

2010

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Surgical Solutions

Kidney Transplant Program Offers Many Options and Encourages Living Donors

Philadelphia is a competitive community for kidney transplantation, and yet Jefferson's 2009 numbers were impressive: 93 kidney and kidney-pancreas transplants. "Thirty-two of these transplanted organs were from living donors," says Associate Professor Carlo B. Ramirez, MD, FACS. "The percentage of living donors grew by 19 percent last year, while the percentage of deceased donors remained the same as the previous year."

Berch Harris is a Jefferson patient who was fortunate to know a donor with whom he was a good match—his wife. He met Vallerie Armstrong in 2002 when he started hemodialysis at a center where she worked. Three years later, Berch had regained kidney function on two separate occasions, and he stopped by the center with information about a product that had helped him. Vallerie gave him her number—it was her last day of work there. They started dating in 2006, began doing at-home dialysis the following spring and married in Berch's native Barbados on December 8, 2007. By that time Vallerie had been tested and deemed a match with Berch. With his history of regaining function, Berch remained optimistic that his kidney would once again kick in. But those hopes were dashed when doctors found a cancerous tumor on his left kidney. That's when he and Vallerie knew it was time to get serious about transplantation.

After having his left kidney removed in July 2008, Berch and Vallerie moved forward with their plan to pursue live donor transplant. In February 2009, Costas Lallas, MD, performed a robotic nephrectomy on Vallerie and Dr. Ramirez (whom she describes as "a fabulous human being") transplanted the kidney to Berch. "We're very blessed that we have been afforded this opportunity," says Vallerie. "Life's just better now, and will continue to get better."



Though the heart is the universal symbol for love, for Berch and Vallerie Harris, the kidney might be a more fitting representation of their shared affection, perseverance and faith.

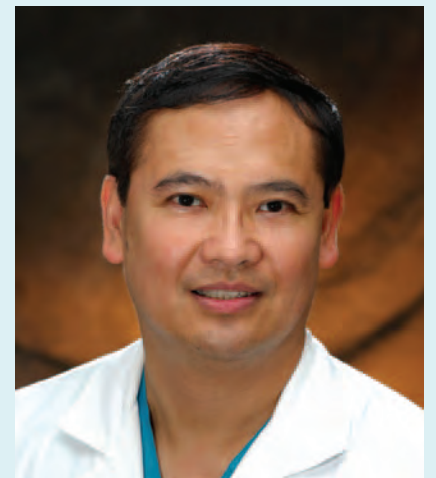
Dr. Ramirez and three other Jefferson surgeons perform kidney transplants: Cataldo Doria, MD, PhD, FACS, the Nicoletti Family Professor of Transplant Surgery and Director of the Transplant Division; Assistant Professor Adam Frank, MD, FACS; and Associate Professor Warren Maley, MD, who is also Director of the Live Donor Liver Transplantation (LDLT) Program, which launches this spring. For patients less fortunate than Mr. Harris, Jefferson offers other options, including deceased donor and paired donation protocols (see sidebar).

Dr. Ramirez explains that, as one of 6 kidney transplant programs in the city of Philadelphia, Jefferson strives to maximize its patients' chances of receiving a donor kidney. One key to

expanding Jefferson's transplant list is Outreach and Education Coordinator Kim Phillips, RN, BSN, CCTC, who goes out to nephrology practices around the Delaware Valley, to build relationships and coordinate meetings with Jefferson surgeons. "This enables us to get know the nephrologists who refer patients to us," says Dr. Ramirez, "and it fosters good communication. The day after a transplant I always call the referring nephrologist to let them know how their patient is recovering," he notes. "I find that keeping in touch like this means a significant amount—as it does to me with my own patients."

For more information about the Kidney Transplant Program visit: www.jeffersonhospital.org/transplant/kidney

The Surgeon Speaks



Carlo Ramirez, MD, FACS

Transplantation from living donors offers the best outcomes for patients with chronic kidney disease. Unfortunately, only 60 percent of potential living donors are compatible with their intended recipients. Those patients without a compatible donor will have to wait on the deceased donor transplant list, which currently exceeds 85,000 patients nationally, with a median wait time of 4 years.

