



DEPARTMENT OF SURGERY ANNUAL REPORT 2018

*Building Stronger,
Healthier Communities*



UR
MEDICINE



TABLE OF CONTENTS

1. Letter from the Chairman
2. Cover Story: “A Long Tradition of Service to the URM Community”

Division Reports

4. Abdominal Transplant and Liver Surgery
8. Acute Care Surgery
12. Bariatric and GI Surgery at Highland
16. Cardiac Surgery
19. Pediatric Cardiac Surgery
22. Colorectal Surgery
26. Hepato-Pancreato-Biliary and Gastrointestinal (HPB-GI) Surgery
30. Pediatric Surgery
34. Plastic and Reconstructive Surgery
38. Regional General Surgery
42. Surgical Oncology
46. Thoracic and Foregut Surgery
50. Vascular Surgery
- 54. Cancer Control**
- 58. Surgical Education**
- 64. Quality Assurance**
- 65. SHORE**
- 66. Advanced Practice Provider Team**
- 68. Honors and Accomplishments**
- 74. Resident Scholarship**
- 76. Surgical Residents Education Fund**

Pictured: Clinton Morrison, M.D.



Pictured: David C. Linehan, M.D. with residents at a Resident Health and Wellness Day.

LETTER FROM THE CHAIRMAN

From our inception, the UR Medicine Department of Surgery has had a long-standing tradition of innovation and healthcare excellence. We are known throughout the world for our superior clinical programs, cutting-edge research and an unwavering commitment to education.

Yet, we strongly believe our long-term success is tied directly to our ability to make a positive difference in the communities we serve ... whether here at home or across the globe.

We host camps for kids with facial anomalies and built a school for impoverished children in Africa. We take part in walks, runs and stair climbs that help raise funds to find a cure for cancer and lung diseases. We empower citizens to help in a bleeding emergency by teaching them how to use tourniquets and apply direct pressure to a wound. And so much more. Every member of our team is actively engaged in our community outreach initiatives, many of which are highlighted in the following pages of this Department of Surgery Annual Report.

Since we have a legacy of being a leader in surgical education, “community engagement” is an important part of our training program. Our residents spend approximately five to seven years with us, providing them with a unique opportunity to make significant contributions well beyond the walls of our medical center.

Although our residents represent diverse countries and cultures, they truly consider Rochester their home. They proudly give back to the community they serve by spending countless hours volunteering at soup kitchens, helping to build homes for families in need through Flower City Habitat for Humanity, initiating prescription drug take back events that

get unused medications off the streets and safely disposed of and supporting many other worthwhile causes that make our community a better place.

For patients and families to make the best, most informed decisions about their health care, divisions within the Department of Surgery host events such as Breast Reconstruction Awareness (BRA) Day and health and wellness fairs. To promote patient engagement, we offer apps that help patients keep track of their health and communicate with their providers. We partner with Highland Hospital to hold fall prevention/safety classes for senior citizens, as well as with area high school driver’s ed instructors to offer advice for responsible teen driving. We also hold support groups to help patients cope with an illness, stop smoking and heal after suffering a burn.

As always, our patients and their families are at the core of all we do. We strive to make every patient experience a positive one, treating each person as if he or she is our only patient. When faced with a critical illness or difficult problem, patients from this community and beyond will receive best-in-class care from our Department of Surgery. Our goal is to build stronger, healthier communities. By doing so, we all enjoy a better quality of life.



A handwritten signature in black 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*



A LONG TRADITION OF SERVICE TO THE URM COMMUNITY

This year's Eastman Medal, recognizing an individual of extraordinary achievement and enormous contribution to the University of Rochester, was awarded to Seymour I. Schwartz, M.D. The Distinguished Alumni Professor of Surgery at the University of Rochester Medical Center (URMC) and former Department Chair accepted the award at the School of Medicine and Dentistry commencement ceremony on May 18.

Dr. Schwartz's storied career spanning seven decades started in Rochester in 1950, when he arrived for a surgical residency. He graduated in 1957 and then joined the surgical faculty. For the next 60 years while cultivating his own expertise in hepatobiliary surgery and educating others, Dr. Schwartz rose to prominence nationally and internationally prior to retiring from performing surgery at age 72. Over the years, he taught and mentored generations of young

physicians who praise him for being approachable, gracious and insightful.

At age 90, Dr. Schwartz still comes to the office most days, gives talks and counsels physicians. He also has recently published another book, *From Medicine to Manuscript*, profiling some of the world's most well-known physicians/writers such as Sir Arthur Conan Doyle, Anton Chekhov, Abraham Verghese, Oliver Sacks and Atul Gawande.

Before he was influential in medicine, Dr. Schwartz came from a humble background – the son of Jewish immigrants, he grew up in the Bronx and attended public schools. Dr. Schwartz and his wife, Ruth, arrived in Rochester as interns (he in surgery; she in obstetrics and gynecology) in June 1950. Much has changed in Dr. Schwartz's life since his early years in Rochester.

Dr. Schwartz Honored on the National Stage

Fifty years ago when Seymour I. Schwartz, M.D. finished editing the manuscript of the first-edition of a textbook that is known as the “surgeon’s Bible,” there were no CT scans, no biomarkers to define the presence or progress of a malignancy, which was often first revealed when a patient was explored in the operating room.

Fast forward to October 2017, when Dr. Schwartz’s colleagues at the University of Rochester and across the nation celebrated his achievements by designating him an “Icon of Surgery” at the American College of Surgeons Clinical Congress in San Diego. David C. Linehan, M.D., Chairman University of Rochester School of Medicine and Dentistry, Department of Surgery, and Dr. Schwartz co-moderated a panel discussion on changes that have taken

place in Surgery since the first edition of *Principles of Surgery* was published.

Advances in biomedical engineering have expedited diagnosis and minimized the access to remove, repair or replace internal organs. Robotic surgery has become increasingly popular over the past decade. Chemotherapy and immunotherapy have allowed the applicability of less radical and less mutilating excision of cancers. Transplantation of kidney, liver, heart, lung and intestine have been added to the list of appropriate therapy.

Dr. Schwartz, Distinguished Alumni Professor of Surgery, URMC and Dr. David C. Linehan, Seymour I. Schwartz Professor of Surgery joined in concert with the panelists: “It is exciting to speculate what the future will bring!”

Throughout the Many Years of his Remarkable Career, Dr. Schwartz:

- Edited and co-authored the iconic textbook, *Schwartz’s Principles of Surgery*, for medical students and surgical residents. It was first published in 1969 and is now in its 11th edition.
- Authored or co-authored six additional surgical textbooks and more than 250 scientific articles.
- Served as editor-in-chief of *Contemporary Surgery* for 28 years, *Year Book of Surgery* for 22 years and the *Journal of the American College of Surgeons* for 10 years.
- Chaired the URMC Department of Surgery and served as Surgeon-in-Chief Strong Memorial Hospital from 1987 through 1998.
- Served as president of the country’s three most prestigious surgical societies: The Society of Clinical Surgery, The American Surgical Association and the American College of Surgeons.
- Was elected a member of the National Academy of Medicine (formerly the Institute of Medicine).
- Authored six books on the mapping of America.
- Served on the Board of Trustees of the Museum of American History, the Smithsonian Institution and as a member of the Philip Lee Phillips Society of the Geography and Map Division of the Library of Congress.
- Was elected a member of the American Philosophical Society in 2001.
- Has been the recipient of Honorary Doctorate Degrees from the University of Lund, the University of Madrid and the University of Wisconsin-Madison.

Abdominal Transplant and Liver Surgery



Pictured: Roberto Hernandez-Alejandra, M.D., with resident

Complex Techniques, New Technology Drive Transplant Efforts

The Division of Abdominal Transplant and Liver Surgery continues to expand, adding expertise and resources to its existing world-class team of medical and surgical experts and dedicated support staff. That, coupled with a focus on new surgical procedures and leading-edge technology, is garnering increased volumes and allowing the team to provide additional chances at life for more Upstate New York patients and their families.

Surgical Advances

The team offers the most specialized hepatobiliary and liver transplant surgery in Upstate New York. Leader of the Transplant team Roberto Hernandez-Alejandro, M.D., remains one of only a handful of surgeons in the world who provide the innovative ALPPS procedure for high-risk cancer patients with no perioperative mortality. The ALPPS is a two-step surgical technique that separates cancerous liver tissue from healthy tissue and promotes the rapid growth of the latter in cases with advanced tumors in the liver. Patients from as far away as the Yukon Territory of Canada and Croatia have traveled to URMC for ALPPS assessment.

Another milestone is robotic surgery for live-donor kidney procurement that was introduced this year, directed by kidney transplant surgeon Randeep Kashyap, M.D., making URMC the only Upstate New York

center to offer this technology. The procedure, using a robotic arm that replicates a surgeon's motions, is directed by Dr. Kashyap from a console across the room using virtual images provided by laparoscopic cameras. It provides enhanced surgical precision, smaller incisions, and better, faster recovery and shorter length of stay for donors who are willing to give the Gift of Life to others in need.

An emphasis continues on accepting organs from patients who suffer cardiac death (Donation after Cardiac Death, DCD). Extensive expertise is necessary to match donors to recipients and to work with challenging time constraints that hasten decisions, making URMC unique in its ability to utilize this technique. The results of DCD liver transplants are as good as the standard brain dead donor livers. This increases access to transplants for Upstate New York patients who can spend considerable time on the waiting list. This year, 25 percent of deceased donor transplants were a result of DCDs, a significant increase over the previous year. That trend is expected to continue.

Further Expansion of the Donor Pool

A lack of donated organs available for transplant, particularly in New York, continues to drive the Division of Abdominal Transplant and Liver Surgery team's determination to enhance their program in an effort to save lives.

The creation of a larger transplant team, including recruitment of additional, highly trained surgeons certified in two specialties, has made it possible for the division to be the only Upstate New York center to offer live-donor liver transplants. Six cases were performed in the first six months. These complex procedures allow a healthy donor to give a portion of their liver to a patient in need of transplant. The team's focus is on providing this lifesaving treatment for recipients, and ensuring high quality and safety measures for donor procedures.

Liver transplant cases, both deceased donor and live-donor, have doubled in the last two years at URMC. The one-year survival rate for URMC liver recipients is 94 percent, and one-year graft (organ) survival is 92 percent, both of which exceed the national average.

Our experienced liver team specializes in caring for patients with cancer, performing liver resections that other centers consider unresectable, offering better chances of survival and improved quality of life.



Pictured: David DeWolfe, M.D., Joe Dooley, M.D., Roberto Hernandez-Alejandro, M.D., Bandar Al-Judaibi, M.D. and Transplant Team at the Annual River Run sponsored by Abdominal Transplant and Liver Surgery to raise money for transplant patients and their families.

The team continues to tout its paired kidney donor exchange program, which connects URMC to a consortium of academic medical centers across the country. It allows live-donors who are not a match for a known recipient but are still willing to donate, to give their kidney to a stranger in need of transplant, and in turn their intended recipient receives an organ from a similar donor. The program has been a part of 27 chains thus far, helping 54 URMC patients from across Upstate New York donate and receive organs as part of the collaborative effort.

URMC has the number one volume in live donor kidney transplants in Upstate New York. The number of kidney transplants in the first seven months of 2018 surpassed the total number performed in 2017, with 35 percent a result of living donors.

Care Close to Home

For the past decade, children in Upstate New York who needed a pediatric liver transplant didn't have any local options. With no nearby providers, this meant long car trips or plane rides to New York City or centers in other states to get the care they needed — not only for the surgery itself, but also for the majority of the required follow-up visits and treatment.

That changed this year, with URMC Golisano Children's Hospital's new program for children with serious liver problems.

The Pediatric Liver Transplant program, led by Nanda Kerkar, M.D., is supported by the adult transplant team and includes Transplant surgeons Koji Tomiyama, M.D., and Division Chief Roberto Hernandez-Alejandro, M.D.

Paired with a pediatric hepatology clinic, the program is providing services much closer to home. Pediatric patients are already being assessed, and the first pediatric liver transplant is expected to be performed in early 2019.

For adult liver patients who live east of Rochester, an ambulatory clinic site debuted in Syracuse at St. Joseph's Health, a URMC collaborative partner. The location offers care closer to home for hundreds of URMC liver transplant patients who live in Central New York and the Mohawk, Hudson Valley, Capital and Northern New York regions who traditionally had to drive two or three or four hours to Rochester in all weather conditions, sometimes quite often. This Central New York clinic means easier access for them, with less time and expense spent traveling for appointments.

FACULTY LISTING

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 and Associate Vice Chair for Clinical Operations and Regional Development

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



Pictured: Mark Gestring, M.D. with Senator Rich Funke at a Stop the Bleed Day

The National “Stop the Bleed” Campaign: Targeting Preventable Death Following Injury

The only thing more tragic than a death is one that could have been prevented. “Stop the Bleed,” a nationwide initiative that has been in existence for approximately two years, aims to put an end to bleeding deaths that result from everyday emergencies, as well as mass shootings and other mass casualty situations.

“In the year 2018, there’s no excuse for somebody to die from extremity hemorrhage - absolutely none.”

Dr. Mark L. Gestring

“Uncontrolled bleeding is the number-one most preventable cause of death after injury,” says Mark L. Gestring, M.D., F.A.C.S. “By teaching people the basic techniques required to stop bleeding and by familiarizing them with how to use equipment such as tourniquets and gauze, we’re empowering them to do something in the event of an emergency. The simple, inexpensive equipment found in bleeding control kits is becoming more available to the public and it can save lives.”

According to Dr. Gestring, who also serves as Medical Director of the UR Medicine Kessler Trauma Center and Professor of Surgery, Emergency Medicine and Pediatrics, “Stop the Bleed” techniques can be employed for many types of injuries beyond those related to violence. These range from motorcycle, biking or hiking accidents to hunting and sports injuries to common occurrences such as becoming wounded while doing house or yardwork.

Since a trained bystander is the best person to provide immediate aid, the goal of “Stop the Bleed” is to teach citizens to use tourniquets and apply direct pressure to wounds in an emergency to stop a person from bleeding to death. “We make our training programs as user-friendly as possible and teach everyone from kids to senior citizens ... we go to them or they come to us,” adds Dr. Gestring. To date, Dr. Gestring and his team have provided training for first responders, firemen, law enforcement officers, boy and girl scouts, motorcycle clubs, senior citizens groups, UR Medicine medical students and more. “To educate as many people as possible on how to use ‘Stop the Bleed’ techniques, we’re currently focusing on a train the trainer model,” explains Dr. Gestring. This allows the course, which can be taught in 60-90 minutes, to be widely available in our region. “We partner with EMS groups to help them become instructors, and

have worked successfully with Rochester Institute of Technology, SUNY Geneseo, the Jewish Community Center and other organizations in the community.” Dr. Gestrung and his team have also traveled to Corning and Elmira to teach classes – and he has been instrumental in rolling out the program at the national level.

“Stop the Bleed” has been very well received both locally and nationally. It has gained the attention of

members of the U.S. Congress, who have become advocates for the program. “Over the past two years, the initiative has been highly successful,” says Dr. Gestrung. “As of August 2018, close to 390,000 students across all 50 states and in 77 countries have participated in the training that was developed by the American College of Surgeons.” “In the year 2018, there’s no excuse for somebody to die from extremity hemorrhage - absolutely none.”

Community Initiative

As the only Level I Trauma Center in the region, the UR Medicine Division of Acute Care and Trauma Surgery is committed to providing community education and support every season of the year.

- In May, we teamed up with Department of Surgery residents and the New York State Police, Troop E, to hold a Prescription Drug Take Back. As a result of this successful event, more than 200 pounds of prescription medications were turned in and safely disposed of.
- We partner with high school driver’s ed instructors to offer advice for responsible teen driving. We also work with Monroe County to develop drunk driving prevention programs.
- At Halloween, we provide tips to help ensure safe trick-or-treating.

- Together with Highland Hospital, we present informative fall prevention/safety classes for senior citizens during the winter months.
- We provide targeted interventions for kids involved in violence. Once a child is treated for a violence-related injury at our Trauma Center, we collaborate with families, law enforcement agencies, social services, school districts and personnel from various hospital departments to help ensure the child, as well as his or her siblings who may be at risk, are safe.
- We partner with hospital employees in Buffalo and Syracuse to conduct disaster drills. We also conduct annual joint training for nurses at Genesee Community College in Batavia.

“Stop the Bleed” Goes University-Wide

Beginning April 1 – aligned with “National Stop the Bleed Day” on March 31 – more than 150 “Stop the Bleed” bleeding-control kits were installed in every public access AED cabinet across all University of Rochester campuses. To help employees be ready to use these kits in the event of an emergency, the first of many walk-up trainings and skills demonstrations were held during March. Additional 60-minute, certificate-bearing courses were provided in early April for individuals interested in gaining greater proficiency and receiving certification to train others. In addition, all University public safety personnel have been trained and now carry tourniquets while on duty.

People with severe bleeding can die in less than five minutes without intervention, and more than a

half-million lives are lost nationwide due to bleeding injuries every year. Hemorrhage is responsible for more than 35 percent of pre-hospital deaths and more than 40 percent of deaths within the first 24 hours. “In an organization as large as ours that serves thousands of people every day, it’s important to have individuals across our campuses who are trained and equipped to help in a bleeding emergency wherever it might occur,” says Dr. Gestring. “We are very proud to be able to provide all University employees with the tools and training to save lives, should they ever need to use them.”

Those wishing to learn more can contact the trauma program at (585) 275-8000 or visit Bleedingcontrol.org.

