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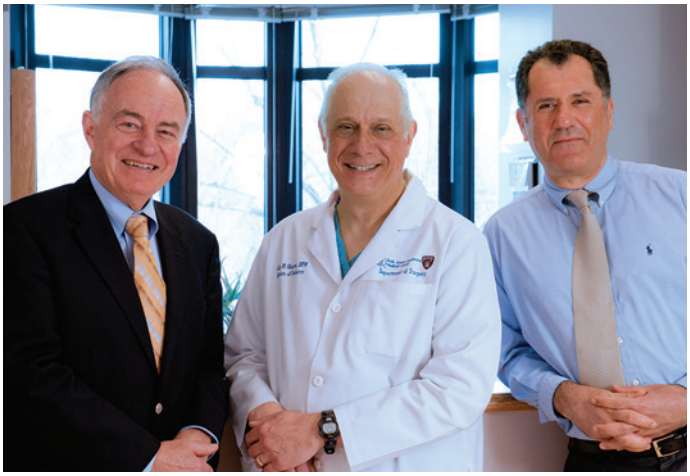
News from the Roberta and Stephen R. Weiner Department of Surgery at Beth Israel Deaconess Medical Center

INSIDE SURGERY

IN THIS ISSUE

Feet First

The Beth Israel Deaconess Joslin Foot Center Spares Many Diabetics from Amputation



(From left): Frank LoGerfo, MD, John Giurini, DPM, and Aristidis Veves, MD, are focused on improving the outcomes of patients with diabetes-related foot problems.

Every year in the United States approximately 70,000 people with diabetes have a lower extremity amputated. Three of every four of those amputations can be linked to foot ulcerations resulting from peripheral neuropathy, a nerve impairment common among diabetics that, among other problems, causes a loss of sensation.

"If a diabetic with peripheral neuropathy develops a corn or callus on his foot, he may not realize it until an ulceration has developed," says **John Giurini, DPM**, Chief of Podiatry. Because diabetics also often have poor circulation and immune function, these ulcerations often don't heal adequately, leaving patients vulnerable to serious infections that, if untamed, can lead to amputation of part or all of the foot or lower leg. But with proper preventive care and state-of-the-art, multidisciplinary treatment, amputation is not inevitable. In fact, it is estimated that half of lower-extremity amputations in diabetics could be prevented.

Optimizing the long-term care of diabetics with foot problems, including reducing amputations, is the mission of the Beth Israel Deaconess Joslin Foot Center, which was established more than 20 years ago in collaboration with the renowned Joslin Diabetes Center.

A unique multidisciplinary approach

The Foot Center's unique multidisciplinary approach to patient care is a legacy of Joslin Diabetes Center founder Elliot Joslin, MD. "Dr. Joslin realized that providing optimal care for these patients requires the expertise of podiatrists, vascular surgeons, endocrinologists, and other care providers working collaboratively," says Giurini. "He wisely understood that no single specialty can do it all for these patients."

The Beth Israel Deaconess Joslin Foot Center team includes podiatrists and vascular surgeons from the BIDMC Department of Surgery (see sidebar, page 8), as well as

Continued on page 8 >

Beth Israel Deaconess Medical Center
HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

Message from the Chairman

As I write this message, a month has passed since the Boston Marathon bombings. Because we treated — and still provide care for — many of the victims of this heinous act, Beth Israel Deaconess Medical Center has often been in the media spotlight since that terrible day. Only recently have the TV news crews pulled up stakes and moved on, allowing our campus to begin to return to normal.

Because so many victims required surgical treatment, our department was especially impacted by the events of April 15. Due to the extensive nature of some of the injuries, as well as the sheer number of victims, surgeons and other caregivers from virtually every division in our department — acute care surgery, ophthalmology, general surgery, plastic surgery, transplant surgery, otolaryngology, vascular surgery, and the list goes on — came together to save patients' lives and give them the best possible quality of life when they return home. This was, and is, teamwork at its very best.

While a tragedy like this is, thankfully, extremely rare, our surgical teams' well-coordinated, compassionate response to the urgent and long-term needs of patients is not. Indeed, whether or not the world is watching, collaborating to cure and care for patients is what we do each and every day.

In the next issue of *Inside Surgery*, we will recount some of what transpired behind the scenes in the aftermath of the bombings. When you learn about the miracles, large and small, that our team performed despite the most challenging circumstances, you will understand why I am so incredibly proud to lead this department.

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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New Faculty

Raul Guzman, MD

In March, the Department of Surgery welcomed **Raul Guzman, MD,** to the Division of Vascular and Endovascular Surgery and the CardioVascular Institute.

Guzman, a Visiting Associate Professor at Harvard Medical School, comes to BIDMC from Vanderbilt University Medical Center in Nashville, Tennessee, where he was Associate Professor of Surgery, Cell Biology, and Medicine. While at Vanderbilt he also served as Director of Vascular Surgery Research and staff physician at the Tennessee Valley Healthcare System Veterans Administration Hospital.

Following graduation from the Johns Hopkins University School of Medicine in Baltimore, Maryland, Guzman trained in general surgery as a resident at Lenox Hill Hospital in New York City. He then undertook a research fellowship at the National Heart, Lung and Blood Institute in Bethesda, Maryland prior to completing a vascular surgery fellowship at Stanford University.

At BIDMC, Guzman provides a full range of vascular surgery services including endovascular and open repairs. His primary clinical interests involve lower extremity disease, including claudication; critical limb ischemia; and diabetic vascular disease. He sees patients in Boston and Needham.

Guzman's research interests involve arterial calcification, diabetic foot ulcers, restenosis following endovascular intervention, and clinical outcomes in lower-extremity ischemia.

Fellowship Matches

The Department of Surgery is pleased to announce the fellowship matches for members of the 2013 BIDMC General Surgery Residency graduating class.

