



HARVARD MEDICAL SCHOOL
TEACHING HOSPITAL

INSIDE SURGERY



New program advances innovation in surgical care

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Message from the Chair

“Half of what we are going to teach you is wrong, and half of it is right. Our problem is that we don’t know which half is which.”

—Charles Sidney Burwell, MD
 Dean of Harvard Medical School, 1935-1949

Doctors are dedicated to providing evidenced-based care for patients. All too often, however, medications and techniques promoted as best practices are suddenly overturned. For years ‘gown-and-glove’ precautions have been a mainstay of clinical practice to prevent the spread of multidrug resistant bacteria — because these precautions made ‘mechanistic’ sense and there were supportive single-center, before-and-after studies. In 2011, more robust research found that “gowning and gloving” did not reduce the spread of many of these dangerous bacteria, but may have contributed adversely to patients’ social and clinical isolation.

Vinayak Prasad, MD, and Adam Cifu, MD, refer to the phenomenon of an accepted practice being invalidated as ‘medical reversal.’ In their book, *Ending Medical Reversal*, they cite numerous examples throughout medicine, including those of surgical practice, especially when based on surrogate endpoints for clinical outcomes or subjective measures, such as pain. Drs. Prasad and Cifu conclude that medical reversals occur when physicians adopt new therapies based on incomplete or inadequate studies, particularly if we are reassured by a plausible explanation for the effect.

In the Department of Surgery, we are committed to improving surgical care by conducting robust and scientifically sound clinical research. In support of this goal, we launched the FIRST (Facilitating Innovative Research and Surgical Trials) Program. In this issue of *Inside Surgery*, you can learn how the FIRST Program provides surgeon-investigators with the expertise, resources, and assistance they need to conduct clinical research in an increasingly complex environment.

The FIRST Program is just one more example of how we are committed to establishing systems of excellence — inside and outside the operating room — to foster research that dramatically alters the landscape of care for surgical patients.



Elliot Chaikof, MD, PhD



Beth Israel Deaconess
 Medical Center



HARVARD MEDICAL SCHOOL
 TEACHING HOSPITAL

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The mission of the Department of Surgery:

- Provide care of the very highest quality
- Improve health through innovation and discovery
- Prepare future leaders in American surgery
- Serve our communities with sensitivity and compassion

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Photographs: Danielle Duffey, James Derek Dwyer, and Michael Fein

Nurhan Torun, MD, Appointed Chief of Ophthalmology

Nurhan Torun, MD, who is internationally recognized for her expertise in ocular motility disorders, has been appointed Chief of Ophthalmology at BIDMC, effective January 1st. Dr. Torun, an Assistant Professor of Ophthalmology at Harvard Medical School, first joined the Division of Ophthalmology in 2006. She succeeds Frank Berson, MD, who served as Chief of Ophthalmology at BIDMC for nearly three decades (see related story, page 14).

Graduating at the top of her medical school class, Dr. Torun was the Gold Medalist at Hacettepe University School of Medicine in Ankara, Turkey. She completed her residency in ophthalmology, as well as clinical and research fellowships in neuro-ophthalmology, at the University of Toronto, where she served as the Elizabeth Barford Fellow in Neurological Sciences.

Since joining BIDMC, Dr. Torun has gained recognition—and received patient referrals—based on her expert care of patients with a wide range of ophthalmological disorders, including unexplained vision loss, undiagnosed neurological conditions, cranial nerve

palsies, Horner syndrome, double vision and a wide variety of other disorders. Her surgical practice includes the treatment of cataracts and various anterior segment laser procedures.

Committed to education, Dr. Torun has been intensely involved in teaching Harvard medical students, training residents in both ophthalmology and neurology, and mentoring fellows in neuro-ophthalmology. She is a member of the BIDMC Academy of Medical Educators and The Academy at Harvard Medical School. In recognition of her skills as an educator, she was the 2015 recipient of the Outstanding Teacher Award from the Harvard Neurology Residents at BIDMC.

Dr. Torun is also dedicated to clinical research and scholarship. Her recent research involved investigating Dynamic Contour Tonometry as a noninvasive diagnostic tool for giant cell arteritis. In collaboration with the Movement Disorders Clinic, she is currently conducting research to utilize eye movement as a novel quantitative biomarker to assess, diagnose, and monitor the progression



of Huntington's disease. Dr. Torun has published more than 30 peer-reviewed manuscripts, reviews, monographs, and book chapters. She has also served as Associate Editor of *Neuro-ophthalmology*.

"Dr. Torun is an outstanding colleague who has already contributed much to BIDMC and to the field of ophthalmology."

—Elliot Chaikof, MD, PhD, chair of the Department of Surgery

"Dr. Torun is an outstanding colleague who has already contributed much to BIDMC and to the field of ophthalmology," says Elliot Chaikof, MD, PhD, chair of the Department of Surgery. "In her new position, she will build on a strong foundation, and together with her colleagues, provide a shared vision for how BIDMC ophthalmology can continue to evolve and grow."

Save the Date

September 27, 2018

"Food is Medicine" Gala to support the Greater Boston Food Bank

Greater Boston Food Bank
70 South Bay Ave., Boston

Tickets, information, and to donate:
gbfb.org

November 2-3, 2018

The Lymphedema Symposium at BIDMC/Harvard Medical School

Sherman Auditorium
330 Brookline Ave., Boston

For more information and to register:
harvardlymphaticsurgery.org

J.E. “Betsy” Tuttle-Newhall, MD, MHA, 1995

Walter J. Pories Distinguished Professor of Surgery and
Chair, Department of Surgery
Brody School of Medicine, East Carolina University



Betsy Tuttle-Newhall, MD, describes her career path as the result of fate and karma, but it is also a reflection of her flexibility and fortitude. After earning her medical degree at the Bowman Gray School of Medicine at Wake Forest University in North Carolina, she began a general surgery residency at West Virginia University. While taking a year off to do a pediatric fellowship at Boston Children’s Hospital, she learned that a national accrediting agency had placed the West Virginia program on probation. Fortunately for her, a slot opened up in the surgery residency at New England Deaconess Hospital, and she was accepted into the program with the support of many of the house staff at that time, especially Drs. Eugene Foley, David Linehan, and Donald Hess.

“I was a rescue resident,” she says, “and they did rescue me. It was such an outstanding opportunity. I gained experience in Boston I would never have received in West Virginia.”

Dr. Tuttle-Newhall credits several mentors in the Department of Surgery at the time: chair Glenn Steele, MD, PhD; associate chair Albert Bothe, MD; and transplant surgeon Roger Jenkins, MD. “Probably half of the surgery residents were women, which was unusual in the 1990s,” she says. Other general surgery residents at the time included Elizabeth Dreesen, MD, 1993, who is now Chief of General and Acute Care Surgery at the University of North Carolina; Elizabeth Pomfret, MD, PhD, 1995, Chief of Transplant Surgery at the University of Colorado School of Medicine; and Maria Millan, MD, 1997, President and CEO of the California Institute for Regenerative Medicine. “Glenn Steele was ahead of his time,” Dr. Tuttle-Newhall says. “He didn’t care if applicants were male or female. He wanted the best people.”

After graduating from general surgery residency, she and her husband, Philip Newhall, MD, a urologist, moved south, where Dr. Tuttle-Newhall completed

a surgical critical care residency at the University of North Carolina, Chapel Hill, followed by a fellowship in abdominal transplant surgery at Duke University Medical Center. She subsequently joined the transplant surgery faculty at Duke, where she assumed increasing leadership responsibilities and was promoted to Associate Professor of Surgery.

Dr. Tuttle-Newhall and her family later moved to Missouri following her recruitment as Chief of the Division of Abdominal Transplant Surgery at St Louis University Hospital and Cardinal Glennon Pediatric Hospital in St. Louis. During this period, she also served as President of the Association of Women Surgeons.

