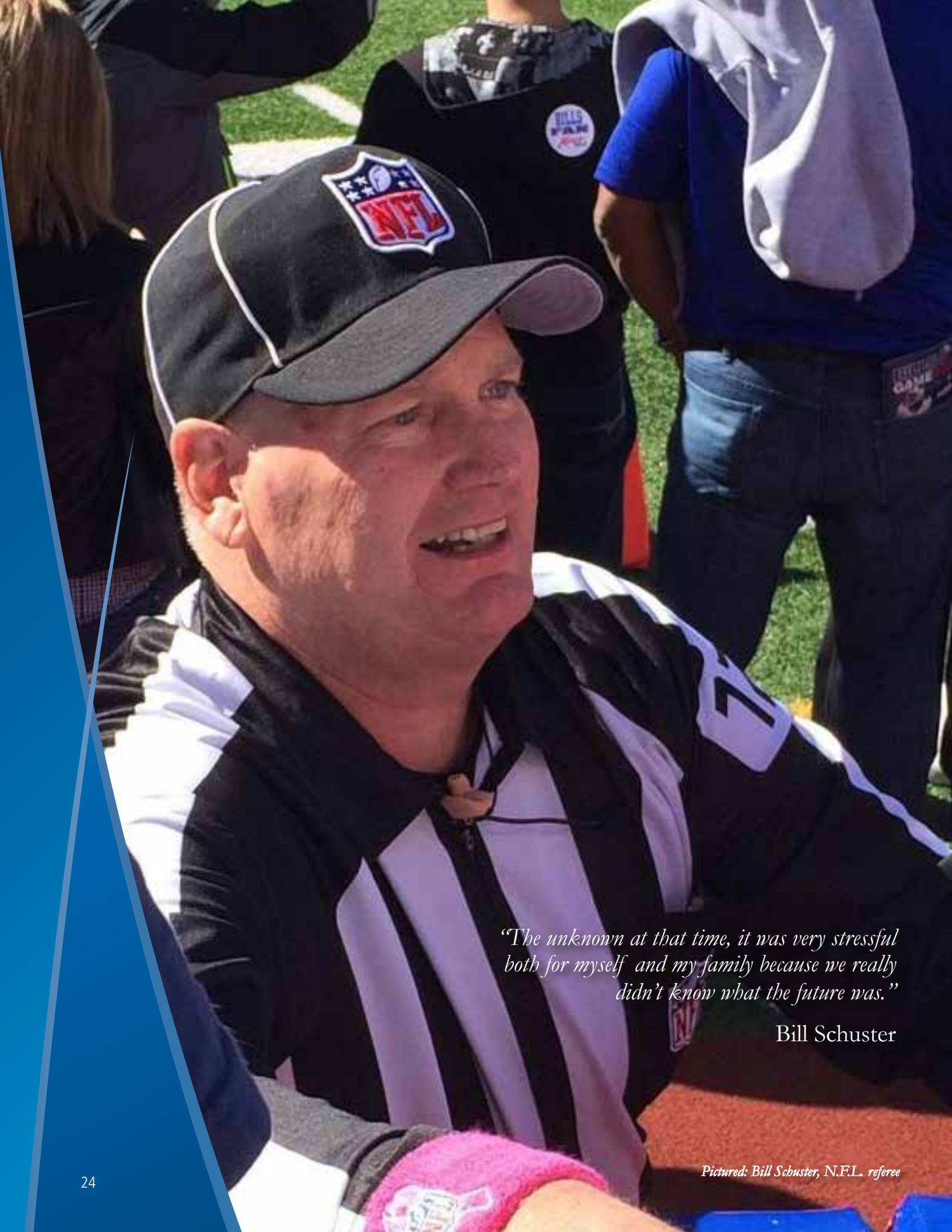
*“Our practice is the only center in our community dedicated exclusively to the management of patients with benign and cancerous conditions affecting the thyroid, parathyroid and adrenal glands.”*

**Dr. Jacob Moalem**

*Associate Professor of Surgery  
and Endocrinology*

*Pictured: Jacob Moalem, M.D.*





*“The unknown at that time, it was very stressful both for myself and my family because we really didn’t know what the future was.”*

Bill Schuster

*Pictured: Bill Schuster, N.F.L. referee*



## THORACIC AND FOREGUT SURGERY

### *Tackling Cancer Head-On*

Bill Schuster's esophageal cancer diagnosis began with something many people consider a fairly normal, although annoying, occurrence: Hiccups. The Super Bowl XLIX umpire started getting bad cases of the hiccups after eating some types of food, like meats. He went to his doctor and was prescribed medications for acid reflux, but when they didn't help, he had an endoscopy. That's when Bill learned he had Stage III esophageal cancer.

"The unknown at that time, it was very stressful both for myself and my family because we really didn't know what the future was," says Bill. "We were handling one day at a time."

His course of treatment started with chemotherapy and radiation therapy in the summer of 2015. "The support from your colleagues, from your family, from the community, from the media, you can't put it into words. It means so much to your success because they're positive and that makes you positive," adds Bill.

In late October 2015, Bill underwent an esophagectomy, performed by Christian Peyre, M.D., Associate Professor of Surgery in the UR Medicine Division of Thoracic and Foregut Surgery. "It was a complicated surgery, but everything went well," Dr. Peyre says of the nine-hour

procedure, during which the cancerous tumor in Bill's esophagus was removed and a new esophagus was formed using part of his stomach.

After spending 10 days as an inpatient at Strong Memorial Hospital, Bill continued his recovery at home in Livonia, NY. Although postoperative testing showed no signs of cancer in his body, Bill had additional chemotherapy and radiation treatments in early 2016 to help ensure he stays cancer-free. By football season of the same year, he was ready to return to work as a swing official. "Every time I get a clear scan, I take a deep breath and relax and say 'OK, I'm good until the next one,'" he said. "You go in and get it done and say OK, good. You're relieved."

Today, Bill is doing well. He still has some side effects, such as neuropathy, and has adjusted his eating habits to only consume smaller, more frequent meals. But he's appreciative for his life, both in and outside of the game. "I still get frequent CT scans to make sure the cancer stays under control," he says. "I'm grateful to Wilmot Cancer Institute and Strong Memorial Hospital for helping me get back to the career I love. We're so fortunate to have these top-ranked health-care facilities in the country right here in our backyard."

## VASCULAR SURGERY

### *Leading the Northeast in Offering Innovative TCAR Procedure for the Treatment of Carotid Artery Disease*

The University of Rochester Medical Center (URMC) has established national leadership in minimally invasive stroke prevention by offering TransCarotid Artery Revascularization, or TCAR, for patients with carotid artery disease who are high risk for open surgery.

“This procedure provides the advantages of placing a stent to remove the blockage in the carotid artery with greater ease and reduced risk of complication for our patients,” says Michael Stoner, M.D., Chief of the Division of Vascular Surgery and Professor of Surgery. “We are able to place the stent through a small incision at the base of the neck, which reduces the risk of a catheter causing inadvertent damage to the artery.”

Collaboration between cardiology, vascular surgery and neuromedicine specialists helps ensure successful outcomes for patients. The team performs the procedure in Strong Memorial Hospital’s state-of-the-art, endovascular hybrid operating room, which features advanced imaging technology and is equipped for traditional surgery as needed.

To date, the team has performed nearly 50 procedures, the most in the Northeast.

This therapy is an FDA-approved alternative to carotid endarterectomy and carotid artery stenting to remove blockages in the artery. While minimally invasive stenting procedures have become commonplace to treat other vascular diseases in the heart, abdomen and legs, they have not been used broadly in the carotid arteries. The risk of stroke increases as stents and other endovascular devices are navigated from the femoral artery through the body to the blockage in the neck.

TCAR uses temporary flow reversal during direct, transcarotid stent placement for best-in-class neuroprotection in a more efficient and less invasive approach. This technique provides patients minimal scarring, reduced risk of stroke and faster recovery.

URMC was one of just 30 sites in the country selected to participate in the ROADSTER trial, which evaluated the TCAR procedure in patients at high risk for complications from surgery.

#### **Vein Center Earns Intersocietal Accreditation Commission (IAC) Accreditation**

UR Medicine Vein Center is the region’s first Vascular Surgery-led team to earn Intersocietal Accreditation Commission accreditation for comprehensive vein care.


“This is a tremendous step forward for our team and provides our patients with assurance that they are receiving vein care that meets the highest quality standards,” says Jennifer Ellis, M.D., director of the Vein Center and Assistant Professor of Vascular Surgery.

The IAC seal-of-approval follows an intensive process that includes a rigorous review of the Center’s operational and technical processes and patient outcomes.

#### **Highland Hospital Gala Benefits Hybrid Operating Rooms**

The new Hybrid Operating Room will enable Highland to serve a more diverse patient population and offer an expanded vascular service. It has built-in, advanced medical imaging devices such as x-ray machines and CT scanners to help surgeons perform minimally invasive surgeries using catheters or endoscopes. The technology in this operating room will be used for endovascular procedures such as stent placements, different types of bypass grafts and endovascular aortic aneurysm repairs. It can also be used for regular, nonvascular operations as well. The new operating room was completed in August 2017.





*“UR Medicine Vascular Surgery is unique in the region. We pride ourselves on giving patients access to a collaborative environment of specialists who are dedicated to advancing cardiovascular health using the latest medical knowledge and minimal-access technologies.”*

**Dr. Michael Stoner**

*Professor of Surgery and Chief,  
Division of Vascular Surgery*

*Pictured: Jennifer Ellis, M.D.*



*Pictured: Researchers Matthew Asare, Ph.D. and Charles Kamen, Ph.D., M.P.H. look at a map with a group of refugees at Mary's Place Refugee Outreach Center in Rochester*

## RESEARCH

### Cancer Control

#### *Building Bridges: Researchers Link to Community*

On a blustery afternoon in October, Charles Kamen, Ph.D. and Matt Asare, Ph.D. could be found at Mary's Place Refugee Outreach Center, helping a group of women from Bhutan, Nepal and Somalia read a map of the city of Rochester. The women take part in classes, receive donations of food and clothing and learn how to get on the path to citizenship with help from Mary's Place.

While Dr. Asare's and Dr. Kamen's immediate task was to help tutor the refugees in English, their long-term goal was to build a bridge – one that starts at the University of Rochester Medical Center (URMC) and the Wilmot Cancer Institute and extends into new and unfamiliar communities.

As researchers in Wilmot's Cancer Control and Survivorship Program, Dr. Kamen and Dr. Asare have been focusing on the best ways to deliver clinical trials to underserved patients and minorities, and to educate cancer patients everywhere about clinical research. Their goal is to design studies that are accessible to people in all types of communities, from center cities to rural outposts.

"What we've found is that we can design studies very well but the 'community' piece is a lot more difficult," Dr. Kamen says. "We're trying to figure out how to modify studies to make sure everyone who wants access has access."

Most cancer patients learn about clinical trials through their physicians. But a lot of opportunity for education exists outside of doctor's offices.

As a starting point, Dr. Kamen conducted a pilot research project with the objective of pushing Wilmot research coordinators into areas that are often underserved by the healthcare system. The project is titled the Minority/Underserved Research, Action and Learning (MURAL) program. Eight research staff members agreed to take part. They reached out to African Americans, Latinos, the LGBTQ community, older adults and adolescent cancer survivors.