Cardiothoracic Surgery
Nhue Do, MD
Johns Hopkins University, Maryland

Colorectal Surgery
Steven Tizio, MD
Methodist Healthcare System, Texas

Pediatric Surgery
Frankie Fike, MD
Long Island Jewish North Shore Hospital-Cohen Children's Medical Center, Hofstra University, New York

Hau Le, MD
The Hospital for Sick Children, University of Toronto, Canada

Plastic Surgery
Lyonel Carre, MD
University of Southern California

Thoracic Surgery
Onkar Khullar, MD
Emory University, Georgia

Trauma/Surgical Critical Care
Albert Hsu, MD
University of Miami, Florida

Noelle Saillant, MD
University of Pennsylvania

Save the Date

Food is Medicine

September 19, 6-9:30 PM
"Food is Medicine"
Gala to benefit the
Greater Boston Food Bank

Location: Greater Boston Food Bank, 70 South Bay Ave., Boston
www.gbfb.org

Sponsored by the Department of Surgery and its Committee on Social Responsibility, this inaugural event will raise funds to benefit hungry families in eastern Massachusetts who are served by the Greater Boston Food Bank (GBFB), an official partner of BIDMC. The gala evening will include cocktails, hearty hors d'oeuvres, music, GBFB tours, and a silent auction. Valet parking will be provided. For more information or to purchase tickets ($150 per person), contact Event Co-Chairs **Allen Hamdan, MD** (ahamdan@bidmc.harvard.edu) or **Debra Rogers** (dhrogers@bidmc.harvard.edu) or the GBFB. Donations of any amount are also welcome.

Alok Gupta, MD, Acute Care Surgery and Critical Care, was recently named Program Director of the department's ACGME-accredited, one-year Surgical Critical Care Fellowship Program.

Mark Callery, MD (left), General Surgery, and **Carl Hauser, MD** (below), Acute Care Surgery, were elected to the American Surgical Association (ASA) at the association's annual meeting in April. Established in 1880, ASA is the oldest surgical association in the United States.

For the second consecutive year, the Harvard Medical School (HMS)/ BIDMC Pre-Internship Surgical Boot Camp provided fourth-year HMS medical students with the practical information and skills they need to become surgical interns. The month-long course is led by director **Alok Gupta, MD** (above right), along with instructors/ surgical residents **Denis Gilmore, MD**, **Sarah Carlson, MD**, and **Charity Glass, MD**, with support from **Jamie Hirsch**, Fellowship Coordinator.

Michele Urbancic recently joined the department as Director of Development for the Department of Surgery. In this new role, Urbancic is responsible for creating and implementing a strategic program aimed increasing philanthropic support of the department's clinical, research, and educational initiatives. A graduate of Wellesley College, Urbancic brings to the department a wealth of experience in both the for-profit and not-for-profit sector, including more than a decade of progressively responsible roles in university/academic health center fundraising. Most recently, Urbancic served as Vice President of Advancement at Judge Baker Children's Center in Boston.

Jeanne Carbone, RN, Ambulatory Surgical Practice; **Leigh-Ann Berk, RN**, Inpatient Surgical Services; and **Melissa Jones, RN**, Perioperative Services, were selected as recipients of the 2013 Department of Surgery and Joseph M. Koufman Foundation Award for Excellence in the Care of Surgical Patients and Perioperative Care.

A paper by **Michael Yaffe, MD, PhD**, Acute Care Surgery and Critical Care, which was published in *Cell* in May 2012 ("Sequential Application of Anti-Cancer Drugs Enhances Cell Death by Re-Wiring Apoptotic Pathways") was named by the journal's editors as one of the 12 best papers published in *Cell* in 2012. This paper reports on the author's use of a systems biology and engineering approach to identify new ways to treat breast and lung cancer with conventional anti-cancer drugs.

Geetika Kallo, MPH, joined Surgery Administration as Quality Analyst in March. Kallo supports quality reporting and analytics for the Department of Surgery. A graduate of Middlebury College who worked at Brown University before coming to BIDMC, Kallo recently earned an MPH in Epidemiology from Boston University.

In March, **Daniel Jones, MD**, Vice Chair for Technology and Innovation, spoke to an audience of more than 150 about "Surgery for Obesity: Facts, Risks, and Results" at BIDMC's first Mini Med School, which is offered in spring and fall sessions.

Darlene Sweet, BSN, RN, joined the department as the new Trauma Program Manager in April. Sweet earned her Bachelor of Science and her Master of Science in Nursing from Saint Joseph College of Maine. Prior to joining BIDMC, Sweet was Director of Critical Care Services at Stamford Hospital in Connecticut.

Selena Heman-Ackah, MD, MBA, Otolaryngology-Head and Neck Surgery, was recently promoted to Medical Director of Otology, Neurotology, and Audiology. Heman-Ackah, who is fellowship trained in neurotology, joined the Department of Surgery last summer.

George Blackburn, MD, PhD, Surgery, and Miguel Alonso-Alonso, MD, MPhil, Cognitive Neurology, appeared on WCVB-TV to discuss a new BIDMC study that tests the ability of noninvasive electrical brain stimulation and brain training to produce long-term changes in eating behaviors.

An article on robotic-assisted surgery in the March issue of *Popular Mechanics*, "The Robotic Doctor is In," featured **Andrew Wagner, MD,** Urology, who discussed the increasing use and benefits of robots in an array of surgical procedures. Wagner, who has been performing robotic-assisted urologic procedures for years, was shadowed by the magazine's writer as he performed a robotic-assisted partial nephrectomy.

Samuel Lin, MD, Plastic and Reconstructive Surgery, received a Young Mentor Award from Harvard Medical School and will be honored at the 2012-2013 Excellence in Mentoring Awards ceremony in June. Recipients of this award are nominated by an individual or individuals they have mentored. This is the second consecutive year a faculty member from Plastic and Reconstructive Surgery received this award; in 2012, **Bernard Lee, MD,** received the honor.

Samantha Nganju joined the department in early 2013 as the new Manager of Surgery Education. Nganju oversees the administration of all training programs within the department, including medical students, residents, and fellows. Before joining the department, Nganju worked in the Department of Medicine Education Office.

An abstract co-authored by **Daniel Jones, MD,** Vice Chair for Technology and Innovation, and Samer Mattar, MD, of Indiana University, "General Surgery Residency Inadequately Prepares Trainees for Fellowship: Results of a North American Survey of Program Directors," was selected for presentation at the 133rd Annual Meeting of the American Surgical Association (ASA) in Indianapolis in April.

Surgery Chairman **Elliot Chaikof, MD, PhD,** recently received the 2013 Clemson Award for Applied Research from the Society for Biomaterials. This prestigious award is specifically given for "development of a useful device or material which has achieved widespread usage or acceptance, or expanded knowledge of biomaterials/host tissue relationships which have received widespread acceptance and resulted in improvements in the clinical management of disease." Others who have received the Clemson Award are: Willem J. Kolff, MD, PhD, Michael DeBakey, MD, Vincent Gott, MD, Robert S. Langer, ScD, Joseph Vacanti, MD, David L. Kaplan, PhD, and Julio Palmaz, MD.

