TAKING ON A PANDEMIC

Treated for COVID-19, BIDMC Surgeon is Grateful for His Care

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Message from the Chair

When our previous issue was published, we were at the apex of dealing with the coronavirus pandemic. At the time we were hopeful, although not overly optimistic, that by Fall much of this would be behind us. While that is unfortunately not the case, here in Massachusetts we were able to flatten the curve enough to ensure that BIDMC was able to meet the needs of all of our patients—those infected with COVID-19 as well as those with other conditions—while still continuing our training and research programs.

In this issue you will read about the measures our department and BIDMC took to achieve these goals, relying on ingenuity, teamwork, and—perhaps most importantly—an unwavering determination. I am proud of the courage and compassion shown by all members of our department who, despite the risk to themselves and their families, selflessly went about their work.

Among its many effects, this pandemic has brought to the forefront longtime inequities in our society, including disparities in health care, which disproportionately impact people of color. The Black Lives Matter movement has further shone a light on systemic racism and the need for fundamental change in our nation.

Our department has a long history of addressing inequities in care and fostering diversity and inclusion, but we must do more. In our next issue, we will describe our journey from our earliest days, address where we are today and our new initiatives, and share our plans for the future.

Meaningful change takes time, but we feel a sense of urgency that is perhaps best conveyed in this poem, I Have Only Just a Minute, by the late Dr. Benjamin Mays, a Black American civil rights leader and former president of Morehouse College in Atlanta.

I have only just a minute,
Only sixty seconds in it.
Forced upon me, can’t refuse it.
Didn’t seek it, didn’t choose it.
But it’s up to me to use it.
I must suffer if I lose it.
Give account if I abuse it.
Just a tiny little minute,
but eternity is in it.

Elliot Chaikof, MD, PhD
#NeverWaver
Harvard Medical School Appointments

APPOINTED AS: WILLIAM V. McDERMOTT PROFESSOR OF SURGERY

Mark P. Callery, MD

Dr. Callery, Chief of the Division of General Surgery and Chair of the Department of Surgery’s Leadership Council, is an internationally recognized expert in complex pancreatic and hepatobiliary surgery. After being recruited to BIDMC in 2001, Dr. Callery built the Division of General Surgery into a world-class service that, among other achievements, established it as a pioneer in advancing minimally invasive methods to treat a range of gastrointestinal conditions.

Dr. Callery’s clinical research focuses on outcomes in high-acuity pancreatico-biliary surgery. A dedicated teacher and mentor, he has received numerous awards for teaching including the S. Robert Stone Award for Excellence in Teaching from Harvard Medical School (2013) and the George W. Starkey Award for Excellence in Teaching from the BIDMC Department of Surgery (2005, 2016). Dr. Callery has had more than 160 peer-reviewed papers published and for 10 years served as an editor of HPB, the global specialty journal in his field.

Dr. Callery has been elected to key leadership roles in many national and international professional societies, including the International Hepato-Pancreato-Biliary Association (IHPBA). He is past President of the Americas Hepato-Pancreato-Biliary Association (AHPBA), the prestigious Boston Surgical Society, and is currently President of the Society for Surgery of the Alimentary Tract (SSAT). This year Dr. Callery will receive Fellowship ad hominem by the Royal College of Surgeons of Edinburgh.

William V. McDermott, MD (1917-2001), the Cheever Professor of Surgery at Harvard Medical School, was Director of the Fifth (Harvard) Surgical Service, the predecessor of the BIDMC General Surgery Residency Program, which he relocated from Boston City Hospital to New England Deaconess Hospital in 1973. Dr. McDermott served as Chief of Surgery at New England Deaconess Hospital from 1973 to 1986.

APPOINTED AS: ASSISTANT PROFESSOR OF NEUROSURGERY

Justin Moore, MD, PhD, MPH

Dr. Moore is Director of Skull Base Neuro-oncology in the Department of Surgery and Director of Research, Innovation, and Radiosurgery in the BIDMC Brain Aneurysm Institute.

Dr. Moore received his medical degree and a law degree from Monash University in Melbourne, Australia. He completed his surgical training at St. Vincent’s Hospital in Melbourne while obtaining a postgraduate degree in surgical anatomy from Melbourne University. He subsequently completed a PhD in neuro-genomics from the University of Oxford in the United Kingdom.

After completing his neurosurgery residency through the national Royal College of Surgeons in Australia, Dr. Moore pursued a fellowship in cerebrovascular neurosurgery at BIDMC and later completed a fellowship in skull base neuro-oncology and radiosurgery at Stanford Medical Center. Prior to joining the BIDMC Department of Surgery in 2019, Dr. Moore, who also earned an MPH from the Harvard T. H. Chan School of Public Health, was on the faculty of Boston Medical Center.

With expertise in skull base neuro-oncology and cerebrovascular surgery, Dr. Moore is among a small group of cerebrovascular neurosurgeons with experience in both neuro-interventional procedures and open methods. He is engaged in clinical research in cerebrovascular neurosurgery and is also involved in the development and use of new techniques for the treatment of complex aneurysms, particularly flow-diversion devices.

Dr. Moore teaches trainees at all levels, and has had his research published in more than 75 peer-reviewed publications. He also is a reviewer for several journals including the Journal of Neurology.

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New Faculty

For more information about our new faculty, including their clinical and research interests, practice sites, and contact information, please visit the “Find-A-Doctor” section on the BIDMC website.

Kristen T. Crowell, MD
Division: Colon and Rectal Surgery
Medical School: University of Texas Medical Branch
Residency: General Surgery, Penn State Milton S. Hershey Medical Center
Clinical Fellowship: Colorectal Surgery, Cleveland Clinic Foundation

Sonali V. Pandya, MD, MS
Director, BreastCare Center at BID-Needham
Division: Surgical Oncology
Medical School: Saint George’s University
Residency: General Surgery, Albany Medical Center
Clinical Fellowship: Women’s Oncology, Women and Infants Hospital/Brown University

Sina Iranmanesh, MD
Division: Vascular and Endovascular Surgery
Medical School: University of South Florida College of Medicine
Residency: General Surgery, Vanderbilt University
Clinical Fellowship: Vascular Surgery, MedStar Georgetown University Hospital/MedStar Washington Hospital Center

Amy H. Parminder, MD
Division: Ophthalmology
Medical School: Dalhousie University Medical School
Residency: Ophthalmology, Mt. Sinai Medical Center
Clinical Fellowships: Cornea and Refractive Surgery, Manhattan Eye, Ear and Throat Hospital; Glaucoma, Tufts University/New England Eye Center

Justin L. Massengale, MD
Division: Neurosurgery
Medical School: Stanford University School of Medicine
Residency: Neurosurgery, Stanford University Medical Center
Clinical Fellowship: Spine Neurosurgery, Stanford University Medical Center

Amy D. Wyrzykowski, MD
Division: Acute Care Surgery, Trauma, and Surgical Critical Care
Medical School: University of Pittsburgh School of Medicine
Residency: General Surgery, Emory University
Clinical Fellowships: Surgical Critical Care, Grady Memorial Hospital/Emory University; Trauma Surgery, Grady Memorial Hospital/Emory University
In April, the Department of Surgery received approval from the Accreditation Council for Graduate Medical Education (ACGME) for its five-year Otolaryngology/Head and Neck Surgery Residency at BIDMC/Harvard Medical School. The Program Director is Scharukh Jalisi, MD, Chief of the Division of Otolaryngology/Head and Neck Surgery; the Associate Program Directors are James Naples, MD, and David Caradonna, MD, DMD.

“Our goal is to foster the development of highly skilled, confident otolaryngologists with a solid academic foundation who will become the future leaders in our field.”
— Scharukh Jalisi, MD

According to Dr. Jalisi, this is the first entirely new Otolaryngology/Head and Neck Surgery Residency Program to be established in Boston since 1952. “We were thrilled to learn of the approval of our program and to admit our inaugural class of truly outstanding residents,” he says.

