DEPARTMENT OF SURGERY
ANNUAL REPORT 2016

Building Momentum to Shape the Future
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*Pictured on cover: Eva Galka, M.D.*  
*Howard Langstein, M.D.*  
*Ronald P. Bossert, M.D.*  
*Jenny Speranza, M.D.*
LETTER FROM THE CHAIRMAN

A half-century ago, Dr. Seymour I. Schwartz, Distinguished Alumni Professor of Surgery, published the First Edition of Schwartz’s Principles of Surgery, a book still known today as the “Bible” of Surgery. Not surprisingly, a large percentage (maybe even the majority) of the book’s original content – which was true at the time – is no longer accurate. Dr Schwartz, with the help of all of the subspecialty content experts in our Department, has written a summary of the changes and advances that have occurred since the original text, and this commentary will be included in the soon to be released 11th Edition, on the 50th anniversary of this remarkable book.

The only thing we can be certain about is change, and an ever-changing landscape in the art and science of surgery is the theme of our annual report. Surgery and our Department have both come a long way over the past 50 years, changing, growing, adapting and continuing to raise the bar for excellence.

From it’s inception in 1920, the UR Medicine Department of Surgery has experienced periods of remarkable success and other times of uncertainty and instability, but by staying true to the core values of our tri-partite mission of excellence in clinical care, research and education, we have always weathered the challenges. We remain at the forefront in developing state-of-the-art technologies, performing cutting-edge operations, conducting breakthrough research and perfecting the art of educating great surgeons. We honor our rich history, yet we have learned never to become complacent. By constantly striving to be our best, we will achieve great things.

The following pages of this Department of Surgery Annual Report highlight stories of research innovation, medical discovery, clinical success and new initiatives focused on physician and resident wellness. The common thread in these stories is the role that change has played in surgery, and in making our faculty and staff members the best at their craft – as well as better people. Today, the positive momentum of change among us is palpable as we work together to build the surgery department of the future.

At the UR Medicine Department of Surgery, we remain true to our mission of delivering the highest quality, patient-centered care, training the next generation of surgeon leaders, attracting top national and international talent and fostering knowledge through research. As a tertiary and quaternary academic medical center, we are the healthcare facility in this region where patients with the most complex surgical problems are referred for expert (and ever evolving) care that never ceases to amaze me.

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 with respect and compassion. Fifty years ago, patients were rarely asked about their experiences while in the hospital. Today, our patients grade us – and we are honored to receive very positive feedback. In addition, our patients can depend on us to provide state-of-the-art care with the latest technology and the most promising innovations. As we look ahead to the next 50 years and beyond, each of us in the Department of Surgery vows to continue to learn, grow, be the best possible leaders and, most importantly, to embrace change. Because one thing is certain: the 100th anniversary edition of Schwartz’s Principles of Surgery will contain advances in surgery and science that we can’t even imagine today.

Meliora!

David C. Linehan, M.D.
Seymour I. Schwartz Professor and Chairman Department of Surgery
University of Rochester Medical Center
"The University of Rochester has provided an academic setting in which students, residents, fellows and junior faculty progressed in their development to become academic leaders, with a major impact on national and international surgery."

Dr. Seymour I. Schwartz
Distinguished Alumni Professor of Surgery
The forthcoming 11th edition of Schwartz’ Principles of Surgery will commemorate the 50th anniversary of the world-wide recognized premiere textbook of surgery. The first edition, for which Seymour I. Schwartz, M.D., Distinguished Alumni Professor of Surgery served as editor-in-chief, marked an educational landmark for the Department, which from its inception up to the present time has maintained a firm commitment to education and training.

“During the nine decades of its existence, the Department of Surgery has enhanced its reputation by the impressive number of academic leaders who emanated from its ranks,” says Dr. Schwartz. “The University of Rochester has provided an academic setting in which students, residents, fellows and junior faculty progressed in their development to become academic leaders, with a major impact on national and international surgery.”

The approaching 50th anniversary of the surgical textbook served as a stimulus to reconsider the work, in appreciation of the extraordinary advances that have been made in the field of surgery during the 50 years that followed the initial publication. Some of the content in the original narrative is no longer considered to be correct. Some of the most significant advances include the development of sophisticated equipment to diagnose and treat diseases, as well as minimally invasive techniques such as laparoscopic and robotic surgery that reduce bleeding and help speed healing time. Fifty years ago, neoadjuvant therapy was not available. Now, chemotherapy, radiation and hormone therapy play vital roles in shrinking tumors prior to surgery. In addition, electronic data and genomic information have helped improve the outcomes and quality of life for patients.

Each of the 52 chapters in the 1969 edition were reviewed by members of the faculty at the University of Rochester Medical Center with appropriate expertise, in order to define the most significant changes that have occurred in the ensuing years. The specific points were collated in a narrative, entitled Redux and Reconsideration by Dr. Schwartz, which will be published online and as a folio to be included with the 11th edition.

Throughout the history of the Department, an essence of unique collegiality has prevailed. Past Chairs, including Dr. John J. Morton, Jr., Dr. W.J. Merle Scott, Dr. Charles Rob, Dr. William R. Drucker, Dr. James V. Sitzmann and Dr. Jeffrey Peters in addition to Dr. Schwartz, contributed significantly to the corpus of surgical knowledge while maintaining a firm commitment to education and training.

According to Dr. Schwartz, the arrival of Dr. David C. Linehan, the current Chairman of the Department of Surgery, has been “refreshing.” Like his predecessors, Dr. Linehan is dedicated to education and mentoring. “The surgical leaders of tomorrow can perfect their craft here through mentorship, training and associations with senior residents and faculty,” adds Dr. Schwartz. “Our Department has a strong reputation for excellence – and we’re looking forward to advancing the field of surgery in the next 50 years.”
Pictured from left to right:
Top row: Mark Levstik, M.D., Koji Tomiyama, M.D.
Randeep Kashyap, M.D.

Middle row: Mohammad Karim, M.D., Jeremy Taylor, M.D., Bandar Al-Judaibi, M.D.

Front row: Gopal A. Ramaraju, M.D., Mark Orloff, M.D., Jonathan Huang, D.O., Roberto Hernandez-Alejandro, M.D.
The appointment of Roberto Hernandez-Alejandro, M.D., as Chief of the UR Medicine’s Division of Abdominal Transplant Surgery, with his unique expertise in transplantation and hepatobiliary surgery and leadership experience at Western University in London, Ontario, Canada, was a calculated decision to add value to the already robust solid organ transplant program.

Dr. Hernandez-Alejandro brings with him transplant surgeon Koji Tomiyama, M.D., Ph.D., who most recently practiced at the University of Toronto. They, along with veteran transplant surgeons Randeep Kashyap, M.D., and Mark Orloff, M.D., the new Vice Chair for Clinical Operations and Regional Development, are committed to building on this nationally respected transplant program, to further strengthen what transplant leadership has worked so hard to create – a comprehensive team that is laser-focused on providing the best medical opportunities for patients from throughout Upstate New York and beyond.

His passion for his patients is evident as Dr. Hernandez-Alejandro relays a story about a woman in Canada with advanced liver cancer whose care team thought they’d done all they could. Their next step, the physicians believed, would be to provide palliative care. But colleague Dr. Hernandez-Alejandro wasn’t convinced. He’d been pioneering a new procedure he thought might help her – Associating liver partition and portal vein ligation for staged hepatectomy (ALPPS), a two-step surgical technique that has successfully expanded the number of eligible patients who require resections, but were previously too high risk to undergo them. He was the first in North America to perform the procedure and is still one of only a handful of surgeons on the continent who possesses the expertise.

With her attending’s permission, Dr. Hernandez-Alejandro approached the patient and her family with the option of undergoing a modified ALPPS procedure that would separate cancerous liver tissue from healthy tissue and promote the rapid growth of the latter. The patient agreed and the successful surgery was performed, allowing her to live to see Christmas that year. She survived to be in her daughter’s wedding the following spring, an event at which they included Dr. Hernandez-Alejandro and his family.

And a year after that, the woman was blessed with a grandchild.

Five years later, the patient is still alive because of the ALPPS procedure and Dr. Hernandez-Alejandro’s strong insistence to use an innovative technique to lengthen and improve the quality of her life.

It is in part because of that passion for patients that UR Medicine recruited him from Western University. There, Dr. Hernandez-Alejandro had served as Director of Liver Transplantation and Hepatobiliary Surgery at London Health Sciences Centre – University Hospital. During his tenure, he was on the forefront of establishing donation after cardiac death (DCD) as an option for organ transplantation in Canada. He championed the DCD program, resulting in a 13 percent increase in liver transplants. Just one month after he started practicing in Rochester, he did his first successful DCD transplant.

“I was drawn to URMC and UR Medicine because of the culture and passion for excellent patient care, research and education,” Dr. Hernandez-Alejandro says. “The supportive, multidisciplinary team, with its philosophy of offering sensitive, compassionate care for patients from throughout the Upstate region, will successfully take the solid organ transplant program to a new level in the years ahead.”
ACUTE CARE SURGERY

Providing a Safety Net for the Finger Lakes Region

Injury is the fifth leading cause of death in Americans – and more people under age 44 die from trauma than any other cause, including vascular disease and cancer. When seconds count, the specialized care offered at the UR Medicine Kessler Trauma Center can mean the difference between life and death.

“We’re the only Level I Trauma Center in the Finger Lakes region, which differentiates us,” says Paul E. Bankey, M.D., Ph.D., Chief of the Division of Trauma and Acute Care Surgery. “Strong Memorial Hospital has been the trauma center for the Finger Lakes Region since the early 1990s. We’re a ‘safety net’ in the region for injured, critical care and emergency general surgery patients.”

To be a designated trauma center, Strong must comply with certain standards and provide optimal and comprehensive injury care for patients. Qualifications to become a trauma center are set by the Committee on Trauma - American College of Surgeons. Strong is coming up on its next certification round and Golisano Children’s Hospital is going through the process to become a Pediatric Trauma Center, an extension of the hospital’s trauma program. “As the only trauma center recognized by the state for this area, we cover about 1.2 million people,” adds Dr. Bankey. “In the last 12 months, we admitted approximately 1,800 injured patients and are seeing more trauma cases from outlying areas.”

Surgical critical care is typically linked with trauma and more doctors are specializing in Acute Care and Trauma Surgery. According to Dr. Bankey, the reasons for this may be the opportunity to comprehensively manage all types of chest, abdominal, complex GI and trauma fracture problems; the ability to work as a team and transfer care of patients to partners; and a more manageable lifestyle. “Patients have limb- and life-threatening problems and trauma surgeons are responsible for getting them lined up with all the right subspecialists,” explains Dr. Bankey. “Trauma in acute care surgery is a highly satisfying and rewarding specialty, especially when you snatch a person from the jaws of death.”
Current Research and Educational Initiatives

Research:
• We are one of the participating centers involved in the Coalition for National Trauma Research (CNTR) and are at the forefront of starting studies funded by National Institutes of Health (NIH) and Department of Defense (DOD). Currently, we are playing a key role in Linking Investigations in Trauma and Emergency Services (LITES), a DOD research project that is establishing a clinical research network of civilian trauma facilities for the study of military-relevant questions in combat casualty care. Potential projects include early resuscitation, thromboelastography (TEG) and resuscitative endovascular balloon occlusion of the aorta (REBOA) to stop hemorrhage.
• We are one of 24 sites participating in a Post Traumatic Stress Disorder (PTSD) research project, funded by an NIH grant. There is an untapped need within the trauma population – and we are developing a screening questionnaire to determine prevalence of PTSD in this population and how to best intervene through counseling and pharmacologic methods. Dr. Julius D. Cheng is spearheading this project.
• The American College of Surgeons National Surgical Quality Improvement Program® (ACS NSQIP®) recently added in emergency general surgery as a pilot project. We are active in this project looking at three types of diseases (appendicitis, acute cholecystitis and small bowel obstruction). We are participating in a benchmarking study and transferring data back to clinical protocols for management of patients.