"We wanted the research coordinators, who are on the frontlines, to be able to sit down with someone who didn't look like them and might have a different cultural background, but still be able to help them understand a clinical trial," Dr. Kamen says.



That's how Sandy Plumb, a research program manager at the UR, met Annette Jimenez, a writer for the local Spanish-language newspaper, *El Mensajero Católico*. They talked about diversity and healthcare barriers such as communication and transportation; and then Annette wrote a newspaper story about Dr. Kamen's and Sandy's goal to educate local Latino groups about clinical studies.

Other research coordinators linked up with the Women of Color Club at Gilda's Club and Out and Equal NY Finger Lakes, an organization associated with the Gay Alliance that supports safe and inclusive workplace environments. The team was well received when it set up an informational table at the annual ROC Pride Fest.

"If you really look into the community, you can find events, organizations and plenty of places to showcase what Wilmot is doing," Dr. Kamen says. "People have been really appreciative that we're bringing information to them."

Anne Tischer, coordinator for a Gay Alliance-associated program called SAGE (Services and Advocacy for GLBT Elders), couldn't agree more. Dr. Kamen presented information directly to 35 SAGE members at a luncheon, and they ended up having a "very lively and smart discussion" about clinical trials, cancer and Wilmot, Anne says. SAGE is open to anyone but tends to serve people ages 50 and older.

"Ours is a community that responds to direct, face-to-face outreach," Anne says, noting that because the LGBT community has for years been labeled "at risk," its members tend to avoid doctors and therefore have significant levels of chronic disease. Sometimes they also lack traditional family and church support, which creates the need for new safety networks.

"Everybody knows somebody that has cancer," Anne says, "And knowing about options is important." Dr. Kamen also talked to the group about prevention factors and relayed the basic message that information is empowering.

Word-of-mouth about the outreach efforts are starting to pay off. Kamen received a call from an out-of-town cancer patient, for example, who heard about his diversity initiative in Rochester. And Gilda's Club is more likely to pass along information about Wilmot's clinical trials if the members have been approached and

educated directly by researchers, Dr. Kamen says. "You can't just dip your toe in and then jump out," he says. "This must be a sustained effort and it will take some time."

Another bridge is being built, too, but this one is within the URM: It links Wilmot more closely to the Center for Community Health. Led by Nancy Bennett, M.D., M.S., the Center for years has been connecting with community partners to address health concerns, improve access to care and encourage healthy lifestyles to prevent disease.

Going forward, Dr. Bennett says, the Center will become the "cancer prevention" arm of Wilmot.

For example, Dr. Bennett and Candice Lucas, director of the Cancer Services Program of Monroe County at the Center for Community Health, plan to bring services to promote education about cancer prevention and risk reduction into rural communities in the Finger Lakes region where Wilmot has satellite treatment centers.

They're already spreading the cancer-prevention message through collaborations with the Livingston County Health Department and at Dansville, NY-based Noyes Health, which is affiliated with UR Medicine. Encouraging more exercise and reading food labels are two examples of what they preach. The Center's research shows that the best approach is to focus on permanent lifestyle changes that improve health.

New research directions, Dr. Bennett says, include finding out how to implement the Center's successful diabetes prevention program – which is essentially a cancer-prevention program because it emphasizes physical activity, no smoking and proper nutrition – into the general population. Another research project will be to find the best ways to encourage people to take part in early detection cancer screenings.

"Primary cancer prevention is still a challenge," Dr. Bennett says. "Although we have solid evidence that many cancers are preventable by not smoking and maintaining a healthy weight, science is just not where it needs to be. Our healthcare system was predominantly built on providing treatment and very little has been spent on disease prevention or prevention research. So there's a lot of room for change."



## *Research Shows Exercise is a Boon for Cancer Patients*

Exercise and/or psychological therapy work better than medications to reduce cancer-related fatigue and should be recommended first to patients, according to a Wilmot Cancer Institute-led study published in *JAMA Oncology*.

“If a cancer patient is having trouble with fatigue, rather than looking for extra cups of coffee, a nap or a pharmaceutical solution, consider a 15-minute walk,” says lead author Karen Mustian, Ph.D., M.P.H., Associate Professor in the University of Rochester Medical Center Department of Surgery’s Cancer Control Program. “It’s a really simple concept but it’s very hard for patients and the medical community to wrap their heads around it because these interventions have not been front-and-center in the past,” she adds. “Our research gives clinicians a valuable asset to alleviate cancer-related fatigue.”

Scientists reached their conclusions about exercise and psychological interventions after analyzing the outcomes of 113 unique studies that tested various treatments for cancer-related fatigue. All were randomized clinical trials, the gold standard for evaluating effective treatments. The analysis started with 17,033 abstracts and was whittled down to 113 that met strict criteria of rigorous scientific methods.

More than 11,000 patients were involved in the 113 studies. Nearly half were women with breast cancer; ten studies focused on other types of cancer and enrolled only men.

Data show that exercise alone – whether aerobic or anaerobic – reduced cancer-related fatigue most significantly. Psychological interventions, such as therapy designed to provide education, change personal behavior and adapt the way a person thinks about his or her circumstances, similarly improved fatigue. Studies that delivered a combination of exercise and psychological therapy had mixed results and researchers cannot say for sure what the best method

is for combining treatments to make them effective. Finally, the study showed that drugs tested for treating cancer-related fatigue were not as effective. (Those drugs include stimulants like Modafinil, which can be used for narcolepsy, and Ritalin, which treats ADHD.)

“The literature bears out that these drugs don’t work very well although they are continually prescribed,” Dr. Mustian says. “Cancer patients already take a lot of medications and they all come with risks and side effects. So any time you can subtract a pharmaceutical from the picture it usually benefits patients.”

All of the participants in the analyzed studies suffered cancer-related fatigue, the most common side effect during and after cancer treatment. “This type of fatigue is different from being chronically tired,” Dr. Mustian says. “It’s a crushing sensation that’s not relieved by rest or sleep, and can persist for months or years.” Researchers believe cancer-related fatigue might be the result of a chronic state of inflammation induced by the disease or its treatment. Most concerning, Dr. Mustian adds, is that fatigue can decrease a patient’s chances of survival because it lessens the likelihood of completing medical treatments. She noted that the National Cancer Institute has chosen cancer-related fatigue as a top research priority.

Dr. Mustian and several colleagues at Wilmot have been studying exercise in the context of cancer for nearly 15 years. Her studies often test gentle yoga, walking, resistance bands and other forms of movement as therapies to abate side effects. The Wilmot team also investigates the biological pathways impacted by exercise in cancer patients.

Co-authors of the current study include several members of Wilmot’s Cancer Control group, as well as national experts from the Society of Behavioral Medicine’s evidence-based behavioral medicine committee. The NCI funded the research.

## Center for Tumor Immunology

Led by Dr. David Linehan, the Center for Tumor Immunology is dedicated to developing innovative immune-based therapies that stimulate a patient's immune system to destroy cancer. This strategic plan focuses on studying the tumor microenvironment (TME), which is a complex array of molecules and cells orchestrated by the tumor to suppress anti-tumor immunity. The Center's mission is to investigate novel therapeutics that reverse the typical suppressive TME into one that is immunostimulatory and drives cancer rejection. All projects are designed with a bench-to-bedside translational approach with numerous clinical trials already in place. In this new era of cancer immune treatments, the Center is well positioned to make cutting-edge discoveries and advance our understanding of cancer immunotherapy.

## SHORE

The Surgical Health Outcomes & Research Enterprise (SHORE) continues to pursue scientific inquiry into surgical outcomes and ongoing mentorship to surgical trainees. Our surgical trainees pursue a Master's in Public Health (MPH) which provides them with an excellent knowledge base to pursue their research interests. SHORE fellows continue to be very productive. This year, the fellows had 25 research abstracts accepted for national conferences, of which 12 were podium talks, and over 20 peer review publications.

Chris Aquina completed his MPH thesis on "Factors influencing ventral and inguinal hernia repair outcomes" and his work was highlighted nationally via a commentary piece in Medscape Surgery. Carla Justiniano earned First Place in Clinical/Outcomes Research at the Department of Surgery's Second Annual Research Symposium for her work on mortality after care fragmentation in colorectal surgery. Carla Justiniano and Courtney Boodry's MPH's Community Health Improvement Practicum work on ACEs (Adverse Childhood Experiences) was highlighted in the local media. (featured in the Democrat & Chronicle on May 3, 2017, "Study: Much trauma in southwest Rochester kids.") Tim Xu was awarded the Medical Faculty Group travel award to present his work on rectal cancer at an international colorectal conference. We are delighted to observe the continuing success of our original SHORE fellows, James Iannuzzi who is currently

### Lab Highlights:

- Received the grant "MTTL2: A novel immunomodulating compound to treat cancer," Wilmot Cancer Institute Collaborative Award (PIs: Gerber, Singh), January 2017 - December 2017, \$50,000.
- Received the grant "Development of MeTC7, a small molecule inhibitor of PD-L1 for immunotherapy of ovarian cancer, colorectal cancer and melanoma," University of Rochester Technology Development Fund (PIs: Singh, Gerber), January 2017 - December 2017, \$100,000.
- Received the grant "New strategies to improve long-term survival for patients with pancreatic cancer," University Research Award (PI: Gerber), July 2017 - June 2018, \$75,000.

completing a prestigious fellowship in vascular surgery in Massachusetts General Hospital, Kristin Kelly who has been accepted into the Surgical Oncology Fellowship at the University of Miami and Aaron Rickles who is a Clinical Associate, in the Department of Colon and Rectal Surgery, Cleveland Clinic, Florida.

Faculty affiliated with SHORE continued to be productive, received grant funding and recognized nationally in their efforts to improve surgical outcomes.

**Dr. Fergal Fleming, Assistant Professor of Surgery** was named principle investigator (PI) on the American Society of Colon and Rectal Surgery on Robotic Surgical Technology Grant and will study "Total Healthcare Utilization Costs Following Robotic Colorectal Surgery"

**Dr. Larissa K.F. Temple, Professor of Surgery and Oncology, Chief of the Division of Colorectal Surgery and Director of SHORE** has been named Dual -PI with Memorial Sloan Kettering Cancer Center on a \$2 million Patient Centered Outcome Research Institute (PCORI) grant for improving health care systems. The grant (Ambulatory Cancer Care Electronic Symptom Self Reporting for Surgical Patients-ACCESS) is designed to decrease readmissions and anxiety after surgery. Dr. Temple also conducted The Summit on Patient Reported Outcomes: The Value of Patient-Reported Outcomes in Healthcare that was funded by a \$50,000 Eugene Washington PCORI Engagement Award.



Dr. Schwartz as a resident, circa 1950

### **Giving to the Department of Surgery**

For more information about supporting the Department of Surgery, please contact our development officer, Jodi Revill, toll free at 1-800-333-4428 or 585-276-4978 or by email at [JRevill@rochester.edu](mailto:JRevill@rochester.edu).



# SURGICAL RESIDENTS EDUCATION FUND

## HONORS SY SCHWARTZ, '57M (RES)

Seymour “Sy” Schwartz, M.D., F.A.C.S., Distinguished Alumni Professor of Surgery at the University of Rochester, is world-renowned for his service to the field of medicine. As a trailblazer, an innovative surgeon, a dedicated teacher and an author who has made impressive contributions to society, Dr. Schwartz is one of the Department of Surgery’s greatest leaders.