Managing multiple challenges

In 2015, Dr. Tuttle-Newhall was named Chair of Surgery at the East Carolina University/Brody School of Medicine in Greenville, North Carolina. Upon assuming this position, Dr. Tuttle-Newhall was the seventh woman to be appointed a Chair of Surgery among the nation’s 200-plus medical schools and the first woman to hold such an appointment in the southeastern United States.

Through seven affiliated teaching hospitals, Brody provides tertiary medical care for 1.4 million people scattered across 29 counties in the eastern part of North Carolina.

“Brody was founded in the late 1970s to better meet the needs of underserved patients, especially those on Medicaid or from minority communities in the eastern part of the state,” Dr. Tuttle-Newhall says. “We serve mainly rural communities, but we really are at the forefront of many national challenges in healthcare, especially those caused by the social determinants of health.”

Her surgeons treat patients who struggle with health literacy, access to care, and complications of chronic diseases such as obesity, diabetes, and heart disease.

“Our signature service lines reflect the need in the community,” she says. “We see many patients with obesity, renal failure and heart failure. We also treat a lot of late-stage cancer in patients who have gone without regular screenings or primary care.”

In addition, the school’s flagship teaching hospital, Vidant Medical Center, runs one of the largest Level 1 Trauma Centers in the nation. “Our surgeons provide care in a trauma center that treats about 3,500 patients a year,” Dr. Tuttle-Newhall says.

Research and retention

Because Brody’s affiliated hospitals are part of the same health system, surgeon-investigators have access to clinical databases that guide treatment decisions.

“We have an obesity database that has been used to develop evidence-based guidelines for our patients to improve care and outcomes,” Dr. Tuttle-Newhall says. Investigators in the trauma program access an injury database to determine which localities have had the most gun-related violence, in order to target prevention outreach to specific communities.

Like other rural parts of the country, the eastern part of North Carolina is facing a shortage of general surgeons—a workforce issue of major focus for the American College of Surgeons.

“Our hospitals depend on general surgeons who can take care of patients with a variety of diseases and needs,” she says. “The chief challenge I have is finding approaches to sustain their careers so that they will remain in their communities.”

Brody offers a five-year general surgery residency, with 40 to 50 residents on staff at any given time. Most do fellowships elsewhere after their residency ends. To encourage more to stay in the region, the department offers a rural surgery track so that residents can learn how to better serve this population.

“Ideally we’d keep patients where their families are, and not divert them to a hospital miles away,” she says. “We are developing a model to deploy surgeons to different hospitals, using a common credentialing

system, so that we can keep our patients close to home and ensure the sustainability of our community hospitals.”

As she manages her department, Dr. Tuttle-Newhall finds herself drawing inspiration from her training in Boston. “The Longwood Medical area is an amazing community. I took it for

granted when I was a resident, but now I realize the uniqueness and value of that medical community. You have all of the great thinkers in medicine located in a one-mile area, giving talks, offering advice. The impact of that access and mentorship lasts.”

“We are developing a model to deploy surgeons to different hospitals, using a common credentialing system, so that we can keep our patients close to home and ensure the sustainability of our community hospitals.”

—Janet E. Tuttle-Newhall, MD, MHA

ALUMNI NEWS



Omar Yusef Kudsi, MD MBA, FACS, founder of the Robotic Surgery Collaborative and an Assistant Professor of Surgery at the Tufts University School of Medicine, published an article in the *Harvard Business Review* about how surgeons are using social media to share information and learn skills. The Robotic Surgery Collaborative is a web-based learning platform with almost 5,000 members around the world, and provides a way for them to exchange ideas and share experiences, techniques, and videos—all with the goal of improving patient outcomes. Dr. Kudsi completed a fellowship in minimally invasive surgery and bariatric surgery at BIDMC in 2011.

HARVARD MEDICAL SCHOOL

Promotions and Appointments

The Department of Surgery congratulates the following faculty members on their Harvard Medical School promotions or appointments.

PROMOTED TO: ASSOCIATE PROFESSOR OF SURGERY



Michael Kent, MD

Michael Kent, MD, has been a member of the Division of Thoracic Surgery and Interventional Pulmonology since 2007. Director of Minimally Invasive Thoracic Surgery at BIDMC, Dr. Kent is an accomplished general thoracic surgeon who provides treatment for patients with lung and esophageal cancer as well as benign esophageal disease. His research focuses on outcomes and improving quality of care in thoracic surgery. He has published 65 peer-reviewed papers, and 22 other publications, including 16 book chapters. He is a reviewer for over two dozen journals.

Committed to teaching, Dr. Kent has received both the John L. Rowbotham Award for Excellence in Teaching from the Department of Surgery and the George W.B. Starkey Award for Excellence in Teaching from students in the Core Surgical Clerkship at Harvard Medical School.

PROMOTED TO: ASSOCIATE PROFESSOR OF SURGERY



Andrew A. Wagner, MD

Andrew A. Wagner, MD, Director of Minimally Invasive Urologic Surgery, and Co-Director of the Multidisciplinary Kidney Tumor Clinic, joined the Division of Urology in 2006. Dr. Wagner has distinguished himself as an expert in minimally invasive

surgery for kidney, prostate and bladder cancers. Among other achievements, he was instrumental in developing BIDMC's robotic surgery program and pioneered a number of clinical "firsts" in the field.

He has published more than 50 peer-reviewed papers. A reviewer for several professional journals, he serves on the Editorial Board of *Clinical Nephrology* and is the Urology Section Editor of *NEJM Knowledge+*. Dr. Wagner established and directs the Esta and Robert Epstein Fellowship in Minimally Invasive Urologic Surgery, the only fellowship of its kind in Boston.

PROMOTED TO: ASSOCIATE PROFESSOR OF NEUROSURGERY



Ajith Thomas, MD

Ajith Thomas, MD, Co-Director of the BIDMC Brain Aneurysm Institute, joined the Division of Neurosurgery at BIDMC in 2007. Dr. Thomas' major clinical interests include subarachnoid hemorrhage, aneurysms, stroke, arteriovenous malformations, trigeminal neuralgia, and peripheral nerve disorders. He conducts basic science research and is involved in medical instrumentation design and innovation. He has published more than 150 peer-reviewed papers, co-authored eight book chapters, and co-edited a textbook. He is a reviewer for 15 medical journals.

Dedicated to education, Dr. Thomas is Program Director of the Combined Endovascular and Operative Neurovascular Fellowship, and BIDMC Site Director of the BIDMC/Boston Medical Center Neurosurgical Residency Program. He is also Co-Director of the annual HMS-CME course, "Ischemic and Hemorrhagic Update: Current Practices and Future Directions."

PROMOTED TO: ASSOCIATE PROFESSOR OF SURGERY



Barbara Wegiel, PhD, DSc

Barbara Wegiel, PhD, DSc, is an NIH-funded investigator whose laboratory is part of the Transplant Institute and the Cancer Research Institute at BIDMC. Dr. Wegiel's research focuses on how the metabolites such as heme or bile pigments regulate innate

inflammatory responses during organ injury and carcinogenesis. Working with others at BIDMC, Dr. Wegiel is developing new anti-cancer drugs that target cell cycle progression and the tumor microenvironment.

Dr. Wegiel has published more than 40 peer-reviewed scientific papers and two book chapters. She is an academic editor for *PLoS One* and a reviewer for several basic science and clinical journals. Dedicated to education, Dr. Wegiel mentors and teaches post-doctoral fellows, medical students, and research assistants in her laboratory.

New Faculty



Vanessa Lyn Cowan, MD

Division: Transplant Surgery

Medical School: Columbia University College of Physicians and Surgeons, New York, NY

Residency: General Surgery, New York-Presbyterian/Columbia University Medical Center, New York, NY

Fellowship: Anesthesia Critical Care, New York-Presbyterian/Columbia University

Medical Center, New York, NY; Abdominal Transplant, New York-Presbyterian/Columbia University Medical Center, New York, NY

Board Certifications: American Board of Surgery (General Surgery and Surgery Critical Care)

Phone: 617-632-9700

Dr. Cowan will see patients at BIDMC.