FACULTY LISTING

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

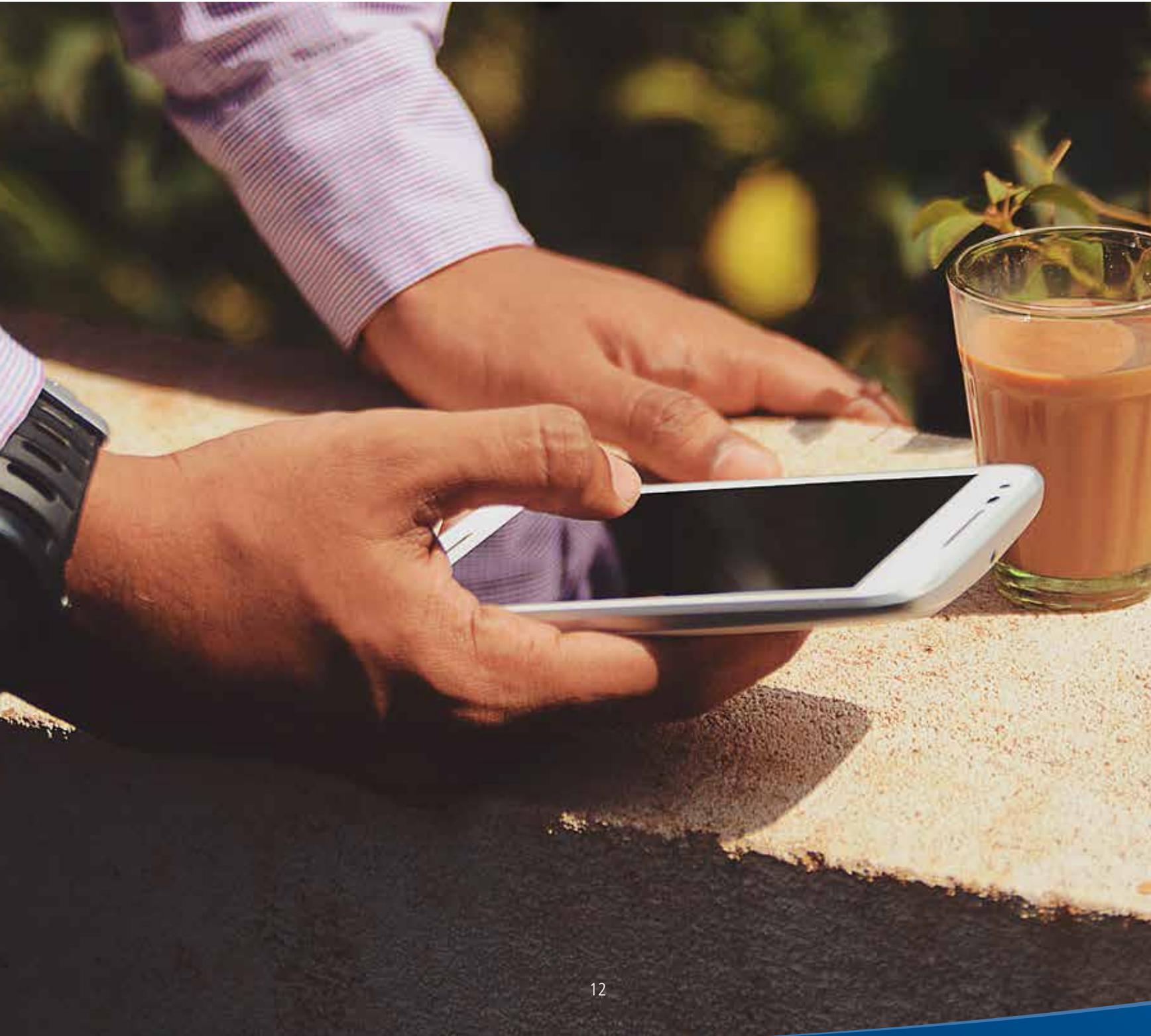
Yanjie Qi, M.D., Assistant Professor of Surgery; Associate Program Director of General Surgery Residency

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

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

Nicole A. Stassen, M.D., Professor of Surgery and Medical Director of the Kessler Family Burn/Trauma ICU; Surgical Critical Care Residency Program Director

Bariatric and GI Surgery at Highland



Baritastic App Promotes Patient Engagement

For individuals who undergo bariatric surgery, the procedure is just one step on the journey toward dropping the pounds – and keeping them off. It's vitally important for patients to watch their food intake, as well as make significant lifestyle changes to maintain the weight loss after surgery and help prevent other problems and diseases.

The app is customized to our Center's standards for patients to use as a support tool throughout their weight-loss journey, both pre-and post-operatively."

Kathy DiBella, M.S., R.D., C.D.N.

Baritastic, a weight-loss app that Highland Hospital Bariatric Surgery Center patients are allowed to access for free, can help them maintain healthy lifestyles for life. "The Baritastic app is an ideal tool for promoting patient engagement," says Kathy DiBella, M.S., R.D., C.D.N. and Manager, Highland Hospital. "The app is customized to our Center's standards for patients to use as a support tool throughout their weight-loss journey, both pre- and post-operatively."

The overall purpose of Baritastic is to better educate bariatric surgery patients. The app features a journey map outlining steps leading to surgery and aftercare, a checklist of pre-operative medical requirements for electronic medical records and an online video option to view a bariatric informational seminar online. "Patients can set up checklists to meet their specific needs," adds Kathy. "They can note how much they have exercised, write their food journals on their phones and much more. Patients can also give our Center's dietitians access to these journals so we can give them the guidance and encouragement they need." In addition, Baritastic can text patients to remind them to take vitamins and supplements, schedule appointments and attend upcoming support group meetings.

For Vivian Roseto, a patient who underwent a vertical sleeve gastrectomy in May 2017, the app is a necessity. She began using it on her smartphone immediately following surgery. "From day one, the app has allowed me to calculate how long I walk or exercise each day," she says. "It also helps me to keep track of my calories, how many liquids I'm having and what types of food I'm eating." Though Vivian plans to continue her exercise and dietary regimens, she isn't concerned about losing more weight. "If I stay like this, I'm happy," she explains. "If I lose some more, I'm also happy."

About Our Bariatric Surgery Center

Highland Hospital is a nationally accredited Comprehensive Bariatric Center, meeting the highest standards of excellence for Bariatric Surgery Centers. More than 8,000 surgeries have been performed at Highland since 2005. Highland's Weight Management & Lifestyle Center, a new adjunct to

the Bariatric Surgery Center, offers a medical weight-loss program in addition to bariatric surgery. The goal is for Highland Hospital to be recognized as Rochester's comprehensive weight-loss destination.

Weight Management & Lifestyle Center

An integral addition to the Highland Hospital Bariatric Surgery Center, our Weight Management & Lifestyle Center helps patients lose weight, as well as live a healthier life. This new Center provides medical weight-loss options in addition to surgery including medications, meal replacements and a plant-based meal plan that offers medical supervision, weekly classes, exercise and behavior modification. A main-

tenance program for both the meal replacement and plant-based option – an essential program component to support long-term weight-loss success – is also available. The addition of these services provides an opportunity for cross-referrals between traditional and surgical weight-loss options with the goal of ultimately improving patient health outcomes.

Highland Highlight

- This past spring, Thomas M. Campbell II, M.D. was appointed Medical Director for the Weight Management & Lifestyle Center and received the American Board of Obesity Medicine certification.
- The Department of Surgery reception area was renovated to promote a welcoming, patient-friendly environment.
- We increased our clinic capacity from seven to eight exam rooms to accommodate an additional provider for each clinic session.
- A nutrition/behavioral health counseling office was added for the Weight Management & Lifestyle Center staff.
- The Kingsley Conference Room was modernized to increase classroom capacity and functionality.
- Office and research space for the Weight Management & Lifestyle Center staff was created on the second level of Highland Hospital.

Donation Helps Fund Nutrition Research Program

The T. Colin Campbell Center for Nutrition Studies board voted to approve a University of Rochester affiliate gift agreement to give a minimum of \$1.5 million over the next five years to the Nutrition in

Medicine Research Fund at the Highland Foundation. This donation will help build a significant research program focused on plant-based nutrition as part of the Highland Weight Management & Lifestyle Center.



FACULTY LISTING

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

Cardiac Surgery



Pictured: Igor Gosen, M.D. and team performing LVAD surgery.

UR Medicine leads U.S. in Minimally Invasive Surgery for Newest LVAD Heart Pump

UR Medicine cardiac surgeons recently introduced a minimally invasive approach to implanting the newest heart pump available for people with congestive heart failure. This is believed to be the first in the nation, and potentially a game-changer for patients.

The HeartMate 3™ LVAD is the next-generation left ventricular assist device for advanced congestive heart failure. The device supplements the pumping action of a weakened heart. It is approved for use as a bridge-to-transplant. SMH is Upstate New York's only center approved to use LVADs, because of the strength of its comprehensive heart failure and transplantation program.

“This is a significant advance for patients who can receive this life-saving device without weeks or months of recovery,” says heart transplant surgeon Igor Gosev, M.D. He worked closely with cardiac surgeon Peter Knight, M.D., and anesthesiologist Laurent Glance, M.D., to carefully place the one-pound device near the base of the heart of a Southern Tier man.

“It has been our goal to use a minimally invasive approach with the LVAD because this new device is smaller and the placement on the heart is optimal,” Knight says. He leads the Minimally Invasive Cardiac Surgery Program and has advanced techniques over the last two decades, and is nationally recognized for his innovation and leadership in the field.

On Feb. 12, surgeons made two 3-inch incisions—one under the heart and another below the collar bone on the right side – to implant the pump. Some surgeons in Europe have used a similar technique. The device,

made by Abbott, was approved by the FDA in August and UR Medicine surgeons began planning to perform the alternate method.

“This is a great example of teamwork and dedication to providing the best care for our patients,” says Cardiac Surgery Chief Sunil Prasad, M.D. “In this procedure, Dr. Knight, who has performed hundreds of minimally invasive heart surgeries, and Dr. Gosev, who has implanted hundreds of LVADs, came together to use this minimally invasive approach and our patients have done extremely well.”

“This is a significant advance for patients who can receive this life-saving device without weeks or months of recovery.”

Dr. Igor Gosev

The Heart and Vascular team has been implanting LVADs for nearly 20 years, having participated early clinical studies that led to their standard use for heart failure. To date, the team has provided LVADs to more than 500 people, some of whom have traveled from Northern New York, Albany, Buffalo and the Southern Tier and Pennsylvania for care.

Using minimally invasive techniques, patients often experience less pain and blood loss, lower risk of complications, shorter hospital stay, improved quality of life and heart function. Especially important for heart failure patients is the ability to return home, with their loved ones, as they await heart transplantation. Some people face months of hospitalization waiting for a matching donor heart.

The team, which includes cardiac surgeon Bryan Barbus, M.D., is using this technique whenever appropriate and safe for patients.

“Heart failure is a crippling and costly disease and why it’s important to be able to offer these patients a technology that gives them the opportunity to

return to a better quality of life,” says Jeffrey Alexis, M.D., medical director of the VAD and artificial heart program.

Strong Memorial is one of the highest volume LVAD centers in the nation and UR Medicine cardiac surgeons and cardiologists participate in clinical studies of the newest devices, providing patients access to next-generation technology before other sites in the nation.

The collaborative nature of the Heart and Vascular program led to this advance, which is expected to be studied by peers at other academic medical centers, Prasad says.

Entrepreneurs Fund Cardiac Surgery Professorship

In late fall 2017, the University of Rochester School of Medicine and Dentistry received a \$2 million gift from Jude S. Sauer, M.D. and his family to establish a distinguished professorship to be held by the Chief of Cardiac Surgery. Sunil M. Prasad, M.D. is serving as the inaugural Dr. Jude S. Sauer Family Distinguished Professor in Cardiac Surgery.

Dr. Sauer received his bachelor’s and medical degrees from, and completed his surgical residency training at, the University of Rochester. He is the founder, president and CEO of LSI Solutions®, a surgical research and manufacturing company providing innovation for minimally invasive surgery. LSI’s locally manufactured products and licensed inventions have been used to treat tens of millions of patients around the world.

The generosity of Dr. Sauer and his wife, Eva Sauer, M.D., LSI secretary and treasurer, is in recognition of their long partnership with the University of Rochester Medical Center (URMC). The Sauers met while working as researchers at URMC in the 1980s. They have worked closely with surgeons to develop new devices to improve surgical techniques and patient outcomes.

“URMC’s cardiac surgery team is world-class in delivering outstanding patient outcomes and innovation for improved care,” says Dr. Jude Sauer, Clinical Assistant Professor of Surgery. “This gift is very personal to us because we have been a part of the University of Rochester for decades and take pride in supporting URMC.”

According to Dr. Prasad, “It is a privilege to work with Dr. Jude Sauer and to have the generous support of his family as URMC continues to advance cardiac care and save lives. I’m proud to be the first person to hold the distinguished professorship made possible by the Sauers.” Dr. Prasad performs a range of complex surgical procedures including heart transplantation and implanting left ventricular assist devices. He is an expert in extracorporeal membrane oxygenation (ECMO), a technique that uses a mechanical device to oxygenate the blood when the heart or lungs are failing. Dr. Prasad also helped pioneer the next generation therapy, known as “walking ECMO,” which allows patients to get out of bed and walk with a portable device, often reducing complications and improving patient outcomes.

Pediatric Cardiac Surgery



Pictured: Iris Helfner and George Alfieris, M.D.

Defying the Odds, “Fighting Iris” Bounces Back After Cardiac Arrest

Karl Helfner was jolted out of sleep by the sound of someone shouting. He had been dozing peacefully at the Ronald McDonald House, just a short walk away from where Iris, his five-year-old daughter, was recovering from heart surgery.

He listened as loud, running footsteps echoed through the hallway toward his room. Fear and panic gripped him as someone began knocking forcefully on his door. “You need to come downstairs now,” came the shouts from the other side. “Her heart stopped.” Karl raced to get dressed and ran to the Pediatric Cardiac Intensive Care Unit (PCICU). By the time he arrived, nearly 20 doctors and nurses were in his daughter’s room, trying to restart her heart.

George M. Alfieris, M.D., Director of Pediatric Cardiac Surgery at Golisano Children’s Hospital and Jill Cholette, M.D., Chief of the PCICU, were two of the doctors working diligently to save Iris. “I happened to be at the hospital late and before leaving for the day, decided to check in with the PCICU,” says

*“We were in the right place
at the right time to help save
Iris’s life.”*

Dr. George Alfieris

Dr. Alfieris. “On my way there, I met up with Dr. Cholette.”

According to Dr. Alfieris, Iris went into cardiac arrest moments after they arrived – and their response was immediate. To keep Iris alive, the doctors opened up her chest right in her hospital room. Taking turns, they used their hands to squeeze Iris’s heart and beat it for her – performing cardiac massage. “There was no indication that Iris would have run into any kind of trouble since her surgery went well and she was progressing as expected,” adds Dr. Alfieris. Together, the doctors kept Iris’s heart beating for more than an hour and a half, until she could be placed on an advanced life support system called extracorporeal membrane oxygenation (ECMO). The machine pumped Iris’s blood for her and would hopefully give her heart time to recover.

Iris, who was born on November 11, 2011, was diagnosed with Ebstein’s Anomaly, a rare congenital heart defect. The valve between her two right heart chambers was not in its proper position and it had abnormal valve leaflets – flaps of tissue that open and close to allow for blood flow. Despite her diagnosis, Iris was acting like a normal, healthy newborn, so instead of performing surgery right away, doctors chose to keep a close eye on her heart. Every few months, she returned to the hospital for scans, and for years, she was able to avoid the Operating Room. But the faulty valve in Iris’s heart began showing too much wear and tear after she reached kindergarten. In late 2016, doctors decided it was time for surgery. Dr. Alfieris performed an eight-hour open-heart operation to replace the valve in Iris’s heart and allow

it to function normally. At first, Iris bounced back from the surgery quickly. Within 24 hours, she was breathing on her own and was on track to leave the hospital in about a week. “She was doing so well that night after the surgery,” says Karl. “So well, that everyone went home, except me.” A few hours later, her heart stopped.

After Iris was placed on ECMO, the extreme panic of the previous hours had lifted a little, but she wasn’t out of the woods yet. Children who are sick enough to need ECMO have a 50 percent chance of survival, and over the next week, Iris faced a fair share of challenges.

First, the steady dose of blood thinners that Iris was on to prevent clotting of the ECMO system led to bleeding complications. She needed multiple transfusions and had to make a return trip to the Operating Room to control the bleeding. Then she developed unexplained fevers and underwent countless tests and treatments as doctors tried to keep an infection from taking hold. Next, a clot developed under Iris’s new valve, rendering two-thirds of it ineffective. She was sent to the catheterization lab for another procedure.

Iris’s body rebounded after each setback, but how her brain had handled the ordeal of the past weeks – and whether it was functioning at all – remained unknown. “We were extremely worried about the cognitive delays she might have,” says Dr. Cholette. “Whenever cardiac massage is necessary, there is a risk of brain damage. Nothing is the same as the heart beating for itself, and 90 minutes is a very long time.”

Karl and his wife Kaori were constantly asking themselves: Would Iris recognize them? Would she even know her name? To help give them some answers, doctors allowed Iris to wake up temporarily from the medications that were keeping her asleep so her parents could try communicating with her. Karl asked her a question, and even though Iris still had a tube down her throat and wasn't able to speak, she mouthed her response. Immediately, he knew she was okay. "I don't think words can describe how thrilled I was," explains Karl. "Underneath all of the tubes and the IVs, she was still there."

After nearly two weeks on life support, Iris was able to come off ECMO and her heart began beating by itself again. Her recovery was slow, and she had to fight past additional obstacles, including a stroke and one last trip to the Operating Room – this time, for the placement of a pacemaker that will help regulate her heart rhythm for the rest of her life.

But day-by-day, Iris made progress. Soon, she was trading in her feeding tubes and dressing changes for new hairdos and nail polish. Seventy-two days after her surgery, Iris was finally able to leave the hospital. "You could tell that it was a celebration for everyone who had cared for her. They had seen her at her worst, and everything that could have gone wrong, did," adds Karl. "But in the end, she was all right."