In June, the program, which was approved to matriculate two residents a year, welcomed the members of its inaugural class: Victoria Huang, MD, a graduate of the Case Western Reserve University School of Medicine, and Peter Nagy, MD, a graduate of the University of Tennessee Health Science Center College of Medicine.

The program offers a robust curriculum and comprehensive clinical experience with rotations at BIDMC and Boston Children’s Hospital (BCH). In addition, residents will have significant dedicated time to participate in research projects.

The program’s faculty includes all members of the BIDMC Division of Otolaryngology/Head and Neck Surgery as well as pediatric otolaryngologists at BCH. Residents will train in all aspects of otolaryngology, including:
- Head and neck surgical oncology
- Microvascular reconstruction
- Laryngology, including the professional voice, swallowing, and airway
- Rhinology
- Skull base surgery
- Otology/neuro-otology
- Facial plastic and reconstructive surgery
- Pediatric otolaryngology

“Our goal is to foster the development of highly skilled, confident otolaryngologists with a solid academic foundation who will become the future leaders in our field,” says Dr. Jalisi.

For more information about the Otolaryngology/Head and Neck Surgery Residency at BIDMC/Harvard Medical School, please visit the Training and Education section of our website: bidmc.org/surgery.
The Department of Surgery and BIDMC are pleased to welcome Devin E. Eckhoff, MD, as Chief of Transplant Surgery and Director of the Transplant Institute at BIDMC. Dr. Eckhoff joined the faculty in August.

Dr. Eckhoff was recruited to BIDMC from the University of Alabama (UAB) at Birmingham, where he was Professor of Surgery and held the Arnold G. Diethelm Endowed Chair in Transplantation Surgery. Among many other leadership roles at UAB, Dr. Eckhoff was Director of the Division of Transplantation for 17 years. The UAB transplant program, one of the nation’s largest, is known for its clinical excellence and accomplishments in basic, translational, and clinical research.

During Dr. Eckhoff’s tenure at UAB, several major initiatives were launched, including the Comprehensive Transplant Institute, the Alabama Organ Recovery Center, and the Xenotransplant Research Center. Dr. Eckhoff also initiated a multi-organ transplant fellowship, approved by the American Society of Transplant Surgeons, which has trained more than a dozen fellows.

In addition, several new clinical programs were launched under his leadership, including a paired kidney exchange, a desensitization and ABO-incompatible kidney transplant program, and a hepatobiliary service. New transplant programs were also established at the Children’s Hospital of Alabama and the Veterans Hospital of Birmingham, and three new liver satellite clinics were created.

Dr. Eckhoff received his undergraduate degree from the University of Michigan and his medical degree from the University of Minnesota, graduating Alpha Omega Alpha. Following the completion of his residency in general surgery at the University of Wisconsin-Madison, Dr. Eckhoff pursued a research fellowship in transplantation and subsequently a clinical/research fellowship in transplantation, also at the University of Wisconsin-Madison. He is board certified in Surgery and Surgical Critical Care.

Among Dr. Eckhoff’s major research interests is xenotransplantation, which is considered a promising way to address the shortage of donor organs. He is currently the principal investigator of two major, ongoing preclinical trials with the goal of transplanting genetically modified kidneys from pig models to humans. Dr. Eckhoff’s research has been supported by grants from the National Institutes of Health and industry, and is reflected in more than 150 published peer-reviewed manuscripts and book chapters.

A Fellow of the American College of Surgeons, the American Surgical Association, and the American Society of Transplantation, Dr. Eckhoff is an active member of numerous professional societies. He is frequently invited to speak nationally and internationally, and is a longtime member of the editorial boards of several leading journals.

Dr. Eckhoff is leading a division that has long been at the forefront of transplant surgery. The work of luminaries in the field such as Anthony Monaco, MD, formerly Chief of Transplant Surgery at New England Deaconess Hospital and later at BIDMC, and the late Fritz Bach, MD, led to key advances that improved the outcomes of organ recipients. New England’s first liver transplant was performed in 1983 at New England Deaconess Hospital, and New England’s first living-donor liver transplant was conducted at BIDMC in 1998.
The Lymphatic Center at Beth Israel Deaconess Medical Center/Boston Children's Hospital was recently designated by the Lymphatic Education & Research Network (LE&RN) as a Comprehensive Center of Excellence in Lymphatic Disease. The center’s co-directors are Dhruv Singhal, MD, Plastic and Reconstructive Surgery, founder and Director of the BIDMC Lymphatic Center, and Arin Greene, MD, Director of the Lymphatic Program at Boston Children’s Hospital. The LE&RN is an internationally recognized non-profit organization dedicated to fighting lymphatic diseases and lymphedema through education, research, and advocacy.

Designation by the LE&RN as a Comprehensive Center of Excellence followed a rigorous review by a team of international leaders in lymphatic medicine. This designation indicates that an institution provides the highest standards of multidisciplinary care for individuals with lymphatic diseases (LD), such as lymphedema, lipedema, and lymphatic malformation, with explicit standards for five distinct categories of care.

There are five Centers of Excellence designations: designation as “comprehensive”—the highest level—signifies that a center provides and coordinates specific services on site. These services include comprehensive, multidisciplinary LD-specific clinics; the full breadth of treatment options; genetic testing/counseling; ancillary services such as physical or occupational therapy; nutrition counseling, and more.

In addition, all Centers of Excellence provide professional and lay education, are engaged in LD clinical research, and work with the LE&RN locally and nationally in its efforts to improve the lives of those affected by LD and their families. Since 2017, the BIDMC Lymphatic Center has hosted an annual Lymphatic Symposium that attracts health care professionals and patients from around the world.

Dr. Singhal, one of the world’s leading experts in lymphedema prevention and treatment, is a pioneer in preventive lymphovenous bypass surgery at the time of axillary node dissection for breast cancer patients at high risk of lymphedema. He also performs vascularized lymph node transfer for the treatment of patients with chronic lymphedema and conducts lymphedema research.

Dr. Greene, an alumnus of the BIDMC General Surgery Residency Program, is Vascular Anomalies and Pediatric Plastic Surgery Endowed Chair at Boston Children’s Hospital. Under the direction of Dr. Greene, the Lymphatic Program at Boston Children’s Hospital provides treatment for pediatric lymphedema and obesity-induced lymphedema, and conducts research in these areas.

“Our designation as a Comprehensive Center of Excellence reassures patients and their families who are affected by lymphatic disease that when they come to us for evaluation and treatment they will receive the highest standard of care in a well-coordinated manner from experts who are laser-focused on their condition and dedicated to their ongoing well-being,” says Dr. Singhal.
One week after quarantining himself in his home following a positive test for COVID-19, which he contracted from an infected patient, Scharukh Jalisi, MD, thought he was out of the woods.

For seven days in early April, his symptoms were mild and he felt fine. But by day eight, all that changed: Dr. Jalisi developed body aches, chills, and fatigue that left him unable to do anything but sleep around the clock. Though he never spiked a fever, by day 13 he experienced shortness of breath so profound he could barely walk to the bathroom 10 feet from his bed. Exhausted and with no sense of taste, he was unable to eat and lost 15 pounds.

When Dr. Jalisi tested his blood oxygen level, he realized he was getting progressively worse and asked his wife, who also tested
positive but was faring better, to take him to BIDMC, where he is Chief of Otolaryngology/Head and Neck Surgery. “I would not go to any other hospital,” says Dr. Jalisi, who was so short of breath he had to be transported from his car into the Emergency Department in a wheelchair, after which he was admitted to a unit for COVID-19 patients only.