Education:
• Due to events involving major violent trauma in our country over the past few years, the Committee on Trauma - American College of Surgeons is sponsoring a national bleeding control program. Similar to bystander CPR, “Good Samaritans” will be taught how to use bleeding control equipment, such as tourniquets and hemostatic gauze, to pack holes and wounds. Many advances in trauma have been extensions of what the military has learned from our recent conflicts. The use of tourniquets has come back for compressible and non-compressible hemorrhage and is very useful for extremity trauma. Like AEDs, a satchel bag with all necessary equipment for bleeding control will be placed on walls. Dr. Mark L. Gestring is spearheading this initiative in our Division and is also involved at the national level. We are now in the process of engaging in community outreach and relationship building initiatives by training local firemen and police officers.

Surgical Critical Care Fellowship
For nearly 25 years, our Accredited Surgical Critical Care Fellowship Program, currently led by Nicole Stassen, M.D., has produced quality surgeons who have a growing interest in pursuing a career in Acute Care and Trauma Surgery. Under Dr. Bankey’s tenure as Chief, four surgeons have decided to subspecialize in Acute Care/Trauma/Critical Care Surgery, including Yanjie Qi, M.D., Associate Program Director for Curriculum and Simulation within our Residency Education Program.
BARIATRIC AND GI SURGERY AT HIGHLAND

Highland Hospital Modernization Enhances Patient Care

For more than 125 years, Highland Hospital has been dedicated to outstanding patient care. To meet the needs of our community, Highland is in the process of completing a $28 million, two-story modernization project that will include six new state-of-the-art operating rooms and a 26-bed observation unit. This is Highland’s largest capital project in history.

“This renovation project will greatly improve the level of care we’ll be able to provide to our patients and their families,” says Joseph A. Johnson, M.D., Associate Professor of Surgery; Chief of Bariatric and GI Surgery; Chief of Surgery at Highland Hospital. When the modernization is finished this fall, the hospital’s general surgery and bariatric patients will benefit from newly renovated operating rooms with the latest technologies such as the daVinci® Surgical System and high-tech endoscopic equipment, larger patient rooms, a new observation unit for short-stay patients and more.

In addition to offering a full range of surgical services, Highland has the largest bariatric program in our area. “We’re very sensitive to our patients’ needs and want to support them in their quest for improved health and well-being,” adds Dr. Johnson. “We want our patients to feel safe, well cared for and that they’re not alone. It’s very gratifying to help them achieve their weight loss or surgical goals.”

Highland’s Renovation Project at a Glance

- $28 million project will modernize patient care facilities and enhance quality
- Two-story addition adds 30,000 square feet to Highland Hospital’s South side
- Includes six new state-of-the-art operating rooms and a 26-bed observation unit
- Dedicated space for short-stay patients will be added
- Increases the number of private rooms on inpatient units
- Renovation of existing space will create upgraded Perioperative Suite

William E. O’Malley, M.D., F.A.C.S. Elected President of Distinguished Society

Dr. William E. O’Malley, Assistant Professor of Clinical Surgery at UR Medicine and the Director of Bariatric Surgery at Highland Hospital, was recently named president of the New York State Chapter of the American Society for Metabolic & Bariatric Surgery.

The mission of the Chapter is to become the definitive voice for dealing with statewide issues in bariatric surgery. Its goal is to advocate on behalf of patients and providers in New York State, working in conjunction with the National Society and other parties to enhance access to care and improve the quality of care provided to bariatric surgery patients. The Chapter strives to protect the interests of patients and providers in the regulatory and reimbursement arenas, while setting a tone of professionalism and respect.
“This renovation project will greatly improve the level of care we’ll be able to provide to our patients and their families.”

Dr. Joseph A. Johnson
Associate Professor of Surgery; Chief of Bariatric and GI Surgery; Chief of Surgery at Highland Hospital
UR Medicine Cardiac Surgeons Perform 200th Heart Transplant

Cardiac surgeons at UR Medicine’s Strong Memorial Hospital recently performed a 200th heart transplant surgery, providing a 48-year-old father a second chance on life.

Transplant surgeons Juan Lehoux, M.D., surgical director of the Program in Heart Failure and Transplantation, and Sunil Prasad, M.D., performed the six-hour life-saving procedure on August 24 and Stephen Waite Jr. of Oswego is recovering at Strong Memorial Hospital.

Reaching this milestone is a proud moment for the heart failure and transplant team, an integral part of UR Medicine Heart & Vascular, which has more than 900 people dedicated to patient care and heart research.

“Every transplant provides a new beginning for our patients and is an incredible achievement for the entire team of doctors, nurses and support staff,” says Dr. Prasad, Chief of Cardiac Surgery.

This milestone was 15 years in the making, as the team performed its first transplant on February 7, 2001. Strong Memorial is the only comprehensive heart failure and transplant center in Upstate New York, serving the vast majority of the state: from Northern New York to the Pennsylvania state line.

“We work closely with patients and their families every day, and when a moment like this occurs, it reminds us how many lives we’ve helped change,” says Leway Chen, M.D., M.P.H. He has been director of the Program in Heart Failure and Transplantation since its inception. “When our transplant recipients share news of family weddings and share photos of grandchildren or trips to wonderful places, it brings a
sense of pride and joy to have helped make it possible.”

For Better or for Worse

“I feel like a new man today,” says Waite. He and his wife, Christine, are “so grateful, because it’s been a long and tough road getting here.”

It’s especially poignant because they celebrated their 25th anniversary on September 21, having endured sickness and health.

Waite was 40 when he was diagnosed with non-ischemic cardiomyopathy and he “went from having a normal life to suddenly struggling with heart failure,” says his cardiologist Michael Fischi, M.D., F.A.C.C., F.S.C.A.I., of St. Joseph’s Physicians Cardiovascular Specialists in Syracuse.

UR Medicine cardiologists collaborated with Fischi to manage Waite’s care for several years. When the Oswego man didn’t recover as well as expected after mitral valve repair, Dr. Fischi referred him “to Strong Memorial Hospital, because I’m familiar with the physicians there. It’s an excellent program. When I send patients there, I know they’ll get great care.”

UR Medicine’s Cardiac Critical Care Transport Team — a specialized team operating in a dedicated ambulance — brought Waite to Rochester and cardiac surgeons implanted a left ventricular assist device (LVAD) to stabilize his heart function. For several years, transplant cardiologist Eugene Storozynsky, M.D., Ph.D., closely monitored his health and managed difficulties with the LVAD.

Nearly a month ago, Waite was briefly hospitalized at Strong Memorial, never realizing that his stay would be extended because the matching donor heart finally became available.

“It was late at night when doctors told me they had a heart for me,” says the father of two young men. “It was exciting to know I will get a second chance.”

Today, he is eager to return to his Oswego home to “sleep in my own bed and get back to normal.”

His recovery and strides toward good health are satisfying for the entire heart transplant team. “We are always pleased to see patients like Mr. Waite do well after transplantation,” says Dr. Lehoux. “We are optimistic for him and expect to see continued progress.”

Comprehensive Care

The Program in Heart Failure and Transplantation provides comprehensive care, using pharmacologic and high-tech devices to manage heart failure in addition to transplant surgery.

UR Medicine is a national leader in the use of ventricular assist devices (VAD) as a therapy for heart failure. VADs are implantable pumps that supplement or replace a patient’s heart function to keep them alive and as healthy as possible while they wait for a new heart. They also are used as long-term therapy for patients who are not eligible for transplant.

In 2012, cardiologists introduced the total artificial heart, a bridge-to-transplant device for patients with end-stage biventricular heart failure, a condition in which both sides of the heart become weakened and cannot pump blood adequately throughout the body.

The Heart & Vascular program also offers a Cardiac Critical Care Transport Team composed of cardiac critical care nurses, respiratory therapists, perfusionists and physicians. The team uses a vehicle equipped with leading-edge technology to assist patients being rushed from outlying areas to the Medical Center for expert care.
The UR Medicine Pediatric Cardiac Surgery Program at Golisano Children’s Hospital is the sole provider of congenital heart surgery in Western New York. As Director of the Program, George M. Alfieris, M.D. knows that it takes perseverance to achieve outstanding surgical results, as well as to be successful in creating and maintaining a regionalized Pediatric Cardiology and Pediatric Cardiac Surgery service.

In 2000, Dr. Alfieris established a regionalized program called the Pediatric Cardiac Consortium of Upstate New York (PCCUNY) to ensure an effective and responsive Pediatric Cardiac Surgery program is in place throughout this area. Based at UR Medicine in Rochester, PCCUNY makes it possible for pediatric cardiac surgery patients in Rochester, Syracuse and Buffalo to receive continuous coverage.

This consortium has been very successful in bringing together divisions of Pediatric Cardiology in all three cities with the UR Medicine-based Pediatric Cardiac Surgery Program. The PCCUNY is now the second largest pediatric cardiac surgery program in New York State, performing in excess of 300 procedures annually. “The key to PCCUNY’s success is simple: it is the availability of a pediatric cardiac surgeon when a need arises, whether in Rochester, Syracuse or Buffalo,” adds Dr. Alfieris.

Dr. Alfieris was joined in 2009 by his partner Dr. Francisco Gensini. Dr. Gensini was one of the first ACGME-approved fellows in congenital cardiac surgery in the United States. With this surgical team in place, pediatric cardiologists in all three cities feel they have a pediatric cardiac surgeon available to them at their call – and in fact, they do. Regardless of where a patient is located, a member of the Pediatric Cardiac surgical team is able to respond to their needs in a timely manner.

The UR Medicine Golisano Children’s Hospital has received its two largest gifts in support of Phase II construction on the new hospital building, which will help bring the facility to the forefront of pediatric surgery and pediatric cardiology centers in the Northeast.

Rita Buzzard, formerly of Buffalo, NY, has given $2 million to Golisano Children’s Hospital in honor of her late husband, Clay, and their six children. The gift will fund the Clay E. and Rita M. Buzzard Pediatric Cardiology Cath Lab Suite, a dedicated pediatric cardiac catheterization suite in the new Golisano Children’s Hospital building.

Meanwhile, Andy McDermott and Rob Burch, creators of the Fairport Music Festival, have pledged $750,000 to Phase II construction. The pediatric cardiac operating room will be named in honor of the music festival’s efforts, and the gift brings the festival’s total support of Golisano Children’s Hospital to $1.7 million over the past 11 years.
“The key to PCCUNY’s success is simple: it is the availability of a pediatric cardiac surgeon when a need arises, whether in Rochester, Syracuse or Buffalo.”

Dr. George Alfieris
Tansukh, Sarla and Rajesh Ganatra Distinguished Professor in Pediatric Cardiac Surgery
A diagnosis of colorectal cancer is often overwhelming for patients and families. There are many decisions to make – as well as questions about treatment options. The team of internationally recognized surgeons at the UR Medicine Division of Colorectal Surgery is committed to providing exceptional clinical care, while keeping each patient’s overall well-being in mind. “Colorectal cancer care has come a long way over the past few decades,” says Fergal J. Fleming, M.D., F.R.C.S. “Treatments are less invasive, survival rates are longer and cures are possible.”

The Division of Colorectal Surgery specializes in the diagnosis and treatment of the full range of colorectal disorders affecting the small intestine, colon, rectum and anus. Patients are offered the latest, most effective treatments and technologies, including minimally invasive laparoscopic and robotic surgery. The team works closely with their colleagues at the Wilmot Cancer Institute to treat colorectal cancers, providing a multidisciplinary team approach to treatment. Since emphasis on diet, exercise and emotional well-being have also become an accepted part of treatment, these components are integrated into the care plan. “Our goal is to educate patients before surgery to hasten recovery time and help them resume their normal activities as soon as possible post operatively. This is referred to as prehabilitation,” explains Dr. Fleming. “We are patient-focused and offer personalized care and attention, realizing that the best kind of healing comes from treating the whole person.”