Dr. Schwartz began his career at the University of Rochester School of Medicine and Dentistry in 1950 as a resident in surgery. He completed his training in 1957 and joined the surgical faculty, of which he still remains a member. He served as Chair of the Department of Surgery from 1987-1998 and was named a Distinguished Alumni Professor in 1995. Although he performed as a general, vascular, cardiothoracic and pediatric surgeon, his major clinical impact was in the field of liver surgery.

“Our transplant program wouldn’t be the success it is today without Sy Schwartz,” says Dr. Bradford Berk, ‘81M (M.D.), ‘81M (Ph.D.), former CEO of UR Medicine and the Medical Center. “His visionary thinking led to the establishment of the Liver Transplant Program, which has been helping people since 1992.” Today, the University of Rochester Medical Center’s Division of Solid Organ Transplantation is the only liver transplant program in Upstate New York and surgeons have performed over 1,500 transplants.

Dr. Schwartz is the author of more than 250 scientific articles and several well-known surgical textbooks. He is perhaps best known as the editor-in-chief for seven editions of the surgical textbook, “Schwartz’s Principles of Surgery.” His book, known as the “bible” for surgical

education, is now in its 10th edition and has been translated into nine languages.

Dr. Schwartz has been president of the nation’s three most distinguished surgical organizations: the American College of Surgeons, the American Surgical Association and the Society for Clinical Surgery. He has also been the recipient of many awards from surgical societies and surgical departments in the United States and abroad. Dr. Schwartz is the 2005 recipient of the Distinguished Alumnus Award at the University of Rochester School of Medicine and Dentistry.

The University of Rochester surgery residency programs have become among the premier programs in the United States: the overwhelming majority of our graduates who have sought subspecialty training have been accepted in the most competitive fellowships in the country. Dr. Schwartz’s tireless dedication to training and influencing our current and future leaders of surgery is truly inspiring. As a result of his dedication to his students, our graduates are recognized among the finest surgeons and hold distinguished careers in academics and practice that encompass research, education and patient care.

The purpose of the Dr. Seymour I. Schwartz General Surgical Residents Educational Enhancement Fund is to provide financial support to surgery residents for travel to educational meetings and international electives, and to support other educational initiatives for our residents that could not be funded otherwise. The Chair of the Department of Surgery, in consultation with the Program Director for Education, will be responsible for disbursements from this fund.

## EDUCATION

### *Key Educational Initiatives in the Department of Surgery*

Since its inception, UR Medicine's Department of Surgery has been a leader and innovator in education. Our mission is to train future leaders in health care, while providing our faculty with the framework to grow as mentors and educators.

"Our Department has a long-standing tradition in training surgical leaders and promoting the academic mission. We continue to stress excellence and innovative efforts in varied arenas ranging from surgical simulation to research, scholarly activity, wellness and clinical excellence," says Rabih M. Salloum, M.D., Professor of Surgery and Oncology, General Surgery Program Director. "We strive to make UR Medicine's Department of Surgery the place to train."

Following are highlights from a few of last year's exciting educational initiatives.

#### **Recruitment Video**

Amy Mills, Administrator for the Office of Surgical Education, and Matt Ansini in the Center for Experiential Learning, developed and produced a video that Dr. David C. Linehan, Seymour I. Schwartz Professor and Chairman of the Department of Surgery, unveiled at the annual State of the Department meeting. The video provided a comprehensive overview of our training program and included input from many members of the surgical education team, as well as residents. The video was enthusiastically received and has served as a vital recruitment tool for internship applicants.

#### **Resident Wellness Fair**

We held our annual Resident Wellness Retreat in May, an all-day, wellness-themed event that began with Grand Rounds by Stanley Ashley, M.D., Senior Vice President

for Clinical Affairs at Brigham and Women's Hospital, our invited lecturer. New this year, we held a Wellness Fair to provide residents and faculty with an opportunity to meet with a variety of providers/vendors to promote a healthy lifestyle. Twenty vendors were present including Project Lean Nation and Effortlessly Healthy, providers of healthy meals, as well as primary care, dental, eye care, urgent care and behavioral health providers. Additional services included chair massages provided by Strathallan Spa, aromatherapy provided by Young Living, pet therapy from Friends of Strong and biometric screenings by the School of Nursing. Representatives from Midtown Athletic Club were also on hand. The fair was followed by a picnic and outdoor activities at Buckland Park Lodge.

"We recognize that resident wellness is an important component of our education program and truly believe that for residents to best care for their patients, they need to be well themselves," explains Amy. "Our wellness initiatives continue throughout the year, and include topics such as time and sleep management, mindfulness, resiliency and healthy eating habits." The Department also provides healthy snacks to accommodate residents' hectic schedules.

The University of Rochester Medical Center Graduate Medical Education (GME) Office recognized the efforts of our education team for both our recruitment video and Resident Wellness Fair as providing "Best Practices" within the institution. Dr. Salloum states, "Our practices are innovative and we have shared them with other departments at UR Medicine." Topics such as resident wellness and professional coaching have not





*Pictured: Walter Pegoli, M.D. helps to steady resident, Nicole Toscano, M.D. as she crosses a ropes course as part of team development at the Resident Retreat at Beaver Hollow*

*“The caliber and number of applicants for our surgical residency program continues to rise. We are proud of the quality of our graduating residents.”*

**Dr. Rabih M. Salloum**

*Professor of Surgery and Oncology; Medical Director,  
Nutritional Support Services; General Surgery  
Residency Program Director*



been addressed in many academic centers. “Our vision was ahead of the Accreditation Council for Graduate Medical Education (ACGME) in terms of resident wellness,” he says.

### Research Symposium

The Second Annual Research Symposium was held in April and consisted of Grand Rounds by Gilbert Upchurch, M.D., Chief of Vascular Surgery at the University of Virginia Medical Center, who discussed the importance of mentorship during his invited lecture. Over 45 abstracts were submitted for the oral and poster competitions in, which trainees presented their research to a panel of peers. The research symposium allowed faculty and trainees to learn about research being conducted at the institution and fostered collaboration.

### Beaver Hollow Retreat

Our rising third and fifth year residents were joined by selected faculty for this team-building event that took place during May at the Beaver Hollow Conference Center in Java City, NY. The two-day retreat featured workshops, team-building activities, dinners and a bonfire. “Ensuring there is a

good relationship between faculty and residents is critical to the success of our training program,” says Amy. “Initially we thought this retreat was important for our residents, but our faculty members say they found it to be equally valuable.”

Dr. Salloum adds that events such as the Beaver Hollow retreat, which was a resounding success, are key to breaking down barriers and improving rapport between faculty and residents. “Events like the retreat are very innovative in surgery, and have defined us as leaders in the fields of resident wellness and team building,” he comments. “We have presented at several national meetings and have two abstracts accepted by the American College of Surgeons, both focusing on resident wellness and professional coaching.”

### Fundamentals of Endoscopy Surgery (FES)

Residents must pass an FES exam to apply for board certification. The ACGME and American Board of Surgery have placed much emphasis on increasing resident training in endoscopic surgery. Our Department of Surgery, along with our institution,



*Pictured: General Surgery Chief Residents: Nicole Toscano, M.D.; Shabin Ayazi, M.D.; Adrienne Argenio, M.D.; Aaron Sabbota, M.D.; Irene Lou, M.D.; Christian Probst, M.D.*

purchased an endoscopic simulator this past year. We became a designated FES training center in December 2016. “The FES curriculum was designed to give residents added experience in simulated endoscopy when they apply for certification,” states Dr. Salloum. “Residents from other institutions come to our FES Center to take the FES exam.”

*Ongoing initiatives include:*

### **Real-Time Evaluation**

Our Department has implemented a new smartphone-based system developed at Northwestern Medicine to simplify and facilitate the assessments of general surgery trainees, entitled System for Improving and Measuring Procedural Learning (SIMPL). This assessment, which focuses on autonomy, applies the four-level Zwisch scale: show and tell, active help, passive help and supervision only. The smartphone application, the Procedural Autonomy and Supervisions System (PASS) allows faculty to provide immediate feedback to trainees.

## **Specialty Residency Program Highlights**

### **Cardiac Surgery**

Following up on the success of nine previous cardiothoracic surgery Boot Camps, the experience for CT residents was expanded and repeated successfully at University of North Carolina, Chapel Hill for a new group recruits on Sept. 14-17, 2017. Organized by the Thoracic Surgery Directors Association (TSDA) and partially subsidized by industry and Society of Thoracic Surgeons (STS), 40 residents were selected to join an energized

### **Robotic Curriculum**

We have collaborated with Ahmed Ghazi, M.D., a leader in the field of robot-assisted surgery in UR Medicine’s Department of Urology, to train our residents in robotic surgery skills. Through an evidence-based curriculum, residents are supervised and mentored by fellowship-trained robotic surgeons in a program which progresses in three stages (basic skills proficiency, full procedural simulations and operating room training). Upon completion of the curriculum, residents receive a training certificate in robotics.

### **Expanding Our Horizons in the Community**

In an effort to enhance the resident experience in clinical and research settings, we continue to foster relationships with other programs and healthcare facilities in the region.

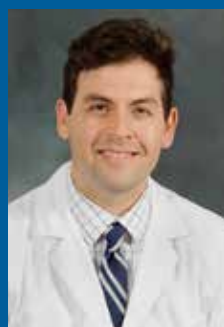
and expanded group of 35 faculty to push the concepts of resident education using simulation to new levels. Throughout its existence, Boot Camp has involved over 400 faculty and 380 residents from every program in the country, attempting to spread the joy and benefits of teaching in the simulated environment.

The University of Rochester Medical Center (URMC) faculty play a key role in this

### **Chief Residents:**



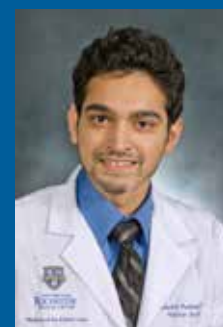
Amber Melvin, M.D.  
*Cardiac Surgery*



Fabio Sagebin, M.D.  
*Cardiac Surgery*



Elaina Chen, M.D.  
*Plastic Surgery*



Khurram Rasheed, M.D.  
*Vascular Surgery*

endeavor with leadership roles by Dr. Carolyn Jones heading the thoracic section, Dr. Sunil Prasad in cardiac surgery and Dr. George Hicks as co-director. Our faculty's leadership, energy and commitment to the next generation will continue to drive excellence in our CT residents of the future, providing for improved patient safety and outcomes.

#### *Highlights from the Cardiac Surgery Residency Program:*

- Participation: National CT Boot Camp, the Aortic Root symposium in Atlanta and Centrimag ECMO course for residents and healthcare professionals
- CT surgery simulation lab and curriculum including coronary anastomotic techniques, aortic valve replacement, aortic root surgery and techniques for valve-sparing, Bentall procedure, homograft replacement, Ross procedure, cardiopulmonary bypass cannulation and emergencies, emergency clinical scenarios and minimally invasive mitral valve surgery, VATS, endoscopy, tracheal resection and airway emergencies
- Regular resident get-together for lunch, bowling, picnics and dinners to emphasize wellness and fatigue management
- No in-house call for residents above second year I-6
- Participation in all national meetings including STS, AATS, General Thoracic Surgery Club, as well as industry sponsored meeting on CT surgery by St. Jude and Medtronic
- Participation in the Clinical Learning Environment Review (CLER) initiative for improving floor communication
- Representation nationally on the Thoracic Surgery Residents Association (TSRA) executive committee
- Relationship with LSI for research development and innovative new technology.