Participating in a clinical trial being conducted at BIDMC, Dr. Jalisi was administered the investigational antiviral drug remdesivir, which he credits with keeping him out of the ICU and off a ventilator. “Within 24 hours of receiving the infusion, I started feeling better,” says Dr. Jalisi, who remained hospitalized for five days. After recovering further at home and following two negative COVID-19 tests, Dr. Jalisi enthusiastically returned to his job in early May. “I received such compassionate, excellent care from everyone at BIDMC,” says Dr. Jalisi. “It made me very proud to work here.”

Dr. Jalisi was wise to have chosen BIDMC for his care, as the medical center was extremely well-prepared to meet the needs of COVID-19 patients, even during the peak of the surge when the hospital was caring for some 350 infected patients, many in intensive care. This preparedness was the result of weeks of teamwork, strategic planning, hard work, and creative thinking on the part of virtually everyone in the medical center and the Beth Israel Lahey Health system of which it is a part, with a major role played by members of the Department of Surgery.

The department’s responsibilities were not limited to ensuring that COVID-19 patients, many of whom were critically ill, would have adequately equipped ICUs staffed by experienced, properly protected critical care doctors and staff. The department also needed to provide care for all other surgical patients, including those needing emergency surgery, evaluation, or follow-up care; continue its educational and training programs for residents and fellows; and pivot some of its research toward challenges posed by the novel coronavirus.

‘Better to be overprepared’

Creating sufficient ICUs with adequate equipment and experienced critical care staff was a top priority. It was unknown how many ICU beds would be needed, but having seen how hard hit New York City was “We prepared for the worst, believing it was better to be overprepared than underprepared,” says Charles Cook, MD, Chief of Acute Care Surgery, Trauma, and Surgical Critical Care. Dr. Cook worked closely with Surgery Chair Elliot Chaikof, MD, PhD, and other medical center personnel in the Hospital Incident Command System on this vital effort.

In just a matter of weeks, the number of ICU beds nearly doubled, from 77 to 130. This was achieved by transforming non-critical care areas, including medical/surgical units and a Post Anesthesia Care Unit, into COVID ICUs, all equipped with ventilators—no simple task, points out Dr. Cook, considering the unique space and equipment requirements of an ICU.

On one floor, for example, windows had to be quickly installed on the doors of patients’ rooms so clinicians could view patients on ventilators around the clock. Accomplishing this transformation in such a short period required the participation and coordination of personnel throughout the medical center, from Information Technology and Environmental Health and Safety staff to pharmacists and biomedical engineers.

Disaster-management approaches

Another challenge was determining how to staff these new ICUs with clinicians experienced in caring for critically ill patients, even as the possibility loomed that some of them could become infected and be unavailable for weeks.

Because all elective surgical procedures had been cancelled and there was fortunately a steep decline in trauma cases due to the state’s shelter-in-place orders, the decision was made to redeploy general surgeons, led by chief Mark Callery, MD, to handle emergency operations and trauma patients. This freed Dr. Cook and his colleagues in the division, in coordination with intensivists in the Departments of Anesthesiology and Medicine, to help cover the expanded ICU capacity.

Using established disaster-management approaches, Dr. Cook, in collaboration with Dr. Chaikof, Richard Whyte, MD, MBA, and others, developed a departmental plan to pair experienced critical care staff with staff from other divisions more removed from critical care, should the crisis demand. “Thankfully Boston did

“We prepared for the worst, believing it was better to be overprepared than underprepared.”

—Charles Cook, MD
not reach that tipping point,” says Dr. Cook. Still, nearly 90 OR staff were redeployed to help care for COVID-19 patients, according to Dr. Whyte, Vice Chair of Quality, Safety, and Clinical Affairs. “Everyone—nurses, faculty, and staff—was remarkably resilient,” says Dr. Whyte.

The last COVID ICU at BIDMC was closed down in early June, an event that marked the beginning of a slow return to normalcy coupled with the hope that re-opening them will not be necessary. “We are all deeply saddened by the loss of life due to this pandemic,” says Dr. Cook. “I am grateful to my colleagues in the department and the entire hospital for coming together in a crisis, despite the risk to themselves and their families, to take the best possible care of all of our patients.”

**Telehealth: ‘Here to stay’**
The department also had to quickly develop a strategy to provide care for patients who needed to connect with a surgeon for evaluation or follow-up care.

With help from Harvard Medical Faculty Physician (HMFP) leadership, many divisions within the department quickly began offering telehealth visits to patients via video or phone. Chief of Thoracic Surgery/Interventional Pulmonology Sidhu Gangadharan, MD, MHCM, who was involved in this effort and conducted virtual visits with his patients for weeks, says, “So much of what we do as doctors is communicating with patients, which does not necessarily require an in-person appointment. We found that most patients seemed happy and relieved to have this option.”

Dr. Gangadharan also discovered that telehealth appointments allowed him to be more productive and available to patients. On days when he was operating he could conduct virtual patient visits between cases without having to return to his office, which would have required the lengthy process of removing and donning his personal protective equipment.

Dr. Gangadharan’s enthusiasm for telehealth was mirrored by others in the department. “Faculty embraced this as they wanted to continue to provide excellent care to their patients,” says Dr. Gangadharan. While there are logistical issues that need to be addressed, Dr. Gangadharan believes that telehealth is here to stay and will enable the department to offer care that is even more convenient and accessible for patients going forward.

**Teaching and training**
Teaching and training residents and fellows in the midst of such extraordinary circumstances also required resourcefulness and resilience. “Suddenly we had to stop all in-person gatherings: weekly meetings, classes, journal clubs, and Grand Rounds,” says Tara Kent, MD, MS, Program Director of the General Surgery Residency and Vice Chair of Education in the Department of Surgery.

Didactic teaching that was formerly done in person was quickly replaced with virtual sessions. The department even gained widespread national attention on social media for its virtual video happy hours, which helped foster trainees’ wellness during an especially stressful time.

Other changes that were quickly implemented involved modifying clinical work environments to maintain social distancing as much as possible. For example, residents did “sign outs” at the end of their shifts virtually rather than in person, and laparoscopic skills training in the BIDMC Simulation and Skills Center was limited to smaller groups.
Still, not all teaching can be done virtually. Cadaver labs and the endoscopy rotation had to cease due to the high risk. Because there were no elective surgeries, residents also participated in fewer surgical cases (as adjusted by the American Board of Surgery due to the pandemic), but this was partly offset by the additional critical care experience they acquired.

Fortunately, the department’s residents (who could opt out of direct care of COVID-19 patients for health reasons and were not permitted to perform certain high-risk procedures) were able to stay within the department rather than being deployed to other departments, which enabled them to continue to work and learn alongside Surgery faculty.

“We were able to change course and our residents adapted quickly and admirably. In fact, our department could not have responded the way it did to this unprecedented crisis without our trainees, who were critical to our efforts and went above and beyond in every conceivable way,” says Dr. Kent. She adds that while some aspects of the training program were not feasible due to the pandemic, “I believe that in the long arc of a surgeon’s career this unique learning experience will more than compensate.”

COVID-focused research
Many members of the department’s research community also redirected their focus to address challenges posed by the novel coronavirus (see publications, page 22).

In the laboratory, Richard D. Cummings, PhD, Director of the National Center for Functional Glycomics and the Harvard Medical School Center for Glycoscience, is now investigating how the novel coronavirus that causes COVID-19 (SARS-CoV-2) interacts with human cells to achieve efficient infection. Specifically, Dr. Cummings is focusing on the glycan receptor specificity of SARS-CoV-2 and other coronaviruses, exploring the possibility that the virus achieves infection via a multi-step process involving its glycans and interactions with glycans.