Dr. Larissa Temple, Chief of the Division of Colorectal Surgery, Dr. Christina Cellini, Dr. Fergal Fleming, Dr. Rabih Salloum, and Dr. Jenny Speranza constantly strive to be innovators. Each member of the team is open to new ideas and new directions to help us build on what has already been achieved. The common goal is to improve the Division and enhance patient care.

**National Accreditation Program for Rectal Cancer (NAPRC)**

Each year, more than 40,000 people are diagnosed with rectal cancer in the United States alone. Rectal cancer is a public health problem that requires a multidisciplinary approach to care.

The Division of Colorectal Surgery at UR Medicine is one of eight sites in the nation involved in the National Accreditation Program for Rectal Cancer (NAPRC), a pilot program to advance the care of patients with rectal cancer. NAPRC was established in June 2014 when the American Cancer Society and its Commission on Cancer (CoC) accepted an OSTRiCh proposal to create the program.

NAPRC is structured around evidence-based processes of rectal cancer care based on the multidisciplinary team approach that has improved outcomes in several countries over the past decade. As a pilot site, the Division of Colorectal Surgery is helping to hone the standards of rectal cancer care by looking at patients diagnosed, staging and management such as surgery and radiation and medical oncology. “We work in close collaboration with specialists from all disciplines and have the necessary services in place here at UR Medicine,” says Dr. Fleming. “The Division of Colorectal Surgery is the destination for patients in Upstate New York who are seeking the best in rectal cancer care.”

In addition to NAPRC, the Division is currently engaged in a number of quality improvement initiatives at the local, regional and national levels, including the Upstate New York Surgical Quality Initiative (UNYSQI). Dr. Fleming is a project lead for this collaborative program, which looks at ways to reduce hospital readmissions following colorectal surgery.
HEPATO-PANCREATO-BILIARY AND GASTROINTESTINAL SURGERY (HPB-GI)

Improving Long-Term Survival Rates

With expertise in a wide range of malignant and non-malignant disorders of the liver, pancreas and gastrointestinal tract, the UR Medicine Division of Hepato-Pancreato-Biliary and Gastrointestinal (HPB-GI) Surgery provides complete and individualized care to patients in an environment that is compassionate and conducive to healing.

“Our Division has the highest volumes in the region for HPB-GI surgeries,” says Luke Schoeniger, M.D., Ph.D, F.A.C.S., Professor of Surgery and Oncology. “Outcomes are best when surgeries are performed by doctors who do them frequently and operate in a high-volume, world-class Center of Excellence such as UR Medicine.” Dr. Schoeniger, who is also Chief of the Division of HPB-GI Surgery, adds, “Our surgeons, Dr. Eva Galka and Dr. David Linehan, are highly skilled in complex procedures such as the Whipple and major liver resections. We’re the most advanced in minimally invasive laparoscopic and robotic pancreas and hepatobiliary surgeries in Upstate and Western New York.”

UR Medicine has a long history in clinical leadership in surgery for disorders of the liver, pancreas and gastrointestinal tract. “Dr. Seymour I. Schwartz, Distinguished Alumni Professor of Surgery, was a pioneer in liver surgery and has been instrumental in shaping our Division,” explains Dr. Schoeniger.

UR Medicine also brings together a multidisciplinary team of specialists in surgery, medical and radiation oncology and pathology to deliver the best possible care, treatment options and clinical trials. Rounding out the experience for HPB-GI patients is the high-quality care provided by the staff in the ICU and on the fifth floor of the Wilmot Cancer Institute.

The level of surgical expertise and patient care has changed drastically over the decades. “Fifty years ago was considered the ‘dark ages’ for liver and pancreatic surgery,” says Dr. Schoeniger. “In fact, in the 1970s, there was literature suggesting that the Whipple procedure should not be performed for pancreatic cancer because the chance of dying from the operation and disease combined was too great.” The first Whipple was done in the 1930s, but the results of this major surgery remained variable and not good for many years. In the 1990s, the procedure was improved and, in the past decade, it has become even more perfected.

“The risk of dying from a Whipple procedure itself has fallen from 20% in the 1960s and 1970s to about 1%,” states Dr. Schoeniger. Cancer outcomes have also improved, which is due to advancements in surgical techniques, multidisciplinary care and new chemotherapy and radiation treatments for pancreatic cancer. “We now see long-term survival and even cures for a disease that was once thought to be incurable,” he explains. “We’re also on the verge of breakthroughs in treatments that can shrink tumors to make more patients eligible for surgery and extend their life.”

Surgery can add years to a patient’s life, but 80% will experience a recurrence of pancreatic cancer within five years. “At this point, we have many five year survivors,” says Dr. Schoeniger. “As treatment modalities and surgical options such as robotic pancreatic and hepatobiliary procedures evolve, we look forward to seeing even more patients reach this milestone.”
“We now see long-term survival and even cures for a disease that was once thought to be incurable. We’re also on the verge of breakthroughs in treatments that can shrink tumors to make more patients eligible for surgery and extend their life.”

- Dr. Luke Schoeniger
  Professor of Surgery and Oncology & Chief, Division of HPB-GI
“Phase II construction of the new hospital will help bring us to the forefront of pediatric surgery and pediatric cardiology centers in the country.”

- Dr. Walter Pegoli, Jr.
  Joseph M. Lobozzo II Professor in Pediatric Surgery & Chief, Division of Pediatric Surgery; Surgeon-in-chief, Golisano Children’s Hospital
Each year, 74,000 children from the 17-county Finger Lakes region and beyond come to Golisano Children’s Hospital seeking surgical services and complex care that can only be found at this facility. To better serve these children and their families, the doors of the new eight-floor Golisano Children’s Hospital opened in summer 2015. But the story of the hospital’s growth and evolution wasn’t over. In fact, an exciting chapter was just about to begin.

“Phase II construction of the new hospital building, which is currently underway, will help bring us to the forefront of pediatric surgery and pediatric cardiology centers in the country,” says Walter Pegoli, Jr., M.D., Chief of Pediatric Surgery at Golisano Children’s Hospital. “We will be as close to a freestanding children’s hospital as possible, integrated within a university hospital setting.”

The new areas of the Phase II construction, scheduled to be completed in 2017, will be located on the fourth and sixth floors of Golisano Children’s Hospital. The floors will include:

**Floor Four – Pediatric Surgical Services:**
- Six large, multifunctional operating rooms including a dedicated cardiac operating room to accommodate pediatric bypass and open heart surgeries, as well as a pediatric orthopaedic operating room for spine surgeries.
- 23 private pre-operative and post-operative recovery rooms.
- A GI medicine procedure suite.
- Dedicated pediatric catheterization/electrophysiology laboratory.
- Pediatric-friendly waiting space for families.

**Floor Six – Pediatric Intensive Care Unit:**
- The current 12-bed PICU with the ten cardiac ICU beds in Strong Memorial Hospital will be relocating to the new hospital.
- Addition of six PICU beds to accommodate the rising demand for care and further enhance efficiencies of having all beds co-located in the new children’s tower.

“Our physicians perform over 21,000 pediatric surgeries per year,” explains Dr. Pegoli. “In order to attract the best pediatric surgeons, like Dr. Derek Wakeman, and provide the best for our patients, we need to have optimal tools available in our facility.” The expanded Golisano Children’s Hospital, which is consistently at 95 percent or greater capacity, enables physicians and staff to continue to provide top-quality care, while broadening the array of procedures performed for specific conditions.

In addition to the Phase II expansion, Golisano Children’s Hospital is going through the steps to become a New York State-accredited Level I Pediatric Trauma Center. “We already care for traumatized children and this designation will simply make it official,” says Dr. Pegoli. “Children and families will not have to leave the region to get the highest quality care.”
Changing and Enhancing Lives Forever

The field of Plastic Surgery is a diverse one that offers unique and creative surgical solutions for patient problems throughout the body that are the result of trauma, cancer, infection and aging, among other causes.

“Our goal is to deliver the most comprehensive and best aesthetic and reconstructive surgical services in the region as we continue to expand our horizons in patient care,” says Howard N. Langstein, M.D., Chief of the Division of Plastic and Reconstructive Surgery at UR Medicine. “We offer our patients the best available options, so they can get back to their lives as quickly and fully as possible.” Following are examples of how the Division is changing and enhancing our patients’ lives.

Gender Confirming Surgery

To meet the needs of the transgender community, the Division is pleased to offer gender-confirming surgery. “Together, we are working with other UR Medicine departments such as Pediatrics and Psychiatry, as well as providers in the Rochester community, to assist our transgender patients in the most appropriate fashion,” explains Jose G. Christiano Neto, M.D., F.A.C.S. “From the initial telephone call to arrange a consultation to the first visit to postoperative care, we offer our transitioning patients a full spectrum of support.” The Division is currently serving patients from Rochester, across New York State and out of town.

Caring for Complex Cleft Lip and Craniofacial Problems

When Jodi and Frank Gleichauf were told that their baby would be born with a cleft lip and palate, they didn’t know what to do. “It was scary,” recalls Jodi, a resident of Naples, New York. “Frank and I were nervous. The doctors did prep us on what
to expect, but nothing can prepare you for
the journey.”

Laila, their baby girl, required surgery to repair her bilateral facial cleft soon after birth. She was also diagnosed with a rare congenital facial condition called Goldenhar syndrome. In her first year of life, Laila underwent two reconstructive surgeries at Golisano Children’s Hospital Pediatric Cleft and Craniofacial Center.

Cleft lip and palate is the most common surgery performed at the Center – and the treatment requires the involvement of experts from many subspecialties. “Our team does a great job exemplifying a model of multidisciplinary care,” says Clinton S. Morrison, M.D., Director of the Cleft and Craniofacial Center. “We’re able to get all of our subspecialists into one place at one time to meet the needs of our families without them having to come to multiple visits.”

Now five years old, Laila recently graduated from kindergarten. Like all other patients of the Cleft and Craniofacial Center, she is followed on an annual basis. “If we didn’t have the craniofacial team, I don’t know where we would be,” adds Jodi. “I try my best to do everything to help Laila through it, but I’m so glad they are that close to us so we can get all the care she needs. We’d be lost without them.”

**Kessler Burn Center Earns Top Ranks**

The UR Medicine Kessler Burn Center recently celebrated its designation as one of only 65 burn centers in the country to be verified by the American Burn Association (ABA). It is the only verified center in the state outside of the New York metro area.

The three-year verification is a mark of distinction that signifies the burn center’s ability to provide optimal care and resources to adult and pediatric burn patients from the time of injury through rehabilitation. It followed a rigorous review of the 25-bed center that included an application, pre-review questionnaire and an in-depth on-site visit by members of the ABA verification committee and senior ABA members.

A written report was then reviewed by the entire ABA verification committee and by the American College of Surgeons Committee on Trauma.

“This designation would not be possible without the phenomenal support we receive from UR Medicine administration, and the contributions of providers across countless disciplines that are united in providing the best possible care to burn patients,” says the Center’s director, Derek E. Bell, M.D.

A major tertiary referral center, Kessler serves patients from the metropolitan Rochester area, as well as 1.8 million people in the 17-county Finger Lakes Region and portions of Northern Pennsylvania. The Center’s work is carried out by a team of general and plastic surgeons, adult and pediatric intensivists, hospitalists, pediatricians, anesthesiologists, emergency physicians, social workers, nurses and nurse leaders, physical and occupational therapists, nutritionists, child life specialists, psychiatrists, information analysts and chaplains.
Breast cancer is one of the most common cancers, affecting one in eight American women during their lifetime. When patients were first diagnosed with breast cancer 50 years ago, their only option for treatment was radical surgery. There was no chemotherapy or hormonal therapy available – and patients were often left to face their disease alone with little or no support.

“Surgery was horribly invasive and devastating for patients,” says Kristin A. Skinner, M.D., Chief of Surgical Oncology and Director of the Wilmot Cancer Institute Comprehensive Breast Care at Pluta. “Worse yet, 75 percent of all newly diagnosed patients were considered inoperable.”