A. Samandar Dowlatshahi, MD

Division: Plastic and Reconstructive Surgery

Medical School: Albert Ludwig University of Freiburg, Freiburg, Germany

Residency: Plastic Surgery, UMass Memorial Medical Center, Worcester, MA

Fellowship: Hand and Microsurgery, Beth Israel Deaconess Medical Center, Boston, MA

Phone: 617-667-3940

Dr. Dowlatshahi sees patients at BIDMC and in Dedham.



Benjamin C. James, MD, MS

Division: Surgical Oncology (Endocrine Surgery)

Harvard Medical School title: Assistant Professor of Surgery

Medical School: Pennsylvania State College of Medicine, Hershey, PA

Residency: General Surgery, Penn State

Health/Milton S. Hershey Medical Center, Hershey, PA

Fellowship: Endocrine Surgery, University of Chicago, Chicago, IL; Endocrine Surgery Research, University of Chicago, Chicago, IL

Phone: 617-632-1020

Dr. James will see patients at BIDMC.



Ruslan Korets, MD

Division: Urology

Harvard Medical School title: Assistant Professor of Surgery

Medical School: Albert Einstein College of Medicine, Bronx, NY

Residency: Urology, New York-Presbyterian/Columbia University Medical Center, New York, NY

Fellowship: Endourology and Laparoscopic/Robotic Surgery, New York-Presbyterian/Columbia University Medical Center, New York, NY

Phone: 617-667-3739

Dr. Korets will see patients at BIDMC.


Mohammad (Nima) Shahi, MD, FRCS

Division: Ophthalmology (Glaucoma)

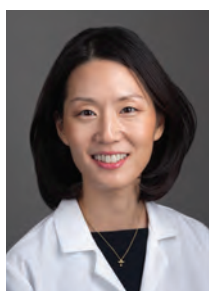
Medical School: McGill University in Montreal, Canada

Residency: Ophthalmology Residency, McGill University in Montreal, Canada

Fellowship: Glaucoma Fellowship, University of British Columbia in Vancouver

Phone: 617-667-3391

Dr. Shahi sees patients at BIDMC.


Jae Young (Jane) You, MD

Division: Ophthalmology (Cornea and Refractive Surgery)

Medical School: Warren Alpert Medical School of Brown University, Providence, RI

Residency: Ophthalmology Residency, Warren Alpert Medical School of Brown University, Providence, RI

Fellowship: Cornea, External Disease and Refractive Surgery Fellowship, Johns Hopkins Wilmer Eye Institute, Baltimore, MD

Phone: 617-667-3391

Dr. You sees patients at BIDMC.



The Joseph M. and Thelma Linsey BreastCare Center at BIDMC was successfully reaccruited by the National Accreditation Program for Breast Centers (NAPBC) last fall, following a site visit and comprehensive review. The NAPBC cited several features that contributed to the highest standard of patient care, including genetic testing and counseling, access to clinical trials, a patient-centered navigation program, and management of high-risk patients. The NAPBC surveyor commented, “Care is provided with a great deal of thought and coordination.” Another observation was, “Nurse navigators ensure proper coordination of care throughout the preoperative, intraoperative, and postoperative stages for each patient.”

The Linsey BreastCare Center is also the first in Boston to be designated a Hidden Scar Center. Three of its surgeons have been certified to perform hidden scar surgery: Ted A. James, MD, MS, FACS, Chief of Breast Surgical Oncology at BIDMC, and Co-Director of the Linsey BreastCare Center; Kari Kansal, MD, FACS, Surgical Oncology; and Dhruv Singhal, MD, Director of Lymphatic Surgery. Hidden scar surgery combines conventional breast surgery with cosmetic techniques so that lumpectomy and mastectomy scars are less noticeable. In contrast to a large scar across the breast, the Hidden Scar technique leaves only subtle reminders of surgery. Typically, the surgeon conceals the scars by placing the incision under the breast line, around the areola, or in the fold of the armpit, depending on the location of the tumor.

The BreastCare Center team continues to expand services into the community. Patients can now access top quality care at three convenient locations in addition to Boston: BIDHC-Chestnut Hill, BIDHC-Lexington, and the BID-Needham BreastCare Center.



Jean Cast, of Brockton, turned to the Greater Boston Food Bank when her medication cost escalated.



Guests enjoy the festivities at the “Food is Medicine” event at the Greater Boston Food Bank.

“Food is Medicine” Breaks Million-Meal Mark

More than 250 people attended the fifth annual “Food is Medicine” gala in September, with proceeds benefitting The Greater Boston Food Bank (GBFB). The gala raised \$116,000 through sponsorships, donations, and a silent auction, providing the equivalent of 348,000 meals for hungry families in eastern Massachusetts.

Since its inception, Food is Medicine has raised \$445,000 for the GBFB, the equivalent of 1.3 million meals.

The gala is organized by the Department of Surgery Committee on Social Responsibility, in partnership with other BIDMC departments, Harvard Medical Faculty Physicians at BIDMC, and other organizations and individuals.

At the event, Jean Cast, of Brockton, spoke eloquently about why supporting the GBFB is so important. “I am a senior on social security, and I could not afford the food I need to stay healthy without The Greater Boston Food Bank,” she said and described how her financial situation worsened in the past year.

“My gout medication went from \$8 a month to

\$120 a month,” she said, “Another medication went from \$2 a month to \$140 a month.” Unable to pay for food on top of rent, she began going to Catholic Charities, which partners with GBFB to distribute food. “The first time I got food from the food pantry I said to myself, ‘OK, I don’t have to go hungry today or

tomorrow,” Mrs. Cast said. “I take home meats, vegetables, fruits, and other healthy food.”

In keynote remarks, U.S. Congressman Jim McGovern, a longstanding

advocate for ending hunger in America, lauded GBFB. “You are a leader not only in Massachusetts, but for the rest of the country,” he said. He also praised BIDMC for its commitment to the cause. “The connection between food banks and hospitals is so important,” he said. “This type of partnership will eventually help us end hunger in this country.”

Donations of any amount are always welcome. To make a donation, visit <https://my.gbfb.org/events/foodismedicine>.

“The connection between food banks and hospitals is so important. This type of partnership will eventually help us end hunger in this country.”

— Congressman Jim McGovern



James Rodrigue, PhD (left), Director of the FIRST Program, reviews a research protocol with Aaron Fleishman, MPH, Clinical Research Administrator of the program.

Putting Clinical Research FIRST

New program advances innovation in surgical care

Every significant advance in surgery began when someone looked critically at an accepted practice and asked, “How can we improve this?” But many barriers exist to launching the type of clinical research that can answer that question: lack of time; cumbersome regulations; insufficient guidance.

To better support surgeon-investigators, the Department of Surgery launched the FIRST (Facilitating Innovative Research and Clinical Trials) Program. The program provides an easily accessed yet robust research infrastructure to help investigators manage the myriad tasks associated with study design, implementation, and analysis.

“We wanted to create a platform to ensure that our investigators have the resources to conduct research that will change clinical practice,” says James Rodrigue, PhD, department Vice Chair of Clinical Research, who spearheaded and directs the program.

Aaron Fleishman, who has an MPH in biostatistics

and epidemiology, manages the program. “We want faculty, residents, and researchers to have one resource they can go to in order to have their questions answered,” Mr. Fleishman says. “Our goal is to provide good customer service so that they can focus on the research.”

A team approach, individualized help

To submit a request, an investigator fills out an online form on the FIRST Program website (bidmcfirst.com) that provides a menu of 22 itemized help requests. Options include IRB document submission, regulatory guidance, biostatistics consultation, survey development and validation, study design, database building, manuscript and grant writing, and subject screening and recruitment. There’s also an option to select “other,” so that an investigator can specify a service not listed on the standard menu.