This research builds on his lab’s recent success in deciphering the glycans of the human lung and creating a lung glycan library and glycan microarray to test for virus binding. This work, which is being conducted in collaboration with researchers at Emory University and the national Centers of Excellence for Influenza Research and Surveillance program, is funded by a grant from the National Institute of Allergy and Infectious Diseases.

In the clinical realm, BIDMC surgeon-investigators are looking at whether a readily available fibrinolytic (“clot busting”) drug could be repurposed to save the lives of gravely ill COVID-19 patients. These patients often succumb to acute respiratory distress syndrome (ARDS), a severe lung injury common in critically ill patients that has no treatment beyond supportive care. It was reported in the New England Journal of Medicine and other leading journals that the overwhelming majority of patients with ARDS induced by COVID-19 experience abnormal blood clotting in the lungs and blood vessels.

Resident Christopher Barrett, MD, and acute care/trauma surgeon and surgeon-scientist Michael Yaffe, MD, PhD, who is also a professor at Massachusetts Institute of Technology, gained national attention when they and colleagues at BIDMC, the University of Colorado at Denver, and elsewhere published several case reports suggesting that the drug tissue plasminogen activator (tPA) might reduce deaths among patients with COVID-19-induced ARDS. Long used to treat patients with stroke and heart attack, tPA was approved by the FDA in 1996.

Based on this work, in May the group received FDA approval for a multi–center, phase 2a clinical trial that will enroll 50 COVID-19 patients who will be randomly assigned to receive the drug or a placebo. Findings from this study (the STARS Trial) will provide timely information on the safety, efficacy, and optimal dosing of tPA to treat moderate to severe COVID-19-induced ARDS, which can be rapidly adapted to a phase 3 trial.

These unprecedented times have tested the limits of hospitals and health care workers around the world, including BIDMC and the Department of Surgery. But through a combination of thoughtful planning, rapid execution, teamwork, and determination, the members of the Department of Surgery did what they always do in times of crisis—focused on finding innovative solutions to challenging problems and worked together to fulfill their mission.

“Our department could not have responded the way it did to this unprecedented crisis without our trainees, who were critical to our efforts and went above and beyond in every conceivable way.”

—Tara Kent, MD, MS
As a young man, Geoffrey Dunn, MD, planned on becoming a professional artist. While attending Haverford College, he took time off to study art in Germany, only to soon realize that he really wanted to follow in the footsteps of his father, grandfather, and great grandfather, all of whom were surgeons in Erie, Pennsylvania. When he informed his father of his new plans, the senior Dr. Dunn replied, “You are now a public servant.”

Dr. Dunn, who retired in 2018, took his father’s words to heart. “As a fourth-generation surgeon, I inherited a strong tradition of service,” he says—service that led him to advocate for palliative care in surgery and become one of the world’s foremost authorities on surgical palliative care.

After graduating from Jefferson Medical College at Thomas Jefferson University (now Sidney Kimmel Medical College), Dr. Dunn was excited to match to the Fifth (Harvard) Surgical Service, the predecessor to the BIDMC General Surgery Residency Program. “During my interviews, everyone I met was very cordial and I felt the program was a good fit for me,” says Dr. Dunn. He was especially pleased to be in the program led by William V. McDermott, MD, a “gregarious man and unflappable surgeon” who became a close friend of his father when the two met in Europe while serving on the front lines during WWII.

A moral imperative

Dr. Dunn credits Dr. McDermott and many other mentors in the Fifth Surgical Service for helping shape his thinking as a young doctor and, ultimately, his career choice. One was Blake Cady, MD, a “master surgeon and urbane intellectual,” whose philosophy was consistent with the tenets of palliative care. Another was Horst Filtzer, MD, who insisted that his patients always receive adequate treatment for pain. Still another was John Schuler, MD, a role model who became a longtime friend. “These surgeons, as well as my father, all of whom had formidable technical skills, understood that there was a moral imperative to provide palliative care to patients, which had a lasting influence on me,” says Dr. Dunn.

Following his graduation in 1984, Dr. Dunn eagerly returned to Erie to be able to work closely with his father in the Department of Surgery at Hamot Medical Center, a large tertiary hospital serving northwestern Pennsylvania that is now part of the University of Pittsburgh Medical Center (UPMC). Dr. Dunn’s busy practice encompassed a wide range of adult and pediatric surgical care,
including trauma, burns, cancer, and endocrine surgery. “My residency training, including my pediatric rotations at Boston Children’s Hospital, prepared me extremely well for a diverse general surgical practice,” says Dr. Dunn, who also served as Chair of Surgery at Hamot in the mid-1990s.

A transformative experience
In 1988, Dr. Dunn had an opportunity to volunteer his services at a hospital in India, where seeing an unmet need, he helped establish a burn unit to treat mostly women who were victims of the horrific practice of “bride burning.” This was a transformative experience that contributed to palliative care becoming a central theme of his career going forward.

At the time Dr. Dunn began championing surgical palliative care, many surgeons viewed it narrowly—as comfort measures provided, usually by others, only at the end of life—rather than as an ongoing effort by a multidisciplinary team, including surgeons, to reduce suffering and improve the quality of life of patients with serious and life-limiting illness.

“Palliative care was almost a pejorative term among surgeons back then, who tended to view an inability to cure patients as a failure,” says Dr. Dunn, who in 1998 became the full-time Medical Director of the Palliative Care Consultation Service at UPMC Hamot Medical Center, a position he held for 20 years. He also was the Medical Director of the Great Lakes Hospice in Erie for a decade.

From outlier to integration
Through his tireless efforts over many years, Dr. Dunn played a leadership role in transforming surgical palliative care from an outlier to a fully integrated part of surgical practice and training. He served for 15 years as chair of the American College of Surgeons (ACS) Task Force on Surgical Palliative Care, which among other accomplishments led to a board certification in Hospice and Palliative Medicine by the American Board of Surgery. For years he was the representative of the American Academy of Hospice and Palliative Care to the ACS Commission on Cancer and also served on the ACS Board of Governors.

In addition, Dr. Dunn lectured on this subject worldwide, authored scores of articles on various aspects of palliative care, and edited or co-edited the major reference books for surgeons interested in the field: The Surgeon and Palliative Care (2001); Surgical Palliative Care (2004); and Surgical Palliative Care: Integrating Palliative Care (2019).

To educate future generations of surgeons, Dr. Dunn co-edited “Surgical Palliative Care: A Resident’s Guide” (2009), which has been used in hundreds of residency programs nationwide. He was also formerly an editor for the Annals of Palliative Medicine and served on the editorial board of the Journal of the American College of Surgeons.

As stated in the ACS principles of palliative care (see above), “The tradition and heritage of surgery emphasize that the control of suffering is of equal importance to the cure of disease.” Throughout his productive career, Dr. Dunn wholeheartedly embraced this concept and advocated for it on the world stage—for the benefit patients and surgeons alike.

These days, Dr. Dunn, who is married to an obstetrician and has an adult son, is as busy as ever. As a longtime plein-air painter of landscapes whose work has been exhibited in juried and one-man shows in Erie and elsewhere, he continues to paint. He is also engaged in environmental causes and, when time permits, enjoys toiling in his garden overlooking the shores of Lake Erie.

PRINCIPLES OF PALLIATIVE CARE

“Palliative care aims to relieve physical pain and psychological, social, and spiritual suffering while supporting the patient’s treatment goals and respecting the patient’s racial, ethnic, religious, and cultural values...

Although palliative care includes hospice care and care near the time of death, it also embraces the management of pain and suffering in medical and surgical conditions throughout life.”

An excerpt from the “Statement of Principles of Palliative Care” developed by the Task Force on Surgical Palliative Care chaired by Geoffrey P. Dunn, MD, and approved by the Board of Regents of the American College of Surgeons in 2005.
Resident Eve Roth, MD, who graduated from Harvard Medical School in May, received the Janee and Paul Friedmann, MD '59 Surgery Prize for the graduating medical student who demonstrates exceptional promise for leadership, education, and research in surgery.