Today, the only sign of what Iris went through is a scar down the middle of her chest. "Her parents stayed so positive through the most extreme, horrible circumstances and their outlook played a key role in her recovery," says Dr. Cholette. "Iris is one of the truest miracles I have ever seen." Dr. Alfieri adds that both he and Dr. Cholette, "were in the right place at the right time to help save Iris's life."

FACULTY LISTING

Sunil M. Prasad, M.D., Dr. Jude S. Sauer Family Distinguished Professorship 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 Surgery

George L. Hicks, M.D., 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

Colorectal Surgery



Pictured: Larissa K.F. Temple, M.D. and Kristin Kelly, M.D.

Improving the Patient Experience

The UR Medicine Division of Colorectal Surgery constantly strives to raise the bar for excellence. “Our vision is to be one of the Top 10 colorectal programs in the United States,” says Larissa K.F. Temple, M.D., Chief of the Division of Colorectal Surgery and Professor of Surgery. “To do so, we continue to focus on providing excellent patient care through being our best in quality, service, innovation and education.”

“By educating our patients, we’re enhancing their overall experience. We’re also empowering them to take charge of their own health.”

Dr. Larissa K.F. Temple

There have been many accomplishments this year that highlight our commitment to our vision. Our minimally invasive techniques, including transanal endoscopic surgery and robotic programs, have continued to expand and decrease morbidity of colorectal diseases. We have been highlighted by the University of Rochester Medical Center Board on two separate occasions this year for our improved patient experience and clinical outcomes. Finally, we have received ACGME accreditation for our colorectal fellowship program and graduated our first board eligible surgeon, Dr. Kristin Kelly.

To optimize patient care, the division implemented Enhanced Recovery After Surgery (ERAS) approximately two years ago. This multidisciplinary effort has been successful in reducing surgical site infections, shortening length of hospital stays, and helping patients experience a faster recovery. These efforts have become incorporated into the entire Department and recently we were awarded a Board Excellence Award for our ERAS initiatives.

We believe that engaging the patient in their operative journey has been a major contributor to our success with ERAS. Our division nurse, Joanne Kitt, R.N and nurse practitioner, Ellen Schmidt lead patient educational efforts. “Educating patients before surgery also helps them to heal faster and resume their normal activities as soon as possible post-operatively.” Our inpatient advanced practice providers, Quarnisha White, N.P. and Holli Nesbitt, P.A., reinforce patient discharge information and have been an important role in our outcomes.

The Division is committed to optimizing our patients prior to surgery. Under the leadership of Fergal Fleming, M.D., F.R.C.S., Associate Professor of Surgery and Oncology, our division offers prehabilitation to high risk patients so that they are stronger prior to surgery and recover faster after surgery. All patients are offered to enroll in our highly successful smoking cessation program. According to Dr. Fleming, “Entering a smoking cessation program before surgery can go a long way in fending off post-operative complications.”

Under the leadership of Mary Robinson N.P., the division has successfully implemented a pilot using

Twistle, a web based HIPAA-compliant app that provides patients with the information they need at the right time. For example, it prompts patients to walk two to three times daily before surgery, encourages them to stop smoking, gives reminders for bowel preps and more. After being discharged, patients can send secure messages including texts, photos and videos to their provider. “Our patients have been very satisfied with the Twistle app,” states Dr. Temple. “It helps to keep them on track and serves as a vital communication tool between our providers and patients.” Ms. Robinson will be presenting the results of this pilot at the New York State Nurse Practitioner’s Conference in November 2018.

“By educating our patients, we’re enhancing their overall experience. We’re also empowering them to actively engage in their own health,” explains Dr. Temple.

A Continuum of Care in the Community

In addition to improving the inpatient experience, Dr. Temple and the colorectal team are dedicated to offering innovative outpatient programs and services that benefit our community and augment the patient experience. These collaborative programs are offered to our patients and community by our advanced practice providers. The Division of Colorectal Surgery is committed to offering patients in our community the most advanced, private and compassionate care and services possible, including:

Anal Dysplasia Clinic

The incidence of anal cancer is increasing, particularly amongst patients who are immunosuppressed from malignancies, transplantation and/or HIV. The Strong Dysplasia Clinic provides an important service to people in the community who are at high risk for developing anal cancer.

This program is run by Christina Cellini, M.D., Associate Professor of Surgery and two of our advanced practice providers, Anne Kalkbrenner N.P. and Holli Nesbitt, P.A. The clinic provides the very latest diagnostics for detecting anal dysplasia including an anal pap test, high-resolution anoscopy and anal biopsy.

Bowel Disorders Support Group

The UR Medicine Colorectal Physiology Center, led by Jenny Speranza, M.D., Associate Professor of Surgery and Oncology, is the only medical facility of its kind within 450 miles. It offers the most advanced diagnostics and therapies available for bowel dysfunction.

While millions of Americans suffer from bowel dysfunction, it’s difficult for people to talk openly about this disorder. Dr. Speranza and two nurse practitioners, Maggie Odhner, N.P. and Marcia Dinsmore, N.P. hold a support group every three months for patients with bowel disorders from pelvic floor disorders, inflammatory bowel disease and/or colorectal cancer. By attending our support groups, participants learn they are not alone and are offered practical tips on living life while accommodating for bowel dysfunction.

Colorectal Cancer Survivors

The Colorectal Surgery Division plays an active role in the Wilmot Cancer Institute. Cancer patients are often seen in the multidisciplinary clinics and their cases presented to GI Tumor Boards. Rabih Salloum, M.D., Professor of Surgery was actively engaged in Colon Cancer Awareness week this year. In fall 2018, our division participated in the Wilmot Warrior Walk to raise monies for cancer survivorship.

Ostomy Services

Our team provides comprehensive outpatient and inpatient ostomy services. Ginny Hanchett, N.P. provides comprehensive outpatient enterostomal therapy services for adult and pediatric patients with stomal and peristomal issues. Brittany Lewis, R.N. and the ostomy team provide inpatient teaching and ostomy care. We offer expert care, education and support for patients who have had a colostomy, ileostomy, urostomy or who require tube site management throughout patient’s lives. Our holistic approach to care meets each patient’s physical, social and psychological needs.



Pictured: Department of Surgery receiving Board Excellence Award for ERAS initiatives

NEW CLINICAL FACULTY



GABRIELA POLES, M.D.

Assistant Professor of Surgery, Colorectal Surgery

- Medical degree from Tufts University School of Medicine
- General Surgery Residency at the Maine Medical Center
- Colorectal Surgical Fellowship at St Mark's Hospital

FACULTY LISTING

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

Christina Cellini, M.D., Associate Professor of Surgery

Fergal J. Fleming, M.D., Associate Professor of Surgery and Oncology

Rabih M. Salloum, M.D., Professor of Surgery; 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



Pictured: Scott Gerber, Ph.D.

Fighting Pancreatic Cancer with Immunotherapy

Pancreatic cancer is aggressive and generally has poor survival odds. Researchers at UR Medicine's Center for Tumor Immunology are working diligently to give pancreatic cancer patients hope – and to ultimately find a cure for this devastating disease.

“One of the many difficult things about pancreatic cancer is that tumors are resistant to most treatments because of their unique density and cell composition,” says Scott A. Gerber, Ph.D., Assistant Professor, Departments of Surgery and Microbiology and Immunology. “The research in our lab focuses on understanding not only how the immune system may contribute to the progression of cancer, but more importantly, how we can reverse this process and instead stimulate the immune cells to fight cancer.”

According to Dr. Gerber, researchers at the Center often use a ‘driving a car’ metaphor when discussing how to best treat pancreatic cancer. “Our goal is to be able to drive an immune response to potentially get good results,” he says. “It was thought that if we put a bigger engine – therapies that stimulate certain immune cells to destroy tumor cells – into the car, we should be able to ‘drive’ a robust anti-tumor response.”

But even though researchers kept putting in ‘big engines,’ they didn’t get anywhere because the parking brake was always on. “We found that a particular subset of immune cells, called myeloid cells, were immunosuppressive and ‘put the brakes’ on any type of anti-tumor immune response. Therapies that should have destroyed the tumor weren’t working,” explains Dr. Gerber. “We started to design therapies

that not only drove a strong anti-tumor response, but also removed the brake, which made the therapies more effective and resulted in an improved overall outcome.” Research at the Center currently involves giving drugs that stimulate cells to directly find and destroy tumor cells, as well as drugs that release the ‘parking brake’ and reverse immunosuppression. In an effort to do both, researchers are experimenting with multiple drugs to fight pancreatic cancer. Although not yet FDA approved, Interleukin-12 (IL-12), is one therapy that appears to show promise. The lab is using a radiation therapy model combined with IL-12 in mice to treat pancreatic cancer. “We’re actually curing these tumors, which is rare even in mice,” states Dr. Gerber. “It’s like a magic bullet.”

“Immunotherapy is the biggest breakthrough in cancer treatment in the past 10 years. We want to be the go-to-place for cancer research when it comes to this promising and exciting field.”

Scott A. Gerber, Ph.D.

Immunotherapy rarely stands alone as the model therapy for cancer treatment. “Despite their side effects, chemotherapy and radiotherapy are still the best anti-cancer treatments we have because they actually work,” says Dr. Gerber. “But we can get these standard care options to work a lot better when we combine them with immunotherapy.”

A variety of innovative drug combinations are now in clinical trials at the Center. “The only way we’re going to beat cancer is to test different drugs to see which are the most optimal for destroying tumors, while resulting in the least toxicity to patients,” Dr. Gerber adds. “By closely aligning ourselves with organizations such as the Pancreatic Cancer Action Network (PanCAN) and the National Cancer Institute (NCI), our hope is to obtain grants to get new and innovative drugs into clinical trials. PanCAN has really helped to bring pancreatic cancer into the spotlight.”

Since researchers at the Center for Tumor Immunology realize that no one person or cancer institute is going to discover a cure for cancer, they collaborate with other renowned cancer facilities, as well as big pharma. Led by David C. Linehan, M.D., Chairman, UR Medicine Department of Surgery and Seymour I. Schwartz Professor, the Center is well positioned to advance the understanding of cancer immunotherapy and make cutting-edge discoveries.

“Immunotherapy is the biggest breakthrough in cancer treatment in the past 10 years,” says Dr. Gerber. “Our Center has quite a few new initiatives on the horizon and continues to grow in size. We want to be the go-to place for cancer research when it comes to this promising and exciting field.”

Three-Drug Combo May Improve Pancreatic Cancer Survival

Building on previous scientific data from the lab of David C. Linehan, M.D., Chairman, UR Medicine Department of Surgery, researchers at Wilmot Cancer Institute have discovered that a three-drug combination can simultaneously target pancreatic cancer cells – as well as other harmful, inflammatory cells within the tumor – to improve survival.

“People with pancreatic cancer don’t have 10 years to wait for the next new drug,” says Dr. Linehan, who also holds the Seymour I. Schwartz endowed Professorship in Surgery and serves as Director of Clinical Operations at Wilmot. “Our approach is based on evidence that this disease has particular characteristics involving both the tumor and the immune response. We believe that treatment must address all sides of the problem.”

More than 80 percent of a pancreatic tumor is comprised of cells called tumor-associated macrophages (TAMs) that are not malignant cancer cells. These cells still play a vital role in promoting cancer by preventing the immune system from attacking the cancer. Pancreatic tumors also consist of and are surrounded by tumor-associated neutrophils (TANs) that further block the immune system when pancreatic cancer is present. (The cancer recruits the detrimental TAMs and TANs from the bone marrow.) Patients with a high number of TAMs and TANs in their biopsy samples have a poorer prognosis.

The objective of the Wilmot study, which was published in the British medical journal *Gut*, was to target TAMs and TANs with a combination of experimental drugs that would reduce their numbers

and allow the body's own immune defenses to act appropriately and fight the cancer, in addition to boosting the effectiveness of standard chemotherapy. The study was conducted in mice, but researchers also performed correlative analyses on human pancreatic

tumor samples. Results showed that targeting TAMs and TANs – as well as the cancer cells – improved anti-tumor immunity and chemotherapy response better than using any single therapy.

Scientists Link Pancreatic Cancer Survival to Four Genes

According to a 2017 study in *JAMA Oncology*, alterations in four main genes are responsible for how long patients survive with pancreatic cancer. Before this study, the presence and patterns between the genes and disease progression was not clearly established.

The study involved 356 patients who all had pancreatic adenocarcinoma, the most common type of pancreatic tumor, that could not be surgically removed. Ninety of the patients were treated at the University of Rochester Medical Center's Wilmot Cancer Institute, the others at Dana Farber/Brigham and Women's Cancer Center in Boston and Stanford Cancer Institute. In all cases after the tumors were removed, scientists extracted DNA from the cancerous tissue and nearby normal tissue, and conducted next-generation DNA sequencing on the specimens.

The analysis centered on the activity of the KRAS, CDKN2A, SMAD4 and TP53 genes. Results showed that patients who had three or four of the altered genes had worse disease-free survival (the time between surgery and when the cancer returns), and overall survival (from surgery to death), compared to patients with a single or two altered genes. "This research helps us to understand how the molecular features of pancreatic cancer impact prognosis on an individual level and gives us more facts to guide patients, and more importantly, to design future research studies," says study co-author Aram Hezel, M.D., a gastrointestinal expert and Chief of the Division of Hematology/Oncology at Wilmot.

FACULTY LISTING

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., Associate Professor of Surgery

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

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

CENTER FOR TUMOR IMMUNOLOGY

Scott Gerber, Ph.D., Assistant Professor, Department of Surgery and Microbiology and Immunology

Minsoo Kim, Ph.D., Dean's Professor of Microbiology and Immunology, Director of the Tumor Immunotherapy Research Program

Edith M. Lord, Ph.D., Professor of Oncology and Microbiology and Immunology

Peter A. Prieto, M.D., M.P.H., C.M.Q., Assistant Professor of Surgery

Jian Ye, Ph.D., Research Assistant Professor, Department of Surgery

Pediatric Surgery



Pictured: Carter Branton

Rare Condition Leads to 195-Day NICU Stay

From a biological perspective, the nine-month journey from a single-celled zygote to a fully formed baby is nothing short of astounding. And one of the many awe-inspiring moments along the way is the development of the intestine.

It's a complex system that needs to start early – at about 10 weeks gestation. At this point, the baby's entire body is barely the size of a grape and there isn't enough room in its tiny belly to hold the intestine, which needs space to grow and expand and make its many precise loops and rotations.

So, the intestine leaves the baby's body through a hole in the still-developing abdomen and ventures out into the womb, where it continues its growth. It expands, folds over itself, twists and turns in just the right way. And then, once the fetus is big enough, the intestine makes its way back through the opening and settles safely into the baby's belly.

Once in a while, something goes wrong and the intestine doesn't get pulled back in to the abdomen. Everything else continues as normal, but when the infant is born, its intestines are still hanging there, exposed, on the outside of the baby's stomach.

This condition is called gastroschisis, and it occurs once in every few thousand births. For Carter Branton, it was discovered at his 20-week ultrasound and was especially pronounced. "They told me that I shouldn't Google it, but how can you not?," says Savannah Branton, Carter's mother. "It was scary and we were pretty upset."

Doctors knew that they'd likely need to operate the day Carter was born. But when he emerged, they

realized that his intestine had twisted awkwardly, making his condition worse than most.

"Not only was the intestine outside his body, but blood flow had been cut off to one section that connected to his colon, so that portion needed to be removed," says Marsha Pulhamus, P.N.P.

Pediatric surgeon Christopher A. Gitzelmann, M.D. performed the emergent procedure, extracting the affected portions of intestine and colon and sealing off both unattached ends – a temporary, but necessary step to ensure that enough of the dead tissue had been removed and there wasn't any additional damage.

"It was like attaching a straw to a fire hose. But we were able to use some advanced surgical techniques to be able to safely reattach the intestines to each other."

Dr. Christopher A. Gitzelmann

Without a connected intestine, Carter wasn't able to eat normally, so for the next seven weeks, he got his feedings intravenously, while providers in the Neonatal Intensive Care Unit (NICU) kept a close watch on him. Savannah and her husband Chad were there constantly, trading shifts and leaning on their

own parents, who helped take care of Carter's older brother Austin.

It was a tough stretch, but it was during these early days that Carter's personality began to develop. Almost immediately, he endeared himself to his care team. "Carter was one of the happiest babies of all time," states Jeff Meyers, M.D., Medical Director of the NICU. "Despite everything he was going through, he always seemed to be smiling."

At seven weeks old, Carter underwent a second surgery. Dr. Gitzelmann, satisfied that the remaining portions of his gut were functioning properly, reattached his intestine and bowel to one another. Given the different sizes of the openings, this was a tricky operation. "It was like attaching a straw to a fire hose," explains Dr. Gitzelmann. "But we were able to use some advanced surgical techniques to be able to safely reattach the intestines to each other."

Fortunately, the surgery went well, but Carter was a long way behind in terms of feeding, and struggled to keep down even the smallest amount of milk. A chart tracking his daily intake documented his struggles to make any gains: 26 ml of milk on Monday, 32 ml on Tuesday, 45 ml on Wednesday ... then 16 ml on Thursday. "It went on for two and a half months," says Savannah. "We just couldn't figure out why we could never give him more than 5 ml per hour." Still, despite his lack of progress, Carter kept on smiling.

[PSQIG Produces Industry-Leading Results](#)

Each year, more than 74,000 children from the 17-county Finger Lakes region and beyond come to Golisano Children's Hospital (GCH) seeking surgical services and care that can only be found at this facility. But in 2014, as a brand new hospital building was

Eventually, a scan showed what doctors had begun to suspect: scar tissue from his surgeries had built up in his intestines. Since it was impeding his digestion, that meant yet another procedure and Dr. Gitzelmann was called upon a third time.