#### **Plastic Surgery**

Dr. Ronald Bossert has completed a full year as Program Director, with Dr. Howard Langstein serving as Associate Program Director. This transition has been smooth and numerous positive changes have been

made during that timeframe. In an effort to combat resident fatigue and duty hours violations, we have initiated a Night Float system amongst R2, 3 and 4 residents. We are actively studying the effects of this change as it relates to the number of duty hours violations, resident fatigue, burn out and resident wellness. Formal rotations in association with Orthopaedic Hand Surgery, as well as Otolaryngology, have been established. These rotations will help to enhance the already robust clinical experience of our trainees and boost case volumes in specific areas. A formal microsurgery skills lab has also been established with its own physical space accessible via key access by our resident staff. A training operating microscope has been purchased, along with microsurgical instruments and supplies. Incorporating this space formally into a clinical rotation is underway. A dedicated sleeping space has also been secured for residents taking call. Refinements in the didactic curriculum have been made; a schedule of lectures prepared and given by the residents has been designed, as well as an interactive session moderated by a designed faculty member.

#### **Vascular Surgery**

The mission of the Integrated Vascular Surgery Residency is to train surgeon-leaders in whatever practice environment they choose. One of the key strengths of our program is the diverse nature of the training sites: academic medical center, urban community hospital and rural community hospital. This allows our trainees to see firsthand the role of a vascular surgeon across the entire academic and community setting. In order to ensure our graduates are equipped to participate and lead in these environments, we have established a series of leadership seminars including the following topics: accounting and budget literacy, industry-physician relations, reading and writing a peer-reviewed manuscript, research and compliance regulations, identifying and dealing with the dysfunctional team and developing and maintaining a successful practice.



## UR Medicine Surgery Hosts 3rd Annual University of Rochester Surgical Symposium October 5-6, 2017

Keynote presenters:

**David B. Hoyt, M.D.**, *Executive Director, American College of Surgeons*

**Karen E. Deveney, M.D.**, *Professor of Surgery, Oregon Health & Science University*

**Jennifer F. Waljee, M.D.**, *Assistant Professor, University of Michigan*

This Continuing Medical Education activity provides a forum for surgeons, primary care physicians, physician assistants, nurse practitioners, nurses and other healthcare professionals to gather and discuss the latest trends, science and clinical advances in the field of surgery.

### Keynote presentations

- Meeting America's surgical needs
- Resuscitation: The past and current clinical trials
- The opioid epidemic in America: What is the surgeon's role?
- Finding joy in surgery
- Healthcare reform: Where do we stand?

### Panel discussions

- Complex biliary disease
- Social media and the modern surgeon
- Vascular update for the general surgeon
- Managing complications in surgery
- Current topics in surgical oncology
- Thoracic topics for the general surgeon

*Save the Date*  
**October 4-5, 2018**  
**4th Annual**  
**University of Rochester Surgical Symposium**

Additional Course Information and Online Registration:  
[cel.urmc.edu/Upcoming Events/Surgical Symposium](http://cel.urmc.edu/Upcoming%20Events/Surgical%20Symposium)



*Pictured: Christopher Gitzelmann, M.D.*

## QUALITY ASSURANCE

### *Surpassing Benchmarks for Quality*

Our long-term goal in the Department of Surgery's Office of Surgical Quality and Outcomes is to live up to the meaning of "Meliora" ... to always be better. "Over the past year, we've seen an overall improvement in patient outcomes, as well as safety in patient care," says Christopher A. Gitzelmann, M.D., Director of the Department of Surgery Quality and Outcomes. "We have a strong background in quality and safety, but are always moving forward and constantly striving to be better."

One example of how we're surpassing benchmarks for quality is actively engaging residents in our quality and safety projects and tracking their progress. "The Accreditation Council for Graduate Medical Education (ACGME) mandates that residents now take part in quality initiatives," explains Dr. Gitzelmann. "By involving our residents in specific projects, they gain the necessary tools to understand how to approach and solve quality and safety problems."

Amy Matroniano, M.S., R.N., C.P.H.Q., Administrator of the Department of Surgery Quality and Outcomes, adds, "When our residents go out on their own and work in different settings, they'll be equipped to handle quality and safety issues."

Since quality is a collaborative effort, the Department also looks at ways to improve communication. "We recognized there was a need for better communication between our Post-Anesthesia Care Unit (PACU) team and

surgeons," states Dr. Gitzelmann. "Through closer involvement with anesthesiologists and PACU nurses, patient outcomes have improved. We identified there was a problem and worked together to solve it." Currently, the Department has a quality and safety committee dedicated to the PACU and, according to Dr. Gitzelmann, "The information we get from the team is remarkable – and improved communication automatically leads to better results."

The efforts of our Office of Surgical Quality and Outcomes have not gone unnoticed. "We were early adopters of the American College of Surgeons' quality and safety initiatives," explains Amy. "Our Department is recognized as a leader at national meetings. Some of our quality group members have been invited to speak at presentations and have won awards."

In the upcoming year, the Department plans to continue training future surgeons how to incorporate evidence-based quality and safety standards into their practice, as well as maintain and exceed the goals we've set. One of these goals is to rollout Enhanced Recovery After Surgery (ERAS), a new paradigm for what will become the standard for surgical care, to all divisions. "Although we're ahead of the curve, it takes a team to make it work and help build momentum for our future quality and safety initiatives," says Dr. Gitzelmann. "We're confident we have a strong team in place."



*Pictured from left to right: Tina Parmenter, N.P.; Jaqueline Cullen, N.P.; Holli Nesbitt, P.A.; Elizabeth Hayes, N.P.; Jocelyn Gaston, N.P.; Laura Overstreet, N.P.; Melanie Geiger, P.A.; Melisande McCheyne, N.P.; Nicole Fochesato, N.P.; Nancy Amell, N.P.; Jacob Privitera, P.A.; Kathryn Drogan, N.P.; Susan Hartfield, P.A.; Lee Castellano, N.P.; Stacy McGahan, N.P.*

## ADVANCED PRACTICE PROVIDER TEAM

The Department of Surgery Advanced Practice Provider (APP) Team consists of 55 nurse practitioners (NPs) and physician assistants (PAs). The APP team is committed to delivering exceptional inpatient and outpatient perioperative care and management. Its mission also incorporates optimization of APP contributions to the healthcare system.

“APPs are critically important members of our team. They are dedicated profession-

als who give high-quality, patient-centered care. They are ‘mission-critical’ and valued partners of our faculty and residents,” says Dr. David Linehan.

**Erika Bianchi, PA-C** won the Advanced Practice Provider of the Year Award. The award goes to the APP in surgery who best supports resident education and camaraderie, and is nominated by the resident body.



## VICE CHAIR REPORTS

### *Clinical Operations*

Recognizing that operating room efficiency is central to the operations of our Department of Surgery and institution, we initiated a concerted effort to increase throughput and optimize OR utilization.

“To maximize the potential for sharing the OR across all divisions in the Department of Surgery, we are reorganizing protocols for case scheduling in each division,” says Mark Orloff, M.D., Professor of Surgery and Vice Chair for Clinical Operations and Regional Development.

Innovations in our Department include the creation of a scheduling network, depersonalization of block time to division time and the development of a web-based tool for identification of opportunity, which is currently in progress. Future plans include restructuring of perioperative services, reorganization of nursing services in the OR to enhance flexibility across divisions and integrating the web-based tool into daily use by schedulers.

### *Regional*

In an effort to grow tertiary and quaternary care within the Department, we have sought to stabilize a number of our regional affiliates with the goal of repatriation of straightforward elective and urgent general surgery cases to regional institutions. This has required significant attention to recruitment strategy to accommodate the departure and upcoming retirements of a number of general surgeons.

“We have taken an extensive review of the regional affiliates to devise a plan to optimize surgical care throughout the Southern Tier, Finger Lakes region and beyond,” explains Dr. Orloff. “Maintaining surgical quality throughout the region through a comprehensive and integrated approach is of paramount importance. Much of this work is in the preliminary stages and will require departmental support, in addition to the integration of newly hired regional faculty.”

### *Faculty Development*

Our Faculty Development Curriculum is an exciting initiative that helps distinguish our Department of Surgery from other departments at the local, national and international levels. Since our faculty members uphold our clinical, research and educational missions, we provide them with many resources to advance their careers.

“We have formed an appointments, promotions and tenure committee in the Department of Surgery that monitors faculty members’ accomplishments and prepares them for the promotions process,” says Howard N. Langstein, M.D., Chief of the Division of Plastic and Reconstructive Surgery, Professor of Surgery and Vice Chair of Academic Affairs and Faculty Development. “Plus, we have begun a series of dinner conversations with important leaders from the hospital. They share their vision of leadership so our faculty can get a better idea of how to shape their careers.”

In addition, the Department has established a faculty mentoring committee that oversees the process that asks faculty to project their goals each year. “Our division chiefs are empowered to supervise these goals and facilitate resources to allow them to be achieved,” adds Dr. Langstein. “All of this is an attempt to enhance the faculty affairs component and promotions process, as well as to formalize our mentoring efforts.”



Howard Langstein, M.D.



Mark Orloff, M.D.

## NEW CLINICAL FACULTY



### **BRYAN BARRUS, M.D.**

Assistant Professor of Surgery, Cardiac Surgery

- Medical degree from the Penn State College of Medicine
- Orthopaedic Surgery Residency at the University of Rochester Medical Center
- Cardiothoracic Surgery Residency at the University of Rochester Medical Center



### **IGOR GOSEV, M.D.**

Assistant Professor of Clinical Surgery, Cardiac Surgery

- Medical degree from the Yugoslavia-Med Fac Zagreb
- Resident/Chief Resident Cardiac Surgery University Hospital Zagreb
- Research Fellow Medicine UConn Medical Center
- Advanced Clinical Fellow Cardiac Surgery Brigham and Women's Hospital



### **LAUREN KANE, M.D.**

Associate Professor of Surgery, Pediatric Cardiac Surgery

- Medical degree from University of Texas, Houston Medical School
- Residency in General Surgery at University of Texas Southwestern, Dallas
- Fellowship in Cardiothoracic Surgery at Emory University Department of Surgery
- Fellowship in Congenital Heart Surgery at Children's Hospital Los Angeles, University of Southern California



### **PETER PRIETO, M.D., M.P.H., C.M.Q.**

Assistant Professor of Surgery and Oncology, Surgical Oncology

- Medical degree and Masters in Public Health from St. George's University School of Medicine & Public Health
- Residency in General Surgery at Yale-New Haven Hospital
- Fellowship in Immunotherapy and Surgical Oncology at the National Cancer Institute, Surgery Branch
- Fellowship in Complex Surgical Oncology at the University of Texas MD Anderson Cancer Center

## NEW RESEARCH FACULTY



### **EVA CULAKOVA, PH.D.**

Research Assistant Professor, Cancer Control

- Ph.D. in Mathematics - Topology from the University of Rochester
- Masters in Medical Statistics from the University of Rochester
- Masters in Mathematics from the University of Rochester
- Masters in Mathematics, Operations Research from Comenius University, Slovakia



### **JULIA INGLIS, PH.D.**

Research Assistant Professor, Cancer Control

- Ph.D. in Human Science - Nutrition from the Florida State University
- Masters in Nutrition Science from Florida State University

# FACULTY HIGHLIGHTS

## Clinical Programs

### Abdominal Transplant and Liver Surgery:

- The Annual River Run/Walk 5K to support SMH transplant patients on April 23rd was a hit. There were over 1,000 runners and walkers and according to organizers, this year's River Run/Walk 5K raised over \$40,000.
- Transplant programs earn CMS re-accreditation in 'stellar' audit.
- Associating liver partition and portal vein ligation for staged hepatectomy (ALPPS) procedures highlighted on the local and national news.
- Program broadcasted from Legends 102.7 with Marti Casper to promote organ donation.
- Coached/advised the producers of the hit show *Grey's Anatomy* on how to feature an ALPPS procedure on screen.
- Team published over 16 papers in 2016-2017 in high-impact factor journals such as *Annals of Surgery*.