Frank LoGerfo, MD, Vascular and Endovascular Surgery, was recently awarded a T35 training grant from the National Institutes of Health (NIH). T35 grants provide medical student trainees with intensive, short-term research training experiences during summers and other off-quarter periods. Key mentors to the selected trainees will be **Christiane Ferran, MD, PhD,** and **Leena Pradhan-Nabzdyk, PhD.** LoGerfo is the longtime Director of the complementary NIH T32 Harvard-Longwood Research Training Program in Vascular Surgery, which provides surgical residents with two years of intensive basic and outcomes research training in vascular surgery.

Marc Schermerhorn, MD, Allen Hamdan, MD, and **Mark Wyers, MD,** Vascular and Endovascular Surgery, recently performed the first fenestrated stent-graft at BIDMC for the treatment of juxtarenal aortic aneurysm (JAA), employing a novel 3-D vessel navigator system that is used by only two other centers in the world. This endovascular (minimally invasive) approach to JAA allows experienced endovascular surgeons to treat selected patients with these complex aneurysms without the need for large incisions. The state-of-the-art imaging system shortens operative

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time, increases the safety of the procedure, and reduces patients' exposure to radiation and contrast media.

Bernard Lee, MD, Plastic and Reconstructive Surgery, will assume the role as Editor-in-Chief of the *Journal of Reconstructive Microsurgery*, the official journal of the American Society for Reconstructive Microsurgery and the World Society for Reconstructive Microsurgery. Lee was formerly the journal's Associate Editor.

A paper authored by **Marc Schermerhorn, MD**, Chief of Vascular and Endovascular Surgery and published recently in the *Journal of Vascular Surgery* ("In-Hospital vs. Postdischarge Adverse Events following Carotid Endarterectomy") was selected for inclusion in F1000Prime as one of the significant papers in the field. Articles recommended by F1000Prime are selected from among 3,500 peer-reviewed journals by a highly respected, peer-nominated faculty of expert scientists and clinical researchers.

The third annual Department of Surgery IDEAS™ symposium, "Surgical Robotics: Building Bridges and Breaking Barriers," was held April 27 in Boston. The daylong event, co-led by Department of Surgery Chairman **Elliot Chaikof, MD, PhD**, and Henrik Christensen, PhD, of Georgia Institute of Technology, featured a faculty of leading experts in the field of robotics from the NIH, Harvard, MIT, Vanderbilt University, the University of Pittsburgh (presenter Umamaheswar Duvvuri, MD, PhD, lower left), other US universities, as well as thought leaders from Europe. For the third consecutive year, Nitin Afzulpurkar, PhD, Dean of the School of Engineering and Technology at the Asian Institute of Technology in Bangkok, Thailand, traveled to Boston solely to attend this symposium. "I enjoy the presentations and discussions so much it is well worth the trip," said Afzulpurkar.

A group of seventh-grade "Red Sox Scholars" spent part of a day at BIDMC's Carl J. Shapiro Simulation and Skills Center (SASC) in December, where they learned about getting into medical school from Harvard Medical School student Chantal Dufreny, surgical training from Minimally Invasive Surgery fellow **Jaisa Olasky, MD**, and surgery as a career from event host **Daniel Jones, MD**, a Department of Surgery Vice Chair and "Medical Champion" in the Red Sox Scholars Program. The students performed virtual procedures and visited the SASC's mock operating room, among other activities. In the photo above, Jones shows Red Sox scholar Angelica Gonzalez-Molina how to perform a virtual laparoscopic cholecystectomy.

The Red Sox Scholars Program, which has been sponsored by BIDMC since its inception in 2003, helps academically talented and financially challenged students aim high for their college education.

Jim Rodrigue, PhD, Transplant Surgery, was one of two invited external evaluators of the European Living Donor Psychosocial Follow-up (ELIPSY) project. ELIPSY is a collaboration of six European transplant centers working to create and standardize a follow-up methodology for the psychosocial assessment and care of living donors throughout Europe.

Surgical resident **Tovy Kamine, MD**, was first author on a paper ("Effects of the New Accreditation Council for Graduate Medical Education Work Hour Rules on Surgical Interns: A Prospective Study in a Community Teaching Hospital") published in the February 2013 issue of the *American Journal of Surgery*.

Chief of Cardiac Surgery Kamal Khabbaz, MD (second from right), was among the Department of Surgery faculty members featured in BIDMC's "Human First" campaign, which celebrates the medical center's core belief that before patients are patients, they are people. The campaign, promoted on TV, around campus, and in the community, also features Jennifer Tseng, MD, MPH, Chief of Surgical Oncology, and Sidhu Gangadharan, MD, Chief of Thoracic Surgery/Interventional Pulmonology. Pictured with Khabbaz are (from left): Sundara (Hana) Kennady, RN, Verna Rettagliati, RN, perfusionist Robert Marquis, and Ivy Sandrino, RN.

Former Chairman is Capper-Hermanson Visiting Professor

Glenn Steele Jr., MD, PhD, president and CEO of the Geisinger Health System, was this year's Capper-Hermanson Visiting Professor of Surgery. The professorship honors two leaders from the former New England Deaconess Hospital (Francis W. Capper) and Beth Israel Hospital (Louis Hermanson, MD).

Visiting Professor Glenn Steele Jr., MD, PhD, speaking at Surgical Grand Rounds.

As former Chairman of Surgery at New England Deaconess Hospital (NEDH) and the William V. McDermott Jr. Professor of Surgery at Harvard Medical School, Steele is well-known to many in the Department of Surgery. During his two-day visit in April, Steele participated in roundtable discussions with residents and faculty and presented at Surgical Grand Rounds on the topic "Re-engineering Systems of Care: The Geisinger Experience."

Steele was the guest of honor at a dinner at the Harvard Faculty Club, during which it was announced that the pancreatic/biliary service on BIDMC's West Campus would be renamed the McDermott Service in honor of the late William V. McDermott Jr., MD. McDermott was the former Chief of Surgery at NEDH (1973-1985), Cheever Professor of Surgery at Harvard Medical School, and Director of the Fifth (Harvard) Surgical Service, which was established in 1864. Among the guests at the dinner were McDermott's son, Shaw, and daughter, Gwen.

Surgery Chairman Elliot Chaikof, MD, PhD (right), presented a gift to Shaw McDermott, son of the late William V. McDermott Jr., MD.

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endocrinologists from Joslin Diabetes Center. This team works collaboratively to develop a treatment plan that addresses each patient's immediate and long-term needs — whether that involves angioplasty or bypass surgery to improve peripheral circulation, orthotics or reconstructive foot surgery to address structural foot problems that could lead to ulcerations, or often a combination of these.