Martina Stippler, MD, Neurosurgery, assumed the role of Chair of Women in Neurosurgery (WINS) in early 2020. The mission of WINS, an international organization celebrating its 30th anniversary this year, is to promote a cooperative and supportive environment among women practicing neurosurgery, including those training to become neurosurgeons.

Alia Qureshi, MD, MSc, General Surgery, was invited to serve as Chair of the Leadership and Professional Development Task Force of the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) for 2020-2021. The mission of the task force is to identify barriers to creating a diverse organization and to develop a strategic plan for the implementation of programs and opportunities that promote diversity and inclusivity within SAGES, one of the largest surgical societies in the world.

The 2020-2021 Administrative Chief Residents of the General Surgery Residency Program are Charity Glass, MD, MPP, and Nicholas Swerdlow, MD. Drs. Glass and Swerdlow were selected for this honor by their peers and faculty because of their dedication to the residency, demonstrated leadership, and commitment to the education and well-being of all residents.

Aria Olumi, MD, Chief of the Division of Urologic Surgery, recently received a National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) R01 grant to assess the regulation of SRD5A2—a critical enzyme for prostatic development and growth—as a marker to identify the approximately 30% of normal adult men who do not express SRD5A2. Men who lack this enzyme may be resistant to 5α-reductase inhibitors, such as finasteride, for the management of benign prostatic hyperplasia (BPH) and its associated urinary tract symptoms, which affect 90% of elderly men and negatively impact the quality of life of 210 million men globally. The findings from this research will have broad implications for the development of predictive biomarkers that can be used to evaluate resistance to BPH-related therapies and allow clinicians to select alternate therapies for managing BPH, the most common proliferative disorder among men worldwide.

Elliot Chaikof, MD, PhD, Surgery Chair, was selected by the graduating Harvard Medical School (HMS) Class of 2020 to receive the Outstanding Faculty Mentor Award. The award, which is given annually, was presented to Dr. Chaikof during a virtual Class Day ceremony on May 28 and will be presented in person at a later date. According to Class Day co-moderators David Clossey, MD, and Eve Roth, MD, now a BIDMC Surgery intern, students who nominated Dr. Chaikof for this honor...
commended him for his “outstanding support for the development of future surgeon-scientists” and for “leaving an indelible mark on our personal growth.”

Resident Shahdabul (Shad) Faraz, MD, had his article published in NPR Health News in May: “My Bedside Manner Got Worse During the Pandemic: Here’s How I Improved.” Dr. Faraz, who is currently attending Harvard Business School during his research elective years, has had his writing published in the New York Times, CNN, and New York’s Daily News.

Mihir Parikh, MD, Thoracic Surgery and Interventional Pulmonology, is the recipient of a Rabkin Fellowship for 2020-2021. A program of the BIDMC Academy that emphasizes experiential learning, the yearlong fellowship provides faculty with the opportunity to develop the expertise and skills to launch or advance academic careers in medical education and/or academic administration. Dr. Parikh is Director of Interventional Pulmonology at BID-Milton and Program Director of the Advanced Diagnostic Bronchoscopy Fellowship Program at BIDMC.

BIDMC’s three-year Podiatric Medicine and Surgery Residency Program, led by Podiatry Chief John Giurini, DPM, and Program Director Thanh Dinh, DPM, received the maximum five-year reaccreditation from the Council on Podiatric Medical Education of the American Podiatric Medical Association (APMA). Launched in 1972, the residency will mark its 50th anniversary in 2022, making it the longest-running podiatry residency program at the same institution in the United States. The program, which initially trained one resident each year but since the early 1990s has trained two per year, has graduated 68 residents.

The Department of Surgery was the grateful recipient of many expressions of support and generosity during the busiest weeks of the COVID-19 pandemic, which helped make a challenging time a bit less stressful.

Recent General Surgery graduate Meredith Baker, MD, and her fiancé Martin Isabelle, of BlanQuil™, donated 90 BlanQuil weighted blankets to Surgery residents to help them relax and sleep. Above, Mr. Isabelle hands a blanket to resident Drew Sanders, MD.

With the help of BIDMC friends Faith Michaels and Peggy Stander, JK Automotive Design, Kids Clothes Club, and The Makery donated 300 face shields for BIDMC health care workers. Recipients included these members of the Division of Thoracic Surgery and Interventional Pulmonology in the Department of Surgery and the BIDMC Chest Disease Center (standing, from left): Priya Patel, MD, Adnan Majid, MD, Ammara Watkins, MD, MPH, Ramsy Abdelghani, MD (seated, from left): Amanda Nesta, NP, and Alichia Paton, NP.
A poster by Robert Carrasquillo, MD, Urologic Surgery, and his collaborators received the best poster award of its session at the 2020 American Urological Association (virtual) meeting in May. The poster, presented by Kenneth Softness, MD, MS, a resident in the Harvard Urology Residency Program at BIDMC, was entitled “Access to Male Fertility Preservation Information and Referrals at National Cancer Institute Cancer Centers.” Other collaborators were Aaron Perecman, a student at Quinnipiac Medical School, and Taylor Kohn, MD, a urology resident at Johns Hopkins.

On June 5, BIDMC surgeons and many other doctors and health care workers throughout the medical center and the nation kneeled in silence for 8-minutes and 46 seconds to recognize the public health impact of racism on Black Americans and to underscore the important role of doctors and hospitals in anti-racism efforts. Pictured above is cardiac surgeon Jacques Kpodonu, MD, and the large gathering outside the Shapiro Clinical Center on the BIDMC campus. More than 900 people logged in to participate in the event online.

Nurhan Torun, MD, Chief of Ophthalmology, was the recipient of the 2020 BIDMC Academy Award, which is given to a member who demonstrates the highest commitment to the BIDMC Academy community through participation, service, and engagement. According to BIDMC Academy Co-Directors Daniel Ricotta, MD, and Grace Huang, MD, Dr. Torun, who serves on the executive committee, “has demonstrated unwavering support to the community as one of its most active members.” The mission of

Peter Steinberg, MD, Urologic Surgery, had an opinion piece published in the Wall Street Journal in March entitled “Virtual Doctors Are Here to Stay.” Dr. Steinberg’s article discusses how some of the changes in the way medicine is being practiced during the coronavirus pandemic, such as telemedicine, are beneficial and should become a permanent part of the health care landscape.

Residents Kortney Robinson, MD, MPH, and Boram (Bora) Shin, MD, matched to Cardiothoracic Surgery for their fellowship training. Dr. Robinson will train at Baylor Scott & White Dallas–Fort Worth, and Dr. Shin will train at Brigham and Women’s Hospital. The residents will begin their fellowships in 2021 following their graduation from the General Surgery Residency Program.

Resident Michelle Fakler, MD, MPA/ID, received her Master in Public Administration in International Development from the Harvard Kennedy School in May. Dr. Fakler, who plans to be involved in the planning and development of health systems policy at the international level in the future, completed the two-year program during her research elective years.

A poster by neuro-otologist James Naples, MD, Otolaryngology/Head and Neck Surgery, entitled “Circulatory Otologic Biomarkers in Meniere’s Disease and Vestibular Migraine” received the second place award from the American Neurotology Society in May. Dr. Naples also participated in webinars hosted by CSurgeries, an online, peer-reviewed surgical video site, and served on an international panel via the CSurgeries website to discuss otologic surgery during COVID-19.
the BIDMC Academy is to enhance and foster the educational development of physicians, scientists, clinicians, and other health care professionals throughout BIDMC.