To facilitate living kidney donor exchanges, Jefferson has adopted a "paired-kidney donation" (or "kidney donor swap") protocol, which will help patients with potential living donors who are incompatible for blood or tissue type. By collaborating with the Paired Donation Network, we hope to find a compatible donor-recipient pair that will make transplant possible for most of these recipients.

The surgery is identical to a standard living donor kidney transplant, but there are added considerations with a kidney exchange: the timing of the donor operations requires careful coordination to avoid an unfair exchange, where one donor donates while another potential donor does not, resulting in only one recipient getting a transplant.

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Overview



Charles J. Yeo, MD

Samuel D. Gross Professor and Chair, Department of Surgery

Progress...Service Lines

Many in the Department have been involved with our institutional efforts initiating five robust service lines here at Jefferson. These service lines are co-directed by a physician and an administrator, supported by Executive Committees and Working Committees, and focused upon five specific areas of clinical activity:

- Cancer
- Cardiovascular
- GI/Transplant
- Neurology/Neurosurgery
- Musculoskeletal

Our surgeons touch each of these areas, serve on their committees, and have helped direct initiatives dealing with quality and outcomes, growth of services, recruitments, marketing, etc. These service lines cross the traditional departmental silos, bring together physicians, surgeons and administrators who are focused on care in the given clinical areas, and have proved, even early in their existence, to be valuable as we look to grow, expand our imprint, and prepare for Jefferson's medicine of the future. Of note, these service lines also provide opportunities for focused multidisciplinary training of our residents, students and fellows...in one of the five clinical areas mentioned above.

Additionally, a sixth, more "informal" service line deals with the Multidisciplinary Center for Critical Care. Recently new critical care beds have been built both at the Jefferson Hospital of Neuroscience (JHN) and on the 4th floor of the Gibbon Building, ushering in a more robust opportunity for us to care for the increasingly ill and complex patients that are being treated here. As Thomas Jefferson said in 1810, "As new discoveries are made...institutions must advance also, and keep pace with the times."

Boy, are there changes afoot!

Clinical Integration



Photo: David Lunt

Center director Gordon Schwartz, MD, MBA, FACS and assistant director Sun Yong (Sunny) Lee, MD, FACS lead the multidisciplinary team of the new Jefferson Breast Care Center.

The New Breast Care Center: Truly "Managed Care" for Women

In a few short months, the Jefferson Breast Care Center has already distinguished itself nationally. Formally launched on October 1, 2009, with the appointment of Gordon Schwartz, MD, MBA, FACS as Center Director, the Center also received a full, 3-year accreditation from the National Accreditation Program for Breast Care Centers (NABCC) after a rigorous evaluation.

The Center offers a unique approach to the care of any woman with questions related to breast health. "We want to serve people with specific diagnoses, but also strengthen our commitment to those whom we call 'the worried well,'" says Dr. Schwartz, a Professor of Surgery.

"We want to serve people with specific diagnoses, but also strengthen our commitment to those whom we call 'the worried well'"

The Center's multidisciplinary approach integrates surgery, medicine, oncology, and radiation oncology, as well as integrative (and holistic) medicine and emotional support for women and their families. The Jefferson model coordinates and streamlines the process for patients,

to avoid what one patient described as her experience elsewhere of "being treated by 4 or 5 subcontractors, when what I really wanted was a general contractor."

The team of Jefferson specialists includes the new Assistant Director, Sun Yong Lee, MD, FACS who completed a breast

surgery fellowship at Jefferson; Pramila Anné, MD, Associate Professor of Radiation Oncology; Neal Flomenberg, MD, Chair of Medical Oncology; and Barbara Cavanaugh, MD, Clinical Associate Professor of Radiology, in Breast Imaging. Other critical team members are administrator Rosanne Iacono, RN-C, MSN, CRNP, and coordinator Rita Battaglini, RN, BSN, who helps patients navigate the complex insurance system.