And because controlling the patient's diabetes is essential to optimal outcomes, an endocrinologist is always an essential member of the team. "All three specialties work together to ensure that patients get the care they need, in the order it's needed, and provided by the most appropriate specialist," says Giurini.

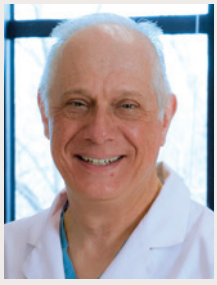
Vascular surgeon **Frank LoGerfo, MD**, who established a national reputation in the mid-1980s for lowering amputation rates among diabetics due to his expertise in extreme distal arterial bypass procedures, was recruited to New England Deaconess Hospital in 1987. Prior to LoGerfo's pioneering work, it was widely believed that most diabetics would not benefit from vascular reconstruction. By the time the Deaconess Joslin Foot Center was fully up and running in the early 1990s, amputation rates among its patients had dropped significantly, establishing the Foot Center as a major referral destination for diabetic patients with complex foot issues.

Today, "We are still known as the best place for the treatment of diabetics with challenging foot problems," says LoGerfo, who now devotes his time to research and training.

LoGerfo attributes the Foot Center's continued success to several factors: BIDMC's vascular surgeons, who perform highly complex limb-preservation surgery for diabetics; the medical center's podiatrists, who offer the entire spectrum of podiatric care, from prevention

MEET THE BETH ISRAEL DEACONESS JOSLIN FOOT CENTER TEAM

Podiatry


John Giurini, DPM, Chief

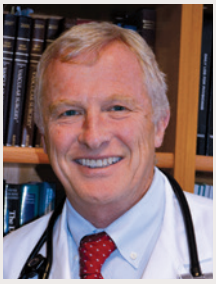

Thanh Dinh, DPM


Thomas Lyons, DPM


Barry Rosenblum, DPM

Vascular and Endovascular Surgery


Marc Schermerhorn, MD, Chief


David Campbell, MD


Elliot Chaikof, MD, PhD


Raul Guzman, MD


Allen Hamdan, MD


Mark Wyers, MD

REFERRALS AND APPOINTMENTS **Podiatry:** 617-632-8428
Vascular and Endovascular Surgery: 617-632-9959

Chief of Vascular and Endovascular Surgery Marc Schermerhorn, MD (right), reviews an X-ray with podiatrist Barry Rosenblum, DPM.

to complex surgical reconstructions; and the Joslin Diabetes Center's specialists. He adds that BIDMC also provides outstanding nursing, social work, and other specialty surgical and medical services for diabetic patients.

"The long and close collaboration between Podiatry and Vascular Surgery, plus the fact that we have the world's largest expertise in revascularization of the diabetic foot, including minimally invasive approaches to achieve that, has earned us an international reputation as the leader in the management of these patients," says **Marc Schermerhorn, MD**, Chief of Vascular and Endovascular Surgery. He adds that the Foot Center receives referrals from around the globe, and that faculty are regularly invited to share their expertise with clinicians throughout the United States and abroad. In April, for example, Schermerhorn, Giurini, and BIDMC/Joslin nephrologists Mark Williams, MD, and Antoine Kaldany, MD, traveled to Kuwait to participate in a conference on diabetic limb preservation at the internationally known Dasman Diabetes Institute in Kuwait City.

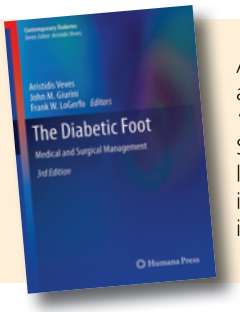
Research to benefit patients

In addition to its clinical leadership in diabetic foot care, the Beth Israel Deaconess Joslin Foot Center also conducts a large, well-funded translational research program, the goal of which is "to develop new treatments that will benefit patients," explains the Foot Center's Research Director **Aristidis Veves, MD**. Veves's research is funded by several major grants from the National Institutes of Health as well as industry.

Veves directs much of his research toward understanding what impairs wound healing in diabetics and using that knowledge to develop novel products that can help promote healing. In collaboration with LoGerfo, researcher **Leena Pradhan-Nabzdyk, PhD**, and scientists from other institutions, Veves is focusing on neuropeptides, protein-like molecules that have many functions in the body.

Veves, Pradhan-Nabzdyk, and others believe that the impaired wound healing prevalent among diabetic patients with neuropathy may be the result of neuropeptide deregulation. They are working on developing new biomaterials, such as topical dressings, that would deliver neuropeptides to wounds to help promote healing. "A non-healing wound affects patients' quality of life and also increases the potential for amputation, so this work has the potential to benefit patients in many ways," says Veves.

As the incidence of diabetes continues to grow and diabetics live longer due to advances in medical care, the challenge of reducing amputations will become even more important than it is today. Through cutting-edge, multidisciplinary clinical care and innovative research, the Beth Israel Deaconess Joslin Foot Center stands ready to meet the challenge.



Aristidis Veves, MD, John Giurini, DPM, and Frank LoGerfo, MD, are editors of "The Diabetic Foot: Medical and Surgical Management," one of the leading textbooks on this subject. Now in its third edition, "The Diabetic Foot" is published by Humana Press.

LINX: BIDMC Surgeons Offer New Minimally Invasive Treatment for GERD Sufferers

The discomfort of occasional heartburn is a fact of life. But for the millions of people in Western nations who suffer from a chronic, often progressive condition called GERD (gastroesophageal reflux disease), heartburn is a frequent, if not daily, burden.

GERD is caused by a weak sphincter muscle between the stomach and the esophagus. When this lower esophageal sphincter (LES) is weak or opens abnormally, stomach acid splashes back, or refluxes, into the esophagus, causing symptoms such as heartburn and regurgitation. Patients with GERD are also at risk for serious complications like esophageal ulcers and cancer.

Drawbacks of invasive procedure

Until very recently, people with GERD whose symptoms could not be well-controlled with lifestyle changes or medications — about 40 percent of sufferers — had only one remaining option: an invasive surgical procedure called Nissen fundoplication. Developed decades ago, this operation involves wrapping a portion of the stomach, the "fundus," around the lower esophagus, like a collar, to reinforce the weakened LES.

Although this operation can be effective in the hands of a skilled surgeon, some of the potential side effects, such as an inability to vomit or belch, can be problematic. The treatment can also lose effectiveness over time, requiring a re-operation.

Michael Kent, MD (left), and Jonathan Critchlow, MD, performed the first LINX procedure for the treatment of gastroesophageal reflux disease (GERD) at BIDMC in March.