Thanks to advances in surgery, technology and treatment modalities over the past half-century, outcomes and survival rates for women diagnosed with breast cancer have greatly improved. “What was once considered inoperable is no longer the case because we now have other treatments such as chemotherapy and hormone therapy that can help,” explains Dr. Skinner. “Biopsy techniques and surgical options are much less invasive, plus patients benefit from more refined radiation and targeted therapies. We also have a better understanding of tumor biology, which allows treatments to be tailored to individual patient needs.”

According to Dr. Skinner, patients diagnosed with Stage I breast cancer 50 years ago had a 75 percent five-year survival rate, with Stage II patients being at 25 percent. “Now Stage I is as close to 100 percent as we can get, and Stage II has a 93 percent survival rate at five years,” she adds. “Early detection and improved screening technologies such as mammography, breast ultrasound and MRI have led to increased survival rates.”

At Wilmot Cancer Institute, patients are assured they will get the right treatment in the right sequence to meet their general health needs, values and concerns. “Our ‘Precision Medicine’ approach results in better outcomes with less toxicity,” says Dr. Skinner. “Since there are now millions of breast cancer survivors, we are looking at ways to improve survivorship so our patients can live full and normal lives after treatment.”

The committed, multidisciplinary team of specialists and researchers at Wilmot is at the forefront of developing kinder, gentler treatments with less toxicity and is focused on minimizing the long-term side effects of surgery, radiation and chemotherapy. “We’re also becoming better at identifying at-risk individuals to help prevent cancer from occurring in the first place,” adds Dr. Skinner.

Unlike 50 years ago, patients and their families are no longer kept in the dark about their cancer. “It was taboo to talk about breast cancer or cancer in general. Now, patients are much more aware of diseases that run in their families so they can make informed healthcare decisions based on their risk,” explains Dr. Skinner. “We’re always here to help educate our patients. We work together as a team, supporting them on their journey and celebrating their milestones.”
Pictured from left to right: Christian Peyre, M.D., Carolyn Jones, M.D., Joseph Wizorek, M.D., F.A.C.S.
Five years ago, a bout of pneumonia revealed masses in Beverly Fineberg’s right lung.

Fineberg, who lives in Buffalo, went for a consultation at a local cancer center. There, she was told that she had stage 4 lung cancer and that she would need to start chemotherapy and radiation immediately. The doctor told her there was nothing else they could do.

A firm believer in second opinions, Fineberg took the advice of a friend and called for an appointment with Carolyn E. Jones, M.D., Chief of Thoracic and Foregut Surgery. She got in to see Dr. Jones that week.

“The minute Dr. Jones walked into the room, she made me relax,” recalls Fineberg, who has two sons who are physicians. “I was so nervous.”

Dr. Jones explained that it wasn’t clear that the masses in her lung were cancer but that she’d do her best to remove them.

“We reviewed her images and situation, and I explained that her condition may not be as nihilistic as first thought,” Dr. Jones says. “It was likely that she had a multifocal lung cancer, contained to the lung only and that would be treatable with surgical resection.”

Using a robot, Dr. Jones made small incisions and removed the masses from Fineberg’s lung.

“She was able to do exactly what she said,” Fineberg says.

Although the tumors were malignant, the cancer had not spread to the lymph nodes, and Fineberg did not need chemotherapy or radiation. She came to Rochester for follow-up visits every three months, then every six and then once a year until this summer when Fineberg fell ill at her grandson’s bar mitzvah. Repeat scans revealed that she had gallstones and another spot on her lung.

“We were prepared for this possibility,” Dr. Jones says. “I felt surgery remained a viable option for her cancer treatment given the limited amount of disease seen on her imaging, the five-year interval free of cancer, and our ability to remove the tumor again with a minimally invasive approach.”

In August — just two weeks after her scans — Fineberg returned for the surgery, and since then, she has been recovering well at home.

“Mrs. Fineberg’s case is one not of hopelessness, but of hopefulness,” Dr. Jones says. “She was faced with a difficult diagnosis five years ago, when she was told that her options were limited. With an aggressive approach then and again recently, we were able to treat her cancer.”

The expertise of Dr. Jones and the Division of Thoracic and Foregut Surgery reassured Feinberg from the start. She continues to be an advocate for second opinions and is grateful for her care at UR Medicine.

“You’ve got to be confident in your doctors, and I’m very thankful for Dr. Jones,” Fineberg says. “If I’d gone the other route, I wouldn’t be here. She really saved my life.”
“As vascular surgeons, we look at ways to comprehensively manage diseases systemically using medications and surgery. We determine our patients’ risk factors and offer truly personalized solutions to get them on a pathway to health.”

- Dr. Michael C. Stoner
Professor of Surgery & Chief, Division of Vascular Surgery
VASCULAR SURGERY

Expanding Our Services and Footprint

The UR Medicine Division of Vascular Surgery has a long history of providing state-of-the-art technologies and treatments for cardiovascular diseases. Over the past 50 years, we have played a leading role in the development and enhancement of devices such as stents for treating aneurysm disease, as well as vena cava filters to help prevent a life-threatening pulmonary embolism. “We are now actively involved in clinical trials for devices that are direct descendants of technologies that were created or evolved here at UR Medicine,” says Michael C. Stoner, M.D., F.A.C.S., Chief of the Division of Vascular Surgery. “Today, we continue to make contributions to and advance the field of Vascular Surgery.”

For example, the Division offers the new TransCarotid Artery Revascularization (TCAR) procedure, which draws upon proven surgical techniques to protect the brain from stroke risk during carotid artery stenting. “This minimally invasive, hybrid procedure allows a stent to be placed through a small incision in the neck,” explains Dr. Stoner. “We work alongside neurologists and neurosurgeons at the UR Medicine Comprehensive Stroke Center to perform these procedures, which are only possible at a facility that has a collaborative environment.”

Another significant advancement in the Division of Vascular Surgery has been in overall patient care. The medical, non-surgical management of patients has dramatically changed in the past half-century. “Seventy-five percent of our vascular patients never have surgery,” adds Dr. Stoner. “As vascular surgeons, we look at ways to comprehensively manage diseases systemically using medications, not surgery. We determine our patients’ risk factors and offer truly personalized solutions to get them on a pathway to health.”

During January 2017, the Division will also be opening new offices at Canal View. The aesthetically pleasing, patient-centered space will provide a “one-stop-shop” for patients, offering all aspects of cardiovascular care, the Vein Center and cardiovascular imaging and echocardiography under one roof. There will be one central check-in area and patients can see multiple specialists during their visit. “Our new outpatient clinic will be the only freestanding building providing complete cardiovascular services in one convenient location,” says Dr. Stoner. “This is very unique and progressive – no one else in Rochester is doing this.”

In addition to the new offices at Canal View, the Division is branching out into other areas of Monroe County, as well as expanding its footprint in outlying areas and the Southern Tier. Dr. Stoner adds, “Our goal is to bring our expertise to patients where they live, providing them with the best possible care locally.”
Chemotherapy and Exercise: The Right Dose of Workout Helps Side Effects

RESEARCH
Cancer Control

Wilmot Cancer Institute researchers discovered something simple and inexpensive to reduce neuropathy in hands and feet due to chemotherapy-exercise.

The study, involving more than 300 cancer patients, was presented and honored as a “Best of ASCO” among 5,800 abstracts at the world’s largest gathering of oncologists, the American Society of Clinical Oncology (ASCO) annual meeting 2016. More than a dozen other Wilmot scientists also were invited to present data at the meeting.

Investigators directly compared the neuropathic symptoms in non-exercisers to the pain among patients who took part in a specialized six-week walking routine with gentle, resistance-band training at home.

The exercisers reported significantly fewer symptoms of neuropathy, and the effects of exercise seemed to be most beneficial for older patients, says lead author Ian Kleckner, Ph.D., a biophysicist and research assistant professor in Wilmot’s Cancer Control and Survivorship program. Dr. Kleckner also won an ASCO Merit Award in the pain and symptom management category, and was invited to give a talk about his work. Not all chemotherapy drugs cause neuropathy, but 60 percent of people with breast cancer and other solid tumors who receive taxanes, Vinca alkaloids, and platinum-based chemotherapies will likely suffer this side effect, Dr. Kleckner adds. Neuropathy is more commonly associated with diabetes or nerve damage. No FDA-approved drugs are available to prevent or treat chemotherapy-induced neuropathy, he explains.

Wilmot’s Exercise for Cancer Patients (EXCAP) program was developed several years ago at the UR by Karen Mustian, Ph.D., M.P.H., an associate professor in the Cancer Control program. In recent years, she has copyrighted and evaluated EXCAP in several clinical trials. Last year at ASCO, Dr. Mustian presented data from a randomized, controlled study of 619 patients showing that EXCAP reduced chronic inflammation and cognitive impairment among people receiving chemotherapy. Dr. Kleckner’s study involved a subset of patients from Dr. Mustian’s trial, which is the largest phase 3 confirmatory exercise study ever conducted among cancer patients during chemotherapy. Their work is funded by the National Cancer Institute and Dr. Mustian’s Physical-Exercise-Activity- Kinesiology (PEAK) lab.
Under the expertise of the Clinical and Translational Science Institute (CTSI), the Surgical Health Outcomes & Research Enterprise (SHORE) is a center designed to develop new – and enhance existing – research efforts through one integrated, multidisciplinary program.

This Enterprise identifies the most effective ways to organize, manage, finance and deliver high-quality care, while reducing medical errors, controlling costs and improving patient safety.

SHORE has three missions: Education, Research and Quality Improvement. Its goals, which lie within the mission and vision of UR Medicine, are to:

• Transform the field of Health Services Research among surgical disciplines.
• Improve the delivery of clinical care through collaborative comparative effectiveness research efforts and health technology development.
• Establish a financially successful academic program of education, training and research output using novel models of resident education currently being developed within SHORE.

Through its unique two-year Surgical Fellowship program, SHORE is helping to prepare the surgical leaders of the future. Its fellows obtain the skills and didactic training needed to engage in research initiatives, as well as gain an understanding of how hospitals conduct quality assessment and improvement.

SHORE’s research efforts use e-data to guide our practices and provide the highest quality care to our patients. All of the research we conduct is applied, to address issues we are currently facing or those we may experience in the future. Part of our research is to track outcomes, both positive and negative. In tracking these outcomes, we need to be absolutely sure we’re measuring the right things. For example, a surgeon may think a procedure was successful because the patient is now free of cancer,
URMC research about the wide variation among physicians and hospitals for blood transfusions during colorectal surgery has triggered a “call to action” for protocols to clear up this long-debated area of medicine. In the journal Diseases of the Colon and Rectum, lead author Christopher Aquina, M.D., a senior resident and research fellow in the Department of Surgery, and senior author Fergal Fleming, M.D., an assistant professor of Surgery who practices at the Wilmot Cancer Institute, report that transfusion rates before, during and after surgery range from 2.4 percent to 58.7 percent among surgeons, and from 2.9 percent to 32.8 percent among individual hospitals. They used a large, state-maintained database to conduct the retrospective study of more than 125,000 cases of colorectal surgeries between 2001 and 2013.

Even among the most experienced and high-volume surgeons, transfusion rates varied for unexplained reasons, the study said. The findings raise two chief concerns, according to the authors. First, perioperative blood transfusions have been strongly associated through prior research with postoperative infections such as pneumonia, sepsis and surgical-site complications. In addition, the wide variations in practice suggest that surgeons need a better method of deciding when to use blood transfusions. An editorial in the journal that accompanies the study underlines these points.

Neil Blumberg, M.D., Professor of Pathology and Laboratory Medicine at URMC, for more than 25 years, has been investigating how to make blood transfusions safer and has been advocating locally, regionally and nationally for fewer of them. He was a co-author on the current study. A year ago, Dr. Blumberg also co-authored a study in the Journal of the American Medical Association showing that restricting transfusions reduces infection rates by nearly 20 percent.

The current study’s findings “support the creation and implementation of perioperative blood transfusion protocols aimed at limiting unwarranted variation,” the authors concluded.