Again, Carter came through the surgery well. He stayed in the NICU for a little while longer and started to take more milk. Finally, he was cleared to go home, 195 days after the date of his birth.

His journey wasn't over, as he went home with a feeding pump and gastrostomy tube to ensure he was getting enough nutrients. He also began seeing Megan Gabel, M.D., Director of the Pediatric Advanced Nutrition Support Team, who helped Carter's family manage his food intake, bringing him, slowly but surely, up to a normal level.

But once he caught up, he never looked back. Today, Carter is a happy and healthy two-year-old. His digestion isn't perfect, and he still sees Dr. Gabel for check-ups every other month, but to see him now, there's nothing that suggests what he's been through. "They told us that it was going to be a rough couple of months, but by the time he was two, we'd look back on this and think it was forever ago," says Savannah. "It sounds crazy, but that's really how it felt."

being constructed, GCH was staring down the wrong end of a handful of worrying surgical metrics.

The American College of Surgeons had just released its 2013 semi-annual report – and it showed that GCH wasn't meeting several industry benchmarks. A

deeper dive into the data revealed that surgical site infections (SSIs) were one of the leading culprits. While SSIs are a risk with every surgery – a risk no hospital can completely avoid – the data was clear: GCH was seeing significantly more SSIs than its peers.

“These findings were unacceptable and our Pediatric Surgical Quality Improvement Group (PSQIG) immediately went to work to correct the problem,” says Christopher A. Gitzelmann, M.D., Associate Professor of Pediatrics and Surgery and Director of the Department of Surgery Quality and Outcomes. PSQIG established a set of practices – colloquially called a “bundle” – that were designed to reduce SSI rates.

Providers began using chlorhexidine gluconate wipes to clean the patient’s skin the night before surgery and the day of surgery. Patients underwent preoperative nutrition screens, as well as screenings for methicillin-resistant *Staphylococcus aureus* (MRSA), and their temperatures were closely monitored throughout procedures. A prophylactic antibiotic dosing chart was developed and betadine nasal swabs were used in the operating room before surgery.

By 2015, the first year the new practices were implemented, SSI rates had dropped so markedly that

GCH was now ahead of industry standards. “Within a year, we changed our status from a high outlier to on par with, or below, our industry benchmarks,” adds Dr. Gitzelmann. “These advances directly benefit our patients: fewer infections, transfusions, intubations and lower costs.”

The results of PSQIG’s efforts were published in the journal *Orthopaedic Nursing* in early 2017. Kori Wolcott, R.N., B.S.N., Quality Assurance Liaison for Pediatric General Surgery also authored an article for the American College of Surgeons’ May 2017 bulletin, detailing PSQIG’s success. Her abstract in the group’s various efforts won the organization’s SCR Abstract Competition Award. Our PSQIG was also honored internally with a Team-Based Care Award in March, and was recognized by the Medical Center’s Board of Directors in October 2017. “Our PSQIG helps ensure that children and their families will receive the safest, highest quality care at GCH,” says Dr. Gitzelmann. “We’re constantly striving to be better.”

FACULTY LISTING

Walter Pegoli, Jr., M.D., Joseph M. Lobo 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 and Reconstructive Surgery



Pictured: Families attending Cleft and Craniofacial Camp

There Were Smiles All Around at Summer Camp

Every child deserves a summer camping experience – and each year, the UR Medicine Cleft and Craniofacial Center at Golisano Children’s Hospital hosts a one-day event for patients ranging in age from birth to 18 years and their families to socialize and have fun.

Nearly 200 patients, parents, siblings and Cleft and Craniofacial team members came out for our 2018 craniofacial camp, held in July at Yogi Bear’s Jellystone Park™ in North Java, New York. The event also coincided with National Cleft and Craniofacial Awareness Month.

“This camp gives kids from across New York State the opportunity to spend time with others who share a similar diagnosis,” says Melisande J. Ploutz, P.N.P. “They learn that they’re not alone and build lasting friendships in the process. Some kids even exchange addresses and become pen pals.”

Since the camp is a place for inclusion, it also helps to build kids’ confidence and provides parents with a valuable support network. “At the Cleft and Craniofacial Center, we’re a family,” adds Melisande. “Events like our camp help to solidify this. We welcome patients and their loved ones to our extended family.”

In addition to being served breakfast, lunch, dinner and treats throughout the day, attendees enjoyed a

wide variety of activities including a wagon ride with Yogi Bear™ and friends, sing-alongs, sack races, mini golf, a splashpark and splash pads, kickball games and much more.

“At the Cleft and Craniofacial Center, we’re a family. Events like our camp help to solidify this.”

Melisande J. Poutz, P.N.P.

The theme for this year’s camp, “Choose Kind,” was proudly displayed on T-shirts, which were worn by camp-goers in the group photo. Clinton S. Morrison, M.D., Plastic Surgery Team Director for the Cleft and Craniofacial Center at Golisano Children’s Hospital, and his entire team were extremely pleased with the camp’s turnout. “It was a huge success and we hope to see even more patients and families next year,” says Melisande.

Healing Burns - and Helping to Prevent Them from Happening

As part of UR Medicine's Strong Memorial Hospital, the Kessler Burn Center serves as a resource for patients throughout New York State and Northern Pennsylvania. The Center's mission is to provide comprehensive, multidisciplinary burn care to patients of all ages, from the time of acute injury through long-term rehabilitation.

"A burn injury can potentially have a lasting visual impact for patients and other people," says Derek Bell, M.D., Associate Professor, Director of the Kessler Burn Center. "We provide ongoing medical, emotional and psychological support for patients in our community long after they are treated at our Center."

The Center's Burn Team members are involved in a wide variety of outreach initiatives, to not only educate the community about the Center's services, but to also prevent devastating burns from happening. We also host or support events for burn survivors to aid in the healing process. These initiatives and events include:

Bowling Bashes

Our Center joins forces with community firefighters, as well as law enforcement and emergency medical services personnel, to create a resource team that provides people in our community with information and support. Our bowling bashes also help to raise funds to pay for supplies needed to assist our patients in the wound healing process.

Burn Camp for Kids

During August, any child between seven and 17 years of age who has been treated for a burn injury in New York State and Ontario, Canada is invited to attend this four-day overnight camp. Our Center, in conjunction with Camp Good Days and Special Times and the Finger Lakes Regional Burn Association, hosts this fun-filled camp. Campers enjoy a variety of activities, while being able to share their feelings and personal experiences with kids in similar situations.

Happen in Seconds Program

Staff members from our Burn Team visit local fire stations to present this educational program for firefighters. It focuses on the risks associated with their profession and also provides firefighters with a forum to discuss the stresses of their job and the potentially devastating injuries that can occur. To show their appreciation, firefighters support our fundraising events throughout the year.

Holiday Parties

Every year, we host a holiday party at the hospital for children treated at our Center, both past and present. Each child receives a special gift – and a visit from Santa is always the highlight of the party!

Support Groups

At the Kessler Burn Center, we not only care for the body, but also the mind. We invite burn survivors and their families to confidentially share the trials and successes of their burn experience at our support groups, held every other Thursday evening. "By participating in our support groups, burn survivors learn they're not alone," explains Holly Moynihan, R.N., Burn Program Manager. "Patients can relate to, and help support, other people going through similar struggles."

Survivors Offering Assistance in Recovery (SOAR)

The SOAR Program was established by a national committee of burn survivors, as well as health care and mental health providers in 2000. The program is supported by the Phoenix Society for Burn Survivors, which was founded by Alan Breslau, a burn survivor who was cared for at our facility. The UR Medicine SOAR program was launched in 2013 to offer emotional and psychological support plus the highest quality care for burn patients and their families. Members from our Burn Team are SOAR volunteers.

Momentum is Building for Breast Reduction Awareness (BRA) Day!

For the 2nd consecutive year, UR Medicine's Plastic and Reconstructive Surgery team hosted BRA Day. "BRA Day provides patients with the opportunity to learn about the latest options available for breast reconstruction, as well as new techniques that are on the horizon," says Howard N. Langstein, M.D., Chief of the Division of Plastic and Reconstructive

Surgery, Professor of Surgery. "We also invite women to share their personal stories on breast reconstruction and the important role it played in their overall health." Attendance for this year's BRA Day was up – and our 2019 event is already in the planning stages.

Welcome Dr. Leckenby



Jonathan I. Leckenby, M.B.B.S, B.Sc. joined the UR Medicine's Division of Plastic and Reconstructive Surgery in May to establish a laboratory investigating peripheral and spinal nerve regeneration with three-dimensional electron microscopy.

Dr. Leckenby graduated from St. George's Hospital Medical School at the University of London, prior to completing his specialist training in plastic surgery at the Royal Free Hospital in London. While there, he was introduced to the highly specialized area of facial palsy surgery and developed a passion for learning

the skills required to treat people with this challenging condition.

He then completed two years of subspecialist training in facial palsy surgery and complex reconstructive microsurgery at Inselspital University Hospital of Bern, Switzerland. In 2017, he returned to London to complete a senior microsurgery fellowship concentrating on the treatment of facial paralysis.

He has helped pioneer a new technique for the reanimation of the paralyzed eye by transplanting the platysma. Dr. Leckenby's goal is to take lessons learned in the laboratory and translate the results into better outcomes for our patients, truly taking science from the bench to the bedside.

NEW CLINICAL FACULTY



ELAINA CHEN, M.D.

Assistant Professor of Surgery, Plastic Surgery

- Medical degree from the Indiana University School of Medicine
- General Surgery Residency at the University of Rochester Medical Center Integrated Plastic Surgery Residency

FACULTY LISTING

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., Associate Professor of Surgery, 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

Regional General Surgery



*Pictured: Adam Basler, M.D., and Brian Watkins, M.D.
at future UR Medicine St. James Hospital*

Serving Outlying Communities Well

Everyone deserves access to world-class surgical care, close to home. To meet the healthcare needs of individuals located in New York's Southern Tier, UR Medicine has established a new regional surgery program.

“Our goal is to deliver our special brand of medicine, one in which patients can have confidence where they live, work and play.”

Dr. Brian P. Watkins

“Rural healthcare delivery is in a crisis,” says Mark Orloff, M.D., Professor of Surgery and Vice Chair for Clinical Operations and Regional Development at UR Medicine. “We’re committed to helping our affiliates in the communities we serve overcome the challenges they face by providing the best possible surgical care at the local level.”

The three UR Medicine hospital affiliates – Noyes Memorial Hospital, Jones Memorial Hospital and St. James Hospital – serve as anchors in the communities of Dansville, Wellsville and Hornell. “Our goal is to deliver our special brand of medicine, one in which patients can have confidence where they

live, work and play,” explains Brian P. Watkins, M.D., M.S., F.A.C.S., who is spearheading the new regional surgery program. “People deserve to be near loved ones when having surgery – and we’re proud to play an instrumental role in providing a service that is extremely necessary.”

By expanding our footprint in the Southern Tier, patients will benefit from the full range of UR Medicine’s general surgical services. State-of-the-art technologies and techniques such as minimally invasive and laparoscopic procedures will also be readily available. Plus, an increase in ambulatory surgeries versus traditional open surgeries will allow patients to go home the same or next day.

An additional mission of the regional surgery program is to train future providers who will deliver surgical health care to rural populations. “Across the country, there is a shortage of trainees to support these environments,” states Dr. Orloff. “We are dedicated to educating surgeons who can help rural communities across the nation thrive.”

According to Dr. Watkins, it is both exciting and timely to provide on-the-ground health care in the regions that surround Rochester. “Few places in the country are doing this even though the rural healthcare problem has existed for quite a while,” he says. “We’re really looking forward to putting together a top-notch, energized team that will be part of the solution.”

Dr. John P. Risolo Returns to Brockport

John P. Risolo, M.D., is back where his career began nearly 20 years ago. The general surgeon is once again caring for patients and performing general surgery procedures at UR Medicine's Strong West.

Dr. Risolo, newly appointed Associate Professor of Clinical Surgery in the University of Rochester Medical Center Department of Surgery, began his career at former Lakeside Memorial Hospital in 1999. He formed Westside Surgical in 2000 with now retired Brockport surgeon, Hovaness H. Maronian, M.D.

Dr. Risolo's expertise is in a broad range of traditional and minimally invasive general surgical procedures, including extensive experience with gallbladder and hernia surgeries.

"I am extremely excited to once again provide quality care, close to home to Brockport and the surrounding communities," states Dr. Risolo.

Dr. Risolo is based at Strong West three days a week for surgeries and patient clinic appointments. The remaining days he is at UR Medicine's Strong Memorial Hospital and the Surgery Center at Sawgrass.

Dr. Risolo is a Rochester native and a graduate of Bishop Kearney High School and the University of Rochester. He earned his medical degree from SUNY Health Science Center at Syracuse and completed his internship and residency in general surgery at the Lankenau Medical Center in Pennsylvania.



Pictured: John Risolo, M.D., and Samantha Valvo, P.A.

Meet Our New General Surgeons

Adam Basler, M.D.



Assistant Professor of Clinical Surgery

Dr. Basler earned his medical degree from Rush Medical College in Chicago, IL and recently completed his surgical residency at Michigan State University. Since 2009, Dr. Basler has been the

co-founder of the Haymarket Center Clinic, as well as a volunteer at a number of community health clinics including the Franciscan Homeless Shelter.

Throughout his training, Dr. Basler has participated in numerous quality improvement projects and resident education initiatives. He has special interest in broad-based general surgery, advanced minimally invasive surgery, breast surgery and endoscopy. Dr. Basler welcomes the opportunity to work with referring providers and offer patients seamless surgical care close to home.

John P. Risolo, M.D.



Associate Professor of Clinical Surgery

Dr. Risolo received his medical degree from SUNY Health Science Center in Syracuse. He later completed his internship and residency in general surgery at

Lankenau Medical Center in Wynnewood, PA. For over 18 years, Dr. Risolo has had the privilege of practicing general surgery in Rochester, NY. He has

expertise in a broad range of traditional and minimally invasive general surgical procedures, including extensive experience with gallbladder and hernia surgeries.

Certified by the American Board of Surgery, Dr. Risolo is also a fellow of the American College of Surgeon. His goal is to partner with patients and referring physicians to provide high-quality, compassionate general surgery care.

Brian Watkins, M.D, M.S., F.A.C.S.



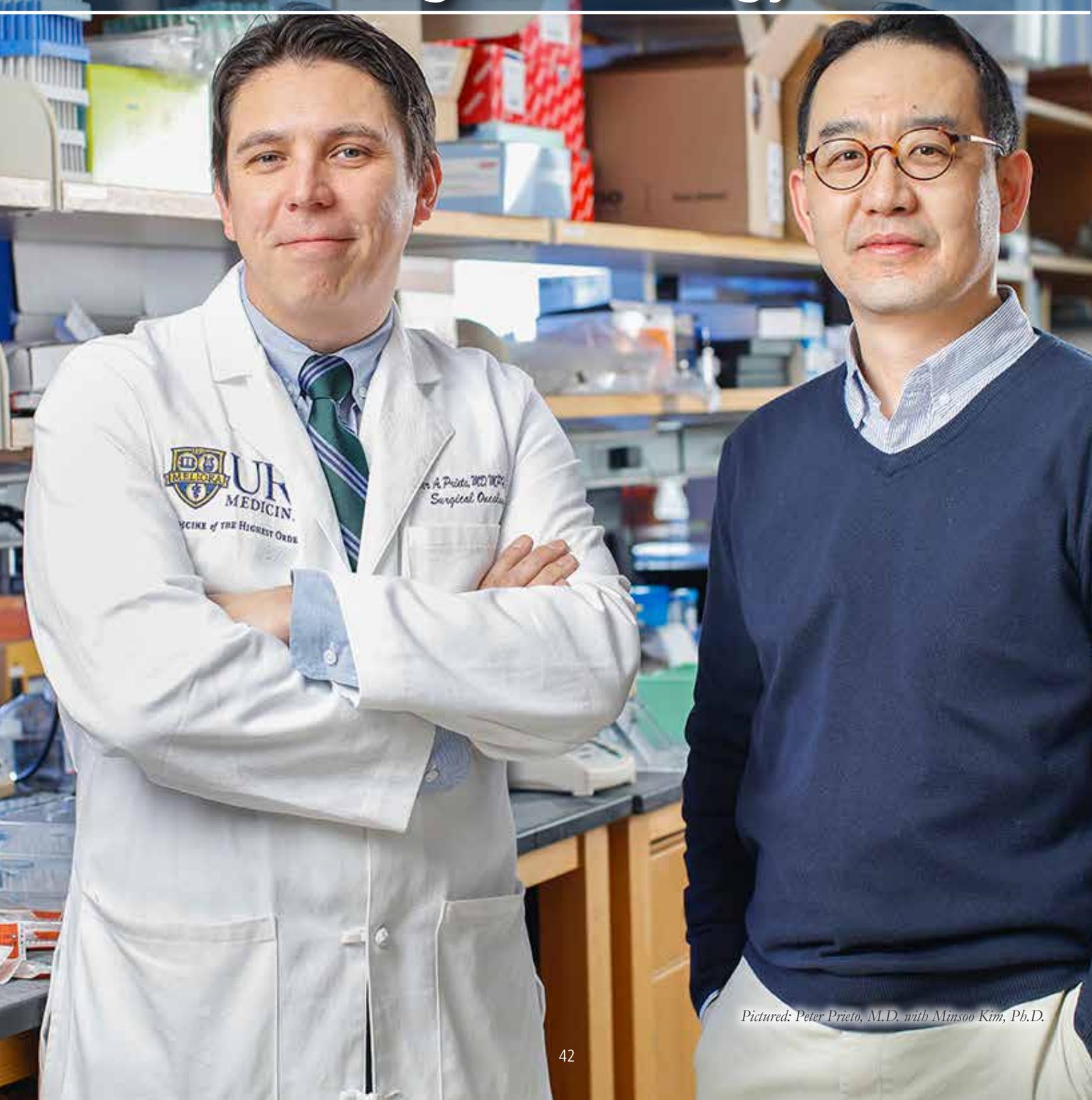
Division Chief, Regional Surgery and Associate Professor of Clinical Surgery

Dr. Watkins received his medical degree, with honors, from the Medical College of Wisconsin. During medical school, he also earned his Master of Science degree in Gross Anatomy. Dr.