> *"Patients can often go home the same or next day with this minimally invasive procedure and quickly resume their normal diet."*
> **Jonathan Critchlow, MD**

New option for patients

Today BIDMC patients with GERD can be considered for a new minimally invasive procedure called the LINX® Reflux Management System. General surgeon **Jonathan Critchlow, MD**, and thoracic surgeon **Michael Kent, MD**, who jointly performed the first LINX procedures at BIDMC on March 20, both offer this new option to eligible patients.

Unlike fundoplication, the LINX system does not require major changes to the patient's anatomy. Approved by the FDA in March 2012, the LINX device is a small ring of titanium beads with magnetic cores that resembles a baby bracelet. With the patient under general anesthesia and working through pencil eraser-sized punctures in the abdomen, surgeons position the LINX device around the esophagus, just above the stomach, a procedure that takes about 30 minutes.

Shorter stay and normal diet

The implanted LINX device augments the weakened sphincter's normal role as a barrier between the stomach and the esophagus. Swallowing breaks the device's magnetic bond so food and liquid can pass normally into the stomach. After swallowing, magnetic attraction pulls the beads back together to close the sphincter and prevent stomach contents from spilling back into the esophagus.

"Unlike with fundoplication, which requires a longer stay and a liquid diet for weeks, patients can often go home the same or next day with this minimally invasive procedure and quickly resume their normal diet," says Critchlow.

According to a study published in the February 21, 2013 issue of the *New England Journal of Medicine*, the majority of patients who underwent treatment with the LINX system were able to substantially reduce or resolve

their reflux symptoms while eliminating their use of medications. Says Kent, "We're pleased to be able to offer our patients suffering from GERD an effective, less invasive option."

For more information about the LINX procedure, please call 617-632-8100, visit bidmc.org/heartburnprocedure, or e-mail surgicalreflux@bidmc.harvard.edu.

The LINX device is a small ring of titanium beads with magnetic cores. When implanted, it augments the weakened sphincter's normal role as a barrier between the stomach and the esophagus.

New Integrated Vascular Surgery Residency Program Receives Accreditation

The Residency Review Committee for Surgery of the Accreditation Council of Graduate Medical Education (ACGME) recently notified Chief of Vascular and Endovascular Surgery **Marc Schermerhorn, MD**, that it had accredited the Department of Surgery's new Integrated Vascular Surgery Residency Program.

"This is great news for future trainees and an acknowledgement of the excellence of our vascular surgery training program," says Schermerhorn.

The Integrated Vascular Surgery Residency track is a five-year program that accepts trainees directly from medical school. Upon successful completion of the program, residents are eligible to take the same board examinations as vascular fellows.

The first resident in the integrated "0-5" program will begin in July 2014 and a new first-year resident will be accepted each subsequent year.

During the first four years, trainees will be integrated into the department's ACGME-accredited General Surgery Residency Program. However, they will spend extra time on the vascular surgery services at BIDMC, Mount Auburn Hospital, Cambridge Hospital, and Saint Vincent Hospital, as well as in the department's vascular lab.

Their final chief year will be spent entirely on a vascular surgery service. Like BIDMC's general surgery residents, integrated vascular surgery residents will spend two years of research between their third and fourth years.

Schermerhorn notes that the Division of Vascular and Endovascular Surgery will continue its traditional two-year vascular fellowship. In addition, division faculty will continue to actively participate in the training of residents in the department's General Surgery Residency Program.

"Our new integrated program will benefit trainees by providing a more focused, shorter training experience," says Schermerhorn. "It will also benefit the Department of Surgery by attracting the highest-caliber applicants seeking an outstanding training experience."

> *"Our new integrated program will benefit trainees by providing a more focused, shorter training experience."*
> **Marc Schermerhorn, MD**

Schermerhorn acknowledged fellow vascular surgeon **Mark Wyers, MD**, and Fellowship Program Coordinator **Jamie Hirsch** for their "invaluable" help in designing the program and preparing the documentation required for accreditation.

AFTER HOURS

with Associate Chief of Neurosurgery Jeffrey Arle, MD, PhD

Behind every white coat is a person with unique interests, passions, and dreams. In this occasional new feature, we take a look at how a member of the Department of Surgery chooses to spend his or her time "after hours."

When neurosurgeon Jeffrey Arle, MD, PhD, was a surgical resident, he climbed to the 14,411-foot summit of Mt. Rainier in Washington state. Ever since, he has been passionate about high-altitude climbing.

To date, Arle has reached the summits of many of the highest mountains in the world: Kilimanjaro in Tanzania (19,341 feet, in 2003), Aconcagua in Argentina (22,837 feet, in 2007), and Mount Elbrus in Russia (18,510 feet, in 2011). He also climbed Denali (aka Mount McKinley) to 17,000 feet in 2009, and last year made a nine-day climb to base camp of Mount Everest in Nepal (17,500 feet). He wrote about his experience climbing Aconcagua, the highest mountain in the Americas, in his recently published book "Up One Side and Down the Other."

After each trip, Arle vows "I'll never do this again." But the feeling fades and, before long, the mountains beckon. Already Arle is planning his next trek: Next year he intends to travel to Ecuador to climb to the summits of Chimborazo (20,564 feet) and Cotopaxi (19,347 feet), respectively the fifth and seventh highest peaks in South America.

Despite the arduous training, meticulous planning, physical hardships, and ever-present danger, Arle relishes "the raw exposure to nature" that high-altitude climbing offers him. "Very few experiences allow you to be so engaged in the world," he says.

Arle also values being challenged in such a profound way. "Climbing has given me a better sense of my capabilities. There have been many times when I thought I couldn't do something, but then realized I actually could. That's a great feeling."

Arle sees a close relationship between his profession and his passion. "With neurosurgery as with climbing, you always have a clear goal and need a well-thought out plan. But with both you also need a contingency plan, because you don't always know what the next step will lead you to. And once you commit, there's no backing out."

When the day comes that Arle can't — or simply doesn't want to — climb the highest mountains, he will hardly be at a loss of what to do with his free time: He loves to paint and is an ardent collector of vintage watches and old prints of the nervous system.

At Everest base camp, surrounded by prayer flags, which are set up to protect climbers attempting to reach the summit. Base camp is at 17,500 feet.

At the summit of Mount Elbrus. "The wind was blowing so hard it was almost impossible to stand for this photo," says Arle (center, orange coat).