Jim Sargent, BSN, RN, joined BIDMC in June as Director of the Trauma Program in the Department of Surgery. Mr. Sargent came to BIDMC from Wellstar Atlanta Medical Center in Atlanta, Georgia, where he had served as Trauma Program Manager since 2016. Previously, Mr. Sargent was Trauma Program Manager at Wellstar North Fulton Hospital for 12 years, and prior to that held positions as a staff and charge nurse in emergency medicine at several Georgia hospitals. Mr. Sargent is a graduate of the University of Alabama and also served in the United States Navy.

Ted James, MD, MS, Chief of Breast Surgical Oncology and Vice Chair of Surgery (Academic and Faculty Affairs), was selected to give an oral presentation on “Predictive Factors of Discordant Response to Neoadjuvant Chemotherapy” at the American College of Surgeons Clinical Congress 2020 in early October.

Debra Leven, EdD, MBA, MPH, Administrative Director of Surgical Oncology, Breast Surgery, the Pancreas and Liver Institute (PLI), and Pediatric Surgery, recently received a Doctor of Education (EdD) in Organizational Leadership Studies from Northeastern University.

The Society for Vascular Surgery’s Vascular Quality Initiative (SVS VQI) awarded BIDMC three stars—the highest possible rating—for its active participation in the Registry Participation Program. The SVS VQI is composed of 14 registries containing demographic, clinical, procedural, and outcomes data from more than 670,000 vascular procedures performed in the U.S. and Canada. The mission of the VQI is to improve the quality, safety, effectiveness, and cost of vascular health care. Lars Stangenberg, MD, PhD, Vascular and Endovascular Surgery, serves on the Executive and Research Advisory Committee of the SVS VQI. Vascular and Endovascular Surgery Chief Marc Schermerhorn, MD, MPH, formerly served on the committee and is President of the New England Society for Vascular Surgery, one of the vascular professional societies that endorses the SVS VQI.

The Sandra and Richard Cummings Resident Research Fellowship in Surgery provides support for the next generation of innovative investigators. The fellowship was established with a generous gift from Richard D. Cummings, PhD, Vice Chair of Basic and Translational Research, and Director of the Harvard Medical School Center for Glycoscience and the National Center for Functional Glycomics and his wife, Senior Research Associate Sandra Cummings. The fellowship provides recipients with at least $25,000 a year, for one- or two-year periods, to support promising research projects spanning an array of fields. This year’s award recipients are General Surgery residents Jordan Broekhuis, MD, Gabrielle Dombek, MD, and Lumeng Jenny Yu, MD, and neurosurgery resident Anirudh Penumaka, MD, MSc.

Per-Olof Hasselgren, MD, PhD, is the author of “Thyroid Cancer & Thyroid Nodules in 30 Minutes: A guide to symptoms, diagnosis, surgery, and disease management.” One in a series of “in 30 Minutes” guides published by i30 Media, the book was published in June.

Resident Lumeng Jenny Yu, MD, is the recipient of an American College of Surgeons (ACS) Scientific Forum Excellence in Research Award (pediatric surgery category) for her abstract “The VEGF Heparin-Binding Domain Contributes to Proliferative Signaling and Pulmonary Functional Outcomes in Compensatory Lung Growth.” The award will be highlighted during the ACS 2020 Clinical Congress and award recipients will be featured in a supplemental issue of the Journal of the American College of Surgeons. Dr. Yu, who is conducting her research elective at Boston Children's Hospital, is mentored by Mark Puder, MD, PhD, a BIDMC General Surgery alumnus.

Surgery residents had a strong presence at the 2020 annual (virtual) meeting of the New England Society of Colon and Rectal Surgeons in June. Presentations were made by: Benjamin Allar, MD, Gabrielle Dombek, MD, Ana Sofia Ore, MD, MPH, Jonathan Pastrana Del Valle, MD, Michelle Fakler, MD, MPA/ID, Alessandra Storino, MD, and Daniel Wong, MD. Dr. Wong received the third-place award for his presentation “Dose-Intensified Infliximab Rescue Therapy for Acute Ulcerative Colitis: Does It Decrease the Need for Colectomy?” The residents’ mentors in the Division of Colon and Rectal Surgery are Chief Evangelos Messaris, MD, PhD, Thomas Cataldo, MD, and Anne Fabrizio, MD.

The Division of Urologic Surgery and a group of medical students around the country (the Urology Student Anki Group, or USAG) collaborated to create a Urology Anki deck designed to help medical students prepare for sub-internships and the first year of a Urology residency.

Anki is a flashcard app now popular among medical students that uses a spaced repetition algorithm to facilitate learning new material. The BIDMC Urology Anki deck covers core urologic concepts across the spectrum of urologic conditions including urologic emergencies, benign prostatic hyperplasia, erectile dysfunction, voiding dysfunction, urinary tract infection, prostate cancer, and nephrolithiasis.

The questions were developed and peer-reviewed by members of the BIDMC Urologic Surgery faculty. According to urologist Boris Gershman, MD, who worked closely with the students, in the future the group plans to release additional decks covering surgical anatomy and an expanded set of clinical conditions.

The USAG students, all of whom will graduate in 2021, are: Chanan Reitblat and Varnel Antoine, Harvard Medical School; Megan Gurjar, UNC School of Medicine; Jonathan Dokter, Oakland University William Beaumont School of Medicine; Michelle Rose Shabo, University of Massachusetts Medical School; and Jonathan Sussman, University of Cincinnati College of Medicine.

Resident Omar Haque, MD, MPH, graduated in May from the Harvard T. H. Chan School of Public Health (as a Zuckerman Fellow) with a concentration in health policy. Dr. Haque’s thesis was overseen by Khalid Khwaja, MD, Transplant Surgery. Also, Dr. Haque gave an oral presentation at the American Transplant Congress 2020 on “Liver Transplant with Donation after Cardiac Death versus Donation after Brain Death Donors: Survival and Outcomes at 10 Years.” Dr. Khwaja was his mentor on this project.
IN MEMORIAM

The Department of Surgery mourns the loss of our colleagues Khalid O. Khwaja, MD, and Russell J. Nauta, MD.

Khalid O. Khwaja, MD
Dr. Khwaja, a gifted transplant and hepatobiliary surgeon, served in several leadership roles at BIDMC, including as Acting Chief and Senior Clinical Director of the BIDMC Transplant Institute and Surgical Director of Solid Organ Transplantation. Dr. Khwaja passed away on August 23.

Dr. Khwaja received his MD from the Aga Khan University Medical College in Pakistan. He completed a residency in general surgery and a research fellowship at the University of Connecticut and subsequently pursued a fellowship in transplantation at the University of Minnesota.

After joining BIDMC in 2003, Dr. Khwaja re-established the Pancreatic Transplantation Program, growing it to become the largest in New England. In 2008, Dr. Khwaja joined Lahey Clinic to lead its kidney transplantation program but in 2012 rejoined the BIDMC Department of Surgery as Surgical Director of Solid Organ Transplantation.

Dr. Khwaja mentored scores of trainees, performed the majority of complex liver surgery at BIDMC, and was critical to the successful re-initiation of the Living Related Liver Transplant Program. He developed teaching modules for the surgical aspects of pancreas transplantation for the American Society of Transplant Surgeons, which are now used by trainees worldwide.

Dr. Khwaja’s research interests focused on post-transplant immunosuppression and transplant outcomes. A national leader, Dr. Khwaja served on influential committees of the United Network for Organ Sharing and the New England Organ Bank, and was an active member of the American Society of Transplant Surgeons.

Dr. Khwaja is survived by his mother, Dr. Zahida Khwaja; his partner, Amanda Reid; two children; two brothers; and many other relatives.