Watkins then went on to complete a general surgery residency at Gundersen Lutheran Medical Center, the most established training program for rural surgeons in the country.

For the past 15 years, Dr. Watkins has been a general surgeon, practicing in the Rochester area. In addition, he has taught at both RIT and the University of Rochester. His special interests include advanced minimally invasive surgery, endocrine surgery and broad-based general surgery. He is certified by the American Board of Surgery. In his new role, Dr. Watkins is responsible for building a collaborative general surgery program across the three UR Medicine affiliates in Dansville, Hornell and Wellsville. He is looking forward to “getting back to his roots” by providing personalized care that can make a difference.

Surgical Oncology



Pictured: Peter Prieto, M.D. with Minsoo Kim, Ph.D.

Treating Melanoma Patients with TIL Therapy

When Peter A. Prieto, M.D., M.P.H. was a young clinical fellow at the National Cancer Institute, he had one of those “aha!” moments that turned out to define his mission.

“Ultimately, we would like far more patients to be eligible for and respond to immunotherapy. It’s a fascinating new form of cancer treatment.”

Dr. Peter Prieto

Dr. Prieto was on a team that was treating a man who had advanced melanoma, which had spread from the leg to his liver and bones. The treatment was an experimental immunotherapy – an approach known as adoptive cell therapy using tumor infiltrating lymphocytes (TILs), cancer-fighting T-cells that are extracted from the tumor, expanded in a laboratory and then infused back into the patient. But before doctors could reintroduce the engineered TILs back into the man’s body, his cancer began to melt away.

“We thought it was a bit of a fluke, but we repeated his imaging in three months and his tumors continued to shrink – and later, completely disappeared,”

says Dr. Prieto. “This is an extremely rare occurrence, a spontaneous regression, but it tells us something about the body’s ability to use the immune system to completely eradicate cancer.” Dr. Prieto also believes something may have happened during the man’s surgery to remove his metastatic liver tumor that woke the immune system. “If we could only capture, define and replicate exactly what occurred, that would be a major breakthrough,” he explains.

In concept, immunotherapy is not new, yet it has stirred a lot of excitement lately as a cancer treatment. New studies suggest that in lung cancer, for example, a combination of immunotherapy and chemotherapy should be the new standard of care. Scientists have also demonstrated some success in blood cancers such as lymphoma and leukemia, although immunotherapy has not been as effective in solid tumors such as prostate, ovarian and colon cancers.

To help solve some of the many mysteries about immunotherapy, Dr. Prieto has joined with Minsoo Kim, Ph.D., a Dean’s Professor of Microbiology and Immunology at the University of Rochester Medical Center and Director of the Tumor Immunotherapy Research Program at Wilmot Cancer Institute, to launch a TIL investigation. According to Dr. Kim, “Immunotherapy only works in about 40 percent of patients and we need to find ways to apply it to more people.”

Dr. Prieto, who primarily treats melanoma, sarcoma and breast cancer patients, joined Wilmot last year

as an Assistant Professor of Surgery after being recruited from MD Anderson Cancer Center in Texas, which specializes in TIL therapy. He is bringing this highly personalized TIL therapy to Wilmot patients with advanced melanoma.

Along with Dr. Kim, Dr. Prieto works closely with David C. Linehan, M.D., Director of Clinical Operations at Wilmot and the Seymour I. Schwartz Professor and Chairman, UR Medicine Department of

Surgery, who is also a pioneer in pancreatic cancer immunotherapy. Together, they are investigating the critical role of the neighborhood of cells and tissues around the cancer cells – known as the microenvironment – and the role it plays in melanoma and other solid tumors. “Ultimately, we would like far more patients to be eligible for and respond to immunotherapy,” adds Dr. Prieto. “It’s a fascinating new form of cancer treatment.”



Pictured: Kristin Skinner, M.D. with resident

Community Engagement

Through our Comprehensive Breast Care facility at Pluta and the Pluta Cancer Center Foundation, we support a variety of community organizations, programs and initiatives including:

- Gilda’s Club, the Breast Cancer Coalition of Rochester and the American Cancer Society – Making Strides Against Breast Cancer walks.
- Breast cancer research.

- Outreach events including making ponchos and blankets for women receiving radiation and/or chemotherapy.

Our Integrative Oncology Center, located directly across the hall from the Comprehensive Breast Care facility at Pluta, also allows us to expand our supportive services for patients with breast cancer in the community.

Breast Cancer Surgery Update

Patients who are in need of breast cancer surgery and treatment can be confident knowing they will receive the highest quality, most compassionate care from UR Medicine and Wilmot Cancer Institute's Comprehensive Breast Care at Pluta.

Breast surgeries are performed at UR Medicine's Highland Hospital by four leading surgeons: Kristin A. Skinner, M.D., Chief of Surgical Oncology and Director of the Multidisciplinary Breast Program at the James P. Wilmot Cancer Institute; Rachel L.

Farkas, M.D., Assistant Professor of Surgery and Oncology; Ann T. Olzinski-Kunze, M.D., Assistant Professor of Clinical Surgery and Jessica C. Gooch, M.D., Assistant Professor of Surgery.

"Having more breast surgeons on our team allows us to see patients quickly, which minimizes their anxiety, as well as helps us develop a treatment plan faster and move forward with this plan without delays," says Dr. Skinner. "We're also able to offer our special brand of care to more women in our community."

NEW CLINICAL FACULTY



JESSICA GOOCH, M.D.

Assistant Professor of Surgery, Surgical Oncology

- Medical degree from the Georgetown University School of Medicine
- General Surgery Residency at the Stony Brook University Medical Center
- Breast Surgical Oncology Fellow at Lagnone Medical Center



ANN OLZINSKI-KUNZE, M.D.

Assistant Professor of Clinical Surgery, Surgical Oncology

- Medical degree from the University of Wisconsin-Madison
- General Surgery Residency at the University of Rochester Medical Center
- Breast Surgical Fellow at the University of Rochester

FACULTY LISTING

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

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

James L. Peacock, M.D., Professor of Surgery

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

Thoracic and Foregut Surgery



Pictured: Joseph J. Wizorek, M.D. with a resident

Helping Patients Navigate the System

A trip to the hospital, whether for a clinic visit or surgical admission, can be an overwhelming experience for patients. By introducing the patient navigator, the Division of Thoracic and Foregut Surgery at UR Medicine is striving to make every patient experience a positive one.

“When patients come to us, they may or do have cancer. We’re here to make the healthcare process less stressful and to support them at every step of their journey.”

Dr. Carolyn E. Jones

The Division recently hired a registered nurse who serves as a patient navigator to help guide patients at each step of the healthcare process, from initial clinic visits to testing, procedures and post-operative care. “Our goal is to make a patient’s visit as seamless as possible,” says Carolyn E. Jones, M.D., Associate Professor of Surgery and Chief of the Division of Thoracic and Foregut Surgery. “Enhancing patient relations will help us achieve this goal.”

In addition to scheduling appointments, the patient navigator interfaces with all patients and serves as a liaison, ensuring patients are seen in a timely fashion

and that their needs are met. “At times, patients who see us have other appointments scheduled at the hospital on the same day,” explains Dr. Jones. “Our patient navigator works with other departments to coordinate appointments so there are no lengthy gaps between them. This way, the patient doesn’t need to spend the whole day obtaining care. Plus, by engaging our entire medical center community, we’re helping to simplify a complex process.”

Since patients are referred to the Division from area as well as out-of-town providers, the patient navigator works to make all patient experiences equal. According to Dr. Jones, “We’ve been getting a lot of feedback from patients and providers alike about how satisfied they are.”

The new patient navigator is just one way the Division is improving the overall patient experience. “We’re pursuing excellence at both the inpatient and outpatient levels,” adds Dr. Jones. “We help patients through the process of signing up for MyChart while they’re visiting our clinic, we educate patients and families about surgical goals and expectations and start discharge planning the day patients are admitted.”

The Division has also created binders containing valuable information about ‘what to expect’ when being admitted to the hospital. “To date, 80 percent of patients surveyed say these binders are extremely helpful,” says Dr. Jones. “When patients come to us, they may or do have cancer – we’re here to make the healthcare process less stressful and to support them at every step of their journey.”



American Lung Associations Fight for Air Climb team with Carolyn Jones, M.D.

Community Engagement - Inside and Outside our Division

Throughout the year, the Division of Thoracic and Foregut Surgery hosts quarterly events to bring its “internal community” together. The events, which have included carnivals, painting parties and a boat trip on Lake Ontario, help build camaraderie and teamwork. By taking part in these activities, office staff, clinic and operating room employees get to know one another and share goals for enhancing patient experiences.

Community outreach initiatives include raising funds for and/or participating in:

- The American Lung Association’s Fight for Air Climb
- Wilmot Cancer Institute’s Warrior Walk
- Programs for asthma groups and the American Lung Association
- Lectures and seminars to provide education on lung diseases

In addition, the Division hosts quarterly Thoracic Oncology dinners to educate all providers who touch lung cancer. Practitioners from various healthcare facilities in the community are invited to attend to share information about the latest treatments and technologies. The common goal is to develop standardized lung cancer care in our community.

What Patients Are Saying About Us

Thank you, Dr. Jones!

Dr. Jones listened and took her time explaining to me what was going to happen going forward. She is very caring, respectful, and compassionate. I felt very relieved!

Thank you, Dr. Peyre!

After being admitted from the ED for severe pain when swallowing after an EGD with dilation, Dr. Peyre took charge of my case. My first time meeting with him in the ED he and his staff were very compassionate and took the time to listen to my symptoms and learn more about my health journey with my chronic illness. He also explained every step of my treatment plan along with telling me why each step was important. I immediately felt a sense of relief

and that I was in great hands. Also, after over a year of struggling with the 2nd flare up of my chronic illness he was the 1st doctor who ever made me feel validated for the symptoms I am experiencing. It was important because he took his time to go over everything with me. He took every precaution possible in treating me. Overall both he and his staff were wonderful and showed to me that they care.

Thank you so much, Dr. Wizorek!

I had a lobectomy in November. Dr. Wizorek and his team were excellent! They were caring and compassionate. I can now say I am cancer free! Thank you so much for your care! They have all done a great job! You have to be proud to have Dr. Wizorek and his team at your hospital!

NEW CLINICAL FACULTY



MICHAL J. LADA, M.D.

Assistant Professor of Surgery

- Medical degree from Jagiellonian University Medical College, Krakow, Poland
- General Surgery Residency at the University of Rochester Medical Center
- Cardiothoracic Fellow at the University of Rochester Medical Center

FACULTY LISTING

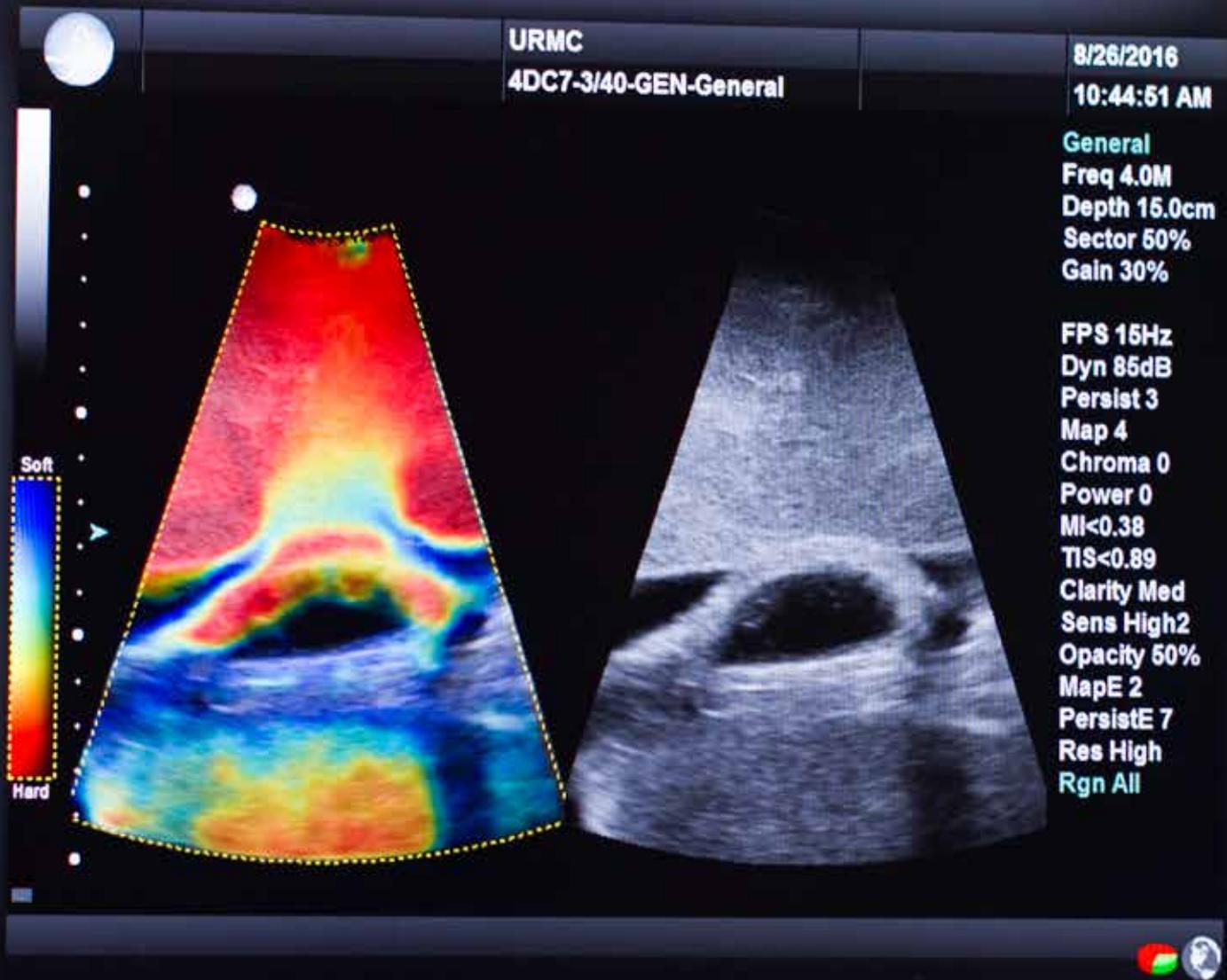
Carolyn E. Jones, M.D., Associate Professor of Surgery and Chief of Thoracic and Foregut Surgery

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



Pictured: Aortic ultrasound

Collaboration is Key to Research and Discovery

When Scott J. Cameron, M.D., Ph.D, Assistant Professor of Medicine and Surgery/Cardiology met Doran Mix, M.D., a fifth year integrated vascular surgery resident, the two worlds of cardiology and vascular surgery collided to start something big.

“Dr. Cameron came by my poster presentation at the UR Medicine Department of Surgery’s First Annual Resident Research Symposium. We talked about my research on abdominal aortic aneurysms and he said, ‘we should collaborate,’ says Dr. Mix. “By the next symposium, we had already made significant discoveries and presented our data.”

Together, the two physicians conduct research focused on the mechanical properties of abdominal aortic aneurysms (AAA). The goal of their research is to help predict when an aneurysm may rupture – especially in high-risk populations such as women – and how to prevent a rupture from occurring. “Our laboratory studies signal transduction pathways in the cardiovascular system as they relate to thrombotic and ischemic diseases,” explains Dr. Cameron. “We’re particularly interested in identifying existing and novel platelet signaling pathways in myocardial ischemia and in peripheral vascular disorders such as advanced peripheral artery disease, chronic venous insufficiency and aortic aneurysmal disease.”

An overarching theme of the laboratory is personalized medicine where the doctors aim to better define platelet function in disease states, paying close attention to post-receptor signal transduction

pathways. “Platelets are really smart entities that play an important role in thrombosis, hemostasis and inflammation,” adds Dr. Cameron. “The enzymes platelets contain can modify vascular tissue, educate malignant tumors and cause transplanted organs to be rejected.”

“By combining our strengths and resources, we have an opportunity to make a real difference, develop new treatment modalities and ultimately save lives.”

Dr. Scott J. Cameron

By studying platelet function closely, the doctors found that when patients were treated with anti-platelet drugs, some did not derive expected benefits or they experienced off-target adverse events. “We think we have found a ‘switch’ inside platelets that makes them more activatable,” Dr. Cameron says. “They’re more likely to form blood clots and release enzymes that can propagate aneurysmal expansion.”

Using human tissue, as well as a murine model of AAA, Drs. Cameron and Mix are looking at platelet function both as a consequence of aortic disease and in promoting aortic disease progression. They use genetic approaches to identify platelet targets useful in modulating vascular disease. “Research done in rodents doesn’t always translate to human disease,” explains Dr. Mix. “We began our lab studies using human tissue first, followed by two mice models. It was like reverse engineering – and we found that the platelets responded the exact same way.”

In 2006, the United States Congress passed the SAAAVE Act, allowing coverage for Medicare patients to receive a one-time AAA ultrasound screening. “Although the screening is recommended for patients age 65 and older, those with a family history of AAA should be screened at age 55,” explains Dr. Mix. “AAA is one of the country’s most overlooked medical conditions. It’s a silent killer that most often occurs without warning or symptoms.”