Crossing a glacial river runoff on the approach to base camp at Aconcagua. "The water gets up to above your waist in some places and it's cold!" says Arle. "You have to take your boots and socks off and wear neoprene booties or your feet will freeze."

At the summit of Kala Patthar (18,192 feet) with Mount Everest (the peak at left) in the background. "It was so cold I didn't want to take my mask off," says Arle.

A self-portrait taken in a tent on Denali in 2009. "No one sleeps well at high altitudes," notes Arle.

Above the Sherpa capital of Namche Bazaar (11,290 feet) en route to Everest base camp.

Daniel Coit, MD

The rare times when he is not working, Daniel Coit, MD, a lifelong sailor, can often been seen on the open ocean at the helm of his 42-foot sailboat.

Surgical oncologist Daniel Coit, MD, a leader at Memorial Sloan-Kettering Cancer Center, Professor of Surgery at Weill Cornell Medical College, and influential player on the national surgical stage, has no doubts that he found his true calling. "I love my work and can't imagine doing anything else." In fact, he says, "I feel like the luckiest guy in the world."

But Coit is the first to admit it was not inevitable that he would pursue a career in medicine, let alone become a surgical oncologist. "Truth be told, I stumbled into this," he says.

While an undergraduate at Yale, Coit was influenced by his uncle, a medical oncologist at New England Deaconess Hospital, to consider a career in medicine. After graduating Alpha Omega Alpha from the University of Cincinnati College of Medicine, Coit did a year of surgical internship at Boston City Hospital before deciding it wasn't for him and switching to the Deaconess's residency program in internal medicine.

But then he met Blake Cady, MD, a now-retired Deaconess surgical oncologist who has remained his longtime mentor and friend. After observing and talking with Cady, Coit realized that what he really wanted was to become a surgeon. So he completed his training in the Deaconess's general surgery residency program.

This time, Coit had found his match: "I loved it all," he says of his surgical training, which included a "formative" year at the Aberdeen Royal Infirmary in Scotland. Following his graduation in 1983, Coit completed a two-year fellowship in surgical oncology at Memorial Sloan-Kettering Cancer Center, where he has thrived ever since.

At Memorial Sloan-Kettering, Coit wears many hats. In addition to treating patients with melanoma and gastric cancers, he is the longtime co-leader of two multidisciplinary disease-management teams: one for melanoma and the other for gastric cancers.

He is also committed to his role as a teacher and mentor. For seven years, Coit directed the Surgical Oncology Fellowship Training Program, which trains about 15 fellows each year, and for five years he oversaw the administration of all surgical oncology fellowships nationwide in his role as Director of the Society of Surgical Oncology Training Committee.

In addition, Coit is actively involved in both basic and clinical research of gastric cancers and melanoma, with a longtime interest in the interplay between immunology and melanoma. Much of his current research is focused on using molecular signatures to better select cancer patients for appropriate treatment. His research has been published in more than 380 papers, reviews, book chapters, and abstracts.

Coit says that "one of the most important things" he has achieved is helping establish evidence-based melanoma clinical guidelines during his 20 years of service on the Melanoma Advisory Group of the National Comprehensive Cancer Network (NCCN), first as a member and principal author and, for the past eight years, as chairman.

The NCCN guidelines — which influence clinical practice nationwide and are the only guidelines recognized by the Centers for Medicare and Medicaid Services — "advise clinicians what to do and, more importantly what *not* to do, which improves the quality of care and also reduces costs," says Coit. "This work has made a real and lasting difference."

Harvard Medical School Promotes Faculty Members

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

PROMOTED TO:
ASSOCIATE PROFESSOR OF SURGERY

Susan E. Pories, MD
Area of Excellence: Clinical expertise and innovation in breast disease

Susan E. Pories, MD, is the Co-Director of the Hoffman Breast Center at Mount Auburn Hospital in Cambridge, Mass. She serves as president of the Association of Women Surgeons and Co-Chair of the Academy Writing for Scholarship Committee of Harvard Medical School, and is senior editor of "The Soul of a Doctor: Harvard Medical Students Face Life and Death." The recipient of numerous teaching and mentoring awards, Pories lectures widely about breast disease and serves on multiple community health advisory boards. Her research focuses on noninvasive biomarkers for breast cancer progression.

PROMOTED TO*:
ASSISTANT PROFESSOR OF SURGERY

Ajith Thomas, MD
Area of Excellence: Clinical expertise and innovation in neurosurgery

Ajith Thomas, MD, has played a pivotal role in building the cerebrovascular surgery section of the Division of Neurosurgery. Thomas conducts clinical research on subarachnoid hemorrhage and treatment of brain aneurysms and quality of life among patients following subarachnoid hemorrhage. His basic research explores novel avenues for overcoming the limitations of neural stem cell transplantation. Also an innovator in medical instrumentation design, Thomas received the Excellence in Medical Device Design Award from the Harvard School of Engineering and Applied Sciences for his design of a safer cranial drill.

**(as of September 2013)*

APPOINTED AS:
ASSOCIATE PROFESSOR OF SURGERY

A. James Moser, MD
Area of Excellence: Clinical expertise and innovation in surgical oncology

A. James (Jim) Moser, MD, is Executive Director of the BIDMC Institute for Hepatobiliary and Pancreatic Surgery. Moser's clinical and research activities are focused on caring for patients with pancreatic cancer and pancreatitis. He is a leader in complex, advanced robotic and minimally invasive surgical oncology, including pancreatic auto-islet transplantation. Moser also conducts translational research focused on validating predictive models of surgical risk and outcomes of patients with pancreatic cancer. Moser holds leadership roles in numerous professional societies and, in 2010, was named Researcher of the Year in pancreatic cancer research by the Translational Genomics Research Institute.

APPOINTED AS:
ASSOCIATE PROFESSOR OF SURGERY

Jennifer F. Tseng, MD, MPH
Area of Excellence: Clinical expertise and innovation in surgical oncology

Jennifer F. Tseng, MD, MPH, is Chief of the Division of Surgical Oncology and Deputy Director of the BIDMC Cancer Center. Tseng's major clinical focus is caring for patients with pancreatic cancer. Her translational research seeks ways to improve the outcomes of patients with this disease and other malignancies by focusing on treatment-sequencing strategies, cancer biomarkers, and disparities in care. Tseng is a co-leader of Surgical Outcomes Analysis & Research (SOAR), which is the center of clinical research in the Department of Surgery. She is also the recipient of a Howard Hughes Medical Institute Early Career Award, an American Surgical Association Foundation Fellowship, and a five-year American Cancer Society grant.