Russell J. Nauta, MD
Dr. Nauta was Chair of the Department of Surgery at Mount Auburn Hospital in Cambridge, Mass. and Vice Chair of the Department of Surgery at BIDMC.

A graduate of Wesleyan University, Dr. Nauta received his MD from Georgetown University School of Medicine and completed his surgical residency at Brigham and Women’s Hospital. Dr. Nauta began his academic career at Georgetown University Hospital, where he quickly ascended to Professor of Surgery and Director of the General Surgery Residency Program, as well as Chief of General Surgery and Surgical Oncology.

At Georgetown, Dr. Nauta developed a busy, diverse practice and conducted research on hepatic ischemic-reperfusion injury and the role of the Vitamin D receptor in human cancers. Over a decade, he transformed the Georgetown General Surgery Residency into one of the dominant academic training programs in the country.

In 1998, Harvard recruited Dr. Nauta as Chair of the Department of Surgery at Mount Auburn Hospital and Vice Chair of the Department of Surgery at BIDMC. Over the ensuing 22 years Dr. Nauta had an enormous impact on the careers of countless Harvard Medical School students and BIDMC surgical residents as an outstanding clinician and educator.

Dr. Nauta was an important national figure, holding many leadership roles in the American College of Surgeons, and was an examiner for the American Board of Surgery. At Harvard Medical School, he served for nearly two decades as a member of the Admissions Committee.

Dr. Nauta, who passed away on June 12, is survived by his mother; his wife, Claire; two children; two brothers; and many other relatives.
Trainee and Faculty Teaching Awards

Each June departmental teaching awards are announced at the White Coat Ceremony, where awardees are acknowledged and rising chief residents receive their white coats (this year virtually) from graduating chief residents. We are proud to announce this year’s award recipients and acknowledge our new chief residents.

Chief residents for 2020-2021, from left: (front row) Christopher Barrett, MD, Charity Glass, MD, MPP, Kortney Robinson, MD, MPH, and Nicholas Swerdlow, MD; (back row) Asish Misra, MD, PhD, Jordan Pyda, MD, MPH, Borami Shin, MD, and Patric Liang, MD.

ISAAC O. MEHREZ, MD, AWARD
Jacqueline Wade, MD
To the third-year resident selected by Mount Auburn Hospital surgeons for “Dedication to the highest quality care, honesty, willingness to learn, and a sense of humor.”

GEORGE W.B. STARKEY AWARD
Charles Parsons, MD
To the faculty member with the highest-rated teaching evaluations from second-year Harvard Medical School students in the Core Surgery Clerkship.

ABSITE* AWARDS
Highest junior-level resident on the 2020 ABSITE
Scott Fligor, MD
Highest senior-level resident on the 2020 ABSITE
Meredith Baker, MD
Residents scoring above the 90th percentile on the 2020 ABSITE
Lorenzo Anez-Bustillos, MD, MPH
Alexander Chalphin, MD
Daniel Cloonan, MD
Mark Kashtan, MD, MPH
Stefanie Lazow, MD
Betty Liu, MD
Kortney Robinson, MD, MPH
Savas Tsikis, MD
Ashlyn Whitlock, MD
Lumeng Jenny Yu, MD

RESIDENT TEACHER AWARD
Courtney Barrows, MD
Voted by residents as the senior resident who best exemplifies teaching to other residents. Dr. Barrows (left) receives the award from Dr. Charity Glass.

* ABSITE: American Board of Surgery In-Service Training Exam
Rafael A. Vega, MD, PhD

Dr. Vega is Director of Neurosurgical Oncology at BIDMC. He joined the Department of Surgery in 2019. Dr. Vega received his PhD in chemistry of life processes from Northwestern University and his medical degree from the University of Illinois at Chicago. He completed his neurosurgery residency at Virginia Commonwealth University/Medical College of Virginia, which included a research fellowship in neuro-oncology at the University of Virginia in the areas of MRI-guided focused ultrasound, drug delivery, and molecular therapeutics (microRNA) in glioblastoma. Following the completion of his residency, Dr. Vega pursued his fellowship in neurosurgical oncology at the University of Texas MD Anderson Cancer Center followed by a clinical fellowship in functional brain mapping/oncological neurosurgery at Hôpital Gui de Chauliac in France.

Dr. Vega’s clinical interests include malignant brain tumors such as glioblastoma and low-grade gliomas, awake craniotomy with functional brain mapping, laser interstitial thermal therapy, neuroendoscopic surgery, primary/metastatic spinal tumors, skull base and pituitary tumors, stereotactic radiosurgery, and fluorescence- and image-guided neurosurgery.

Dr. Vega has had his research published, often as first or senior author, in more than 35 peer-reviewed publications. He has also had five book chapters published as first author and holds multiple patents.

Dr. Vega is on the editorial board of Congress Quarterly, the official news magazine of the Congress of Neurological Surgeons (CNS), and also serves as the CNS Podcast Chair, moderating a monthly journal club that includes conversations with the authors and other neurospecialists. He is also a reviewer for Neurosurgery, Journal of Neuro-Oncology, Journal of Neurosurgical Anesthesiology, and Surgical Neurology International. In addition, Dr. Vega participates in teaching medical students and neurosurgery residents and fellows.

Also announced were the second-year residents selected to attend a weeklong course in comparative physiology at MDI Biological Laboratory on the Maine coast, a unique educational and team-building experience. The top five ABSITE scorers are invited to participate.

MDI BIOLOGICAL LABORATORY
Margaret Berrigan, MD
Betty Liu, MD
Kelsey Romatoski, MD
Andrew Sanders, MD
Lucas Souza-Mota, MD
COVID-19


Robinson K, Hersey S, Narula N. Small bowel sigmoid colon fistula resulting from diverticulitis causing an internal hernia. J Gastrointest Surg 2020; in press.


Bariatric and Minimally Invasive Surgery


Cardiac Surgery


Colon and Rectal Surgery


General Surgery
**Interdisciplinary Research**


**Neurosurgery**


**Otolaryngology/Head and Neck Surgery**


Plastic and Reconstructive Surgery


**Podiatry**


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Thoracic Surgery and Interventional Pulmonology


Surgical Education


Surgical Oncology


Roth EM, Lubitz CC, Swan JS, James BC. Patient-reported quality of life outcome measures in the thyroid cancer population. Thyroid 2020; in press.


Thoracic Surgery and Interventional Pulmonology


Transplant Surgery


Urologic Surgery


Vascular and Endovascular Surgery


Congratulations to Our 2020 Graduates

RESIDENTS

**General Surgery**
Meredith Baker, MD  
Fellow, Pediatric Surgery, Columbia University Irving Medical Center

Courtney Barrows, MD  
Fellow, Hepato-Pancreato-Biliary Surgery, Cleveland Clinic

Eran Brauner, MD  
Fellow, Surgical Critical Care, Beth Israel Deaconess Medical Center

Daniel Buitrago, MD, MPH  
Fellow, Cardiothoracic Surgery, University of Miami Hospital

Christopher Digesu, MD  
Fellow, Cardiothoracic Surgery, Beth Israel Deaconess Medical Center

Mautin Hundeyin, MD  
Fellow, Surgical Oncology, Memorial Sloan Kettering Cancer Center

Sayuri Jinadasa, MD, MPH  
Fellow, Surgical Critical Care/Acute Care Surgery, University of Maryland Shock Trauma

Stephanie Serres, MD, PhD  
Fellow, Breast Surgical Oncology, Beth Israel Deaconess Medical Center

Alton Sutter, MD, PhD  
Fellow, Colorectal Surgery, New York University

Jennifer Zhang, MD  
Fellow, Breast Surgical Oncology, Memorial Sloan Kettering Cancer Center