There is no up-front cost for FIRST service. Instead, participating investigators agree to include a

line item for core research support—which will be used to cover FIRST services—in the budget section of their grant submission.

Since it launched early in 2017, the FIRST Program has received more than 140 inquiries from faculty, residents, and clinical researchers—and responded to more than 500 specific help requests. “IRB assistance is probably the most frequent request,” Mr. Fleishman says, “followed by regulatory guidance.”

To meet the needs of investigators, Mr. Fleishman leads a dedicated research team with experience in all aspects of clinical research. The team includes clinical research coordinators, research assistants, clinical trial specialists, and data managers.

“If it’s a simple request, we respond by email,” says Mr. Fleishman. “If it’s more complicated, we meet in person or talk on the phone.” He and his team meet weekly as a group, to ensure each investigator is getting the help needed and to troubleshoot problems. They also work with other colleagues at BIDMC to coordinate efforts with the clinical trials office, the IRB, and the Office of Compliance and Business Conduct. “Our goal is to make this whole process as easy as possible on the investigator,” Mr. Fleishman says.

A case study in success

Yael Vin, MD, MPH, a surgeon who specializes in dialysis access procedures for patients with renal failure, credits the FIRST Program with helping her to get an industry-sponsored clinical trial off the ground. The trial became active in January.

“There’s no doubt in my mind that if FIRST did not exist, we would not be able to participate in this study,” Dr. Vin says.

Although several options for dialysis access exist, the most common method is an arteriovenous (AV) fistula, in which the surgeon connects a vein to an artery. Unfortunately, many of these fail to mature and become difficult to access.

In March 2017, Laminate Medical

Technologies approached Dr. Vin and asked if she would lead a clinical trial of their device at BIDMC, as part of a national multi-center study aimed at FDA approval. The device, VasQ, provides an external scaffold over the AV fistula to reduce tension in the vein. The two-year study will determine if the device reduces failure rates in AV fistulas and enables patients to avoid repeat procedures.

Dr. Vin wanted to participate, but had reservations. “Over the years, I’ve been approached by industry about other studies, but I never had the time or the resources to follow through,” she says. “Industry-sponsored studies are a tremendous amount of work. I knew I couldn’t do this alone.”

She approached the FIRST team for help, not knowing what to expect. “It was an amazing experience,” she says. “They helped me develop the budget, which is a complicated job because it involves multiple departments and both short- and long-term costs.” The team also did all the paperwork for the IRB and facilitated review of the legal contracts. “I had to show up, sign a few papers, but they did most of the work.”

Dr. Vin has since been approached by other companies to participate in studies. She says, “Now I’m saying, ‘Oh yes, we’re interested.’ ”



FOR MORE INFORMATION:
www.bidmcfirst.com



The FIRST team, ready to help (from left): Claire Rosenwasser, MS, Clinical Trials Specialist; and Clinical Research Assistants Leo Magrini, Sarah Duncan, Mario Feranil, Alind Amedi, Charles D'Alessandro, Stephanie Ward, and Jasmine Austrie. (Not pictured: Michaela Carroll)

Transforming Lives

Demand for gender affirming surgery is increasing



At his two-year follow-up appointment, Sean Jayson (left) talks about his recovery with Adam Tobias, MD, Director of the Peter Jay Sharp Program for Aesthetic and Reconstructive Breast Surgery and Maria Semnack, RN, Nursing Practice Coordinator.

Imagine walking around every day with your shoes on the wrong feet. That's how Sean Jayson,* a college student, describes what it feels like to have gender dysphoria—a condition in which the sex assigned at birth does not match gender identity. "It's excruciating," he says.

Mr. Jayson was born "female," but for as long as he can remember, he identified as male. "When I was three, my preschool teacher wrote notes to my parents, saying that I always wanted to be the dad or brother when I played house with my classmates," he says. "At four, I shaved off my hair so I could look like a boy." During middle school, he tried briefly and without success to embrace a female identity. "It felt incredibly disingenuous," he says now, "but I was trying to be

'normal.' " In high school, he changed his name and began binding his breasts to appear flat-chested.

"I felt like I couldn't breathe sometimes," he says. But the internal pain was worse. "I was depressed, sleeping through classes. I was unsure what to do next, or if there was even anything that could be done. It seemed hopeless."

Studies estimate that gender dysphoria affects 0.4 percent to 1.3 percent of people around the world. The distress of living in a body at odds with gender identity takes an enormous psychological toll. One national survey found that 41 percent of transgender men and women had attempted suicide—nearly 10 times the rate in the general population.

That's why gender affirming surgery can have such a positive impact on someone's life. "Our work

*Patient's name changed to preserve his privacy.

is incredibly rewarding,” says Adam Tobias, MD, Director of the Peter Jay Sharp Program for Aesthetic and Reconstructive Breast Surgery, who performs chest wall reconstruction surgery for transgender men and women. “After surgery, patients tell us they finally feel comfortable in their own bodies.”

“Patients send us notes saying, ‘Thank you. You’ve saved my life,’ ” says Maria Semnack, RN, Nursing Practice Coordinator for the program.

Listening to patients

Dr. Tobias and Ms. Semnack launched their program in gender affirming surgery at BIDMC in 2014. Dr. Tobias has adapted standard plastic surgery techniques, such as breast reconstruction, simple mastectomy, and nipple-areola reconstruction, for transgender patients. In the future, the program may expand to provide other types of surgery.

“One of the first things we did before starting our program was go on a listening tour,” says Dr. Tobias. He and Ms. Semnack attended a series of health conferences where they could meet in person with transgender men and women.

“We wanted to understand how these patients saw themselves and defined their identity, and how we could best serve them,” Dr. Tobias says. What they learned informed the program’s approach to patient care. “Our role is not to judge,” he says, “but to clarify options and choices.”

“I meet with each patient from the beginning, so that they know they are in a welcoming environment,” says Ms. Semnack. “I’m also their main contact during recovery.”

Another key member of the team is administrative coordinator Jean Sullivan, who is often the first contact for patients and physicians—and who helped develop systems to ensure referrals and follow up go smoothly.

That type of coordination is important because surgery is just one component of multidisciplinary care. Patients are first evaluated at Fenway Health, a BIDMC community health center that has long been recognized for providing outstanding care of lesbian, gay, bisexual, and transgender patients. The Fenway team includes a primary care physician, a psychiatrist, and a social worker, who determine whether patients have gender dysphoria disorder and meet other criteria for gender affirming surgery.

Mr. Jayson was a patient at Fenway when he decided to make a physical transition to match his gender identity. Although Fenway provided referrals to several doctors, Mr. Jayson was most impressed with photos posted online by transgender men treated by Dr. Tobias. “Other surgeons did an OK job, but Dr. Tobias did a really great job.” And when he met Dr. Tobias and Ms. Semnack, he knew he was with the right team. “We just clicked. I got the sense that they genuinely wanted to help.”

Achieving good outcomes

Demand for services at BIDMC has been consistently strong, reflecting a national trend. The American Society of Plastic Surgeons reported that surgeons performed 20 percent more gender affirming surgeries in 2016 than they did in 2015.

“This patient population is among the most motivated group I’ve ever worked with,” Dr. Tobias says. “They comply with all of our post-op instructions, because they are committed to having good results.”

To enhance recovery and reduce risk of complications after surgery, the BIDMC team requires patients to be nicotine free and physically fit prior to surgery. Any patient who is obese (with a BMI of 30 and above) must lose weight before surgery. The surgery itself is done on an outpatient basis, so that patients go home the same day. Most resume normal daily activities in about 4 to 6 weeks.