Selected Faculty Publications

Acute Care Surgery and Critical Care

Höpker K, Hagmann H, Khurshid S, Chen S, Hasskamp P, Seeger-Nukpezah T, Schilberg K, Heukamp L, Lamkemeyer T, Sos ML, Thomas RK, Lowery D, Roels F, Fischer M, Liebau MC, Resch U, Kisner T, Röther F, Bartram MP, Müller RU, Fabretti F, Kurschat P, Schumacher B, Gaestel M, Medema RH, **Yaffe MB**, Schermer B, Reinhardt HC, Benzing T. AATF/Che-1 acts as a phosphorylation-dependent molecular modulator to repress p53-driven apoptosis. EMBO J 2012;31(20):3961-75.

Ahn J, **Odom SR**, **Saillant N**, Ojeifo OA, Abramson Z, **Gupta A**, **Cahalane MJ**. Capillary leak syndrome and abdominal compartment syndrome from occult rectal malignancy. Am Surg 2012;78(11):443-5.

Cardiac Surgery

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Colon and Rectal Surgery

Nagle D, Pare T, Keenan E, Marcet K, Tizio S, **Poylin V**. Ileostomy pathway virtually eliminates readmissions for dehydration in new ostomates. Dis Colon Rectum 2012;55(12):1266-72.

General Surgery

Kalish BT, Vollmer CM, **Kent TS**, Nealon WH, **Tseng JF**, **Callery MP**. Quality assessment in pancreatic surgery: What might tomorrow require? J Gastrointest Surg 2013;17(1):86-93.

Callery MP, Pratt WB, **Kent TS**, **Chaikof EL**, Vollmer CM Jr. A prospectively validated clinical risk score accurately predicts pancreatic fistula after pancreatoduodenectomy. J Am Coll Surg 2013;216(1):1-14.

Kudsi OY, Huskey K, Grove S, **Blackburn G**, **Jones DB**, Wee CC. Prevalence of preoperative alcohol abuse among patients seeking weight-loss surgery. Surg Endosc 2013;27(4):1093-1097.

Blackburn GL. Weight of the nation: Moving forward, reversing the trend using medical care. Am J Clin Nutr 2012; 96(5):949-50.

Neurosurgery

Floyd SR, **Kasper EM**, Uhlmann EJ, Fonkem E, Wong ET, Mahadevan A. Hypofractionated radiotherapy and stereotactic boost with concurrent and adjuvant temozolamide for glioblastoma in good performance status elderly patients – early results of a phase II trial. Front Oncol 2012;2:122.

Gonda DD, Kim TE, Warnke PC, **Kasper EM**, Carter BS, Chen CC. Ventriculoperitoneal shunting versus endoscopic third ventriculostomy in the treatment of patients with hydrocephalus related to metastasis. Surg Neurol Int 2012;3:97.

Krishnan V, Eric Searls D, Haussen DC, Henninger N, **Thomas A**. Venous ischemia secondary to drainage constriction in a carotid-cavernous arteriovenous fistula. Clin Neurol Neurosurg 2012; in press.

Lin DJ, Lam FC, **Siracuse JJ**, **Thomas A**, **Kasper EM**. "Time is brain," the Gifford factor, or: Why do some civilian gunshot wounds to the head do unexpectedly well? A case series with outcomes analysis and a management guide. Surg Neurol Int 2012;3:98.

Otolaryngology

Heman-Ackah SE, Cosetti MK, Gupta S, Golfinos JG, Roland JT Jr. Retrosigmoid approach to cerebellopontine angle tumor resection: Surgical modifications. Laryngoscope. 2012;122(11):2519-23.

Plastic and Reconstructive Surgery

Caterson SA, Fox SE, **Tobias AM**, **Lee BT**. Functional MRI to evaluate "sense of self" following perforator flap breast reconstruction. PLoS One 2012;7(11):e49883.

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Nguyen JT, Ashitate Y, Buchanan IA, **Ibrahim AM**, Gioux S, Patel PP, Frangioni JV, **Lee BT**. Face transplant perfusion assessment using near-infrared fluorescence imaging. J Surg Res 2012;177(2):e83-8.

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Podiatry

Dinh T, Tecilazich F, Kafanas A, Doupis J, Gnardellis C, Leal E, Tellechea A, **Pradhan L**, **Lyons TE**, **Giurini JM**, **Veves A**. Mechanisms involved in the development and healing of diabetic foot ulceration. Diabetes 2012;61(11):2937-47.

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Urology

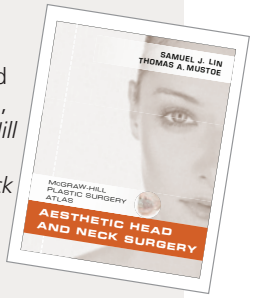
Alemozaffar M, Chang SL, Kacker R, Sun M, **DeWolf WC**, **Wagner AA**. Comparing costs of robotic, laparoscopic, and open partial nephrectomy. J Endourol 2012; in press.

Lanzman RS, Robson PM, Sun MR, Patel AD, Mentore K, **Wagner AA**, Genega EM, Rofsky NM, Alsop DC, Pedrosa I. Arterial spin-labeling MR imaging of renal masses: Correlation with histopathologic findings. Radiology 2012; in press.

The Bookshelf

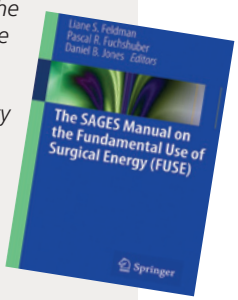
A selection of books by our faculty

BOOKS



Samuel J. Lin, MD, and Thomas A. Mustoe, MD, (Co-Editors). *McGraw-Hill Plastic Surgery Atlas: Aesthetic Head and Neck Surgery.* Published by McGraw Hill, 2013.

"Without question, the depth and scope of this text will result in a surgeon well versed in the technologies available for use in the operating theater."



A review in *Annals of Surgery* (April 2013) of *The SAGES Manual on the Fundamental Use of Surgical Energy (FUSE)*; Liane Feldman, MD, Pascal Fuchshuber, MD, PhD, and **Daniel B. Jones, MD** (Editors). Published by Springer, 2012.

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Ravi S, **Caves JM**, Martinez AW, **Haller CA**, **Chaikof EL**. Incorporation of fibronectin to enhance cytocompatibility in multilayer elastin-like protein scaffolds for tissue engineering. J Biomed Mater Res A 2012; in press.