**Colorectal Surgery** collaborates with Urogynecology and Urology specialists on the care for conditions affecting both women and men through the Adult Pelvic Health and Continence Care services, launched at UR Medicine.

**The Pediatric Surgery Quality Improvement Team** was selected as one of three teams to present at the Team Based Care Summit, a teaching day that focuses on what makes a high-performing, interprofessional team work.

Working as a high-performing team, the Pediatric Surgery Quality Group has worked on numerous quality improvement projects. This has led to the decrease in

CT utilization in appendectomy patients pre-op, the decrease in superficial SSIs in pediatric general and pediatric orthopaedic surgery, the decrease in blood transfusion volumes in pediatric general and pediatric orthopaedic surgery, and decrease in unplanned reintubation in NICU patients undergoing abdominal surgeries.

### Surgical ICU:

- Niles and Meghan Eggleston established the Sarah Moriah Eggleston Endowment in memory of Niles' sister, Sarah, who spent time on the Surgical ICU under the care of Dr. David Kaufman. Their gift was inspired by the impact the nurses had on the family and the overall care Sarah received by all the providers on the unit. This care meant so much to the Eggleston family, both during and since Sarah's experience. Sarah passed away in 2010 and Dr. Kaufman still remains in touch with the family. The endowment will provide support for educational and training opportunities for Advanced Practice Providers on the Surgical ICU.

### Vascular Surgery:

- Christopher Scibelli, M.D. partnered with F.F. Thompson Hospital to develop a successful endovascular aortic program, delivering modern minimal access aortic surgery to patients in the Finger Lakes region.
- Jennifer Ellis, M.D. successfully established the UR Medicine Heart & Vascular outpatient center as an accredited Vein Center. It is the region's first vascular surgery-led team to earn Intersocietal Accreditation Commission (IAC) accreditation.

## Clinical Faculty

**Paul Bankey, M.D., Professor of Surgery, Chief of Acute Care Division** was recognized by the Rochester Institute of Technology Physician Assistant Program for his valu-



able contributions to PA education. He is being acknowledged as “Clinical Adjunct Faculty” for the 2016-2017 academic year.

**Christina Cellini, M.D., Associate Professor of Surgery and Oncology** submitted to the Accreditation Council for Graduate Medical Education (ACGME) an application for an accredited colorectal fellowship.

**Fergal Fleming, M.D., Assistant Professor of Surgery, Colorectal Surgery:**

- Published a total of 26 papers this year with 15 as senior author
- PI on grant: Intuitive Surgical Clinical Robotics Research Grant 2016-2017. “Long-Term Outcomes and Cost of Robotic Abdominal and Thoracic Surgery,” Amount: \$50,000
- PI on grant: American Society of Colon and Rectal Surgeons (ASCRS) Robotic Surgical Technology Grants. “Total Healthcare Utilization Costs Following Robotic Colorectal Surgery.” Amount: \$50,000

**Mark Gestring, M.D., Professor of Surgery, Emergency Medicine and Pediatrics and Director of the Kessler Center:**

- Was honored by State Troopers for serving as the Rochester area Chief Surgeon of the State Trooper Surgeons, a Division of the NYS Troopers Police Benevolent Association (PBA), for the past three years. He has served with absolute distinction. Dr. Gestring has forged relationships with Troopers and Officers of the NYSP through his State Trooper Surgeons role and has repeatedly demonstrated deep concern and the highest medical expertise for the PBA members and families since joining the PBA.
- Has been promoted to Professor of Surgery, Emergency Medicine and Pediatrics.

**Roberto Hernandez-Alejandro, M.D., F.A.C.S., F.R.C.S.C., Professor of Surgery, Chief, Division of Transplantation and Hepatobiliary Surgery**

- Named Chair of the Publications Committee of the Americas Hepato-PancreatoBiliary Association (AHPBA).
- Named Vice Chair of the Education Committee of the International Liver Transplant Society (ILTS).
- Invited to Mainz, Germany to present on ALPPS at the European-African Hepato-Pancreato-Biliary Association (EHPBA).
- Invited to present in Uruguay; Queens University (Kingston, Canada); Mexico City; Geneva, Switzerland and Lisbon; Portugal to present on *Donation After Cardiac Death Liver Transplantation and Complex Hepatobiliary Surgery*.

**Joseph Johnson, M.D., F.A.C.S., Associate Professor of Surgery and Chief of Surgery at Highland Hospital** was celebrated with a Rochester Business Journal Healthcare Achievement Award as a Physician Honoree.

**Carolyn Jones, M.D., Associate Professor of Surgery and Chief of Thoracic and Foregut Surgery**, was interviewed with Time Warner Cable during the Fight for Air Climb. The Thoracic Team, Thoracic Park, which consisted of seven members of the Thoracic and Foregut Surgery team won a trophy for the fastest female team and raised \$2,162 to benefit the American Lung Association.

**Peter Knight, M.D., Marjorie B. Morris Professor in Cardiac Surgery** was featured on the Research@URMC blog regarding video-assisted minimally invasive aortic valve replacement.

Howard Langstein, M.D., Professor of Surgery, Chief, Division of Plastic and Reconstruction Surgery and Vice Chair of Academic Affairs and Faculty Development was interviewed by 13 WHAM news offering encouraging words for women concerned about the risk of breast implants and cancer.

David Linehan, M.D., Seymour I. Schwartz Professor and Chairman, Department of Surgery, was honored with the Davey Award, an honor bestowed on University of Rochester faculty members who have made outstanding contributions to cancer research.

Jacob Moalem, M.D., F.A.C.S., Associate Professor of Surgery and Endocrinology:

- Completed term as Chair of the American College of Surgeons Young Fellows Association.
- Named delegate representing the American College of Surgeons to the American Medical Association.

William O'Malley, M.D., F.A.C.S., Assistant Professor of Clinical Surgery and Director, Bariatric Surgery Center at Highland Hospital began term as President of the New York State Chapter of the American Society for Metabolic and Bariatric Surgery (ASMBS).

Walter Pegoli, M.D., Joseph M. Lobo II Professor in Pediatric Surgery and Chief, Division of Pediatric Surgery; Surgeon-in-Chief, Golisano Children's Hospital received a Rochester Business Journal Healthcare Achievement Award as a Management Honoree.

Sunil Prasad, M.D., Associate Professor and Chief, Division of Cardiac Surgery was featured on URM Newsroom for the heart transplant surgery of Jim Pugliese, a boxer from the Mohawk Valley.

Peter Prieto, M.D., M.P.H., C.M.Q., Assistant Professor of Surgery and Oncology:

- Awarded the W.G. Stuber Award (\$53,800) from URM.
- Finalist for the American Surgical Association Research Fellowship (\$75,000 per year for two years).
- Internal URM nominee for the Harry J. Lloyd Charitable Trust Grant (\$125,000 per year for three years).

Michael Rotondo, M.D., F.A.C.S., Professor of Surgery and CEO of the University of Rochester's Medical Faculty Group was named President of The American Association for the Surgery of Trauma (AAST), the world's leading scientific trauma society. Dr. Rotondo's one-year term began in September 2017.

Nicole Stassen, M.D., Professor of Surgery and Medical Director of the Kessler Family Burn/Trauma ICU:

- Gave her presidential address at the 30th EAST Annual Scientific Assembly on January 13, 2017 in Hollywood, Florida.
- Has been promoted to Professor of Surgery.

Larissa K.F. Temple, M.D., Professor of Surgery and Chief, Colorectal Surgery:

- Dual PI on a grant: Patient-Centered Outcome Research Institute: Ambulatory Cancer Care Electronic Symptom Self-Reporting for Surgical Patients (ACCESS): RFP Improving Healthcare Systems, 4/2017-4/2020, \$2,000,000.
- Chairs the Quality and Safety Assessment Committee of the American Society of Colon and Rectal Surgeons.
- Scientific GI Program Committee, American Society of Clinical Oncology.

- Actively involved in the American Society of Clinical Oncology as a member of the GI program committee and speaker at the national meeting on Surgical Updates in Rectal Cancer.

- Presented “Surgery for Rectal Cancer in 2017” at the American Society of Clinical Oncology.

**Derek Wakeman, M.D., Assistant Professor of Surgery and Pediatrics; Pediatric Trauma Medical Director:**

- Named Pediatric Trauma Director.
- Received an award/grant from MCIC Vermont to study implementation of imaging algorithms for pediatric trauma patients to reduce radiation exposure.

## Surgical Education

### General Surgery Residency Program:

- Has become an approved SAGES Fundamentals of Laparoscopic Surgery (FES) Test Center.
- Has been highlighted by GME for “Best Practices” for Program Website and Recruitment Video, produced by Amy Mills, Administrator for the Office of Surgical Education, and Matt Ansini from CEL.

**David Burns, Jr., M.D., Assistant Professor of Surgery and Associate Program Director of General Surgery Residency:**

- Received the Plastic Surgery Residents Elethea H. Caldwell, M.D. Teaching Award at the DeWeese Visiting Professor Lecture on Saturday, May 20th.
- Received the Seymour I. Schwartz, M.D. Faculty Excellence In Teaching Award – voted on by residents at the DeWeese

Visiting Professor Lecture on Saturday, May 20th.

**Sarah Peyre, Ed.D., Associate Dean for Innovative Education:**

- Selected for Interprofessional Education Faculty Mentor Program.

- Appointed to Associate Dean for Innovative Education.

- Received the grant “CTSA Program Coordinating Center for Leading Innovation and Collaboration (CLIC)” NIH/NCATS award. The goal of this award is to lead the coordination of the Clinical and Translational Science Awards (CTSA) Program, a group of more than 50 Hubs, and to provide data integration for common metrics, innovative analyses, central web hosting for consortium activities, meeting planning and support for regional and national video/teleconferences and face-to-face meetings. (Co-PI: Peyre), July 2017 - June 2022, \$19,000,000.

- Received the grant “Development, Implementation and Assessment of Novel Training in Domain-based Competencies (DIAMOND)” U01 National Institute for Health award. The goal of this study is to create an online portal containing CTSA-shared resources and strategies. While developing a validated set of assessment tools to be implemented in the online portal for all CTSA hubs. (PI: Peyre), July 2017 - March 2020, \$3,921,217.