Mr. Jayson underwent simple mastectomy and chest wall reconstruction in November 2015. Both his parents and his girlfriend were waiting for him in recovery. “I joked with my Dad, ‘My chest looks nicer than yours.’ ” Mr. Jayson remains pleased with the results. “You can barely see the scars. It looks incredibly natural.”

During a trip to Costa Rica, he went swimming shirtless for the first time since he was 7 or 8 years old. “I’d forgotten what it felt like to swim freely, as myself,” Mr. Jayson says. “This operation literally changed my life.”



FOR APPOINTMENTS OR REFERRALS:

Plastic and Reconstructive Surgery: 617-632-7827

NEWS BRIEFS



Frank Berson, MD, has stepped down as Chief of Ophthalmology at BIDMC after nearly three decades in this role. (**Nurhan Torun, MD**, has been named new chief; see page 3.) Recognized for his expertise in the field of glaucoma, Dr. Berson

will continue his busy clinical practice at BIDMC. A quiet leader, Dr. Berson continues to serve as a role model for all faculty in our department through his uncompromising commitment to excellence in clinical care, education, and service.

Dr. Berson's roots at BIDMC are deep. He first joined the department 47 years ago, as a surgical intern at Beth Israel Hospital. Over the years, Dr. Berson gained renown not only for his clinical expertise, but for his ability to recruit outstanding colleagues. As a result, clinical services offered through the Division of Ophthalmology grew dramatically during his tenure as chief. In 2017, ophthalmology faculty cared for more than 25,000 patients, and performed nearly 1,100 major ophthalmic surgical procedures.

Dr. Berson has long been dedicated to educating the next generation of specialists. He served as Director of Residency Training for the HMS Department of Ophthalmology for over a decade, and received the HMS Ophthalmology Teacher of the Year Award.

"We are grateful that our patients will continue to benefit from Dr. Berson's care," says **Elliot Chaikof, MD, PhD**, Chair of the Department of Surgery, "and that our faculty will continue to gain from his guidance and wisdom."



Two members of the Department of Surgery were selected to participate in BIDMC leadership

development programs. Admission to each year-long program is competitive, and only two other individuals at BIDMC were chosen to participate. **Khalid Abdi**,

Division Manager, Neurosurgery, was selected as a fellow in the Partnership program, which offers skills building, small group discussions, and networking opportunities to multicultural professionals. **Maritza Avendaño**, Practice Administrator, Cardiac Surgery, was chosen as the hospital's first fellow in the Conexión program, which provides executive coaching and mentoring guidance for Hispanic/Latino professionals.



Christopher G. Boyd, MD, FACS, Chief of Surgery at BID-Needham and Assistant Program Director of the General Surgery Residency Program, graduated from the Physician Leadership Program last fall. The program offers workshops,

coaching sessions, and skills building to enable physicians to grow as leaders. Dr. Boyd and other graduates were honored at a commencement ceremony attended by Pete Healy, President of BIDMC; Alexa Kimball, MD, MPH, President and CEO of Harvard Medical Faculty Physicians; and Kevin Tabb, MD, CEO of BIDMC.



Gabriel Brat, MD, Acute Care Surgery, Trauma, and Surgical Critical Care, was the first author of a study on opioid abuse published in *The BMJ* that received national news coverage. Dr. Brat and his coauthors analyzed more than a half

million medical records of patients who received opioids after surgery, to determine how many later developed substance abuse. They found that duration of opioid use—not dosage—increased a patient's risk of becoming dependent on the drugs later on. Each additional week on opioids increased risk of later misuse by 20 percent, while each prescription refill increased it by 44 percent.



Mark P. Callery, MD, Chief of General Surgery and Professor of Surgery at Harvard Medical School, participated in the

World Pancreas Forum in Bern, Switzerland in June. This biannual summit brings together eminent specialists and global leaders in the treatment of pancreatic disease. Dr. Callery (center) is pictured with two colleagues at the forum, Markus Büchler, MD (at left), Managing Director of the Department of Surgery at Heidelberg University Hospital and Director of the European Pancreas Center, and Helmut Friess, MD, Director of the Surgical Clinic and Polyclinic at the Technical University of Munich.



Charles Cook, MD, Chief of Acute Care Surgery, Trauma, and Surgical Critical Care, was interviewed for an October 11 article about bicycle safety in the *Wall Street Journal*. Dr. Cook spoke about his research using data from the BIDMC Trauma

Center, which revealed that bike-related traumatic injuries had quadrupled as a proportion of overall traumatic injuries, increasing from 1 percent to 4.4 percent in the last decade. An avid cyclist himself, Dr. Cook has been instrumental in promoting bike safety at BIDMC. The Trauma Center hosted its first Bike Safety Day in 2016. A second event is planned for May.



Richard D. Cummings, PhD, Vice Chair of Basic and Translational Research in the Department of Surgery and Director of the Harvard Medical School Center for Glycoscience, has been appointed as an Associate Editor for *Science*

Advances, one of the *Science* family of journals. Editors are selected on the basis of exceptional achievement and recognition in their fields.



Robert A. Fisher, MD, Chief of Transplantation at BIDMC, was elected president of the Cell Transplant and Regenerative Medicine Society. The CTRMS encourages and supports education and research in cellular

transplantation and regenerative medicine. Dr. Fisher co-chaired and directed the highly successful first international Join Scientific Meeting of the CTRMS and the Canadian Society of Transplantation, held in Halifax, Nova Scotia, in September. Dr. Fisher, who is also Professor of Surgery at Harvard Medical School, specializes in liver, living-donor liver, kidney, pancreas and hepatocyte transplantation, and complex hepatobiliary surgery. He is on the editorial board of several leading journals, including *Liver Transplantation* and *Cell Transplantation*.



General Surgery resident **Brenna Fullerton, MD** (left), received the M. Judah Folkman Memorial Award for Best Clinical Science Presentation at the 2017 national meeting of the American Pediatric Surgical

Association. She was honored for her research on the long-term neurodevelopmental and health challenges of extremely low-birthweight babies who survive necrotizing enterocolitis, which severely damages the intestines. She is pictured with her laboratory mentor, Tom Jaksic, MD, PhD, Vice-Chairman of Pediatric General Surgery at Boston Children's Hospital.

NEWS BRIEFS



Ted A. James, MD, MS, FACS, Chief of Breast Surgical Oncology and Co-Director of the Joseph M. and Thelma Linsey BreastCare Center at BIDMC, is the Collaborating Principal Investigator on a multi-center NIH grant,

“Translating Research into Practice: A Regional Collaborative to Reduce Disparities in Breast Cancer Care.” The primary aim of the project is to improve the delivery of quality breast cancer care among vulnerable patients by developing a shared registry, screening for health-related social needs, and providing patient navigation services. The study will focus on women with breast cancer who are of black and/or Hispanic ethnicity, who do not speak English as their primary language, and/or are underinsured at the time of diagnosis. The goal is to eliminate care delivery disparities and to serve as a model of care for other locations and other health problems. The BreastCare Center is one of six participating sites in Boston.



Bernard T. Lee, MD, MBA, MPH, FACS, has been appointed to the Harvard Alumni Association Board of Directors. Dr. Lee represents the Harvard Chan School of Public Health, where he earned his Master of Public Health in Clinical

Effectiveness. Dr. Lee’s three-year board term continues until July 1, 2020.



Kari Kansal, MD, FACS, Surgical Oncology, was selected to join the Commission on Cancer, a program of the American College of Surgeons. The commission is dedicated to improving survival and quality of life for cancer patients through

standard-setting, prevention, research, education, and the monitoring of comprehensive quality care. Dr. Kansal will serve on the Education Committee.



Daniel Jones, MD, MS, FACS, Chief of Bariatric Surgery, was course director for the inaugural SAGES Leadership Development and Health Care Policy Program in November.