Schermerhorn ML, Bensley RP, Giles KA, Hurks R, O'Malley AJ, Cotterill P, **Chaikof E**, Landon BE. Changes in abdominal aortic aneurysm rupture and short-term mortality, 1995-2008: A retrospective observational study. Ann Surg 2012;256(4):651-8.

In each issue of *Inside Surgery*, we focus on the question a member of our department "owns" — a question that inspires the individual's work.

THE QUESTION I OWN — James R. Rodrigue, PhD

Although he never set out to become a transplant psychologist, Jim Rodrigue, PhD, of BIDMC's Transplant Institute and Department of Surgery, acknowledges that he was probably destined for this profession.

Before Rodrigue was born, his five-year-old brother died from kidney failure before transplantation became as accessible as today, and Rodrigue's mother-in-law was once on the waiting list for a heart transplant. "I understand what it does to a family to have a loved one who needs an organ," he says.

That understanding and a measure of serendipity led Rodrigue to the question he owns: "How can we reduce the gap between the number of people who need transplants in this country and the availability of organs for transplantation?"

An intriguing opportunity

A native of Maine, Rodrigue graduated with a degree in psychology from the University of Maine at Farmington and earned his doctorate in clinical psychology from the University of Memphis. He accepted a faculty position at the University of Florida (UF), planning initially to do autism research.

But an intriguing opportunity arose at the large Transplant Center at UF's Shands Hospital, and he took it. Rodrigue remained at UF for 18 years, rising through the ranks to Professor of Clinical and Health Psychology and Director for Behavioral Health Services and Research in the Transplant Center.

While at the UF-Shands Transplant Center, Rodrigue pioneered the integration of behavioral health services into the Transplant Center and developed novel behavioral health pathways designed to optimize post-transplant outcomes for patients and families. He successfully introduced this model to BIDMC's Transplant Institute when he arrived there in 2005.

Today, Rodrigue is an Associate Professor of Psychology in the Department of Psychiatry at Harvard Medical School and Director of the Transplant Institute's Center for Transplant Outcomes and Quality Improvement. He is also Co-Director of the Department of Surgery's Clinical Scholarship Program, and a Co-Leader of SOAR (Surgical Outcomes Analysis & Research), both of which provide mentoring to surgery trainees and faculty who plan to or are currently conducting clinical research.

While Rodrigue now devotes the majority of his time to research, he has always enjoyed his clinical practice, which entails evaluating all prospective live kidney donors and providing evaluation and treatment services for patients pre- and post-transplantation.

An important part of Rodrigue's clinical role is to identify and treat issues — such as obesity, substance abuse, smoking, non-adherence, and/or psychological disorders — in an effort to help someone become a more suitable candidate for transplantation and also improve transplant outcomes.

Narrow the gap

Rodrigue's true passion, however, is clinical research. His research falls into "three buckets: outcomes, reducing disparities, and how to increase organ donors," he says. In different but overlapping ways, all of his research seeks to narrow the gap between those who need a kidney and the number of available organs.

Currently Rodrigue is principal investigator of five major studies: three funded by the National Institutes of Health (NIH) and two by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health.

Two NIH-funded studies are examining the effectiveness of educational interventions, including a "House Calls" initiative and a novel web-based tool, on increasing rates of live donor kidney transplantation among minorities and low-income patients. His innovative House Calls intervention is being evaluated at several other transplant centers in the United States and Europe.

Another NIH grant funds the Kidney Donor Outcomes Cohort (KDOC) Study, a six-center study that is prospectively characterizing the short- and long-term surgical, medical, functional, psychological, and financial outcomes of living kidney donation.

The two HRSA-funded studies are evaluating targeted outreach campaigns aimed at increasing the number of people who register as organ donors through their divisions of motor vehicles in Massachusetts and Rhode Island. Both studies are being carried out in collaboration with the New England Organ Bank.

> *"We know that most people support organ donation but fewer than half register as donors. We need to make it easy to translate those favorable views into behavioral action."*
>
> **James R. Rodrigue, PhD**

'Targeting our efforts'

"More than 99 percent of people who register as organ donors do so through their motor vehicle registries, so that's where we're targeting our efforts," says Rodrigue. These efforts have included educating registry staff and creating a short video highlighting the benefits of organ donation and transplantation that visitors can view while waiting at the division of motor vehicles offices.

"We know that most people support organ donation but fewer than half register as donors. We need to make it easy to translate those favorable views into behavioral action," says Rodrigue. His hypothesis is that there will be an increase in registered organ donors among those who had the opportunity to view the video.

The indefatigable Rodrigue is the author of more than 175 peer-reviewed journal articles and travels widely and frequently to lecture about his research. While he is clearly dedicated to the question he owns, the self-described "true sports nut" and father of four, including three young daughters, says he enjoys nothing more than watching a good Red Sox game and spending time with his family.

DONATE LIFE®

Give the Gift of Life

To learn more about becoming an organ or tissue donor, please contact Donate Life New England at www.donatelifenewengland.org.

Palm Beach Celebration Focused on Cancer Care

The theme of this year's BIDMC annual Palm Beach celebration was "Cancer Care at BIDMC: Advanced Therapies of Today and the Promise of Tomorrow."

BIDMC oncologist Marc Garnick, MD, of the Division of Hematology and Oncology and Director of Cancer Network Development, moderated a panel of BIDMC physicians that included members of the Department of Surgery: breast surgeon **Mary Jane Houlihan, MD**, and **Andrew Wagner, MD,** Director of Minimally Invasive Urologic Surgery.

Other BIDMC physicians who spoke at the event were: David Avigan, MD, Director of Hematological Malignancy and Bone Marrow Transplant; Jeffrey Saffitz, MD, PhD, Chair of the Department of Pathology; and Mary Ann Stevenson, MD, PhD, Chair of the Department of Radiation Oncology and Clinical Co-Director for Radiation Oncology in the Cancer Center.

The event was hosted by Kevin Tabb, MD, BIDMC's President and CEO, and Thelma Linsey, the event chair. Among the many guests were **Roberta Weiner** and her husband, **Stephen R. Weiner**, after whom the Department of Surgery is named; Lois Silverman-Yashar; Alan Rottenberg; and Mitchell T. Rabkin, MD.

Urologist Andrew Wagner, MD, presented at Palm Beach.

At the annual Palm Beach celebration in January were (from left): Mark Zeidel, MD, Kevin Tabb, MD, Andrew Wagner, MD, David Avigan, MD, Mary Jane Houlihan, MD, Mary Ann Stevenson, MD, Marc Garnick, MD, Jeffrey Saffitz, MD, PhD, and Elliot Chaikof, MD, PhD, Chairman of the Department of Surgery.