Michael C. Stoner, M.D., F.A.C.S., Chief of the Division of Vascular Surgery, is one of the lab’s biggest supporters. “Dr. Stoner has an underlying interest

in biology and what makes things happen,” states Dr. Cameron. “He also shows much enthusiasm for our work and often says, ‘Let’s not just talk about it, let’s do it!’” Their tremendous drive and quest for discovery has led to other exciting research initiatives in the Cameron/Mix lab, as well as a pending patent, book chapter in press and two additional manuscripts being written from their collaboration. The physicians have two pilot grants through the Department of Medicine and the University of Rochester Clinical and Translational Science Institute, which allowed them to generate all of the aortic data that is under review as an RO1.

“Our research translates into patient care immediately,” says Dr. Cameron. “By combining our strengths and resources, we have an opportunity to make a real difference, develop new treatment modalities and ultimately save lives.” Dr. Mix echoes these comments, adding, “We constantly think outside the box and bounce ideas off each other. Collaboration is powerful – with it, anything is possible.”

Heart Care Tailored to Women’s Needs

A woman’s heart is different. That’s why UR Medicine developed the Women’s Heart Program. Led by eight woman physicians, and supported by more than 70 UR Medicine cardiologists and surgeons located across the Finger Lakes Region, our innovative program tackles the unique health challenges women experience. We also partner with other UR Medicine programs, such as Maternal-Fetal Medicine and Weight Management & Lifestyle Center, to prevent or treat heart disease at all stages of a woman’s life.

With the largest team of female cardiovascular experts in Upstate New York, we provide customized, multidisciplinary cardiovascular care for women of

all ages. Women can receive care for a broad range of conditions including hypertension, diabetes, peripheral vascular disease, hypercholesterolemia and heart failure. We also offer treatment for patients recovering from a heart attack or stroke, as well as for women who have been diagnosed with sleep disorders associated with heart disease. “Studies show that 90 percent of women have one or more risk factors for developing cardiovascular disease,” says Kathleen Raman, M.D., M.P.H., Vascular Surgeon and Co-Director of the Women’s Heart Program. “Our mission is to increase awareness and reduce the burden of cardiovascular disease in women by offering personalized care and education.”

Vascular Surgery Earns Top Rating for Quality Initiative

Vascular Surgery recently received the highest score – three stars – in the Society of Vascular Surgery’s Vascular Quality Initiative Awards. The program is designed to improve the quality, safety, effectiveness and cost of vascular health care by collecting and exchanging information.

To earn three stars, the team demonstrated extensive commitment to tracking and reporting patient outcomes and participated in regional quality meetings. The national quality program divides participants into geographic regions to facilitate communication and local collaboration towards quality and process improvement. UR Medicine is part of the Vascular Study Group of Greater New York.

UR Medicine participates in all aspects of the VQI program, and is a volume leader in the state for several procedure-based modules.

“It’s a strong, multidisciplinary quality program, involving surgeons, advanced practice providers, nurses and resident physicians. All members of our team contribute to the accurate outcome measure collection and achievement of our goals,” said

Jennifer Ellis, M.D., surgeon quality assurance liaison. The team has led the nation in the integration of VQI into EPIC-based electronic medical records, such as eRecord. This integration allows point-of-care quality data collection, and is essential to assuring the integrity of information collected. UR Medicine surgeons currently led several national initiatives related to this project, and have freely published so that other institutions and their patients can benefit from this process.

“Quality improvement is an essential part of everything we do and we are proud to earn top-notch scores in the VQI program,” said Michael Stoner, M.D., Chief of Vascular Surgery. He leads a team of eight physicians.

This is the first time Vascular Surgery, a part of the Heart and Vascular Service Line, has received the three-star recognition. The division is supported by several full-time staff members, who work in close collaboration with both the Department of Surgery and the quality office of the UR Medicine Heart and Vascular.

FACULTY LISTING

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., Associate Professor of Surgery; Director of Vein Center

Roan Glocker, M.D., M.P.H. Assistant Professor of Surgery and Director of Third Year Medical Student Clerkship

Craig Narins, M.D., M.P.H. Associate Professor of Medicine and Surgery

Kathleen G. Raman, M.D., Associate Professor of Surgery

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

BASIC SCIENCE RESEARCH

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

Cancer Control



Pictured: Students and teacher at the Salama Kati Primary School in Nyamuswa, Tanzania

Making a Difference at Home and Abroad

For many years, Gary Morrow, Ph.D. has dedicated his work and life to, “helping good people through bad times.” When he fulfilled a promise to take his grandson on an African safari, Dr. Morrow truly lived up to this motto.

As longtime supporters of children overseas, particularly in Tanzania, Dr. Morrow, his wife Joan and family know about the hardships these kids face. “When we arrived in Africa, a school we donated to in Tanzania was one of our first stops,” says Dr. Morrow, who is also Professor of Surgery, Deans Professor of Oncology and founder of Wilmot’s Cancer Control Program. “What we saw was heartbreaking – classrooms were overcrowded and almost half of the students were sitting on dirt floors. No child should have to sit on dirt to learn.”

Dr. Morrow, his family and colleagues in Wilmot’s Cancer Control & Survivorship Research Program took immediate action to give these impoverished

children the school they deserved. “We raised funds to build a classroom at the end of the existing structure at the Salama-Kati Primary School in Nyamuswa,” adds Dr. Morrow. “By collaborating with the National Cancer Institute Community Oncology Research Program, we were also able to provide desks for the classroom. Each desk has the name of the person who ‘sponsored’ it on the bench.”

Since their trip to Africa, Dr. Morrow and his family have continued to support the children of Tanzania. They paid to have a well dug near the school grounds so students could have access to clean water without needing to walk miles to obtain it. “We take so many things like food, fresh water and utilities for granted,” explains Dr. Morrow. “Our trip to Africa was consistent with our vision of giving back – to our community and on a global level. We really enjoy getting letters from the school children saying, ‘we love you.’”

Integrative Oncology & Wellness Center Opens

In October, the Pluta Integrative Oncology & Wellness Center opened its doors to all UR Medicine Wilmot Cancer Institute patients. This new Center, a collaboration between Wilmot and the Pluta Cancer Center Foundation, will help patients incorporate complementary therapies and lifestyle modifications into their cancer treatment plans to address side effects such as fatigue, insomnia, anxiety, stress, pain and nausea.

Patients in active treatment can benefit from individual therapies including massage and acupuncture. Group activities such as art therapy, yoga and med-

itation are open to those who are also undergoing or have completed their treatment. All therapies are available at no cost to patients being treated at any Wilmot location, as well as their caregivers.

“This Center, which has been six years in the making, is the first and only integrative oncology center in New York State, outside of New York City,” says Karen M. Mustian, Ph.D., M.P.H. “The evidence-based therapies provided by our Center are designed to help patients and survivors feel better physically and emotionally. Our goal is to help people live well with and beyond their cancer.”

Chemo Brain

Inflammation in the blood plays a key role in “chemo-brain,” according to a published pilot study in the *Journal of Neuroimmunology*. This preliminary research – which provides evidence for what scientists have long believed – is among the first studies to look at cancer patients in active treatment and whether inflammation is involved in their chemo-brain symptoms.

Results showed that among 22 breast cancer patients taking chemotherapy, those with higher levels of inflammatory biomarkers in their blood did worse on neuropsychological tests for visual memory and concentration. Chemo-brain is estimated to impact 80 percent of people in treatment. Patients report foggi-ness, forgetfulness and difficulty with multitasking or other problem-solving skills.

“The research is important because it could lead to a new practice of identifying inflammatory biomarkers in cancer patients and then treating the inflammation with medications or exercise to improve cognition

and other symptoms,” says senior author Michelle C. Janelsins, Ph.D., Associate Professor of Surgery in the Cancer Control and Survivorship program at Wilmot Cancer Institute. Researchers discovered that one particular biomarker for acute inflammation – tumor necrosis factor-alpha – was the strongest indi-cator of cognitive problems.

Another study led by Dr. Janelsins, one of the largest to date for this problem, showed that women with breast cancer continue to report cognitive deficits for as long as six months after finishing treatment. This study not only validated that chemo-brain was pervasive, but Dr. Janelsins and her team also began parsing the data to understand the biological mech-anisms, such as inflammation, that may put some patients at greater risk for chemo-brain. “I’m happy that my team’s research is starting to shed light on what might be causing cognitive problems in patients with cancer,” adds Dr. Janelsins. “I’m hopeful we’ll be able to come up with treatments in the future.”

An Inspiration to Us All



Gary Morrow, Ph.D.

At the 19th annual Wilmot Cancer Institute Discovery Ball in May, researcher Gary Morrow, Ph.D. was pre-sented with the 2018 Inspiration Award. Dr. Morrow founded Wilmot’s Cancer Control Program.

Trained in psychology, Dr. Morrow was a pioneer in addressing chemo-therapy-associated nausea and vomiting. The work he has done during his 40-year career has helped millions of patients. As the director of Wilmot’s program,

Dr. Morrow oversees a team that operates a national research hub for the National Cancer Institute Community Oncology Research Program. Wilmot researchers also design and manage clinical studies that are implemented across the country. Survivorship research has become a national priori-ty as countless numbers of people live actively with cancer or achieve years of remission.

Congratulations on this well-deserved honor, Dr. Morrow. You and your team in the Cancer Control & Survivorship Research Program are constantly striving to improve the lives of people during and after cancer treatment. Your studies and efforts are changing the way oncologists around the world treat their patients – and funding for your research starts right here in our community.

NEW RESEARCH FACULTY



GILBERTO LOPEZ, SC.D., M.P.H.

Research Assistant Professor, Cancer Control

- Ph.D. in social and behavioral sciences, Harvard School of Public Health
- Master of Public Health in health, behavior, Johns Hopkins School of Public Health
- Master of Arts in medical anthropology, Southern Methodist University
- Bachelor of Arts in anthropology; Chicano studies; philosophy (minor), California State University, Fresno



NIKESHA HAYNES-GILMORE, PH.D.

Research Assistant Professor, Cancer Control

- Ph.D. in Pathology, University of Rochester School of Medicine and Dentistry, Rochester, NY
- Masters in Pathology, University of Rochester School of Medicine and Dentistry, Rochester, NY
- Bachelors of Science in Biology, Summa Cum Laude with Chemistry Minor, Lincoln University, Lincoln, PA

FACULTY LISTING

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

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

Eva Culakova, Ph.D., Research Assistant Professor

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

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

Michelle Janelins, Ph.D., M.P.H., Associate Professor

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

Ian Robert Kleckner, Ph.D., M.P.H. Assistant Professor

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

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

Joseph Roscoe, Ph.D., Research Associate Professor

Surgical Education



Pictured: General Surgery Residents, Surgery Faculty and New York State Police at the "Prescription Drug Take Back Day"

Residents: Giving Back to Our Community

At UR Medicine's Department of Surgery, our main mission is to train the healthcare leaders of the future. In addition to completing their training, our surgical residents consider it their civic responsibility to be productive, responsible, caring and contributing members of our community. "It's in the DNA of our medical school, which has pioneered the biopsychosocial model, to extend treatment beyond the diseased, and help ensure the overall health and well-being of patients families," says Rabih M. Salloum, M.D., General Surgery Program Director. "In addition to working up to 80 hours a week, our residents spend countless hours volunteering in and supporting the community they serve."

Throughout the year, our surgical residents actively engaged in initiatives that benefit each and every community member, including:

Prescription Drug Take Back

In May, the Rochester community was invited to safely dispose of prescription drug medications at the University of Rochester Medical Center. This Prescription Drug Take Back, which was held in collaboration with the New York State Police, Troop E, was a resounding success. More than 200 pounds of prescription medications were turned in and safely disposed of during the three-hour event.

"As surgeons, we're often managing acute pain after surgery," says Elaa Mahdi, M.D., a second year surgical resident. "We have found that patients don't always use the pain medications we give them. The bottles

.5 million Americans abused controlled prescription drugs, often taken from a medicine cabinet. Each day, 115 Americans die from opioid overdoses. The number of patients suffering from overdoses seen in the Strong Memorial Hospital Emergency Department continues to climb. "We were proud to partner with our surgical residents for this extremely worthwhile Prescription Drug Take Back," states Mark L. Gestring, M.D., F.A.C.S., who also serves as Medical Director of the UR Medicine Kessler Trauma Center and Professor of Surgery, Emergency Medicine and Pediatrics. "Events like these can potentially save lives."

For State Troopers, getting unused medications off the street is an important step in the fight against opioid abuse. "We're committed to helping end the opioid crisis in this region and throughout the state," says Troop E Commander Major Richard Allen. "By teaming up with URM, we get a lot of prescription pills off the streets, out of the hands of the people they could harm and into the right people's hands to be properly disposed of."

Community members turning in medications during the Prescription Drug Take Back also received information about drug abuse and addiction services offered through UR Medicine's Strong Recovery chemical dependency program, as well as details for year-round medication disposal through UR Medicine. "This event was a great learning opportunity for all residents to see what types of medications

were dropped off,” explains Nicole Toscano, M.D., Surgery Chief Resident. “We know that surgeons at the beginning of their careers tend to prescribe more pain medications than a seasoned surgeon, and with time, they grow more adept at understanding their patients’ true needs. This will be a solid step forward.” Future Prescription Drug Take Back events are in the planning stages.

Flower City Habitat for Humanity

During August, six surgical residents and faculty took part in a Rochester neighborhood revitalization project. By rolling up their sleeves together with other community volunteers, our residents helped to build a home – and hope – for a family in need. “Most of our residents aren’t from this area, but have

been welcomed by the community,” says Amy Mills, Administrator for the Office of Surgical Education. “They consider Rochester their home and are enthusiastic about giving back.”

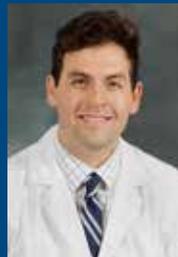
Soup Kitchen

A group of 8 residents were joined by basic science and clinical teaching faculty on a Friday evening at the Open Door Mission. The Open Door Mission’s Community Meal Program serves healthy meals to all who seek it. On a Friday evening, members of the Department of Surgery served dinner to over 60 men, assisting with the final stages of food prep, dining set-up and service. Volunteers then had an opportunity to chat with and learn from other long-standing volunteers, staff, and diners.

CHIEF RESIDENTS:



Amber Melvin, M.D.
Cardiac Surgery



Fabio Sagebin, M.D.
Cardiac Surgery



Christian Probst, M.D.
Cardiac Surgery



Doran Mix, M.D.
Vascular Surgery



Zane Young, M.D.
Vascular Surgery



Paige Myers, M.D.
Plastic Surgery



Pictured: Lauren DeCaporale-Ryan, Ph.D., Rabih Salloum, M.D., and Adriane Argenio, M.D. at the Flower City Habitat for Humanity event

GENERAL SURGERY CHIEF RESIDENTS:



Pictured: General Surgery Chief Residents: Krishna Patel, M.D.; Chris Aquina, M.D.; Brad Hensley, M.D.; Josh Wong, M.D.

Specialty Residency Program Highlights

Division of Cardiac Surgery

In UR Medicine's Division of Cardiac Surgery, new technology drives the cutting-edge therapies offered by our heart team.

During 2018, our Division became the largest referral institution in Upstate New York for patients with cardiogenic shock and heart failure.

Under the direction of Dr. Sunil Prasad, the Division has increased referral of patients for advanced heart failure/shock by over 30 percent in the past year.

Routinely, three or more patients per week are transferred from surrounding Upstate hospitals (including Albany, Syracuse and Buffalo) for ECMO support, VAD implantation or transplantation.

Cardiogenic shock patients with mortality of 100 percent are accepted – and after ECMO support, can

either be weaned, have VAD implanted or transplanted with a survival rate of 40 to 50 percent.

Heart failure management is rapidly becoming one of the most needed therapies for a population growing older and sicker, with continuing increased complexity of health issues unable to be handled by most hospitals. This volume of critically ill patients will continue to grow as resources are allotted, with plans to open a new CV-ICU 24 bed unit this fall.

In conjunction with the Division of Cardiology, under the leadership of Dr. Fred Ling, the structural heart team has introduced the MitraClip, a new technology for percutaneously repairing leaking mitral valves in high-risk patients. The new procedure has been introduced over the previous few months and has shown great promise for the future treatment of mitral valve regurgitation.

Based on the success of TAVR (transcatheter aortic valve replacement) with over 350 operations performed, the mitral valve initiative promises to provide definitive therapy for high-risk patients with mitral insufficiency and heart failure.

As with TAVR, the MitraClip is a combined effort between cardiac surgery and interventional cardiology, highlighting the virtue of the heart team's approach in patient selection and procedural therapy.

UR Medicine is one of the few institutions offering such treatment and expects that, as with TAVR, the volume of patients requiring the MitraClip will grow rapidly.

Division of Plastic and Reconstructive Surgery

The Division of Plastic and Reconstructive Surgery has hired Dr. Jonathan I. Leckenby, a fellowship-trained microsurgeon from the United Kingdom. He has outstanding credentials and a clinical interest in facial nerve repair, as well as brachial plexus injuries and lower extremity reconstruction. These are areas in which our resident corps reports relatively low numbers related to their cases minimums. Dr. Leckenby also brings with him a dedicated basic science lab with grant funding. This represents a tremendous addition to the Division, as well as the residency, which had previously been lacking basic science exposure.

The Division has also added Dr. Elaina Chen to our clinical faculty. Dr. Chen possesses tremendous experience in general plastic surgery with a specific focus on wound healing, general reconstruction and breast reconstruction.

There has been formalization of a seven-week microsurgery curriculum under the guidance of Dr. Jonathan Leckenby and Dr. Jose Christiano. This curriculum is comprised of single-day sessions for seven weeks, during which residents participate in microsurgical practice under the direct guidance of Dr. Leckenby. There is graded responsibility, culminating in two weeks of live surgery on rats in the lab.

This microsurgery experience is fully protected time for the residents where their pagers will be signed out and they will be excused from all clinical duties. There will be pre and post tests to measure residents' progress through this course.