Dr. Schwartz is committed to making the most of what scientists are doing across campus, "by integrating basic science results into our practice as soon as possible." The Center will also have an international board of advisors, including the world-renowned Italian breast cancer surgeon Umberto Veronesi, MD, and others from Italy, France and the United Kingdom, making Jefferson a site for international collaboration.

The long-term plan for the center is to expand upon the Breast Imaging Center on the 4th floor of the Medical Office Building at 11th and Walnut Streets in Center City by adding a clinical facility one floor below. From its leadership to individual technicians, the Center staff strives to serve as a lifelong family for its patients. "The women we treat will have a home with us forever," says Dr. Schwartz.

For more information about the Breast Care Center visit: www.jeffersonhospital.org/breast

Please Welcome



Joyce Hartmann, Physician Liaison for Liver Transplant Program

This fall marked the 25th anniversary of the region's first liver transplant – performed at Jefferson – and since then, Joyce Hartmann has had the opportunity to represent Jefferson's Liver Transplant Program to referring physicians throughout the Delaware Valley.

With 20 years of healthcare marketing and program development experience, Joyce was attracted to the position because of the chance to represent the multidisciplinary team of physicians and surgeons, transplant coordinators, social workers and support staff.

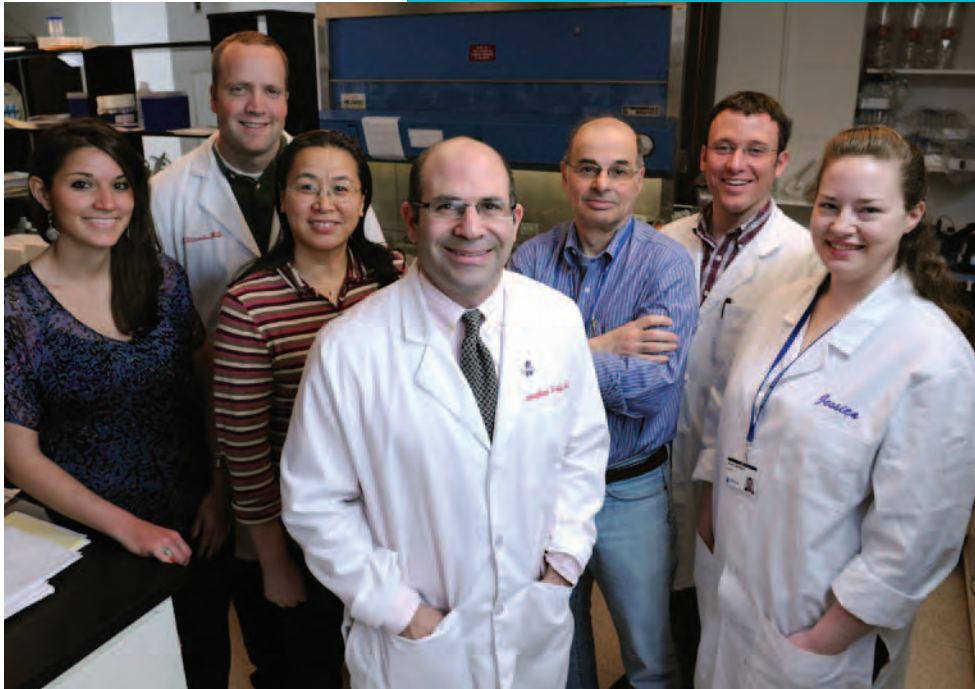
Jefferson's Liver Transplant Program consistently surpasses national averages for transplantation survival rates," Joyce explains. "Our surgeons transplant the sickest patients in the region and our program has the lowest mortality rate among patients on the recipient waiting list. It is a privilege to represent the team, to

ensure that their talents are known to referring physicians and patients receive the care that they need."

To coordinate an office visit and for assistance with patient navigation or scheduling an appointment, please contact Joyce at **215-503-7507** or joyce.hartmann@jeffersonhospital.org.

For more information about the Liver Transplant Program visit: www.jeffersonhospital.org/transplant/liver

Changing Lives Through Research



Jonathan Brody, PhD, and his team of technicians, residents and students are conducting studies that are garnering financial support for a historically underfunded field of research – pancreatic cancer.