Dr. Fleming and Dr. Aquina are affiliated with URMC’s Surgical Health Outcomes & Research Enterprise (SHORE) team, which also includes study co-authors: Christian Probst, M.D., Adan Becerra, B.A., Bradley Hensley, M.D., Katia Noyes, Ph.D., and John R.T. Monson, M.D.
The national Pancreatic Cancer Action Network (PANCAN) granted its most competitive award, for $2 million, to David C. Linehan, M.D., to support a large, multicenter clinical trial testing an immunotherapy in patients with metastatic pancreatic cancer.

Dr. Linehan is Director of Clinical Operations at the Wilmot Cancer Institute and the Seymour I. Schwartz Chair of Surgery at the University of Rochester Medical Center. He recently published data in The Lancet Oncology, demonstrating that an experimental immune-stimulating drug (a pill) developed by Pfizer Inc. known as PF-04136309, plus a three-drug chemotherapy regimen, stopped or slowed tumor growth in the majority of 47 patients with locally advanced pancreatic cancer who participated in a phase 1b trial. The PANCAN grant will fund a larger, randomized, phase 2 study, to further test the drug in patients whose disease has spread and whose life expectancy is six to 12 months.

Dr. Linehan investigations the environment around cancer cells, known as the “tumor microenvironment.” When pancreatic cancer develops, a protein recruits cells to the tumor microenvironment and acts to protect cancer cells from being destroyed by the body’s own healthy immune system. The experimental new drug blocks the signals of this protein, and galvanizes the immune system so that it can attack cancer.

Dr. Linehan is working with co-principal investigator Brian Wolpin, M.D., M.P.H., of the Dana-Farber Cancer Institute. They have just begun to enroll patients in the study.

PANCAN’s goal is to double survival of pancreatic cancer by 2020, by investing in trailblazing scientists and the most promising research projects in the nation. So far in 2016, the organization awarded more than $7 million in competitive grants. Dr. Linehan’s award was the only grant from PANCAN’s Research Acceleration Network, which is designed to support studies that will quickly benefit patients.
DONOR SPOTLIGHT

Bucci Family Supports Breast Cancer Research at Wilmot Cancer Institute

A $1 million commitment from Joseph G. and Elaine Bucci of Piffard, Livingston County, will support breast cancer research at UR Medicine Wilmot Cancer Institute. The Bucci Family Breast Cancer Research Fund was created in honor of their many friends and family from Retsof, York and Geneseo who have faced cancer.

“We are deeply grateful for the Bucci family’s commitment to enhance our clinical and translational research program in breast cancer,” says Jonathan W. Friedberg, M.D., M.M.Sc., Director of Wilmot Cancer Institute. “Through their generosity, our patients will benefit from new insights and approaches to care that will result from stronger collaboration between our Comprehensive Breast Care at Pluta and our solid-tumor research program.”

Joseph G. and Elaine Bucci have long been supporters of Wilmot Cancer Institute. Joseph Bucci is the co-founder and co-CEO of American Rock Salt Co., the world’s second-largest salt mine. He is a former history and social studies teacher, as well as a high school football coach. Elaine Bucci, a former sixth-grade teacher, is involved with many community activities in Livingston County.

“Because of research, breast cancer care has improved so much and the effects of chemotherapy and radiation have become less debilitating,” Elaine Bucci says. “In order for treatments to continue improving, we need to support research. My hope is that a cure is found through continued research before my granddaughter Olivia grows up.”

The Buccis have seen loved ones from multiple generations of their family undergo treatment for cancer. At one point, four members of their family were being treated for breast cancer at the same time, including daughter-in-law Meghan Bucci. The mother of two young children, Meghan was diagnosed in 2014 at age 37. “By giving locally, we can have a greater impact on breast cancer care and research,” says Meghan, who is now doing well.

“The Bucci family’s generosity will enable us to strengthen cancer care in the Finger Lakes region through rigorous clinical and translational research,” says Mark B. Taubman, CEO of the University of Rochester Medical Center and UR Medicine and Dean of the School of Medicine and Dentistry. “We are grateful for their investment in our breast cancer programs and in the physicians and scientists who seek to advance the understanding and treatment of this disease.”

“Philanthropic support for breast cancer research is critical at a time when federal funding for cancer research has diminished,” says David C. Linehan, M.D., Co-director and Director of Clinical Operations at Wilmot Cancer Institute. “This generous commitment from the Bucci family will guarantee that women in our region will benefit from access to state-of-the-art clinical and scientific research here at the Wilmot Cancer Institute. Gifts like this can provide the spark that generates significant
advances that improve outcomes and directly impact the lives of our patients.”

UR Medicine’s Wilmot Cancer Institute is the Finger Lakes region’s leader for cancer care and research. As a component of Strong Memorial Hospital, Wilmot Cancer Institute provides specialty cancer care services at a network of locations at the University of Rochester Medical Center and throughout the region. The Institute also includes a team of 100 scientists who investigate many aspects of cancer, with an emphasis on how best to provide precision cancer care.

George Alfieris, M.D. Installed as the Ganatra Distinguished Professor in Pediatric Cardiac Surgery

Every year since 2008, Golisano Children’s Hospital has featured the stories of five “Miracle Kids.” The children are always different, but one name shows up on a nearly annual basis: George M. Alfieris, M.D. ‘92M (Res), ’94M (Flw).

Director of Pediatric Cardiac Surgery, Dr. Alfieris holds a rare subspecialty certification in congenital cardiac surgery and is one of two pediatric cardiac surgeons in the region. And when it comes to the most complex congenital heart diseases, no one in New York State has a higher cardiac surgery survival rate.

It should come as no surprise that when it came time for the University to choose the first holder of the Tansukh, Sarla, and Rajesh Ganatra Distinguished Professorship in Pediatric Cardiac Surgery, Alfieris was the clear choice.

Part of longtime support of pediatric cardiology, the Ganatra Distinguished Professorship was created by the Ganatra family in gratitude of the Medical Center doctors who helped their family and loved ones. Tansukh Ganatra, his wife Sarla, and their son, Rajesh are dedicated to improving the lives and happiness of future generations through cardiology research at Golisano Children’s Hospital and the Medical Center’s Aab Cardiovascular Research Institute.

“The Ganatras are a family who truly believes in helping others and giving back,” says Joel Seligman, President, CEO and G. Robert Witmer, Jr. University Professor. “I’m deeply grateful they chose to establish a professorship that enables us to recognize the superlative talent of Dr. George Alfieris.”

Dr. Alfieris is broadly published, including journals such as Critical Care Medicine, The Journal of Thoracic and Cardiovascular Surgery and Pediatric Cardiology, and has presented his research at more than 60 institutions and conferences around the country.

“Every year, we admit children who are very sick and require very complex surgeries to treat their afflictions,” said Mark B. Taubman, M.D., CEO of the Medical Center and UR Medicine and Dean of the School of Medicine and Dentistry. “George’s highly specialized skill set has saved many children’s lives and made him an invaluable resource for our cardiac care team and families across the Finger Lakes region.”
Dr. Schwartz as a resident, circa 1950
Seymour “Sy” Schwartz, M.D., F.A.C.S., Distinguished Alumni Professor of Surgery at the University of Rochester, is world-renowned for his service to the field of medicine. As a trailblazer, an innovative surgeon, a dedicated teacher and an author who has made impressive contributions to society, Dr. Schwartz is one of the Department of Surgery’s greatest leaders.

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

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

Dr. Schwartz is the author of more than 250 scientific articles and several well-known surgical textbooks. He is perhaps best known as the editor-in-chief for seven editions of the surgical textbook, “Schwartz’s Principles of Surgery.” His book, known as the “bible” for surgical education, is now in its 10th edition and has been translated into nine languages.

Dr. Schwartz has been president of the nation’s three most distinguished surgical organizations: the American College of Surgeons, the American Surgical Association and the Society for Clinical Surgery.

Dr. Schwartz has also been the recipient of many awards from surgical societies and surgical departments in the United States and abroad. He 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.

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.
Our Department is recognized for excellence in education, and our faculty is continuing a tradition of innovation in the education of residents, medical students and other healthcare professionals. Central to our mission is the commitment to training the next generation of leaders in American surgery. We take a unique approach to resident education which, in addition to superb clinical training, includes leadership development, professionalism coaching, and global health experiences. Residents completing our program are extremely well-trained and successfully compete for some of the most competitive jobs and fellowships.

Pursuing Excellence in the Clinical Learning Environment

In July, UR Medicine was selected by the Accreditation Council for Medical Education (ACGME) to be one of eight Clinical Learning Environment Review (CLER) “centers of innovation” in the nation. Forty-four medical centers across the country applied. The CLER program was designed to evaluate the level of institutional responsibility for the quality and safety of the learning and patient care environment.

“Although CLER is a University-wide initiative, being named a center of innovation is a tremendous honor that will have a major impact on our Department of Surgery,” says Sarah E. Peyre, Ed.D., Assistant Dean for Interprofessional Education and Associate Professor of Surgery, Nursing, Medical Humanities and Bioethics at the University of Rochester Medical Center. Surgeons will be a huge driver in monitoring and improving quality and safety throughout our organization. Residents will also be part of ‘Upteam’s,’ gaining clinical experience throughout their rotations.

Being a CLER incubator site also allows the Department of Surgery to recruit the “best and the brightest.” According to Dr. Peyre, “We have a legacy as a leader in surgical education. This recognition will help differentiate us.”

We are very proud to have been selected as one of only eight institutions in the country to lead the effort in “pursuing excellence in the clinical learning environment”. It is a testament to the confidence the ACGME has in our institution’s (and department’s) ability to lead the innovative effort in graduate medical education throughout the twenty first century. The Department of Surgery, as it has done in the past with its quality improvement and patient safety initiatives, will be one of the institutional leaders in this effort. Our main mission will
remain to train competent, compassionate surgeons, who in addition to providing state of the art patient and family centered care, will be equally versed in leading the effort to advance the quality of care and safety of the patients entrusted to them.” says Rabih Salloum, M.D., General Surgery Residency Program Director.

Faculty Development Curriculum

Our Faculty Development Curriculum is an exciting new initiative that helps distinguish us from other departments at the local, national and international levels. “Our faculty members are at the heart of all we do here, upholding our clinical, research and educational missions. But sometimes there are forgotten learners,” explains Dr. Peyre. Under Dr. David Linehan’s leadership – and in partnership with Dr. Howard Langstein – a need to provide structured education for faculty has been identified. “We have a vision for a two-year curriculum on how to navigate the appointments and promotions process,” says Dr. Peyre. “By looking at the strengths and weaknesses of our faculty members, we’ll be equipped to tailor instruction to meet their specific needs.” Curriculum topics will include how to best mentor, coach and sponsor, how to write a research grant, how to make the most of teaching in the OR and how to be an effective team leader.

Focusing on Wellness

Rates for burnout in medicine, particularly in the field of surgery, are high. “Physician turnover rates in medicine are also generally high, retention is poor and it’s hard to keep people happy and focused on why they chose this profession in the first place,” explains Lauren DeCaporale-Ryan, Ph.D., Associate Program Director for Resident Wellness. “The American College of Surgeons and ACGME are paying more attention to this issue.” The Department of Surgery is engaging in initiatives to promote faculty and resident wellness.

“We’re creating a space for our faculty and resident surgeons to have conversations about challenging topics that will influence clinical and personal well-being,” says Dr. DeCaporale-Ryan. “Many problems are rooted in stress and we want to take better care of our people.” In addition to being faced with ethical and emotional dilemmas when providing patient care, surgeons must understand why others act the way they do and how to best interact with different personality styles.

Current wellness initiatives in the Department include supplying healthy snacks for residents, encouraging them to establish relationships with their own primary care physicians to have access to medical care and team building activities to help build stronger social relationships outside of the hospital. “We hold an annual retreat, a full day of things such as cooking classes and sports activities,” adds Dr. DeCaporale-Ryan. “Our goal is to have more events like this at the faculty and resident levels to encourage interaction and promote overall health and wellness.”