Dr. Jones, who is also president of SAGES (the Society of American Gastrointestinal and Endoscopic Surgeons), organized the event to provide surgeons with guidance about how to assume leadership roles and impact national health care policy. Speakers included luminaries from Harvard Business School, the Harvard School of Public Health, and the Heller School for Social Policy and Management at Brandeis University. Mark Callery, MD, Chief of General Surgery, moderated a session titled, “How Surgeons Are Leading Change.”

Nearly 300 participants from around the world attended the program, which was held at the Joseph B. Martin Center at Harvard Medical School. Another 700 watched via live-streaming video posted on Twitter, while 1,200 more watched on Facebook.



Ekkehard Kasper, MD, PhD, Neurosurgery, continues to hold multiple leadership positions at prominent organizations. Dr. Kasper was reappointed as an executive committee member of the joint tumor section of the American

Association of Neurological Surgeons (AANS)/Congress of Neurological Surgeons (CNS) and was named chairman of that section’s international committee. He is also on the international membership committee and faculty list of the European Association of Neurosurgical Surgeons. Dr. Kasper was recently named Chief of the Division of Neurosurgery at McMaster University in Hamilton, Ontario.



Ruslan Korets, MD, Urology, was elected to the Judicial and Ethics Committee of New England section of the American Urological Association. His term continues until September 2018.



Daniel B. Jones, MD, MS, FACS, a Surgery Vice Chair and Chief of Bariatric Surgery, was elected an Honorary Fellow of the Colégio Brasileiro

de Cirurgia Digestiva (Brazilian College of Digestive Diseases) in November, at the organization's annual meeting. This honor recognizes Dr. Jones' significant contributions to the field of bariatric surgery.



Adnan Majid, MD, Chief of Interventional Pulmonology, joined colleagues in Lima, Peru to teach a seminar on bronchoscopy ultrasound (EBUS) and navigational bronchoscopy. The seminar was organized by the Peruvian

Association for Bronchology and Interventional Pulmonology so that local physicians could learn how to use this technology. Dr. Majid used EBUS to stage lung cancer in two patients—the first time EBUS had been used for this purpose in Peru.



Kimberly Maurer, RN, Surgical Oncology, has successfully completed all the requirements and met the criteria for certification as an Oncology Nurse Navigator. The certification program is administered by the Academy of Oncology Nurse

& Patient Navigators. Ms. Maurer works in the Joseph M. and Thelma Linsey BreastCare Center.



Mary Beth Cotter, RN, NSQIP Program Manager, and **Mary Ward, RN**, NSQIP Quality Improvement Specialist, hosted a luncheon in October for NSQIP surgical clinical reviewers across Massachusetts. The event provided an opportunity for participants to discuss best practices on collecting and submitting reliable data to the American College of Surgeons National Surgery Quality Improvement Program. Pictured are Ms. Cotter (fourth from left) and Ms. Ward (center) with their colleagues.



Christopher Ogilvy, MD, Director of the Brain Aneurysm Institute, was invited as an

honored guest at the Tianjin Conference on Carotid Artery Disease, held in August. Dr. Ogilvy presented data on cerebrovascular disease at the conference, which was held at Tianjin Medical University in China.



Efstathios Papavassiliou, MD, Neurosurgery, Co-Director of the Spine Center at BIDMC, recently enrolled the first Boston patient in a clinical trial to determine if an investigational drug can enhance recovery in patients who have

sustained a devastating spinal cord injury. The phase 3 SPRING study, sponsored by Vertex Pharmaceuticals, is a double-blind, randomized, placebo-controlled study taking place at 36 sites in Canada and the United States. Dr. Papavassiliou is the principal investigator at BIDMC. Patients eligible for the study have sustained an injury in the cervical spine so severe that they have

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lost some sensation and movement in their arms, and complete paralysis of their trunk and legs. Preliminary research showed that the investigational agent, VX-210, indirectly encourages nerve fiber regeneration after injury. In the clinical trial, the drug or placebo is applied within 72 hours of the injury, during initial surgery to decompress and stabilize the patient's spine. Patients will then be followed for at least 12 months, to determine whether the drug improves outcomes.



James Rodrigue, PhD, Transplant Institute, is principal investigator of an NIH-funded study to test an innovative idea for reducing income and racial disparities in living kidney donation. The Lost Wages Study began enrolling patients in February.

It is designed to find out if more people would agree to donate kidneys if they were reimbursed for some of the wages they lose while recovering from surgery. Although insurance pays medical expenses for donors, it does not reimburse them for time taken off from work—an issue that affects employees paid by the hour and those with little or no sick time. For more information about the study, see www.lostwagesstudy.com.

Dr. Rodrigue was also awarded funding from the federal Patient-Centered Outcomes Research Institute (PCORI) for a study to determine whether house calls or peer mentorship are more effective at increasing rates of living donor kidney transplantation.



Ajith Thomas, MD, Co-Director of the Brain Aneurysm Institute, was recently appointed as Associate Member of the Broad Institute. Associate members are active participants in the Broad community, attending regular scientific meetings and leading and collaborating on projects.

Boston

This year, 25 Department of Surgery faculty members were named “Top Doctors”

in the December 2017 issue of Boston magazine.

Congratulations to **Jeffrey Arle, MD, PhD**; **Michael Cahalane, MD**; **Mark Callery, MD**; **David Caradonna, MD, DMD**; **Thomas Cataldo, MD**; **Elliot Chaikof, MD, PhD**; **Anurag Das, MD**; **Sidhu Gangadharan, MD**; **Raul Guzman, MD**; **Allen Hamdan, MD**; **Daniel Jones, MD**; **Scharukh Jalisi, MD**; **Kamal Khabbaz, MD**; **Khalid Khwaja, MD**; **Mark Kuperwaser, MD**; **Bernard Lee, MD**; **Samuel Lin, MD**; **A. James Moser, MD**; **Christopher Ogilvy, MD**; **Vitaly Poylin, MD**; **Marc Shermerhorn, MD**; **Ajith Thomas, MD**; **Andrew Wagner, MD**; **Richard Whyte, MD**; and **Mark Wyers, MD**.



Severe bleeding from an injury can kill someone within minutes.

As part of a nationwide campaign to teach health care providers and laymen how to intervene effectively, members of the Trauma Program have been conducting “Stop the Bleed” training sessions in the community. At a private company in Boston, **Alok Gupta, MD** (right), and **Michael Yaffe, MD, PhD**, both of Acute Care Surgery, Trauma, and Surgical Critical Care, demonstrate how to correctly apply a tourniquet.



Richard I. Whyte, MD, MBA, Surgery Vice Chair for Quality, Safety, and Clinical Affairs, was invited to China in October to speak about how to improve quality of patient care. Over a one-week period, Dr. Whyte gave presentations at five hospitals located in the Zhejiang Province. In the photo above, Dr. Whyte (center) is pictured with another presenter, Charles Hill, MD, Clinical Associate Professor of Anesthesiology, Perioperative and Pain Medicine at Stanford University (second from left), and hospital leaders from the Quzhou People's Hospital.



Michael B. Yaffe, MD, PhD, Division of Acute Care Surgery, Trauma, and Surgical Critical Care, was one of eight investigators nationally to receive a prestigious new award from the NIH. The Revolutionizing Innovative

Visionary Environmental Health Research (RIVER) Outstanding Investigator Awards provide up to eight years of grant funding, as well as more flexibility than traditional grants provide. This will enable Dr. Yaffe and other awardees to pursue novel directions in their research.

Dr. Yaffe, who is also the David H. Koch Professor of Science at MIT, studies how cells respond to injury, such as genetic damage caused by cancer treatment or exposure to environmental pollutants. He will use his RIVER funding to continue his research on how protein kinases coordinate the cellular response to damaged DNA or RNA. Finding a way to interrupt this response may help both prevent formation of cancerous tumors and increase the effectiveness of chemotherapy.