Podiatry
Amish Dudeja, DPM
Christopher Sullivan, DPM

FELLOWS

Advanced GI and Minimally Invasive Surgery
Hung Truong, MD, MS

Breast Surgery
Isha Emhoff, MD

Cardiothoracic Surgery
Andrea Steely, MD

Colon and Rectal Surgery
Kristina Go, MD

Endovascular and Operative Neurovascular Surgery
Timothy Robinson, MD

Hand/Upper Extremity
David L. Colen, MD

Interventional Pulmonology
Ramsy Abdelghani, MD
Muhammad Ali, MD
Tanmay Panchabhai, MD
Priya Patel, MD

Advanced Diagnostic Bronchoscopy
Muhammad Ehtisham, MD
Sameh Hanna, MD
Asma Tariq, MD

Minimally Invasive Urologic Surgery
Kolawole Olugbade, MD, MPH

Plastic and Reconstructive Surgery
Aesthetic and Reconstructive Surgery
Hassan Alnaeem, MD
Ritwik Grover, MD

Microsurgery
Ryan P. Cauley, MD, MPH

Surgical Critical Care
Sean Hersey, MD
Stacey Keith, MD

Vascular Surgery
Peter Soden, MD
Sara Zettervall, MD

From left: General Surgery Residency Program graduates (front row): Drs. Jennifer Zhang, Eran Brauner, Christopher Digesu, Mautin Hundeyin, Meredith Baker; (back row): Sayuri Jinadasa, Stephanie Serres, Alton Sutter, Daniel Buitrago, and Courtney Barrows.
If your voice is clear and strong you hardly give it a thought. But if it becomes consistently hoarse or weak, it can soon become a source of serious concern, particularly if your livelihood depends on your voice.

There are myriad causes of voice problems, from benign polyps and poor vocal hygiene to laryngeal (voice box) cancer, so anyone with persistent vocal issues should seek evaluation by a specialist.

The Laryngology section of the Division of Otolaryngology/Head and Neck Surgery offers comprehensive evaluation and behavioral, medical, and surgical treatment for individuals with all types of voice disorders as well as swallowing and airway disorders (see sidebar). These services are provided by two fellowship-trained laryngologists, Pavan Mallur, MD, and Stephanie Teng, MD, who work in close collaboration with the division’s certified speech-language pathologists and many other specialists throughout the Department of Surgery and BIDMC.

At BIDMC, patients have access to the latest diagnostic and treatment technologies, such as transnasal esophagoscopy and a KTP laser, with these and many other procedures performed in the office setting. The division recently moved into a newly renovated clinical area in the Shapiro Clinical Center, providing patients with a more attractive, spacious setting in which to receive care.

Collaboration
Among the strengths of the BIDMC Laryngology program is the faculty’s high degree of collaboration with other specialists throughout the medical center.

For example, Drs. Teng and Mallur are part of the National Institutes of Health Dystonia Coalition with neurology colleagues Samuel Frank, MD, and Luo Lan, MD. They provide treatment for patients with spasmodic dystonia, a type of movement disorder affecting the voice box.

Drs. Teng and Mallur also take part in a monthly multidisciplinary conference with specialists in gastroenterology and thoracic surgery to discuss the management of patients with motility disorders and laryngopharyngeal reflux.

In addition, in tandem with their speech-language pathology colleagues, the laryngologists work with Michael Irwing, MD, the Director of Transgender Medicine at BIDMC, to provide services to transgender individuals to help them achieve their goals, including evaluation with laryngoscopy and stroboscopy, voice therapy, and surgical interventions.

Professional Voice Program
Dr. Teng has been building BIDMC’s Professional Voice Program, which provides assessment and individualized treatment plans for those who rely on their voices to perform their jobs. As part of this program, whose members include Dr. Mallur and voice-trained speech-language pathologists Barbara Wilson Arboleda, MS, CCC-SLP, and Tori Flormann, MS, CCC-SLP, the group is conducting outreach events to educate voice teachers, voice students, and others about vocal health and related topics.

To schedule an appointment or make a referral, call: 617-632-7500. To make a referral (only) by e-mail contact: ENT@bidmc.harvard.edu.
Department Welcomes New Trainees

RESIDENTS

GENERAL SURGERY: Categorical Interns

Anastasia Bogdanovski, MD  
Rutgers New Jersey Medical School

Brian Campos, MD  
Warren Alpert Medical School of Brown University

Sharjeel Chaudhry, MD  
George Washington University School of Medicine and Health Sciences  
Integrated Vascular Surgery Intern

Stephanie Cohen, MD  
Tufts University School of Medicine

Dwight Harris, II, MD  
University of Kentucky College of Medicine

Jennifer Pan, MD  
University of Illinois College of Medicine

Darian Hoagland, MD  
University of Virginia School of Medicine

Dominic Recco, MD  
Lewis Katz School of Medicine at Temple University

Eve Roth, MD  
Harvard Medical School

NEUROSURGERY

Alejandro Enriquez, MD  
Boston University

OTOLARYNGOLOGY/HEAD AND NECK SURGERY

Victoria Huang, MD  
Case Western Reserve University School of Medicine

Peter Nagy, MD  
University of Tennessee Health Science Center College of Medicine

PLASTIC AND RECONSTRUCTIVE SURGERY

Kaimana Chow, MD  
Independent Plastic Surgery Resident  
University of Texas Southwestern Medical Center

Emily Long, MD  
Integrated Plastic Surgery Resident  
Vanderbilt University School of Medicine

Amer Nassar, MD  
Independent Plastic Surgery Resident  
University of Washington

PODIATRY

Kevin Buczkowski, DPM  
New York College of Podiatric Medicine

Juan Ceja Solorio, DPM  
California School of Podiatric Medicine at Samuel Merritt University

UROLOGIC SURGERY

Alejandro Abello, MD, MPH  
Pontificia Universidad Javeriana Bogotá Facultad de Medicina Colombia  
Yale School of Public Health

Joseph Black, MD, PhD  
University of Florida College of Medicine

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FELLOWS

Advanced GI and Minimally Invasive Surgery
Keitaro Nakamoto, MD
Marshall University Joan C. Edwards School of Medicine

Breast Surgical Oncology
Stephanie Serres, MD, PhD
Beth Israel Deaconess Medical Center

Cardiothoracic Surgery
Christopher Digesu, MD
Beth Israel Deaconess Medical Center

Colon and Rectal Surgery
Jeremy Dressler, MD
Brown University

Endovascular and Operative Neurovascular Surgery
Ulas Cikla, MD
Yale University

Hand/Upper Extremity Surgery
Rikesh Gandhi, MD
Hospital of the University of Pennsylvania

Interventional Pulmonology
Hyun Kim, MD
St. Elizabeth's Medical Center

Anastasiia Rudkovskaia, MD
Geisinger

Faisal Shaikh, MD
UCLA Medical Center

Sandeep Somalaraju, MD
Lahey Hospital and Medical Center

Advanced Diagnostic Bronchoscopy
Moeezullah Beg, MBBS
University of Texas Health

Anjan Devaraj, MD
Tufts Medical Center

Shahzad Khan, MD
University of Massachusetts Memorial Medical Center

Sidra Raoof, MBBS
Rutgers Robert Wood Johnson University Hospital

Minimally Invasive Urologic Surgery
David Jiang, MD
Oregon Health Sciences Center

Plastic and Reconstructive Surgery
Ashley Boustany, MD
Aesthetic and Reconstructive Surgery
University of Kentucky School of Medicine, Plastic Surgery

Amy Maselli, MD
Microsurgery
Lahey Hospital and Medical Center, Plastic Surgery

Surgical Critical Care
Eran Brauner, MD
Beth Israel Deaconess Medical Center

Stephanie Maroney, MD
Beth Israel Deaconess Medical Center

Vascular Surgery
Thomas F. X. O’Donnell, MD
Massachusetts General Hospital

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