**Rabih Salloum, M.D., Professor of Surgery and Oncology; Medical Director, Nutrition Support Services; General Surgery Residency Program Director** received the 2016-2107 Department of Surgery Chief Residents’ Faculty Excellence in Teaching Award at the DeWeese Visiting Professor Lecture on Saturday, May 20th.



## Research Faculty and Labs

### Scott Gerber, Ph.D., Assistant Professor:

- Dr. Gerber and graduate student, Kelli Connolly, have recently published a paper in the Journal Oncotarget titled “Increasing the efficacy of radiotherapy by modulating the CCR2/CCR5 chemokine axes”.
- Received the grant “MTTL2: A novel immunomodulating compound to treat cancer,” Wilmot Cancer Institute Collaborative Award (PIs: Gerber, Singh), January 2017 - December 2017, \$50,000.
- Received the grant “Development of MeTC7, a small molecule inhibitor of PD-L1 for immunotherapy of ovarian cancer, colorectal cancer and melanoma,” University of Rochester Technology Development Fund (PIs: Singh, Gerber), January 2017 - December 2017, \$100,000.
- Received the grant “New strategies to improve long-term survival for patients with pancreatic cancer,” University Research Award (PI: Gerber), July 2017 - June 2018, \$75,000.

### Michelle Janelsins, Ph.D., Associate Professor of Surgery:

- Nominated to serve as the Patient and Survivor Care Track Leader of the Scientific Program Committee for the ASCO Annual Meeting.
- Published the paper, “Cognitive Complaints in Survivors of Breast Cancer After Chemotherapy Compared With Age-Matched Controls: An Analysis From a Nationwide, Multicenter, Prospective Longitudinal Study” in the Journal of Clinical Oncology:
- Chemo brain study was featured in “Best of JCO” 2017, which recognizes the most influential articles of the past year. The study was the largest ever to

demonstrate that “chemobrain” among women with breast cancer is pervasive and can persist for as long as six months after treatment ends. The special edition of the journal was distributed to 30,000-plus attendees at the American Society of Clinical Oncology annual meeting, June 2-6, in Chicago.

- Has been promoted to Associate Professor of Surgery, of Radiation Oncology, of Neuroscience and of Oncology, and was awarded unlimited tenure.

Gary Morrow, Ph.D., M.S., Benefactor Distinguished Professor and Director of Cancer Control was honored with the Cancer Outstanding Senior Investigator Award from the Society of Behavioral Medicine. This is a lifetime achievement award recognizing Dr. Morrow’s contributions to the fields of oncology and behavioral medicine both nationally and internationally. He was formally given this award on Friday, March 31 at the Annual Society of Behavioral Medicine Conference in San Diego.

### Karen Mustian, Ph.D., M.P.H., Associate Professor:

- Published the paper, “Comparison of Pharmaceutical, Psychological, and Exercise Treatments for Cancer-Related Fatigue - A Meta-analysis” in JAMA Oncology.
- Her work, “Exercise Is the Best Cure for Fatigue Caused by Cancer” was featured on NBC Nightly News.
- Named Distinguished Fellow in the 2017-18 class for the Hedwig van Ameringen Executive Leadership in Academic Medicine® (ELAM) Program at Drexel University College of Medicine.

# RESIDENT SCHOLARSHIP

## 1st Year Residents

### Peer Reviewed Publications: (2)

**Wei HS**, Kang H, Rasheed ID, Zhou S, Lou N, Gershteyn A, McConnell Ed, Wang Y, Richardson KE, Palmer AF, Xu C, Wan J, Nedergaard M. "Erythrocytes Are Oxygen Sensing Regulators of the Cerebral Microcirculation". *Neuron*, 2016 Aug 17; 91(4): 851-862. PMID: 27499087.

**Wei HS**, McConnell ED, Reitz KM, Kang H, Takano T, Vates GE, Nedergaard M. "Cerebral Microcirculatory Failure After Subarachnoid Hemorrhage is Reversed by Hyaluronidase". *Journal of Cerebral Blood Flow and Metabolism*, 2016 Sep; 36(9): 1537-52. PMID: 26661183.

## 2nd Year Residents

### Peer Reviewed Publications: (8)

Becerra AZ, **Probst CP**, Fleming FJ, **Xu Z**, **Aquina CT**, **Justiniano CF**, **Boodry CI**, Swanger AA, Noyes K, Katz AW, Monson JR, Jusko TA. "Patterns and Time Trends in the Use of Radiation Therapy during the Last 30 Days of Life Among Metastatic Rectal Cancer Patients in the United States from 2004 to 2012." *Am J Hosp Palliat Care* 2017 Jan; Epub ahead of print. PMID: 28494653

**Xu Z**, Becerra AZ, **Aquina CT**, **Hensley BJ**, **Justiniano CF**, **Boodry C**, Swanger AA, Arsalanizadeh R, Noyes K, Monson JR, Fleming FJ. "Emergent Colectomy Is Independently Associated with Decreased Long-Term Overall Survival in Colon Cancer Patients." *J Gastrointest Surg*. 2017 Mar; 21:543-553. PMID: 28083841

Becerra AZ, **Aquina CT**, Mohile SG, Tejani MA, Schymura MJ, Boscoe FP, **Xu Z**, **Justiniano CF**, **Boodry CI**, Swanger AA, Noyes K, Monson JR, Fleming FJ. "Variation in Delayed Time to Adjuvant Chemotherapy and Disease-Specific Survival in Stage III Colon Cancer Patients." *Ann Surg Oncol* 2017 Jun; 24: 1610-1617. PMID: 27738848

Becerra AZ, **Probst CP**, Fleming FJ, **Xu Z**, **Aquina CT**, **Justiniano CF**, Boodry CI, Swanger AA, Noyes K, Katz AW, Monson JR, Jusko TA. "Patterns and Yearly Time Trends in the Use of Radiation Therapy During the Last 30 Days of Life Among Patients With Metastatic Rectal Cancer in the United States from 2004 to 2012." *Am J Hosp Palliat Care*. 2017. PMID: 28494653

**Aquina CT**, Becerra AZ, **Xu Z**, Boscoe FP, Schymura MJ, Noyes K, Monson JR, Fleming FJ. "Non-Elective Colon Cancer Resection: A Continued Public Health Problem." *Surgery* 2017 Jun; 161(6): 1609-1618. PMID: 28237645

**Xu Z**, Becerra AZ, **Aquina CT**, **Hensley BJ**, **Justiniano CF**, **Boodry C**, Swanger AA, Arsalanizadeh R, Noyes K, Monson JR, Fleming FJ. "Emergent Colectomy is Independently Associated with Decreased Long-Term Overall Survival in Colon Cancer Patients." 2017. *J Gastrointest Surg*. 2017 Mar; 21(3):543-553. PMID: 28083841

**Xu Z**, Berho ME, Becerra AZ, **Aquina CT**, **Hensley BJ**, Arsalanizadeh R, Noyes K, Monson JR, Fleming FJ. "Lymph Node Yield is an Independent Predictor of Survival in Rectal Cancer Regardless of Receipt of Neoadjuvant Therapy." *J Clin Pathol*. 2016 Jul; 70(7): 584-592. PMID: 27932667

**Xu Z**, Mohile SG, Tejani MA, Becerra AZ, **Probst CP**, **Aquina CT**, **Hensley BJ**, Arsalanizadeh R, Noyes K, Monson JR, Fleming FJ. "Poor Compliance with Adjuvant Chemotherapy Use Associated with Poorer Survival in Patients with Rectal Cancer: A NCDB Analysis." *Cancer*. 2017 Jan; 123(1):52-61. PMID: 27560162

## 3rd Year Residents

### Peer Reviewed Publications: (22)

**Aquina CT**, Fleming FJ. "Who Should Manage Patients with Adhesive Small Bowel Obstruction?" *Advances in Surgery*. 2017 Sept; 51(1): 125-140. PMID: 28797335

**Wong JK**, **Joshi DJ**, **Melvin AL**, **Aquina CT**, Archibald WJ, Lidder AK, **Probst CP**, Massey HT, Hicks GL, Knight PA. "Early and Late Outcomes with Prolonged Chest Management After Cardiac Surgery". *Journal of Thoracic and Cardiovascular Surgery*. 2017 Sept; 154(3): 915-924. PMID: 28579263

**Aquina CT**, Fleming FJ, Becerra AZ, **Xu Z**, **Hensley BJ**, Noyes K, Monson JR, Jusko TA. "Explaining Variation in Ventral and Inguinal Hernia Repair Outcomes: A Population-Based Analysis". *Surgery*. 2017 Sept; 162(3): 628-639.

Al-Khyatt W, Mytton J, Tan BH, **Aquina CT**, Evison F, Fleming FJ, Pasquali S, Griffiths E, Vohra RS. "A Population-Based Cohort Study of Emergency Appendectomy Performed in England and New York

State". *World Journal of Surgery*. 2017 Aug; 41(8): 1975-1984. PMID: 28299474

Gonzalez MG, **Kelly KN**, Dozier A, Fleming FJ, Monson JRT, Becerra AZ, **Aquina CT**, **Probst CP**, **Hensley BJ**, Sevdalis N, Noyes K. "Patient Perspectives on Transitions of Surgical Care: Examining the Complexities and Interdependencies of Care". *Qualitative Health Research* 2017 Oct; 27(12): 1856-1869. PMID: 28936931

Medhekar AN, **Mix DS**, **Aquina CT**, Trakimas LE, Noyes KN, Fleming FJ, Glocker RJ, Stoner MC. "Outcomes for Critical Limb Ischemia are Driven by Lower Extremity Revascularization Volume, Not Access to Care". *Journal of Vascular Surgery* 2017 Aug; 66(2): 476-487. PMID: 28408154

**Aquina CT**, Becerra AZ, **Xu Z**, Boscoe FP, Schymura MJ, Noyes K, Monson JRT, Fleming FJ. "Non-Elective Colon Cancer Resection: A Continued Public Health Concern". *Surgery* 2017 Jun; 161(6): 1609-1618. PMID: 28237645

**Xu Z**, Becerra AZ, **Aquina CT**, **Hensley BJ**, **Justiniano CF**, **Boodry C**, Swanger AA, Arsalanizadeh R, Noyes K, Monson JR, Fleming FJ. "Emergent Colectomy is Independently Associated with Decreased Long-Term Overall Survival in Colon Cancer Patients". *Journal of Gastrointestinal Surgery*. 2017; 21(3): 543-553. PMID: 28083841

Becerra AZ, **Aquina CT**, Berho ME, Boscoe FP, Schymura MJ, Noyes K, Monson JR, Fleming FJ. "Surgeon, Pathologist, and Hospital-Level Variation in Suboptimal Lymph Node Examination After Colectomy: Compartmentalizing Quality Improvement Strategies". *Surgery* 2017 May; 161(5): 1299-1306. PMID: 28088321

**Aquina CT**, Mohile SG, Tejani MA, Becerra AZ, **Xu Z**, **Hensley BJ**, Arsalanizadeh R, Boscoe FP, Schymura MJ, Noyes K, Monson JRT, Fleming FJ. "The Impact of Age on Complications, Survival, and Cause of Death Following Colon Cancer Surgery". *British Journal of Cancer*. 2017; 116(3): 389-397. PMID: 28056465