A new rotation in cosmetic surgery has been added to the resident curriculum at the PGY-5 level. A relationship has been established with The Quatela Center for Plastic Surgery, a local, very reputable private practice plastic surgery center in the city of Rochester. Here, residents will be exposed to cosmetic plastic surgery using a private practice model for one month. This will allow them to learn more about the business and logistics of private practice plastic surgery. Furthermore, this will help to bolster their experience and case volume in facial cosmetic surgery procedures including rhytidectomy, rhinoplasty, brow lift and blepharoplasty.

The "summer school" curriculum has been completely revamped. The previous curriculum had grown stale over time and had not kept up with emerging trends in plastic surgery. The new curriculum is more robust with enhanced "hands-on" learning experiences for residents.

Dr. Ronald Bossert, Program Director for the integrated plastic surgery residency program, was awarded the prestigious Dean's Teaching Fellowship for 2018-2020. This fellowship is awarded to only four faculty members across the University enterprise. Dr. Bossert is the only surgeon to be honored with this distinction for the 2018-2020 session. His project will focus on best practices for establishing plastic surgical trainee competency and is entitled, "Surgical Sport: Improving Surgical Education Through Task-Specific Skill Acquisition and Coaching."

Division of Vascular Surgery

The Division of Vascular Surgery saw a significant increase in clinical volume, which has translated to higher numbers for our trainees. Recent graduates are national leaders in endovascular aorta, complex visceral and minimal access carotid cases.

A reduction in core surgery requirements has allowed the program to create dedicated consultative rotations, fostering earlier autonomy and surgical decision-making for the trainees.

Residents have served as faculty for national TCAR training programs, and are now thought leaders on the educational translation of this new technique.

The training program has completed its first self-study, and has developed a mid- and long-term educational roadmap.

Resident trainees participated in all regional and national vascular meetings including VAM, VESS, EVS,

SAVS, AAS/SUS as well as research initiatives. This scholarly activity has yielded resident-led, peer-reviewed publications in the *Journal of Vascular Surgery*, *ATVB*, *Annals of Vascular Surgery*, *Journal of Vascular and Endovascular Therapy* and *Vascular* this academic year.

Residents actively led process improvement teams, utilizing Vascular Quality Initiative data. Overall, institutional participation has resulted in a three-star award from VQI.

FACULTY LISTING

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

Ronald P. Bossert, M.D. Associate Professor of Surgery, Director, Life After Weight Loss Program; Plastic Surgery Residency Program Director

David E. Burns Jr., M.D., Assistant Professor of Surgery; Associate General Surgery Residency Program Director of Evaluation, Feedback and Compliance

Lauren DeCaporale-Ryan, Ph.D., Assistant Professor and Family Geropsychologist; Associate General Surgery Residency Program Director of General Surgery Residency for Resident Wellness

Howard N. Langstein, M.D., Professor of Surgery and Chief, Division of Plastic and Reconstructive Surgery; Plastic Surgery Residency Program Director

George L. Hicks, M.D., Professor of Surgery; Cardiac Surgery Residency Program Director

Yanjie Qi, M.D. Assistant Professor of Surgery; Associate General Surgery Residency Program Director for Curriculum and Simulation

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

Peter Prieto, M.D., M.P.H., C.M.Q., Assistant Professor of Surgery; Associate General Surgery Residency Program Director for Research

Michael C. Stoner, M.D., Professor of Surgery and Chief, Division of Vascular Surgery; Vascular Surgery Residency Program Director

Nicole A. Stassen, M.D., Professor of Surgery and Medical Director of the Kessler Family Burn/Trauma ICU; Surgical Critical Care Residency Program Director

Quality Assurance



Pictured: Christopher Gitzelmann, M.D.

Making Quality Our Mission

In the Department of Surgery's Office of Surgical Quality and Outcomes, we continually strive to uphold our tradition of excellence. "It's our mission to build upon our past successes to achieve even greater success in the future," says Christopher A. Gitzelmann, M.D., Director of the Department of Surgery Quality and Outcomes. "By always raising the bar, we continue to reduce surgical site infections, length of stays and readmission rates. The efforts put forth by our Department help keep our community family healthy."

The implementation of 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 – has had a major impact on quality and patient outcomes. Also, reducing length of stays allows more patients to have access to the best possible care.

In July, the Department of Surgery received a Board Excellence Award, recognizing all Divisions for their commitment to the ERAS program.

In addition to rolling out ERAS, the Department actively engages residents in its quality and safety projects. "Although the Accreditation Council for Graduate Medical Education (ACGME) mandates that residents take part in quality initiatives, we were ahead of the curve in doing this," explains Dr. Gitzelmann. "Our residents attend 10 lectures on quality during the year, participate in quality assurance meetings and process improvement projects, as well as serve on quality and outcomes committees. By doing so, they gain knowledge about how to solve quality and safety problems. They'll also be best prepared for wherever they end up working in the future because they've come from a program that holds quality highly."

The hospital requirements for quality initiatives change yearly, however, the Department of Surgery's Office of Surgical Quality and Outcomes has a solid program in place that keeps getting better. "Quality is such an important part of any institution," Dr. Gitzelmann says. "We've made great progress in improving patient outcomes, which is our ultimate goal."

SHORE



*Pictured: Adam Becerra, Ph.D., Larissa Temple, M.D.,
Carla Justiniano, M.D.*

Study Focuses on Trauma in Children Following Shooting

As part of a team of five Master of Public Health students, Carla Justiniano, M.D. helped conduct a survey illustrating the extent of childhood trauma which stemmed from the 2015 mass shooting at the Boys and Girls Club on Genesee Street in Rochester, NY.

As part of the research project, 52 regular Boys and Girls Club attendees were surveyed for ten adverse childhood experiences (ACEs). The survey questions addressed whether the child had an intact, caring family or had been exposed to drugs, violence or sustained poverty, among other things. Survey results were sobering – with a median age of eight, more than 40 percent of the children reported having a household member incarcerated, or having parents or guardians who were separated or divorced. One in four children had been subjected to physical abuse and one in five reported substance abuse in the home.

Overall, 77 percent of the Boys and Girls Club children had at least one ACE, and 48 percent had two or more. Researchers suspect the data underestimates the problem since some of the young children may have misunderstood specific survey questions or been afraid to answer truthfully about problems in their home.

Using results from the survey, the Boys and Girls Club began screening all of its children for ACEs regularly. Besides mental health counseling, the main way to build resilience in children suffering from trauma is through strong role models, something that has always been at the heart of the club's mission. "They're doing an excellent job of providing role models," says Dr. Justiniano. "But clearly more resources are needed for programs to mitigate the effects of trauma on these children."

Carla Justiniano, M.D. Receives Award

Dr. Carla Justiniano, a third year surgical resident in UR Medicine's Department of Surgery, was the recipient of a Resident Travel Award, which provided funding for residents from underrepresented populations to attend the 2018 ASCO Annual Meeting. Dr. Justiniano was honored for her research evaluat-

ing variation in care and disparities, as well as for her dedication to mentoring minorities in surgery. Held in June, this year's ASCO meeting allowed award recipients to have the opportunity to network with oncologists, attend educational sessions and develop a deeper understanding of the oncology field.

Advanced Practice Providers



Pictured from left to right: Cassandra Nuzzareello, PA; Melanie Geiger, PA; Marcia Dinsmore, NP; Nicole Fochesato, NP; Mary Robinson, NP; Yeliam Patel, NP

The Department of Surgery Advanced Practice Provider (APP) Team consists of over 50 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 professionals who give high-quality,

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

Danielle Glover, PA 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. Danielle is part of the Bariatric and GI Surgery team at Highland Hospital.

ADVANCED PRACTICE PROVIDERS LISTING

Abdominal Transplant

Michael Grizzanti, NP
Nancy Amell, NP
Jennifer Boehly, NP
Lee Castellano, NP
Jackie Cullen, NP
Brittany Duheme, NP
Laura Overstreet, NP
Brianna Pfeiffer, PA
Katherine Phouthavong, NP
Valerie Schiano, NP

Acute Care Surgery

Frank Manzo, NP
Jacob Privitera, PA
Zach Woughter, PA

Bariatric and GI Surgery at Highland Hospital

Heather Allerton, PA
Erika Bianchi, PA
Raul Callowich, PA
Danielle Glover, PA
Samantha Kosiorek, PA
Julie Anne Leo, PA
Jessica Mahoney, PA
Beitris McKeon, PA
Allyssa Mroczek, PA
Samantha Ramos, PA
Dawn Rugelis, NP

Colorectal Surgery Division

Margaret Odhner, NP
Marcia Dinsmore, NP
Ginny Hanchett, NP
Ann Kalkbrenner, NP
Joanne Kitt, RN
Holle Nesbitt, PA
Mary Robinson, NP
Ellen Schmidt, NP
Quarnisha White, NP

Pediatric Surgery

Theresa Foito, NP
Marsha Pulhamus, NP
Kathy Rideout, NP

Pediatric Cardiac Surgery

Regina Cable, NP
Plastic Surgery
Britta Baughman, PA
Judy Cavanaugh, NP
Morgan Cook, NP
Nicole Fochesato, NP
Adriana Hontar, PA
Cassandra Nuzzarello, PA
Melisande Ploutz, NP
Julia Schliff, NP
Lisa Wallin, NP

Surgical Oncology

Erin Bodekor, NP

Todd Chennell, NP
Holly Greiner, NP
Crystal Regis, NP

HPB-GI Division

Joclyn Gaston, NP
Melanie Geiger, PA
Yeliam Patel, NP

Thoracic/Foregut Surgery

Kara Mestnik, NP
Tammy Carmel, NP
Wendy Hurley, PA
Casey Faessler, NP
Alicia Frelier, NP
Jessica Luciano, NP

Vascular Surgery

Desiree Branson, NP
Christina D'Agostino, NP
Kathryn Kelleher, NP
Hannah Mickle, NP
Arica Navaie, PA
Elizabeth Wight, NP

Regional Surgery

Samantha Valvo, PA

Honors and Accomplishments

Division Highlights:

Division of Abdominal Transplant and Liver Surgery

- The Annual River Run/Walk 5K to support SMH transplant patients on August 5th was a hit. There were over 400 runners and walkers and according to organizers, this year's River Run/Walk 5K raised over \$35,000.

Division of Cardiac Surgery

- Designation of Optimum Center of Excellence VAD
- Designation of Optimum Center of Excellence Transplant.
- ESLO Gold Center of Excellence for ECMO.

Division of Vascular Surgery

- Highland Hospital opened first Hybrid Operating Room. Enables the hospital to address more diverse patient needs and offer an expanded vascular surgery service.
- UR Medicine acquired Genesee Vascular Lab, expanding the Heart and Vascular expertise, care and locations.

Clinical Faculty

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

- Received the 2018 Vincent Reale Resident Mentorship Award, University of Rochester Medical Center.
- Nominated for the "Women of Excellence, Leadership in Humanitarianism Award," the Italian American Community Center, Rochester NY.
- Member of 2018 ASPS/ASAPS Essentials of Leadership Program.

- Member Women's Plastic Surgery Steering Committee, ASPS, Plastic Surgery NEWS Editorial Board.
- 2018 YPS Rep ASPS Social Media Subcommittee.
- 2017-Present Member Young Plastic Surgeons Steering Committee, ASPS.

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

- Director for the 45th Annual Eastern Great Lakes Regional Burn Association.
- Chair, Scientific Committee for the 45th Annual Eastern Great Lakes Regional Burn Association.
- Northeast Region for the Education Committee for the American Burn Association, Communication Liaison.
- Northeastern Society of Plastic Surgeons, Membership Committee.
- American Society of Plastic Surgeons' In-Service Examination Committee.

Ronald Bossert, M.D: Associate Professor of Surgery, Director, Life After Weight Loss Program:

- Promoted to Associate Professor.
- Awarded the Joseph Losee Teaching Award.
- Awarded the Dean's Teaching Fellowship.

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

- Selected as keynote speaker for the class of 2018 AOA awards.
- Received the Schwartz and Caldwell awards for teaching last year.

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

- Named Associate Director of Cardiac Transplant Program.

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

- 2018 NEGEA Professional Development Award.
- American College of Surgeons Women in Surgery Committee

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

- Received the New York State Police PBA Chandler Award.
- Appointed to SMH Therapeutics Committee.

Adam Doyle, M.D. Assistant Professor of Surgery

- Appointed to the Society for Vascular Surgery Resident and Student Outreach Committee and the Society for Vascular Surgery Quality and Performance Metrics Committee.

Jennifer Ellis, M.D. Associate Professor of Surgery, Director of Vein Center

- Promoted to Associate Professor.
- Named Fellow of the American College of Surgeons.
- Eastern Vascular Society Simulation Committee.

Rachel Farkas, M.D., Assistant Professor of Surgery

- Recipient of a citizen citation award for the town of Brighton police department.

Fergal Fleming, M.D., Associate Professor of Surgery

- Promoted to Associate Professor of Surgery.

Eva Galka, M.D., Associate Professor of Surgery

- Promoted to Associate Professor of Surgery.
- Received the Surgical Interest Group Mentorship Award.

Roan Glocker, M.D., Assistant Professor of Surgery

- Joined the VQI Suprainguinal Bypass Committee for SVS and became the YFA Liaison the Legislative Committee for FACS.

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

- American College of Surgeons - Committee on Trauma: Chair, Stop-the-Bleed Steering Committee
- American College of Surgeons - Committee on Trauma: Chair, EMS Committee
- New York State Police- Chief Surgeon, State Trooper Surgeon Program, Troop E.
- Mercy Flight Central: Vice Chair, Board of Directors and Associate Chief Medical Director.

Igor Gosev, M.D. Assistant Professor of Surgery

- Named Surgical Director of LVAD Program.

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

- Appointed Chair for the Committee on Diversity and Inclusion, Department of Surgery.
- Chair of the Publications Committee of the American HPB Association (AHPBA).
- Member of the Executive Council, American HPB Association (AHPBA).

Honors and Accomplishments

- Vice Chair of the Education Committee of the Internal Liver Transplant Society (ILTS).
- Member of the Scientific Committee of the International ALLPS Registry.
- Member of the Program Committee of the International HPB Association (IHPBA).
- Member of the Steering Committee of the International Liver Surgery Outcomes Study.
- Started a successful program of Live Donor Liver Transplantation at UR Medicine.
- 12 peer review publication in HPB and Liver Transplantation in the last 12 months.
- 4 book chapters in HPB and Transplantation.

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

- Received the 2017 Medical Center Board Excellence Award in the Physician category.

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

- Awarded Plastic Surgery Residents Excellence in Teaching Award, 2018.
- Awarded Surgery Chief Residents Excellence in Teaching Award, 2018.

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

- Received “Commendation for Excellence in Third Year Medical Student Teaching” voted on by University of Rochester School of Medicine and Dentistry Class of 2018 in September 2017.

- Received the “Presidential Citation” award by the Society of Critical Care Medicine for outstanding contributions to the SCCM in 2017.

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

- Received the 2017 Medical Center Board Excellence Robert Joynt Kindness Award.

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

- Recipient of the “Elmer Louis Award” for Stop the Bleed campaign in Greater Rochester area in June 2017.

Clinton S. Morrison, M.D., Assistant Professor of Surgery, Director, Cleft and Craniofacial Center, Golisano Children’s Hospital and Strong Memorial Hospital

- Named Fellow of the American College of Surgeons.
- Member of Program committee, 45th Annual Eastern Great Lakes Regional Burn Association Meeting.
- Member of Ethics committee, American Cleft Palate- Craniofacial Association.

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

- Northeastern Society of Plastic Surgeons, Membership Committee.
- American Society of Plastic Surgeons’ In-Service Examination Committee.

Mark Orloff, M.D., Professor of Surgery

- Awarded Surgery Chief Residents Excellence in Teaching Award, 2018

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

- Named as the Dr. Jude S. Sauer Family Distinguish Professor
- Reviewer American Society of Artificial Internal Organs.
- Board Member New York Cardiothoracic Transplant Consortium.
- Society of Thoracic Surgery Curriculum Task Force.

Peter A. Prieto, M.D., M.P.H., CMQ, Assistant Professor of Surgery, Associate Program Director for Research, Surgical Residency Program, Director, URM Tissue Bank

- Awarded Seymour I. Schwartz Faculty Excellence in Teaching Award as voted by the surgery house staff.
- Appointed Associate Program Director for Research, Surgical Residency Program.
- Appointed Director, URM Tissue Bank.

Kathleen G. Raman, M.D., M.P.H., Associate Professor of Surgery

- Received a “Lean Performance Excellence Award” for the Most Valuable Practitioner.
- Associate Examiner, American Board of Vascular Surgery Certifying Examination.
- Associate Examiner, American Board of Surgery Certifying Examination.
- Consultant to Vascular Surgery Board-American Board of Surgery Vascular Surgery In-Training Examination.

Michael F. Rotondo, M.D., FACS, Professor of Surgery, Chief Executive Officer University of Rochester Medical Faculty Group

- Completed year as President of the AAST, the world’s leading scientific trauma society.
- Completed fourteen years of service to the American College of Surgeons, Committee on Trauma, ending his tenure as Medical Director where he served from 2014-2018.

Luke Schoeniger, M.D., PhD., F.A.C.S., Professor of Surgery and Oncology

- 2018 faculty member elected by graduating medical students to Alpha Omega Alpha

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

- Appointed American Society of Colon and Rectal Surgeons Healthcare Economics Committee.
- Appointed American Society of Colon and Rectal Surgeons Professional Outreach Committee.
- Appointed Pelvic Floor Consortium Committee.

Nicole A. Stassen, MD, FACS, FCCM, Professor of Surgery

- Eastern Association for the Surgery of Trauma Immediate Past President, January 2017-January 2018.
- Eastern Association for the Surgery of Trauma, Board of Directors – 2012-2018.
- Eastern Association for the Surgery of Trauma, Development Committee.
- American Association for the Surgery of Trauma,

Honors and Accomplishments

Education Committee.