It was standing room only at the first Lymphedema Symposium at BIDMC, held in Sherman Auditorium in November. International experts in lymphedema traveled to Boston for the event, which attracted attendees from around the world who were eager to learn more about diagnosis and treatment options for lymphedema, a swelling of the extremities that can occur after cancer treatment.

The symposium's co-chairs were **Sumner A. Slavin, MD**, (top photo) and **Dhruv Singhal, MD**, (bottom photo) both of the Division of Plastic and Reconstructive Surgery. Dr. Singhal is also Director of Lymphatic Surgery at BIDMC. Dr. Slavin is Co-Director of the Program.



Bernard Lee, MD, MBA, MPH, FACS, Chief of Plastic and Reconstructive Surgery provided opening remarks and welcomed participants to a two-day clinical symposium for professionals. Invited speakers shared information about how to use imaging and other tests to evaluate patients, and when to recommend treatment options such as compression, excisional procedures, lymphovenous bypass, and lymph node transplantation. They also discussed how to enhance patient outcomes, by combining careful monitoring with physical and occupational therapy. Stanley Rockson, MD, Director of the Center for Lymphatic and Venous Disorders at the Stanford University School of Medicine, delivered the keynote address.



In addition to Drs. Lee, Singhal, and Slavin, BIDMC faculty included **Erez Dayan, MD**, Chief Resident, Plastic and Reconstructive Surgery; **Ted James, MD, MS, FACS**, Chief of Breast Surgical Oncology and Co-Director of the BreastCare Center; **Colleen Kennedy, PT, GCS, CES**, Lymphedema Therapist; and **Kathleen Shillue, PT, OCS, CLT**, Director of the Lymphedema Therapy Clinic. **Danita Bell-Huggins**, Plastic and Reconstructive Surgery, coordinated the event.

On Saturday afternoon, patients took center stage during a mini-symposium that explored options for treatment and encouraged questions, debate, and suggestions for improvement. Theresa Whiting, a patient advocate, chaired the mini-symposium, which also included a panel of four patients who discussed their own treatment choices and answered questions from the audience.

Selected Faculty Publications

< Continued from page 23

Acute Care Surgery, Trauma, and Surgical Critical Care

Barrett CD, Moore HB, Banerjee A, Silliman CC, Moore EE, **Yaffe MB**. Human neutrophil elastase mediates fibrinolysis shutdown through competitive degradation of plasminogen and generation of angiotatin. *J Trauma Acute Care Surg* 2017; 83(6):1053-61.

Brat GA, Agniel D, Beam A, Yorkgitis B, Bicket M, Homer M, Fox KP, Knecht DB, McMahon-Walraven CN, Palmer N, Kohane I. Postsurgical prescriptions for opioid naïve patients and association with overdose and misuse: Retrospective cohort study. *BMJ* 2018; 360:j5790.

Celestin AR, **Odom SR**, Angelidou K, Evans SR, Coimbra R, Guidry CA, Cuschieri J, Banton KL, O'Neill PJ, Askari R, Namias N, Duane TM, Claridge JA, Dellinger EP, Sawyer RA, **Cook CH**. Novel method suggests global superiority of short-duration antibiotics for intra-abdominal infections. *Clin Infect Dis* 2017;65(9):1577-9.

Hauser CJ. Ownership. *J Trauma Acute Care Surg* 2017;83(5):818-27.

Bariatric/Minimally Invasive Surgery

Linsk AM, Monden KR, Sankaranarayanan G, Ahn W, Jones DB, De S, Schwaitzberg SD, Cao CGL. Validation of the VBLaST pattern cutting task: a learning curve study. *Surg Endosc* 2017; in press.

Nguyen BM, Fitzpatrick E, **Jones DB**. Barriers to implementation of the FUSE program. *Surg Endosc* 2017; in press.

Cardiac Surgery

Hai T, Amador Y, Mahmood F, Jeganathan J, Khamooshian A, Knio ZO, Matyal R, Nicoara A, Liu DC, **Senthilnathan V**, **Khabbaz KR**. Changes in tricuspid annular geometry in patients with functional tricuspid regurgitation. *J Cardiothorac Vasc Anesth* 2017;31(6):2106-14.

Mahmood F, Matyal R, Mahmood F, Sheu RD, Feng R, **Khabbaz KR**. Intraoperative echocardiographic assessment of prosthetic valves: A practical approach. *J Cardiothorac Vasc Anesth* 2017; in press.

Colon and Rectal Surgery

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Poylin V, **Mowschenson P**, Nagle D, **Cataldo T**. Rectal eversion technique: A method to achieve very low rectal transection and anastomosis with particular value in laparoscopic cases. *Dis Colon Rectum* 2017;60(12):13-1331.

General Surgery

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de Geus SWL, **Eskander MF**, **Kasumova GG**, **Ng SC**, **Kent TS**, Mancias JD, **Callery MP**, Mahadevan A, Tseng JF. Stereotactic body radiotherapy for unresected pancreatic cancer: A nationwide review. *Cancer* 2017 1;123(21):4158-67.

Kasumova GG, **Tabatabaie O**, Najarian RM, **Callery MP**, **Ng SC**, Bullock AJ, **Fisher RA**, Tseng JF. Surgical management of gallbladder cancer: simple versus extended cholecystectomy and the role of adjuvant therapy. *Ann Surg* 2017;266(4):625-31

Interdisciplinary Center Research

Cheong JE, **Sun L**. Targeting the IDO1/TDO2-KYN-AhR Pathway for cancer immunotherapy - challenges and opportunities. *Trends Pharmacol Sci* 2017; in press.

Jernigan FE, **Sun L**. In silico discovery and therapeutic potential of IDO1 and TDO2 inhibitors. *Future Med Chem* 2017;9(12):1309-11.

Neurosurgery

Adeeb N, Griessenauer CJ, Shallwani H, Shakir H, Foreman PM, Moore JM, Dmytriw AA, Gupta R, Siddiqui AH, Levy EI, Snyder K, Harrigan MR, **Ogilvy CS**, **Thomas AJ**. Pipeline embolization device in treatment of 50 unruptured large and giant aneurysms. *World Neurosurg* 2017;105:232-7.

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Moore JM, Adeeb N, Shallwani H, Gupta R, Patel AS, Griessenauer CJ, Youn R, Siddiqui A, **Ogilvy CS**, **Thomas AJ**. A multicenter cohort comparison study of the safety, efficacy, and cost of Ticagrelor compared to Clopidogrel in aneurysm flow diverter procedures. *Neurosurgery* 2017;81(4):665-71.

Motiei-Langroudi R, Stippler M, Shi S, Adeb N, Gupta R, Griessenauer CJ, Papavassiliou E, Kasper EM, Arle J, Alterman RL, Ogilvy CS, Thomas AJ. Factors predicting reoperation of chronic subdural hematoma following primary surgical evacuation *J Neurosurg* 2017;15:1-8.

Otolaryngology/ Head and Neck Surgery

Gray ST, **Phillips KM, Hoehle LP, Feng AL, Yamasaki A, Caradonna DS, Sedaghat AR.** Utilization patterns of systemic corticosteroid use for chronic rhinosinusitis. *Acta Otolaryngol* 2017; in press.

Jalisi S, Jamal BT, Grillone GA. Surgical management of long-standing eagle's syndrome. *Ann Maxillofac Surg* 2017;7(2):232-36.

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Ricci JA, Vargas CR, Ho OA, **Lin SJ, Tobias AM, Lee BT.** Evaluating the use of tissue oximetry to decrease intensive unit monitoring for free flap breast reconstruction. *Ann Plast Surg* 2017;79(1):42-6.