**Xu Z**, Berho ME, Becerra AZ, **Aquina CT**, **Hensley BJ**, Arsalanizadeh R, Noyes K, Monson JR, Fleming FJ. "Lymph Node Yield is an Independent Predictor of Survival in Rectal Cancer Regardless of Receipt

of Neoadjuvant Therapy". *Journal of Clinical Pathology*. 2016 Jul; 70(7): 584-592. PMID: 27932667

Greener D, Henrichs KF, Liesveld JL, Heal JM, **Aquina CT**, Phillips GL 2nd, Kirkley SA, Milner LA, Refaai MA, Mendler JH, Szydlowski J, Masel D, Schmidt A, Boscoe FP, Schymura MJ, Blumberg N. "Improved Outcomes in Acute Myeloid Leukemia Patients Treated with Washed Transfusions". *American Journal of Hematology*. 2017 Jan; 92(1): E8-E9. PMID: 27761917

**Aquina CT**, Becerra AZ, Fleming FJ. Reply to letter to the editor "30-day Readmission Following Operative Management of Adhesive Small Bowel Obstruction." *Annals of Surgery* 2017 Aug; 266(2): 311-317. PMID: 28151794

Becerra AZ, **Aquina CT**, Mohile SG, Schymura MJ, Boscoe FP, **Xu Z**, **Justiniano CF**, **Boodry CI**, Swanger AA, Noyes K, Monson JRT, Fleming FJ. "Variation in Delayed Time to Adjuvant Chemotherapy and Disease-Specific Survival in Stage III Colon Cancer Patients". *Annals of Surgical Oncology*. 2016 Jun; 24(6): 1610-1617. PMID: 27738848

**Aquina CT**, Blumberg N, Becerra AZ, **Boscoe FP**, Schymura MJ, Noyes K, Monson JRT, Fleming FJ. "Association Among Blood Transfusion, Sepsis, and Decreased Long-Term Survival Following Colon Cancer Resection". *Annals of Surgery* 2016 Aug; 266(2): 311-317. PMID: 27631770

Becerra AZ, Berho ME, **Probst CP**, **Aquina CT**, Tejani MA, Gonzalez MG, **Xu Z**, Swanger AA, Noyes K, Monson JR, Fleming FJ. "Variation in Hospital-Specific rates of Suboptimal Lymphadenectomy and Survival in Colon Cancer: Evidence from the National Cancer Data Base". *Annals of Surgical Oncology*. 2016 Dec; 23(Suppl 5): 674-683. PMID: 27613558

Tan BH, Mytton J, Al-Khyatt W, **Aquina CT**, Evison F, Fleming FJ, Griffiths E, Vohra RS. "A Comparison of Mortality Following Emergency Laparotomy Between Populations from New York State and England". *Annals of Surgery*. 2016 Aug; 266(2): 280-286. PMID: 27548571

**Xu Z**, Mohile SG, Tejani MA, Becerra AZ, **Probst CP**, **Aquina CT**, **Hensley BJ**, Arsalanizadeh R, Noyes K, Monson JRT, Fleming FJ. "Poor Compliance with Adjuvant Chemotherapy Use Associated



with Poorer Survival in Patients with Rectal Cancer: An NCDB Analysis". *Cancer*. 2017 Jan; 123(1): 52-61. PMID: 27560162

**Aquina CT**, Fleming FJ. Reply regarding "Preoperative Blood Ordering Protocols for Colorectal Surgery: A Call to Adjust the Perioperative Blood Transfusion." *Diseases of the Colon & Rectum* 2016 Oct; 59(10): e440. PMID: 27602941

**Aquina CT**, Fleming FJ. Reply to Coyne et al. regarding "Large Variation in Blood Transfusion Use After Colorectal Resection: A Call to Action." *Diseases of the Colon & Rectum* 2016 Oct; 59(10): e436-437. PMID: 27602935

**Aquina CT**, Becerra AZ, **Probst CP**, **Xu Z**, **Hensley BJ**, Iannuzzi JC, Noyes K, Monson JRT, Fleming FJ. "Patients with Adhesive Small Bowel Obstruction Should be Primarily Managed by a Surgical Team". *Annals of Surgery* 2016 Sept; 264(3): 437-447. PMID: 27433901

**Aquina CT**, **Probst CP**, Becerra AZ, **Hensley BJ**, Iannuzzi JC, Noyes K, Monson JRT, Fleming FJ. "The Impact of Surgeon Volume Colostomy Reversal Outcomes after Hartmann's Procedure for Diverticulitis". *Surgery* 2016 Nov; 160(5): 1309-1371. PMID: 27395762

#### 4th Year Residents

##### Peer Reviewed Publications: (4)

**Myers PL**, Bell DE. "Burns in Pregnancy: A Review and Management Update". *The periFACTS OB/GYN Academy*, Activity 17019P. 2017

**Myers PL**, Christiano JG. "Reduction Mammoplasty is Not Associated with Weight Loss in Overweight/Obese Women". *Journal Aesthet and Reconstr Surg*. 2017; 3:1.

Chen G, Jaskula-Sztul R, Esquibel CR, **Lou I**, Zheng Q, Dammalapati A, Harrison A, Eliceiri KW, Tang W, Chen H, Gong S. "Neuroendocrine Tumor-Targeted Upconversion-Nanoparticle-Based Micelles for Simultaneous NIR-Controlled Combination Chemotherapy and Photodynamic Therapy, and Fluorescence Imaging." *Advanced Functional Materials*, January 2017.

**Lou I**, Chennell T, Schaefer S, Chen H, Sippel RS, Balentine C, Schneider DS, Moalem J. "Optimizing Outpatient Pain Management after Thyroid and Para-

thyroid Surgery: A Two Institution Experience". *The Annals of Surgical Oncology* 2017 Jul; 24(7): 1951-1957. PMID 28160140

#### 5th Year Residents

##### Peer Reviewed Publications: (8)

Litz CN, **Farach SM**, Fernandez AM, Elliott R, Dolan J, Patel N, Zamora L, Colombani PM, Walford NE, Amankwah EK, Snyder CW, Danielson PD, Chandler NM. "Percutaneous Ultrasound-Guided vs. Intraoperative Rectus Sheath Block for Pediatric Umbilical Hernia Repair: A Randomized Clinical Trial". *J Pediatr Surg*. 2017 Jun; 52(6): 901-906. PMID: 28377023

Snyder CW, **Farach SM**, Litz CN, Danielson PD, Chandler NM. "The Modified Percent Depth: Another Step Toward Quantifying Severity of Pectus Excavatum Without Cross-Sectional Imaging". *J Pediatr Surg*. 2017 Jul; 52(7): 1098-1101. PMID: 28189448

Litz CN, **Farach SM**, Danielson PD, Chandler NM. "Obesity and Single-Incision Laparoscopic Appendectomy in Children". *J Surg Res*. 2016 Jun 15;203(2):283-6. PMID: 27363633

**Farach SM**, Danielson PD, Chandler NM. "The Role of Chest Radiography Following Pectus Bar Removal". *Pediatr Surg Int*. 2016 Jul;32(7):705-8. doi: 10.1007/s00383-016-3905-2. Epub 2016 Jun 10. PMID: 27286887

**Farach SM**, Walford NE, Bendure L, Danielson PD, Amankwah EK, Chandler NM. "Helicopter Transport From the Scene of Injury: Are There Improved Outcomes for Pediatric Trauma Patients?" *Pediatr Emer Care* 2017 June 6 [Epub ahead of print]. PMID: 28590996

**Lee CY**, **Wong JK**, Sauer JS, Gorea HR, Martellaro AJ, Sifain AR, Knight PA. "An Automated Expanded Polytetrafluoroethylene Suturing and Coaxial Fastener System for Mitral Chordae Replacement: Strength, Feasibility, and Healing". *Innovations (Phila)*. 2016 Nov/Dec;11(6):400-406. PMID: 27930604

**Lee CY**, **Wong JK**, Ross RE, Liu DC, Khabbaz KR, Martellaro AJ, Gorea HR, Sauer JS, Knight PA. "Prosthetic Aortic Valve Fixation Study: 48 Replacement Valves Analyzed Using Digital Pressure Mapping". *Innovations (Phila)*. 2016 Sep/Oct;11(5):327-336. PMID: 27561176

## 6th Year Residents

### Peer Reviewed Publications: (6)

Roussel L, **Khouri JS**, Christiano JG. "Pedicled Flap Closure as an Adjunct for Infected Ventricular Assist Devices". *Ann Plast Surg*. 2017 Jun;78(6):712-716. PMID: 27805926

**Khouri JS**, McCheyne MJ, Morrison CS. #Celft: "The Use of Social Media Amongst Parents of Infants with Clefts". *Cleft Palate Craniofac J*. 2017 Jan 13. [Epub ahead of print]. PMID: 28085513

Ko JH, Pet MA, **Khouri JS**, Hammert WC. "Management of Scaphoid Fractures". Accepted *Plastic & Reconstructive Surgery* 207 Aug; 140(2); 333e-345e. PMID: 28746289

**Mushin OP**, Bogue JT, Pencek ME, Bell DE. "Jewelry Ring-Associated Electrothermal Burn Injuries: A Nine-Patient Case Series". *J Burn Care Res*. 2017 Sept./Oct.; 38(5); e814-e817. PMID: 28099239

**Mushin OP**, Kraenzlin FS, Fazili A, Ghazi A, Bossert RP. "The Impact of Body Contouring Procedures on Urologic Outcomes in Massive Weight Loss Patients." *Plast Reconstr Surg*. 2017 May;139(5):1086e-1092e. PMID: 28445359

**Mushin OP**, Bogue JT, Esquenazi MD, Toscano N, Bell DE. "Use of a Home Vacuum-Assisted Closure Device in the Burn Population is Both Cost-Effective and Efficacious". *Burns* 2017 May;43(3):490-494. PMID: 28256293



*Pictured: Joseph Wigorek, M.D. with resident, Erik Jacobson, M.D.*

## IN MEMORIAM

### *Saying Goodbye to Carl Andrus, M.D.*



**Dr. Carl H. Andrus, 82, died peacefully on July 11, 2017 at Strong Memorial Hospital.**

A son of Dr. William DeWitt Andrus and Lucy Huber Andrus, he was born in 1935 in New York City and raised in Bronxville. He received a B.A. in English from Amherst College in 1957, an M.D. from the University of Rochester School of Medicine in 1962, and completed his surgical internship at Columbia-Presbyterian Hospital in 1963. As a Lieutenant in the U.S. Navy from 1963 to 1965, he was stationed in Antarctica, where he served as Medical Officer and, in 1964, Officer-in-Charge of Byrd Station. He returned to Rochester in 1965 for his surgical residency and soon met Noelle Craig – also a student at the University – whom he married in 1966. From 1968 to 1970, he studied as a fellow in immunology at Duke University, following which he was awarded an M.A.

Dr. Andrus practiced medicine for over 50 years, both in private practice and at the University of Rochester Medical Center, first as Assistant Professor of Surgery, then as Associate Professor of Surgery. A general surgeon, Dr. Andrus initially focused on kidney transplantation and vascu-

lar surgery before shifting to surgical oncology with an emphasis on the treatment of breast and endocrine cancers. A scientist and a humanist, Dr. Andrus found great joy in teaching younger generations of surgeons and cared for his patients with compassion and kindness. He served as president of the Rochester Academy of Medicine from 1984 to 1985 and was appointed Professor Emeritus of Surgery and Oncology at the University of Rochester Medical Center in 2013.