Resident Research Day

The first annual Department of Surgery Resident Research Symposium was held on April 21, 2016. Over 40 posters were presented and 14 research and educational opportunity representatives were in attendance.
Newly Named Associate Education Program Directors

The leadership of the Department of Surgery, recognizing the complexity of graduate Surgical Education in the current era, made some structural changes to the General Surgical Residency. This year, we have appointed a series of Associate Program directors, each charged with one component of the training requisite. The selected Associate Program directors are all outstanding faculty members who have demonstrated an unwavering commitment to resident education. “This allows us to have a critical mass of educators each specifically dedicated to one aspect of the training. The four elements will function in concert with oversight from the program director”, says Dr. Rabih Salloum. “We feel this will better meet our residents’ needs moving forward in their residency”.

DAVID BURNS, M.D.
Associate Program Director of Evaluation, Feedback and Compliance
- Monitor the resident assessment process
- Ensure resident and faculty compliance with evaluations
- Designs and monitors resident remediation plans

LAUREN DECAPORALE-RYAN, PH.D.
Associate Program Director for Resident Wellness
- Designing team/relationship building initiatives
- Administering leadership/professionalism training
- Development and evaluation of a leadership curriculum for chief residents in Surgery
- Counsels residents with personal/professional challenges

KATHLEEN G. RAMAN, M.D., M.P.H.
Associate Program Director for Research
- Counsels residents regarding future research plans
- Develop Research committee to evaluate resident research plans/projects
- Oversee Annual Resident Research Symposium
- Mentor resident quality improvement initiatives

YANJIE QI, M.D.
Associate Program Director for Curriculum and Simulation
- Develop and execute annual didactic and skills curriculum
- Facilitate the recruitment and assignment of faculty and residents to specific didactic and other teaching activities
- Manages FLS and FES curriculum

General Surgery Chief Residents:

Plastic Surgery:

Oren Mushin, M.D.
Joseph Khouri, M.D.

Cardiac Surgery:

Bryan Barrus, M.D.

Vascular Surgery:

Michelle Han, M.D.; Candice Lee, M.D.; Bianca Redhead, M.D., M.P.H.; Devang (Akash) Joshi, M.D.; Kristin Kelly, M.D., M.P.H.; Mehr Qureshi, M.D.; Sandra Farach, M.D.
FACULTY HIGHLIGHTS

Clinical Programs

URMC to Lead National Initiative to Improve Residency Training — The University of Rochester Medical Center is one of only eight physician-training grounds in the U.S. selected to lead a four-year, nationwide effort to innovate in residency training for doctors. Forty-four medical centers and teaching hospitals applied to take part in the endeavor, which aims to improve the clinical learning environment of residency programs so that physicians are highly equipped to achieve better patient outcomes once they complete their residencies.

UR Medicine Heart and Vascular recently performed its 200th transcatheter aortic valve replacement, a life-saving procedure for seriously ill, aging adults with faulty heart valves. The high-tech treatment restores quality of life for people, many of whom have no other treatments available to them.

UR Medicine’s Kessler Burn Center has been designated as one of only 65 burn centers in the country to be verified by the American Burn Association (ABA). It is the only verified center in the state outside of the New York metro area.

Kessler Trauma Center — In response to an October 2015 initiative by the Departments of Homeland Security and Health and Human Services called “Stop the Bleed,” the Trauma Center is providing B-Con training to all of the 183 officers on the UR Public Safety team.

Wilmot Cancer Institute’s Comprehensive Breast Care at Pluta has been granted a three-year/full accreditation designation by the National Accreditation Program for Breast Centers (NAPBC), a program administered by the American College of Surgeons. Comprehensive Breast Care at Pluta is the only breast center in the Rochester region to receive this accreditation.

Bariatric Surgery Center at Highland received a three-year re-accreditation by the American College of Surgeons (ACS) Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP), in partnership with the American Society for Metabolic and Bariatric Surgery (ASMBS).

URMC VAD Program has been Joint Commission certified since 2008 and just completed another successful recertification in 2016.

Clinical Faculty

David Burns, M.D., Assistant Professor of Surgery, Bariatric and GI Surgery was appointed to the Ethics Committee at Highland Hospital.

Fergal Fleming, M.D., Assistant Professor of Surgery, Colorectal Surgery was selected to join the American Society of Colon and Rectal Surgeons (ASCRS) Annual Meeting Program Committee.

Eva Galka, M.D., Assistant Professor of Surgery, HPB-GI was named co-director of the Medical Student Surgery Interest Group (SIG).
Mark Gestring, M.D., Associate Professor and Director of the Kessler Trauma Center, Acute Care Surgery and Peter Papadakos, M.D., director of UR Medicine’s Division of Critical Care have co-authored the “Encyclopedia of Trauma Care,” recently released by Springer Publishing.

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

• Named Chair of the Publications Committee of the AHPBA (Americas Hepato-Pancreato Biliary Association).

• Named member of the Scientific Committee of the International ALPPS Registry.

• Named member of the Scholarship Committee of the ILTS (International Liver Transplant Society).

Carolyn Jones, M.D., Associate Professor of Surgery and Chief, Thoracic and Foregut Surgery has been appointed Division Chief of Thoracic and Foregut Surgery.

Joseph Johnson, M.D., Associate Professor of Clinical Surgery and Chief of Surgery at Highland Hospital, Bariatric and GI Surgery just finished a term of two years as Chair of the Highland Hospital Board of Directors.

Randeep Kashyap, M.D., Associate Professor of Surgery, Abdominal Transplant Surgery was appointed Surgical Director of the Kidney-Pancreas Transplant program.

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

• Completed his one-year term as Chair of the American College of Surgeons Young Fellows Association.

• Completed his six-year term as a board member on the American College of Surgeons Political Action Committee.

• Completed his six-year term as American College of Surgeons Delegate to the American Medical Association Young Physicians Section (AMA–YPS) and as Chair of the Surgeon’s Caucus of the AMA–YPS. He has been appointed to a three-year term as Delegate to the AMA House of Delegates.

William O’Malley, M.D., Assistant Professor of Clinical and Director, Bariatric Surgery Center at Highland Hospital has been appointed President of the New York State Chapter of American Society for Metabolic and Bariatric Surgery.

Mark Orloff, M.D., Professor of Surgery, Abdominal Transplant Surgery was elected to serve as a member in the American Surgery Association, America’s most prestigious surgical society.

Sunil Prasad, M.D., Associate Professor and Chief, Cardiac Surgery was appointed as the UNOS endorsed Surgical Director of the Heart Transplant Program.

Irfan Rizvi, M.D., Assistant Professor of Clinical Surgery, Colorectal Surgery was admitted as Fellow of the American Society of Colon and Rectal Surgery.

Michael Rotondo, M.D., Professor of Surgery; Associate Vice President for Administration; Chief Executive Officer; Vice Dean for Clinical Affairs was appointed as the President Elect for the American Association for the Surgery of Trauma (AAST).

Jenny Speranza, M.D., Associate Professor of Surgery and Oncology, Colorectal Surgery was appointed to the Advisory Board for the College of Science at Rochester Institute of Technology.
Nicole Stassen, M.D., Associate Professor of Surgery, Acute Care Surgery is currently president of the Eastern Association for the Surgery of Trauma (EAST); the national organization is the center of educational and research activities for surgeons all throughout their careers with an annual meeting, practice guidelines, and cutting edge research programs.

Michael Stoner, M.D., Professor of Surgery and Chief, Vascular Surgery has been recognized as a Distinguished Fellow of the Society for Vascular Surgery, and was appointed Professor of Surgery.

Surgical Education

Bariatric Surgery Center at Highland received three-year full re-accreditation as a Bariatric Fellowship.

David Burns, M.D., Assistant Professor of Surgery, Bariatric and GI Surgery:

• Appointed Associate Program Director of Evaluation, Feedback and Compliance.

• Named member of the Medical School Admissions Committee.

Christina Cellini, M.D., Associate Professor of Surgery, Colorectal Surgery was awarded the Marshall Lichtman Dean’s Teaching Fellow (2016-2018) award for her project “Surgeon Burnout: Creating a Wellness Curriculum to Support General Surgery Residents.”

Lauren N. DeCaporale-Ryan, Ph.D., Assistant Professor and Family Geropsychologist, Surgical Education

• Awarded the George W. Merck Dean’s Teaching Fellow (2016-2018) award for her project “Learners Becoming Leaders: Development & Evaluation of a Curriculum for Chief Residents in Surgery”

• Appointed Associate Program Director for Resident Wellness.

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

• Named Resident Ombudsman by the Department of Surgery Resident Education.

• Appointed 3rd Year Medical Student Clerkship Director. He was appointed in 2015-2016 for July 2016 start.

Randeep Kashyap, M.D., Associate Professor of Surgery, Abdominal Transplant Surgery was awarded Commendation for Third Year Teaching by the URMC School of Medicine and Dentistry.

Mark Orloff, M.D., Professor of Surgery, Abdominal Transplant Surgery received the 2016 School of Medicine & Dentistry Trainee Academic Mentoring Award in Clinical Programs.

Yanjie Qi, M.D., Assistant Professor of Surgery, Acute Care was appointed Associate Program Director for Curriculum and Simulation.

Kathleen Raman, M.D., Associate Professor of Surgery, Vascular Surgery:

• Appointed Associate Program Director for Research.

• In her former position at Washington University School of Medicine was the recipient of the prestigious Evarts A. Graham teaching award.

Koji Tomiyama, M.D., Assistant Professor of Surgery, Abdominal Transplant Surgery was awarded for excellence in teaching in general surgery from University of Toronto this year.
Research Faculty and Labs:

Scott Gerber, Ph.D., Assistant Professor:

• Has been awarded the UR/UB Genomics Collaborative Pilot Award, a joint venture between University of Rochester and the University of Buffalo.

• Has been awarded an R01 from the NIH (together with Co-PI Edith Lord) entitled “In situ immunity and effects of radiation.”

Ian Kleckner, Ph.D., Research Assistant Professor, Cancer Control:

• Received the Mock Grant Reviewee Award from the Society for Behavioral Medicine.

• Abstract “A URCC NCORP nationwide randomized controlled trial investigating the effect of exercise on chemotherapy induced peripheral neuropathy in 314 cancer patients” was selected to be included in the Best of ASCO Program.

Michelle Janelsins, Ph.D., Assistant Professor, Cancer Control:

• Joined the ASCO Scientific Program Committee for Patient and Survivor Care.

• Published a new manuscript in “Neurotoxicology” titled “A clinically relevant dose of cyclophosphamide chemotherapy impairs memory performance on the delayed spatial alternation task that is sustained over time as mice age.” This paper features a cognitive assessment model that is translatable to human research by a similar clinical research test.

• Became a member of the Geriatric Oncology ASCO Guidelines Panel for Evaluating and Managing Toxicities in Older Patients.

• Won a R21 grant “Interventions for Cognitive Impairment in Colorectal Cancer Patients”.

Center for Tumor Immunology:

• Has been awarded a 2016 Pancreatic Cancer Action Network Research Acceleration Network – 2 Grants totalling $2 million titled “Targeting macrophages to improve chemotherapy in metastatic pancreas cancer.”

• Has created a tissue bank for cancer research—the University of Rochester Medical Center announced it’s collaborating with Indivumed, a Germany based company, to establish a bank of human tissues and tumor samples that are expertly preserved and stored for use in cancer research.

• Produced a paper “Disrupting the Chemokine Axis in P DAC” which was reviewed in Nature Reviews.

Karen Mustian, Ph.D., M.P.H., Associate Professor, Cancer Control became a member of the Geriatric Oncology ASCO Guidelines Panel for Evaluating and Managing Toxicities in Older Patients.

Luke Peppone, Ph.D., Assistant Professor, Cancer Control won the 2016 Outstanding Young Investigator Award at the MASCC/ISOO Annual Meeting on Supportive Care in Cancer.

Eileen Redmond, Ph.D., Association Professor, Basic Science Research:

• And colleagues had four presentations at the ATVB/PVD 2016 Scientific Sessions (Arteriosclerosis, Thrombosis and Vascular Biology/Peripheral Vascular Disease) in Nashville, TN. All presentations related to a role for resident vascular stem cell
populations in the pathobiology of arteriosclerosis.