Surgical Oncology

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MAKING A DIFFERENCE

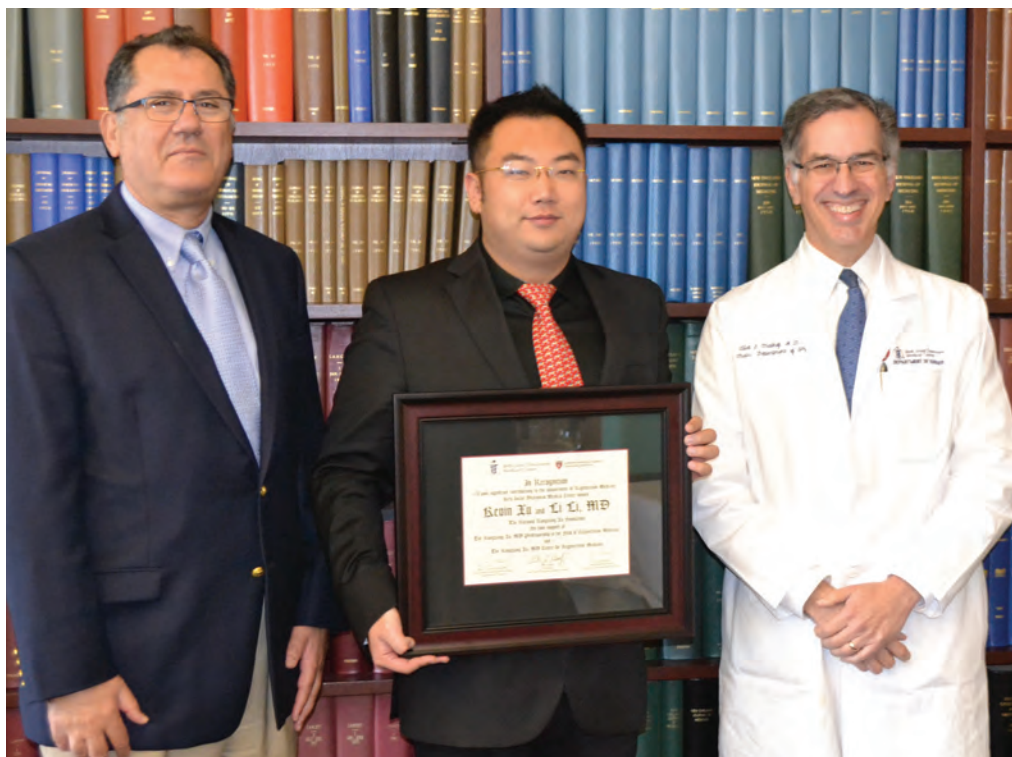
Advancing Regenerative Medicine

The Department of Surgery held a celebration in October to honor Kevin Xu, Founder of the National Rongxiang Xu Foundation, and his mother Li Li, MD, Chairman of the foundation. A remarkably generous gift from the foundation established the Rongxiang Xu, MD, Professorship of Surgery in the Field of Regenerative Therapeutics at Harvard Medical School, and the Rongxiang Xu, MD, Center for Regenerative Therapeutics at BIDMC.

Both honor Rongxiang Xu, MD (1958 – 2015), who graduated from Qingdao Medical College in China and trained as a surgeon. Determined to improve treatment for burn patients, Dr. Xu became an early pioneer in the field of regenerative medicine in China, making important discoveries that saved lives, revolutionized wound treatment, and dramatically improved the quality of life for patients around the world.

Thanks to the foundation's support, his legacy continues. In November, the Rongxiang Xu, MD, Center for Regenerative Therapeutics at BIDMC partnered with the Wyss Institute at Harvard University to host the second annual "Diabetic Lower Extremity Symposium: From Innovation to Therapy" at Harvard Medical School. Aristidis Veves, MD, DSc, director of the Rongxiang Xu, MD, Center; Raul J. Guzman, MD, Vascular and Endovascular Surgery; and David J. Mooney, PhD, of the Wyss Institute collaborated as course directors for the two-day event.

Some of the world's most accomplished investigators shared insights into basic and translational research that offers new hope for improving wound healing in patients with diabetes and enabling limb preservation. Through lectures and hands-on workshops, participants learned how advances in biomaterials and basic biology



Kevin Xu, Founder of the National Rongxiang Xu Foundation (center) accepted a framed certificate of appreciation for the foundation's work in advancing regenerative medicine during a celebration to honor him and his mother Li Li, MD, Chairman of the foundation (not present for the photo). Presenting the award were Arisitidis Veves, MD, DSc, Director of the Rongxiang Xu, MD, Center for Regenerative Therapeutics at BIDMC (left) and Elliot Chaikof, MD, PhD, Chair of the Department of Surgery.

are furthering the field of regenerative medicine. In addition to Drs. Guzman and Veves, BIDMC faculty included Thanh Dinh, DPM, Podiatry; John Giurini, DPM, Chief of Podiatry; Matthew Iorio, MD, Plastic and Reconstructive Surgery; Leena Pradhan-Nabzdyk, PhD, Vascular and Endovascular Surgery; Barry Rosenblum, DPM, Podiatry; and Mark Wyers, MD, Vascular and Endovascular Surgery.

Paula Hammond, MS, PhD, the David H. Koch Professor and Chair of the Department of Chemical Engineering at MIT, delivered this year's keynote address. Dr. Hammond, an international expert in nanotechnology and biomaterials, spoke about advances to improve drug delivery to improve treatment options for patients with diabetic foot ulcers.

Helping People in the Community

The Department of Surgery's Committee on Social Responsibility organized several programs in recent months to give back to the community. The committee is led by Surgery Vice Chairman Allen Hamdan, MD, Vascular Surgery, and Ted James, MD, MS, FACS, Chief of Breast Surgical Oncology. Its efforts are fueled by generous contributions of time, effort, and donations by Surgery staff, residents, and faculty.

Back-to-school drive helps empower teenagers

The Committee launched a new initiative this year, a back-to-school drive to benefit My Life My Choice, a program of the Justice Resource Institute in Boston. The program provides mentoring, community education, and skills training for vulnerable teenage girls in an effort to end commercial sexual exploitation. Volunteers donated supplies such as backpacks, notebooks, binders, and calculators—enough to fill 12 bags—and donated \$200 in gift cards so the teenagers could choose their own school supplies. In a thank you note, Lisa Goldblatt Grace, Director of My Life My Choice, wrote that “having brand new school supplies makes a real difference for our girls—they feel cared for, supported, and invested in.”

Fourth annual holiday gift drive delivers cheer

Thanks to the generosity of many volunteers who participated in the annual gift drive, 92 children from two local schools received brightly wrapped presents for the holidays. Recipients included 51 children at the Richard J. Murphy School in Dorchester and 41 at the Mary Lyons School in Brighton. More than 370 gifts, everything from dolls and games to bicycles and trampolines, were sorted, wrapped, and delivered.

The gift drive's success owes to the generous donation of time and gifts by members of Surgery Administration, the Cardiovascular Institute, the FIRST Program, NSQIP, OR East and West, PACU East and West, Perioperative Services, Podiatry,

Thoracic Surgery and Interventional Pulmonology, the Transplant Institute, Urology, and Vascular and Endovascular Surgery. This year, residents in the Department of Medicine collaborated in the gift drive, joining General Surgery residents and the rest of the “elves” in making the project a success.

Coat drive warms those in need

This year's annual coat drive collected 130 gently used winter jackets, parkas, and overcoats. Some of the coats were given to the BIDMC Social Work Department, which will share them with patients in need. Another 115 coats were donated to the Massachusetts Coalition for the Homeless, which used them to stock “Teen Closets” in area public schools. The Teen Closet Initiative provides free clothing and personal hygiene products in schools, so that students who are poor or homeless can easily obtain what they need. In a thank you note, Robyn Frost, Executive Director of the Massachusetts Coalition for the Homeless, noted that “with your act of kindness we will be able to continue stocking the closets throughout this academic year.”



Many teams pitched in to make the holiday gift drive a success. Pictured above are some of the “elves” from PACU East.



Beth Israel Deaconess Medical Center



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