Carl was a devoted and supportive husband, father, brother, uncle and friend and a calm, sweet man whose generosity of spirit and ability to live in the moment were appreciated by all who knew him. Though medicine was his true calling, he had many other interests. He was passionate about music and played many instruments. While at Amherst, he sang in the Glee Club and DQ, the oldest co-ed a cappella group at Amherst College. An aficionado of opera and classical music, he loved to attend performances at the Met and RPO and listen to WXXI. A skilled craftsman, he built a clavichord in his 40s. In his 70s, he took up the cello.

Carl loved poetry and was a voracious reader. A student of American history with an interest in the Civil War, he was working on a book based on the memoirs of his great-grandfather, the Union Army surgeon Charles Hawley Andrus.

An avid outdoorsman, Carl relished spending time during the summer at the rustic island in Vermont he shared with his beloved extended family. He enjoyed canoeing and sailing and was an enthusiastic bird-watcher and photographer of nature and people. He tied his own flies and loved to fish the rivers and lakes of New York and New England for trout and bass, often in the company of his brother Bill. He climbed the Matterhorn as a young man and was an Adirondack 46er. Mount Andrus, a volcano in Antarctica, was named for him in honor of his service at Byrd Station.

He is survived by his loving wife of 50 years Noelle Andrus, his son Michael and daughter Jennifer.

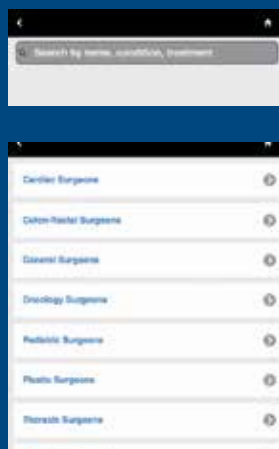
Carl's family is profoundly grateful for the excellent care he received at the University of Rochester Medical Center and the Wilmot Cancer Institute.



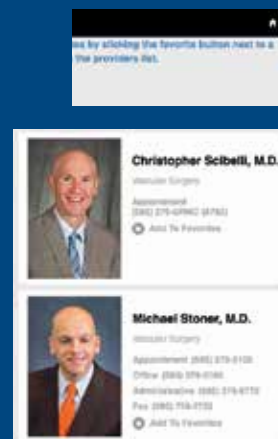
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Get instant access to surgeon info, including office and cell phone numbers. Cell phone access is available once you register.

Just tap to call the surgeon you need.

## How to get the UR Medicine Surgery App:

- 1 Three easy ways to access the app.
  - Online, go to: [surgery.urmedicine.org](http://surgery.urmedicine.org)
  - Text: 585.208.4703
  - email: [SurgeryMobileApp@urmc.rochester.edu](mailto:SurgeryMobileApp@urmc.rochester.edu)
- 2 If you text us your mobile number or email us, we'll send you a link. Click on it to get to the app.
- 3 Once on the site, add the icon to your home screen.
  - For iPhone: Tap the Share Button and select Add to Home Screen. Tap Add in the Add to Home dialog box.
  - For Android: tap and select add to home screen. Tap add and it will appear.
- 4 Register to get access to cell phone numbers.

# Department of Surgery Faculty

## ABDOMINAL TRANSPLANT AND HEPATO-PANCREATO-BILIARY AND GASTROINTESTINAL SURGERY

**Roberto Hernandez-Alejandro, M.D.**, Professor of Surgery and Chief, Division of Abdominal Transplant and Liver Surgery

**Mark S. Orloff, M.D.**, Professor of Surgery

**Randeep S. Kashyap, M.D.**, Associate Professor of Surgery; Surgical Director of Kidney and Pancreas Transplant Program

**Koji Tomiyama, M.D.**, Assistant Professor of Surgery

## ACUTE CARE SURGERY

**Paul E. Bankey, M.D., Ph.D.**, Professor of Surgery, Chief of Acute Care Division

**Julius D. Cheng, M.D., M.P.H.**, Professor of Surgery and Pediatrics and Professor of Clinical Nursing at the School of Nursing

**Mark L. Gestring, M.D.**, Professor of Surgery, Emergency Medicine and Pediatrics and Director of the Kessler Trauma Center

**Yanjie Qi, M.D.**, Assistant Professor of Surgery; Associate Program Director of General Surgery Residency

**Michael Rotondo, M.D.**, Professor of Surgery; Associate Vice President for Administration; Chief Executive Officer; Vice Dean for Clinical Affairs

**Nicole A. Stassen, M.D.**, Professor of Surgery and Medical Director of the Kessler Family Burn/Trauma ICU

**Ayodele T. Sangosanya, M.D.**, Associate Professor of Surgery

## BARITRIC AND GI SURGERY AT HIGHLAND

**Joseph A. Johnson, M.D., F.A.C.S.**, Associate Professor of Surgery and Chief of Surgery at Highland Hospital

**David E. Burns, Jr., M.D.**, Assistant Professor of Surgery; Associate Program Director of General Surgery Residency

**William E. O'Malley, M.D., F.A.C.S.**, Assistant Professor of Clinical Surgery and Director, Bariatric Surgery Center at Highland Hospital

## BASIC SCIENCE RESEARCH

**Eileen M. Redmond, Ph.D.**, Associate Professor of Surgery and of Pharmacology & Physiology

**Michael Richards, Ph.D.**, Research Assistant Professor

## CANCER CONTROL RESEARCH

**Gary R. Morrow, Ph.D., M.S.**, Benefactor Distinguished Professor and Director of Cancer Control

**Matthew Asare, Ph.D.**, Research Assistant Professor

**Javier Bautista, M.S., M.B.A.**, Senior Research Associate

**Calvin Cole, Ph.D.**, Research Assistant Professor

**Eva Culakova, Ph.D.**, Research Assistant Professor

**Charles Heckler, Ph.D., M.S.**, Research Assistant Professor

**Julia Inglis, Ph.D.**, Research Assistant Professor

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**Charles Kamen, Ph.D., M.P.H.**, Assistant Professor

**Ian Robert Kleckner, Ph.D.**, Research Assistant Professor

**Karen Mustian, Ph.D., M.P.H.**, Associate Professor

**Luke Peppone, Ph.D., M.P.H.**, Assistant Professor

**Joseph Roscoe, Ph.D.**, Research Associate Professor

## CARDIAC SURGERY

**Sunil M. Prasad, M.D.**, Associate Professor and Chief, Division of Cardiac Surgery

**George M. Alfieri, M.D.**, Tansukh, Sarla and Rajesh Ganatra Distinguished Professor in Pediatric Cardiac Surgery

**Bryan Barrus, M.D.**, Assistant Professor of Surgery

**Igor Gosev, M.D.**, Assistant Professor of Clinical Surgery

**George L. Hicks, M.D.**, Professor of Surgery

**Lauren Kane, M.D.**, Associate Professor of Surgery

**Neil G. Kumar, M.D.**, Assistant Professor of Surgery

**Peter A. Knight, M.D.**, Marjorie B. Morris Endowed Professor in Cardiac Surgery

**Michael Swartz, Ph.D.**, Assistant Professor of Surgery

## CENTER FOR TUMOR IMMUNOLOGY

**Scott Gerber, Ph.D.**, Assistant Professor

**Jian Ye, Ph.D.**, Research Assistant Professor

## COLORECTAL SURGERY

**Larissa K.F. Temple, M.D.**, Professor of Surgery and Chief, Colorectal Surgery

## COLORECTAL SURGERY CONT.

**Christina Cellini, M.D.**, Associate Professor of Surgery and Oncology

**Fergal J. Fleming, M.D.**, Assistant Professor of Surgery

**Rabih M. Salloum, M.D.**, Professor of Surgery and Oncology; Medical Director, Nutrition Support Services; General Surgery Residency Program Director

**Jenny R. Speranza, M.D.**, Associate Professor of Colorectal Surgery and Oncology

## HEPATO-PANCREATO-BILIARY AND GASTROINTESTINAL SURGERY

**Luke O. Schoeniger, M.D., Ph.D.**, Professor of Surgery and Oncology and Chief of Hepato-Pancreato-Biliary and Gastrointestinal Surgery

**Eva Galka, M.D.**, Assistant Professor of Surgery

**David C. Linehan, M.D.**, Professor of Surgery, Oncology and Seymour I. Schwartz Professor and Chair of Surgery

**David A. Krusch, M.D.**, Professor of Surgery and Director, Surgical and Medical Informatics

**Seymour I. Schwartz, M.D.**, Distinguished Alumni Professor of Surgery

## PEDIATRIC SURGERY

**Walter Pegoli, Jr., M.D.**, Joseph M. Lobozzo II Professor in Pediatric Surgery and Chief, Division of Pediatric Surgery; Surgeon-in-Chief, Golisano Children's Hospital

**Christopher A. Gitzelmann, M.D.**, Associate Professor of Surgery and Pediatrics; Director of Surgery Quality and Outcomes

**Derek S. Wakeman, M.D.**, Assistant Professor of Surgery and Pediatrics; Pediatric Trauma Medical Director

## PLASTIC SURGERY

**Howard N. Langstein, M.D.**, Professor of Surgery and Chief, Division of Plastic and Reconstructive Surgery

**Ashley Amalfi, M.D.**, Assistant Professor of Surgery

**Derek E. Bell, M.D.**, Associate Professor of Surgery; Burn Director for the Kessler Burn Center

**Ronald P. Bossert, M.D.**, Assistant Professor, Director, Life After Weight Loss Program

**Jose G. Christiano Neto, M.D., F.A.C.S.**, Associate Professor of Surgery

**Clinton S. Morrison, M.D.**, Assistant Professor and Director, Cleft and Craniofacial Center, Golisano Children's Hospital

## SURGICAL EDUCATION

**Sarah Peyre, Ed.D.**, Associate Dean for Innovative Education

**Lauren DeCaporale-Ryan, Ph.D.**, Assistant Professor and Family geropsychologist; Associate Program Director of General Surgery Residency

## SURGICAL ONCOLOGY

**Kristin A. Skinner, M.D., F.A.C.S.**, Associate Professor of Surgery and Oncology, Chief, Division of Surgical Oncology, and Director of the Wilmot Cancer Institute Comprehensive Breast Care at Pluta

**Rachel L. Farkas, M.D., F.A.C.S.**, Assistant Professor of Surgery

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**Peter Prieto, M.D., M.P.H., C.M.Q.**, Assistant Professor of Surgery and Oncology

## THORACIC AND FOREGUT SURGERY

**Carolyn E. Jones, M.D.**, Associate Professor of Surgery and Chief of Thoracic and Foregut Surgery

**David C. Kaufman, M.D.**, Professor of Surgery; Director of the Surgical ICU

**Christian G. Peyre, M.D.**, Associate Professor of Surgery

**Joseph J. Wizorek, M.D.**, Associate Professor of Surgery

## VASCULAR SURGERY

**Michael C. Stoner, M.D.**, Professor of Surgery and Chief, Division of Vascular Surgery

**Adam Doyle, M.D.**, Assistant Professor of Surgery

**Jennifer L. Ellis, M.D.**, Assistant Professor of Surgery; Director of Vein Center

**Roan Glocker, M.D.**, Assistant Professor of Surgery and Director of Surgical Clerkship

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**Christopher D. Scibelli, M.D.**, Associate Professor of Clinical Surgery and Clinical Imaging Sciences



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