• Together with Professor Paul A. Cahill, Dublin City University, authored a review article in the journal “Atherosclerosis”, titled “Vascular Endothelium: Gatekeeper of Vessel Health”.

**Michael Richards, PhD, Research Assistant Professor**, was awarded funding provided by CareStream health, a leader in medical and dental imaging, and New York State through the Center for Emerging and Innovative Sciences for a collaboration that will initially focus on developing ultrasound technologies for characterizing the structure of aortic abdominal aneurisms and blockages in carotid arteries, to more accurately assess the risk of ruptures.

**Joseph Roscoe, Ph.D., Research Associate Professor, Cancer Control** just received the Notice of Award for an R01 intervention study to treat refractory nausea. The study is expected to start early next year and will be run by the URCC NCORP nationwide network led by Gary Morrow.
Carolyn E. Jones, M.D., has recently been named Chief, Division of Thoracic and Foregut Surgery at UR Medicine. Dr. Jones is a graduate of the George Washington University School of Medicine and received her fellowship training in cardiothoracic surgery at the University of Rochester Medical Center (URMC).

In addition to her new role as Chief, Dr. Jones is currently the Director of the Multidisciplinary Thoracic Tumor Board at Wilmot Cancer Institute. At the national level, she provides surgical representation on the Radiation Therapy Oncology Group Disease Site Committee and Lung Cancer Group. Dr. Jones is also a member of the Research Subjects Review Board and serves as Chair of the Research Subjects Review Board Biomedical Board, both at URMC.

Having earned the Seymour I. Schwartz Faculty Excellence in Teaching Award, Dr. Jones is committed to educating the surgeons of tomorrow. She is the past Associate Program Director of the General Surgical Residency and is currently the Director of the Surgical Simulation Center at URMC. Each year, she teaches at the Thoracic Surgery Directors Association Surgical Boot Camp for Cardiothoracic Surgical Residents.

Dr. Jones is certified by the American Board of Surgery and the American Board of Thoracic Surgery. She is a resident member of the American College of Surgeons, the Society of Thoracic Surgery, the Society of Critical Care Medicine and the Association for Academic Surgery.

Dr. Roberto Hernandez-Alejandro was the former Director of Liver Transplantation at Western University, Canada and an Associate Professor of Surgery and Oncology. Dr. Hernandez-Alejandro completed an abdominal transplant and hepato-pancreato-biliary (HPB) surgery fellowship from 2006-2008 at Western University, Canada. Subsequently, he received further training in live donor liver transplantation at the Kyoto University in Japan.

Over the past eight years, Dr. Hernandez-Alejandro’s reputation for leadership and collaboration has helped to build one of the largest Transplant and Hepatobiliary Programs in Canada and is recognized in the broader surgical community nationally and internationally. He is a pioneer in liver resections for malignancy as well as Donation After Cardiac Death (DCD) Liver Transplantation.

His research endeavors are primarily focused on liver regeneration and donation after cardiac death.

Dr. Hernandez-Alejandro has developed several protocols, as the principal investigator, in liver metastasis designed to improve the outcome in DCD’s. A pioneer in North America with the ALPPS procedure in the management of liver metastases, Dr. Hernandez-Alejandro is frequently invited by national and international academic centers to give guest lectures on the topic. He has more than 50 peer reviewed publications in the area of HPB and liver transplant.
Dr. Sunil Prasad has been named Chief of Cardiac Surgery. Dr. Prasad trained in cardiothoracic surgery at the Washington University School of Medicine and Barnes-Jewish Hospital. He was later appointed to the medical school’s faculty and served as an attending heart surgeon at Barnes-Jewish Hospital. Immediately prior to joining UR Medicine, Dr. Prasad served as the executive director of the cardiovascular service line and director of ECMO/LVAD at Mercy Springfield Hospital in Springfield, MO. While Dr. Prasad performs a range of complex surgical procedures, including heart transplants, he has special expertise in the use of mechanical devices to help patients who are in heart or respiratory failure. He led Barnes-Jewish Hospital’s program in ECMO and has helped pioneer the next generation of ECMO, known as “walking ECMO,” which uses portable devices that allow patients to get out of bed and walk with their device, often reducing complications and improving outcomes. Dr. Prasad has published more than 40 academic papers on topics including the prevention of complications from LVADs, the use of radiofrequency ablation to treat atrial fibrillation and ways to improve the preservation of donor hearts used in transplants.

Dr. Prasad serves as Counsel for Cardiothoracic and Vascular Surgery of the American Heart Association, and is a member of the American Medical Association, the American College of Surgeons and the Society of Thoracic Surgeons and he will also serve as the UNOS certified heart transplant director.

Dr. Larissa K.F. Temple has been named Chief of the Division of Colorectal Surgery at UR Medicine and Director of SHORE. Dr. Temple completed General Surgery and Surgeon Scientist Program at the University of Toronto. She then moved to New York City and completed fellowships in Surgical Oncology at Memorial Sloan Kettering Cancer Center and Colorectal Surgery at St. Luke’s Roosevelt. Most recently she was a member of the Colorectal Surgery Service at Memorial Sloan Kettering Cancer Center. Dr. Temple has expertise in the management of colorectal diseases, and in particular, colorectal malignancies. She performs minimally invasive procedures, including robotic surgery to complex multi-surgeon pelvic procedures.

Dr. Temple was the Director of the Colorectal Survivorship Program and the Vice Deputy Physician in Chief for Quality and Safety. She was named as one of New York City’s Top Doctors in 2016.

Dr. Temple has a national reputation in colorectal cancer and surgical quality. She presents nationally on outcomes after colorectal malignancies. She is a member of ASCO program committee and the American College of Surgeons Rectal Cancer Standards Operative Workgroup. Dr. Temple chairs the Quality Assessment Committee for the American Society of Colon and Rectal Surgery. She is a member of the Surgery Standing Committee for the National Quality Forum, the American College of Surgeons Performance Measurement Work group, the Society of Surgical Oncology Quality Committee and the planning committee for the Quality Symposium for the American Society of Clinical Oncology.
NEW CLINICAL FACULTY

ASHLEY AMALFI, M.D.
Assistant Professor, Plastic Surgery
- Medical degree from the University of Rochester
- Integrated Residency in Plastic and Reconstructive Surgery at Southern Illinois University School of Medicine

NEIL KUMAR, M.D.
Assistant Professor, Cardiothoracic Intensivist
- Medical degree from the University of Kansas School of Medicine
- Integrated Residency in Vascular Surgery at University of Rochester Medical Center
- Fellowship in Surgical Critical Care at University of Rochester Medical Center

KATHLEEN RAMAN, M.D., M.P.H.
Associate Professor, Vascular Surgery
- Medical degree from Columbia University, College of Physicians and Surgeons
- Residency in General Surgery at University of Pittsburgh Medical Center
- Fellowship in Vascular Surgery Washington University St. Louis
- Assistant Professor of Surgery at Washington University, St. Louis and the St. Louis VA Health Care System

KOJI TOMIYAMA, M.D.
Assistant Professor, Abdominal Transplant Surgery
- Medical degree from Japan-Okayama University Medical School
- Residency in Himeji St. Mary’s Hospital in Japan
- Fellowship in Liver and Kidney transplant at Baylor Regional Transplant Institute
- Research Fellowship at Thomas E. Starzl Transplantation Institute, University of Pittsburg
- Fellowship in HPB Surgery at University of Toronto

DEREK WAKEMAN, M.D.
Assistant Professor, Pediatric Surgery
- Medical degree from Columbia University, College of Physicians and Surgeons
- Residency in General Surgery at Barnes Jewish Hospital, Washington University School of Medicine
- Fellowship in Pediatric Surgery at St. Louis Children’s Hospital, Washington University
JOSEPH WIZOREK, M.D., F.A.C.S.
Associate Professor, Thoracic and Foregut Surgery
- Medical degree from Georgetown University School of Medicine
- Residency in General Surgery at Barnes-Jewish Hospital
- Thoracic Surgery Resident, Division of Cardiothoracic Surgery, Medical College of Wisconsin
- Clinical Instructor/Fellow, Minimally Invasive Thoracic and Foregut Surgery, The Heart, Lung and Esophageal Surgery Institute, University of Pittsburgh Medical Center

NEW RESEARCH FACULTY

MATTHEW ASARE, PH.D.
Research Assistant Professor, Cancer Control
- Ph.D. in Health Education from the University of Cincinnati
- Masters in Public Health from the University of Rochester
- Masters in Business Administration from Ohio University
- Masters in Internal Affairs from Ohio University

CALVIN COLE, PH.D.
Research Assistant Professor, Cancer Control
- Ph.D. in Kinesiology and Health from Georgia State University
- Urban Fellow (2012-2014)
- Kappa Delta PI - International Honor Society in Education
- International Sport Science Association (ISSA) Certified (2004-present)

IAN R. KLECKNER, PH.D.
Research Assistant Professor, Cancer Control
- Ph.D. in Biophysics from Ohio State University
- Post-doctoral fellow in Psychology and Affective Science at Northeastern University
- Post-doctoral fellow in Neuroimaging at Laureate Institute for Brain Research
- Currently completing Master's in Public Health from University of Rochester
NEW SURGERY APPOINTMENTS

Langstein and Orloff Named Surgery Vice Chairs

The Department of Surgery has announced new appointments for two long-time faculty members. Mark S. Orloff, M.D. has been named Vice Chair for Clinical Operations and Regional Development, a position that will focus on the UR Medicine Western New York partners and their surgical programs.

Howard N. Langstein, M.D. has been appointed Vice Chair of Academic Affairs and Faculty Development, a new role designed to support and advance faculty members’ academic and professional careers.

“The experience and expertise that Mark and Howard bring to the table will undoubtedly move the institution forward in this new era of health care,” says David C. Linehan, M.D., Chair of the Department of Surgery. “It is imperative to strategically support our clinical enterprise, which is experiencing unprecedented growth across Upstate New York, and to cultivate an environment that fosters collaboration and mentorship to attract and retain talented, highly skilled faculty.”

A faculty member at URMC for nearly 25 years, Dr. Orloff will lead the strategic planning process for UR Medicine clinical operations in the Western New York region. He will work with affiliate hospitals and programs, as well as institutions with UR Medicine partners, to create access for all communities to high-quality, comprehensive surgical care.

Strengthening our institution’s surgical programs across the health system will mean further improvements for patients throughout the region, with benefits for UR Medicine, Dr. Orloff says.

Dr. Orloff, who will continue as a member of the Solid Organ Transplant team, has been active in transplant organizations on a local, statewide and national level for decades, including the United Network for Organ Sharing (UNOS) Membership and Professional Standards Committee, UNOS Region 9 Board of Directors, the American Liver Foundation and the National Kidney Foundation, as well as the New York Center for Liver Transplantation.

In his decade of tenure as a division chief, Dr. Langstein has developed a vibrant faculty group committed to collaboration, mentoring and professional growth. This new opportunity allows him to expand that successful model across the Department of Surgery, focusing on fostering and enhancing faculty members’ career experiences.

Recognizing the importance of professional development in recruiting and retaining talented faculty, Dr. Langstein sees his new role being responsible for the “faculty experience,” not unlike the clinical enterprise’s focus on enhancing the patient experience.

“My goal is to develop a robust mentoring process across the Department of Surgery that encourages our faculty to learn, grow and teach, and pass their experience along in a supportive and collegial environment,” says Dr. Langstein.
In the Department of Surgery, quality is of utmost importance. The Office of Surgical Quality and Outcomes is charged with overseeing the quality of patient care and outcomes within the Department and reporting all findings and progress back to the hospital.

“We establish process improvement goals, analyze data, monitor progress, mentor and train faculty and staff,” says Christopher A. Gitzelmann, M.D., Director of the Department of Surgery Quality and Outcomes. The process is data driven, using internal, external and national peer comparison databases where outcomes are benchmarked against similar institutions. Data is used to develop processes to improve surgical outcomes using evidence-based practice.