- American Association for the Surgery of Trauma, Virtual Grand Rounds Chair.
- American Association for the Surgery of Trauma, Acute Care Surgery Committee.
- American Association for the Surgery of Trauma, Acute Care Surgery Fellowship Exam Development Co-Chair.

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

- Named Chair for EPIC Sub Specialty Board in Vascular Surgery, a national workgroup to identify issues and optimize the EPIC EMR for Vascular Surgery.
- Named Chair for TCAR Fellows Training Program, leading a national program to train Vascular Surgery residents and fellows in a new minimal-access carotid procedure.
- Keynote speaker for the Virginia Vascular Society.
- Visiting Professor Second Military Medical University, Shanghai, People's Republic of China.
- Appointed to Vascular Annual Meeting Program Committee.
- Appointed to Eastern Vascular Society Research Committee.

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

- Elected to the American Surgical Association.
- American Society of Colon & Rectal Surgeons (ASCRS): Chair, Quality Assurance and Safety Committee.
- American College of Surgeons: Performance Measurement Advisory Group.

- National Quality Forum Surgery Steering Committee.

- Member of Scientific Program Committee of ASCO: GI.

- Member of ASCO Quality Symposium Planning Committee.

- Oral presentation at the American Society of Clinical Oncology (ASCO) conference.

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

- Obtained funding from URMC to support Simulation for Operating Room Safety curriculum for training high function teams during crises in the operating room.
- UPP Team Physician Leader for Pursuing Excellence Initiative Pediatric Surgery Service.

Research Faculty and Labs:

Scott A. Gerber Ph.D., Assistant Professor

- Received a University Research Award to study “New Strategies to Improve Long-Term Survival for Patients with Pancreatic Cancer.”
- Won a CTSI Award to study “Targeting Vitamin D Receptor for Treatment of Pancreatic Cancer.”

Julia E. Inglis, Ph.D., R.D., Research Assistant Professor

- 2018 MASCC Fatigue Study Group Outstanding Trainee Research Award; Vienna, Austria.
- Discussed the relationship of obesity and cancer related fatigue in patients with breast cancer at an education session on June 29 at the Multinational Association of Supportive Care in Cancer (MASCC).

Michelle Janelsins, Ph.D., M.P.H., Associate Professor

- Discussed the trajectory and risk factors for cognitive changes in cancer patients at an education

session on June 5 at the American Society of Clinical Oncology (ASCO) conference.

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

- Received seed grant funding from the Gay and Lesbian Medical Association to examine cancer care needs of LGBT patients.
- Nominated as an External Scientific Panel Member for the NCI Cancer Moonshot Biobank.
- 2018 Fellow in the NIH Training Institute for Dissemination and Implementation Research in Cancer (TIDIRC).
- Chair of the Health Equity Special Interest Group at the American Psychosocial Oncology Society.
- Member of the NCI Cancer Care Delivery Steering Committee and Disparities Integration Working Group.

Ian Kleckner, Ph.D., M.P.H., Assistant Professor:

- Promoted to Assistant Professor.
- NCI K07 award (total \$846,085 over 5 years) to study the effects of exercise on chemotherapy-induced peripheral neuropathy and interoceptive brain circuitry.
- 2018 Fellow of the NCI Transdisciplinary Research in Energetics and Cancer Research Education Program (TREC Workshop).
- 2018 Emeritus Award for Excellence in MPH Thesis (concurrent with completion of MPH degree from URMC).
- Completion of WCI-funded pilot feasibility study on the effects of exercise on chemotherapy-induced peripheral neuropathy.

Gilberto Lopez, ScD, M.A., M.P.H., Research Assistant Professor

- Awarded the Minority Faculty Scholar in Cancer Research Award from the American Association for Cancer Research's (AACR) Minorities in Cancer Research Council.

Karen Mustian, Ph.D., M.P.H., Professor of Surgery, Co-director of the WCI Cancer Control and Survivorship Research Program

- Promoted to Professor of Surgery.
- Named Fellow in the 2017-18 class for the Hedwig van Ameringen Executive Leadership in Academic Medicine® (ELAM) Program at Drexel University College of Medicine.
- Received Society of Behavioral Medicine Outstanding Research Citation award.
- JAMA Oncology most cited article for the year: Mustian, et al., "Comparison of Pharmaceutical, Psychological, and Exercise Treatments for Cancer-Related Fatigue: A Meta-analysis." *JAMA Oncol.* 2017, July 1;3(7): 961-968.
- ASCO most significant advances in cancer care and research recognition for research in exercise and cancer. "Clinical Cancer Advances 2018: Annual Report on Progress Against Cancer from the American Society of Clinical Oncology" by Hymach et al. *Journal of Clinical Oncology*, 2018 Apr; 36(10): 1020-1044.

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

- Discussed how to optimize bone health in extended cancer survivorship at an education session on June 5 at ASCO.

Resident Scholarship

1st Year Residents

Ziazadeh D, Matar R, Himelhoch B, Borgman A, Parker JL, Willekes CL, Timek TA. “Single-dose del Nido Cardioplegia in Minimally Invasive Aortic Valve Surgery.” *Semin Thorac Cardiovasc Surg.* 2017; 2017 Nov 2; PMID: 29104016

2nd Year Residents

Balceniuk MD, Trakimas L, Aghaie C, Mix D, Rasheed K, et al. “Aspirin Use is Associated with Decreased Radiologically-Determined Thrombus Sac Volume in Abdominal Aortic Aneurysms.” *Vascular.* Jan 2018. [Epub ahead of print]. PMID 29473449

Balceniuk MD, Trakimas L, Aghaie C, Mix D, Rasheed K, et al. “Volumetric Nephrogram Correlates with Aortic Anatomic Severity Grade as a Predictor of Chronic Kidney Disease.” *Vasc Endovascular Surg.* Jan. 2018. [Epub ahead of print]. PMID: 29576004

Aquina CT, Becerra AZ, Justiniano CF, Xu Z, Boscoe FP, Schymura MJ, Noyes K, Monson JRT, Temple LK, Fleming FJ. “Surgeon, Hospital, and Geographic Variation in Minimally Invasive Colectomy.” *Ann Surg.* 2018, Feb 9. Epub ahead of print. PMID: 29432289

Justiniano CF, Aquina CT, Becerra AZ, Xu Z, Boodry CI, Swanger AA, Monson JRT, Fleming FJ. “Postoperative Morality after Non-Elective Surgery for Inflammatory Bowel Disease in the Era of Biologics.” *Ann Surg.* 2017 Epub ahead of print. PMID: 29232213

Justiniano CF, Xu Z, Becerra AZ, Aquina CT, Boodry CI, Swanger A, Temple LK, Fleming FJ. “Long-term Deteriorous Impact of Surgeon Care Fragmentation after Colorectal Surgery on Survival: Continuity of Care Continues to Count.” *Dis Colon Rectum.* 60: 1147-1154, 2017. PMID: 28991078

Louis C, Swartz MF, Simon BV, Cholette JM, Atallah-Yunes N, Wang H, Gensini F, Alfieri GM. “Modified Repair of Type I and II Truncus Arteriosus Limits Early Right Ventricular Outflow Tract Reoperation.” *Semin Thorac Cardiovasc Surg.* 2018 Summer, 30(2): 199-204. PMID: 29428623

Lawrence AE, Adler BH, Minneci PC. “Response to: evaluation of sarcopenia in children.” *The Journal of surgical research.* 2018 Apr 12. PMID: 29656782

Lawrence AE, Deans KJ, Minneci PC. “The Criteria for Treating Appendicitis Non-operatively.” *Curr Surg Rep* (2018) 6: 10. Online ISSN: 2167-4817.

Lodwick DL, Cooper JN, Gonzalez DO, **Lawrence AE, Lee C, Krishnamurthy R, Minneci PC, Deans KJ.** “Disparities in Radiation Burden from Trauma Evaluation at Pediatric vs. Non-Pediatric Institutions.” *Journal of Surgical Research.* 2018, Dec. 232:475-483. <https://doi.org/10.1016/j.jss.2018.04.024>.

Lawrence AE, Lodwick D, Dienhart M, Cooper JN, Fung B, Lopez JJ, Smith S, Warren P, Balint J, Minneci PC. “Looking for Liver Disease in Babies with Intestinal Failure on TPN: Can Ultrasound Replace Liver Biopsy?” *Atlas of Science Online,* March 13, 2018.

Gonzalez DO, **Lawrence AE, Cooper JN, Sola R, Garvey E, Weber BC, St Peter SD, Ostlie DJ, Kohler JE, Leys CM, Deans KJ, Minneci PC.** “Can ultrasound reliably identify complicated appendicitis in children?” *Journal of Surgical Research.* 2018, Sept. 229: 76-81. <https://doi.org/10.1016/j.jss.2018.03.012>

Halleran DR, Onwuka A, **Lawrence AE, Sebastiao YV, Cooper JN, Deans KJ, Minneci PC.** “Laser hair depilation in the treatment of pilonidal disease: A systematic review.” *Surgical Infections.* Published online: August 10, 2018. <http://doi.org/10.1089/sur.2018.099>.

3rd Year Residents

Sterbling HM, Rosen AK, Hachey KJ, Vellanki NS, **Hewes PD, Rao SR, Pinjic E, Fernando HC, Litle VR.** “Caprini risk model decreases venous thromboembolism in thoracic surgery cancer patients.” *Ann Thorac Surg.* 2018 Mar;105(3):879-85. PMID: 29397103.

Becerra AZ, Wexner SD, Dietz D, **Xu Z, Aquina CT, Justiniano CF, Swanger AA, Temple LK, Noyes K, Monson JR, Fleming FJ.** “Nationwide Heterogeneity in Hospital-Specific Probabilities of Rectal Cancer Understaging and its Effects on Outcomes.” *Ann Surg Oncol.* 2018. PMID: 29850952

Brady JT, **Xu Z**, Scarberry KB, Saad A, Fleming FJ, Remi FH, Wexner SD, Winchester DP, Monson JRT, Lee L, Dietz DW. "Evaluation the Current States of Rectal Cancer Care in the United States: Where We Stand at the Start of the Commission on Cancer's National Accreditation Program for Rectal Cancer." *J Am Coll Surg*. 2018. PMID: 29589675

Xu Z, Fleming FJ, **Justiniano CF**, Becerra AZ, Boodry CI, **Aquina CT**, Temple LK, Speranza JR. "Trends in Surgeon-Level Utilization of Sacral Nerve Stimulator Implantation for Fecal Incontinence in New York State." *Dis Colon Rectum*. 2018 Jan;61(1):107-114. PMID: 29215481

Xu Z, Becerra AZ, **Justiniano CF**, Boodry CI, **Aquina CT**, Swanger AA, Temple LK, Fleming FJ. "Is the Distance Worth it? Rectal Cancer Patients Traveling to High-Volume Centers Experience Improved Outcomes." *Dis Colon Rectum*. 2017 Dec;60(12):1250-1259. PMID: 29112560

4th Year Residents

Aquina CT, Becerra AZ, **Justiniano CF**, **Xu Z**, Boscoe FP, Schymura MJ, Noyes K, Monson JRT, Temple LK, Fleming FJ. "Surgeon, Hospital, and Geographic Variation in Minimally Invasive Colectomy." *Ann Surg*. 2018 Feb 9. doi: 10.1097/SLA.0000000000002694. [Epub ahead of print] PMID: 29432289.

Fleming FJ, **Aquina CT**. "Extended-duration venous thromboembolism prophylaxis following colorectal surgery: Ready for prime time?" *Dis Colon Rectum*. 2018;61(3):273-274. PMID: 29420420

Aquina CT, Fleming FJ, Becerra AZ, Hensley BJ, Noyes K, Monson JRT, Temple LK, Cellini C. "Who gets a pouch after colectomy in New York state and why?" *Surgery* 2018; 163(2): 305-310. PMID: 29033223

Sahai T, Henrichs K, Refaai M, Heal JM, Kirkley SA, Schmidt AE, Mendler JH, Masel D, Liesveld J, **Aquina C**, Blumberg N. "ABO identical and washed blood transfusions as candidate strategies to reduce early mortality in acute promyelocytic leukemia." *Leuk Res*. 2017; 62: 1-3. PMID: 28963906

5th Year Residents

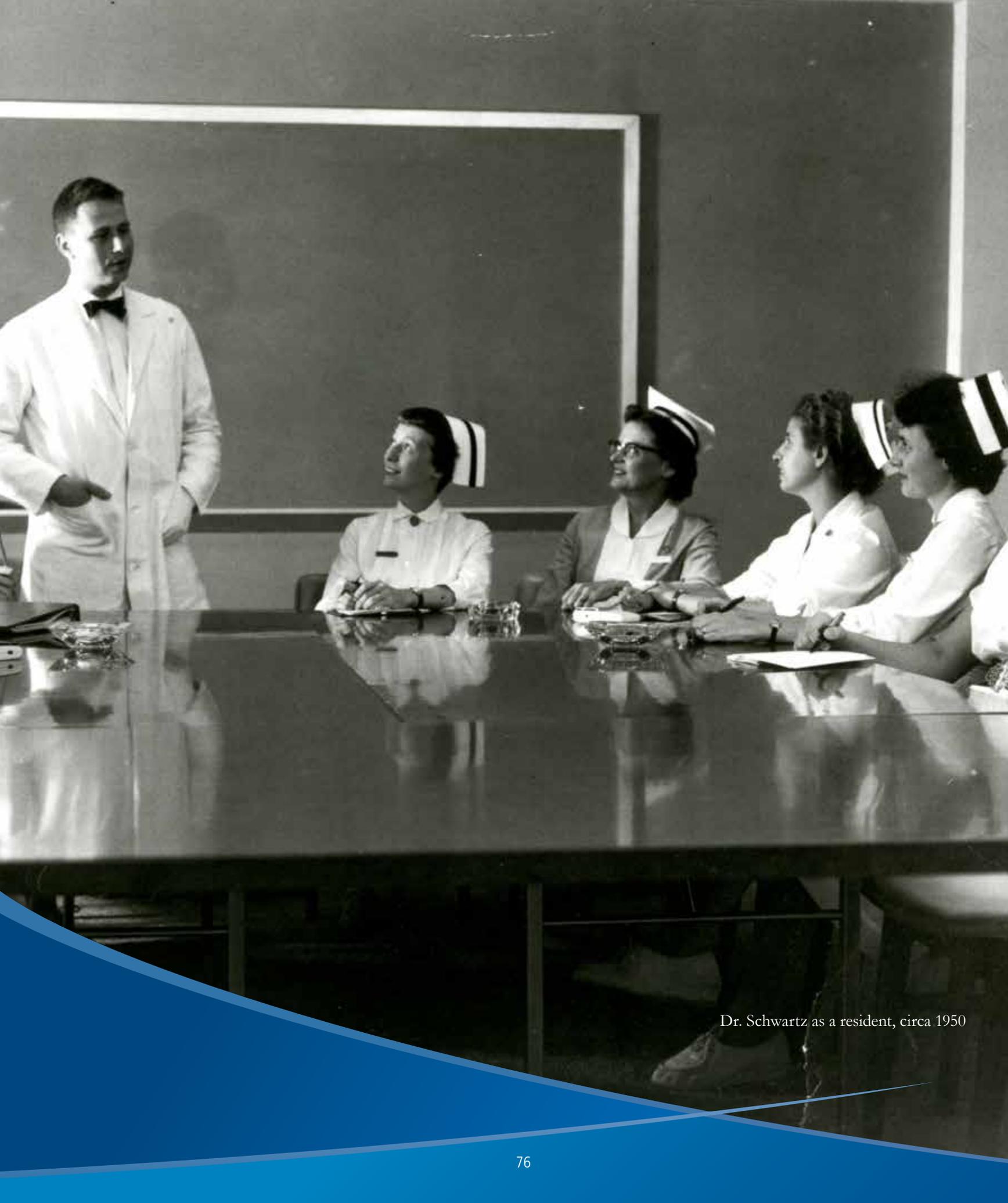
Johnson CA Jr, **Wood KL**, Melvin AL, Lebow BF, Knight PA. "Video-assisted right mini-thoracotomy for aortic root replacement." *Journal of Visualized Surgery*. 2018 Feb 27;4:38. PMID: 29552520.

6th Year Residents

Becerra AZ, **Probst CB**, 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*. 2018 Feb;35(2):336-342. PMID: 28494653

7th Year Residents

Lada MJ, Milano MT, Jones CE. "Pulmonary metastectomy: impact of tumor histology and size." *J Thorac Dis*. 2018 Feb;10(2):644-647. PMID: 29607129.



Dr. Schwartz as a resident, circa 1950

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.

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 11th 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.

Giving to the Department of Surgery

For more information about supporting the Department of Surgery, please contact our development officer, Jennifer Koehnlein, at (585) 273-5472 or by email at Jennifer.Koehnlein@rochester.edu.





For more information about the Department of Surgery, contact:

David C. Linehan, M.D.

Seymour I. Schwartz Professor and Chairman

UR Medicine Surgery
601 Elmwood Avenue, Box Surg
Rochester, NY 14642

Phone: 585-275-2725

Fax: 585-275-8513

Website: www.surgery.urmc.edu

Mobile App: <https://surgery.urmedicine.org>

Other contact information:

Abdominal Transplant Surgery	585-275-5875
Acute Care Surgery	585-275-3022
Bariatric Surgery	585-341-0366
Cardiac Surgery	585-275-8880
Colorectal Surgery	585-273-2727
Hepato-Pancreato-Biliary and Gastrointestinal (HPB-GI) Surgery	585-275-1611
Pediatric Surgery	585-275-4435
Plastic Surgery	585-275-1000
Surgical Oncology	585-275-1611
Thoracic and Foregut Surgery	585-275-1509
Vascular Surgery	585-279-5100

Pictured: Christopher Gützelmann, M.D.

DEPARTMENT OF SURGERY

601 Elmwood Avenue
Rochester, NY 14642