Amy Matroniano, M.S., R.N., C.P.H.Q., Administrator of the Department of Surgery Quality and Outcomes, adds, “Each Division in the Department is responsible for upholding the highest standards of quality.” Chiefs, Surgeon Quality Assurance Liaisons and Clinical Quality Assurance Liaisons lead initiatives. “The Department also utilizes ‘dashboards,’ which are updated monthly and reviewed at Department quality assurance meetings,” explains Amy. “Plus, we’re helping to groom and develop future surgeons by including residents in quality assurance meetings and process improvement projects.”

Since quality is a collaborative effort, the Department also participates in partnerships with Excellus, Upstate New York Surgical Quality Initiative (UNYSQI) and other area hospitals with the goal of sharing knowledge to improve the quality of patient care. “We network with all parties interested in outcomes including third-party payers, insurance providers and the public,” says Dr. Gitzelmann.

To date, the Department has made great progress in improving patient outcomes, particularly in cases involving urinary tract infections, pneumonia, superficial and deep incisional SSI, organ/space SSI, transfusions and vein thrombosis requiring therapy. The rate of mortality has also decreased.

New quality assurance and process improvement initiatives for the Department include SSI reduction, length of stay reduction and developing enhanced recovery after surgery pathways. “We’re striving to get maximum buy-in from all Divisions to keep our quality initiatives at an exceptional level,” states Dr. Gitzelmann. “Even though we say quality is everyone’s responsibility, faculty and staff aren’t required to participate in our quality assurance program – they want to participate. This is what sets us apart. Our long-term goal is to keep improving.”

QUALITY ASSURANCE

Upholding the Highest Standards of Quality
The Department of Surgery Advanced Practice Provider Team (APP) consists of 55 Nurse Practitioners (NPs) and Physician Assistants (PAs). The APP teams 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 committed professionals who give high quality, patient-centered care. They are “mission-critical” and valued partners of our faculty and residents," says Dr. Linehan.

Sue Fredrick, N.P. won the Friends of the Resident Award. This annual department award is given to an APP who demonstrates commitment to resident education and is nominated by the resident body.

Pictured from left to right: Roseanna Gazzman-Curtis, M.D., Sue Fredrick, N.P., David Linehan, M.D., Linda Ding, M.D.
RESIDENT SCHOLARSHIP

1st Year Residents

Peer Reviewed Publications: (4)


Impact factor: 2.020


Impact factor: 5.122


Impact factor: 0.979


Impact factor: 0.797

Impact factor: 3.849

2nd Year Residents

Peer Reviewed Publications: (19)


Impact factor: 3.380


Impact factor: 3.930

Impact factor: 3.749


Impact factor: 4.008


Impact factor: 2.798


Impact factor: 3.749

Impact factor: 8.327


Impact factor: 3.380


Impact factor: 3.380


Impact factor: 2.798


Impact factor: 3.749

Blackwood S, Mix D, Chandra C, Dietzek A. “A model to demonstrate that endotension is a non-visualized type 1 endoleak.” J Vasc Surg. Epub 2015 July (1-9). PMID: 23845661

Impact factor: 3.021


Impact factor: 3.849


Impact factor: 4.008


3rd Year Residents

Peer Reviewed Publications: (11)


Impact factor: 3.749

Myers PL, Bell DK. “Early Burn Team Consultation for Minor Burns in the Emergency Department Decreases Length of Stay While Improving Efficiency and Patient Throughput” Submitted for publication to Journal of Burn Care Research (2016).

Impact factor: 1.425


Impact factor: 2.291

*Impact factor: 8.327*


*Impact factor: 3.380*


*Impact factor: 3.380*

Myers P, Bell DE. “Early burn team consultation for minor burns in the emergency department of decreases length of stay while improving efficiency and patient throughput.” Submitted to *Journal of Burn Care Research* (2016).

*Impact factor: 1.425*


*Impact factor: 9.322*


### 4th Year Residents

#### Peer Reviewed Publications: (5)


*Impact factor: 2.89*


*Impact factor: 0.995*


*Impact factor: 1.387*


*Impact factor: 0.818*


*Impact factor: 1.046*

#### Posters: (4)


**Farach SM**, Danielson PD, Walford NE, Harmel RP, DeRosa J, Amenkawh EK and Chandler NM. “Same Day Appendectomy in Children with Suppurative


5th Year Residents
Peer Reviewed Publications: (2)


Impact factor: 1.880


6th Year Residents
Peer Reviewed Publications: (22)


Impact factor: 2.993


Impact factor: 1.238


Impact factor: 4.591


Impact factor: 1.516


Impact factor: 3.849


Impact factor: 1.155


Impact factor: 3.849


Impact factor: 2.050

Impact factor: 1.155


Impact factor: 3.849


Impact factor: 1.516


Impact factor: 1.155


Impact factor: 3.849


Impact factor: 3.849


Impact factor: 3.849


Impact factor: 3.936


Impact factor: 3.849


Impact factor: 3.849
The UR Medicine Surgery App.
Find UR Medicine surgeons, right on your phone.
The UR Medicine Surgery App makes it easy to find a surgeon, place a call and get the information you need.

Search by name, division or type of surgery.
Add surgeons to your list of favorites for easy access in the future.
Get instant access to surgeon info, including office and cell phone numbers. Cell phone access is available once you register. Just tap to call the surgeon you need.

How to get the UR Medicine Surgery App:

1. Three easy ways to access the app.
   - Online, go to: surgery.urmedicine.org
   - Text: 585.208.4703
   - email: SurgeryMobileApp@urmc.rochester.edu

2. If you text us your mobile number or email us, we'll send you a link. Click on it to get to the app.

3. Once on the site, add the icon to your home screen.
   - For iPhone: Tap the Share Button and select Add to Home Screen.
     Tap Add in the Add to Home dialog box.
   - For Android: tap and select add to home screen. Tap add and it will appear.

4. Register to get access to cell phone numbers.
ABDOMINAL TRANSPLANT AND LIVER SURGERY
Roberto Hernandez-Alejandro, M.D., Professor of Surgery and Chief, Division of Abdominal Transplant and Liver Surgery
Mark S. Orloff, M.D., Professor of Surgery
Randeep S. Kashyap, M.D., Associate Professor of Surgery
Koji Tomiyama, M.D., Assistant Professor of Surgery

ACUTE CARE SURGERY
Paul E. Bankey, M.D., Ph.D., Professor of Surgery, Chief of Acute Care Division
Julius D. Cheng, M.D., M.P.H., Associate Professor of Surgery
Mark L. Gestring, M.D., Associate Professor and Director of the Kessler Trauma Center
Yanjie Qi, M.D., Assistant Professor of Surgery
Michael Rotondo, M.D., Professor of Surgery; Associate Vice President for Administration; Chief Executive Officer, Vice Dean for Clinical Affairs
Nicole A. Stassen, M.D., Associate Professor of Surgery and Medical Director of the Kessler Family Burn/Trauma Center
Ayyoidele S. Sangoanya, M.D., Associate Professor of Surgery

BARIATRIC AND GI SURGERY AT HIGHLAND
Joseph A. Johnson, M.D., F.A.C.S., Associate Professor of Surgery and Chief of Surgery at Highland Hospital
David E. Burns, Jr., M.D., Assistant Professor of Surgery
William E. O’Malley, M.D., F.A.C.S., Assistant Professor of Clinical Surgery and Director, Bariatric Surgery Center at Highland Hospital

BASIC SCIENCE RESEARCH
Eileen M. Redmond, Ph.D., Associate Professor of Surgery and co-Director of Pharmacology and Physiology
Michael Richards, Ph.D., Research Assistant Professor

CANCER CONTROL RESEARCH
Gary R. Morrow, Ph.D., M.S., Benefactor Distinguished Professor and Director of Cancer Control
Matthew Asare, Ph.D., Research Assistant Professor
Calvin Cole, Ph.D., Research Assistant Professor
Joseph Guido, M.S., Senior Research Associate
Chuck Heckler, Ph.D., M.S., Research Assistant Professor
Michelle Janelins, Ph.D., Assistant Professor
Charles Kamen, Ph.D., Assistant Professor
Ian Robert Kleckner, Ph.D., Research Assistant Professor
Karen Mustian, Ph.D., M.P.H., Associate Professor
Luke Peppone, Ph.D., Assistant Professor
Joseph Roscoe, Ph.D., Research Associate Professor
Supriya Mohile, M.D., M.S., Associate Professor

CARDIAC SURGERY
Sunil M. Prasad, M.D., Associate Professor and Chief, Division of Cardiac Surgery
George M. Alfieris, M.D., Tansukh, Sarla and Rajesh Ganatra Professor of Pediatric Cardiac Surgery
Francisco J. Genesini, M.D., Associate Professor of Clinical 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
Juan Lehoux, M.D., Assistant Professor of Surgery
Michael Swartz, Ph.D., Assistant Professor of Surgery

CENTER FOR TUMOR IMMUNOLOGY
Scott Gerber, Ph.D., Assistant Professor
Jian Ye, Ph.D., Research Assistant Professor

COLORECTAL SURGERY
Larissa K.F. Temple, M.D., Professor of Surgery and Chief, Colorectal Surgery
Christina Cellini, M.D., Associate Professor of Surgery and Oncology

COLORECTAL SURGERY CONT.
Fergal J. Fleming, M.D., Assistant Professor of Surgery
Irfan Rizvi, M.D., Assistant Professor of Clinical Surgery
Rabih M. Salloum, M.D., Professor of Surgery and Oncology; Medical Director, Nutrition Support Services; General Surgery Residency Program Director
Jenny R. Speranza, M.D., Associate Professor of Colorectal Surgery and Oncology

HEPATO-PANCREATO-BILIARY AND GASTROINTESTINAL SURGERY
Luke O. Schoeniger, M.D., Ph.D., Professor of Surgery and Oncology and Chief of Hepato-Pancreato-Biliary and Gastrointestinal Surgery
Eva Galka, M.D., Assistant Professor of Surgery
David C. Linehan, M.D., Professor of Surgery, Oncology and Seymour I. Schwartz Professor and Chair of Surgery
David A. Krusch, M.D., Professor of Surgery and Director, Surgical and Medical Informatics
Seymour I. Schwartz, M.D., Distinguished Alumni Professor of Surgery

PEDIATRIC SURGERY
Walter Pegoli, Jr., M.D., Joseph M. Lobozzo II Professor in Pediatric Surgery and Chief, Division of Pediatric Surgery; Surgeon-in-Chief, Golisano Children’s Hospital
Christopher A. Gitzelmann, M.D., Associate Professor of Surgery
Derek S. Wakeman, M.D., Assistant Professor of Surgery

PLASTIC SURGERY
Howard N. Langstein, M.D., Professor of Surgery and Chief, Division of Plastic and Reconstructive Surgery
Ashley Amalfi, M.D., Assistant Professor of Surgery
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Ronald P. Bossert, M.D., Assistant Professor, Director, Life After Weight Loss Program
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SURGICAL EDUCATION
Sarah Peyre, Ed.D., Associate Professor of Surgery and Assistant Dean for Interprofessional Education
Lauren DeCaporale-Ryan, Ph.D., Assistant Professor and Family Medical Psychology Program Director

SURGICAL ONCOLOGY
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Rachel L. Farkas, M.D., Assistant Professor of Surgery
Jacob Moalem, M.D., F.A.C.S., Associate Professor of Surgery
James L. Peacock, M.D., Professor of Surgery and Oncology

THORACIC AND FOREGUT SURGERY
Carolyn E. Jones, M.D., Associate Professor of Surgery and Chief of Thoracic and Foregut Surgery
David C. Kaufman, M.D., Professor of Surgery
Christian G. Peyre, M.D., Assistant Professor of Surgery
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VASCULAR SURGERY
Michael C. Stoner, M.D., Professor of Surgery and Chief, Division of Vascular Surgery
Adam Doyle, M.D., Assistant Professor of Surgery
Jennifer L. Ellis, M.D., Assistant Professor of Surgery
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