Brody Recognized for Promising Pancreatic Cancer Research

Assistant Professor Jonathan Brody, PhD, has received a prestigious Career Development Award from the Pancreatic Cancer Action Network (PanCAN) and the American Association for Cancer Research (AACR) for his innovative research in pancreatic cancer.

“The results have the potential to help us learn how to customize treatments for patients to improve outcomes and survival.”

One of three Career Development Awards granted to junior faculty at academic and medical institutions each year, Dr. Brody’s award is named for the philanthropist and Rydex Investments founder Skip Viragh, who died of pancreatic cancer in 2003. Dr. Brody accepted the award at a formal ceremony held on April 20 at the annual meeting of the AACR in Washington, DC. He will receive \$200K over the next two years.

“While the need for scientific and medical breakthroughs in pancreatic cancer research is urgent, there is a major shortage of federal funding for research on this deadly disease,” says Julie Fleshman, President and CEO of PanCAN. “Since 1999, PanCAN has been working to help fill this critical void. In 2010, we will disburse nearly \$2.3 million in funding for research grants. We are excited about this partnership with Dr. Brody and look forward to working with him as we make strides against this deadly disease.”

Dr. Brody will use the funding to build upon his research on a stress-response protein called Hu antigen R (HuR), “activated” in pancreatic tumor cells. Dr. Brody and his team have found that HuR can actually be used to predict the effectiveness of the standard chemotherapy treatment for pancreatic cancer: gemcitabine.

“This means that HuR is essentially a biomarker, which we can use to determine up front whether a patient is likely to respond to this treatment or not,” says Dr. Brody. The findings of his initial study, of which Dr. Brody was the senior

author and Jefferson pathologist Dr. Agnieszka Witkiewicz closely collaborated on, were first published as a Priority Report in the journal *Cancer Research* in June 2009. A follow up report is being presented this month at the American Surgical Association in Chicago.

“By improving our understanding of drug metabolism and the molecular diversity that exists within the patient population, this study has important implications for the development of personalized medicine for pancreatic cancer,” notes Ms. Fleshman. “The results have the potential to help us learn how to customize treatments for patients to improve outcomes and survival.”

Dr. Brody and his team are now seeking a way to activate HuR in patients that show low levels of the protein. “The research is moving into expanding our clinical samples as well as building on pre-clinical animal models for further exploration,”

Katie Ashburn, CRNP, and Shawn Pierce, CNRP, are Vascular Surgery Nurse Practitioners for the outpatient and inpatient practices (respectively). They both assumed their positions in late spring of 2009.

What does an average day look like?

Katie: Between the vascular attending physicians and me, we see 40 patients a day in a fast-paced outpatient office. I perform patient history and physicals and develop a plan of care in conjunction with the attendings, to improve patient education and communication. I follow wound care patients and occasionally manage insurance issues. We work closely with the anticoagulation clinic and the hyperbaric treatment center.

Shawn: I work with the vascular team comprised of an intern, a resident, a fellow and Drs. Paul DiMuzio and Joshua Eisenberg. Together we manage patients in surgery as well as on the floor. I work closely with our case manager on more complicated discharge cases. After patients leave, I call to help with questions or complications.

What are your respective backgrounds?

Katie: I worked as a nurse at Jefferson for 5 years, including the Intermediate Surgical Intensive Care Unit for 18 months and the

On the Job



Surgical Intensive Care Unit for 3½ years. I earned my master’s degree at Jefferson during that time.

Shawn: I have been a nurse for 23 years and I taught for 10, so many of the nurses here know me as an instructor. I worked as a critical care “float” RN working in the Intensive Care Units and the Post Anesthesia Care Unit as needed.

Do the two of you work together?

Shawn: We share an office and often confer with each other to improve continuity in patient care. Patients appreciate how well we know them.

says Dr. Brody. “We are intrigued as to whether other chemotherapeutic agents might also engage this same pathway.”

“As a young pancreatic cancer researcher I have always admired these two top-notch organizations,” says Dr. Brody, “and to be recognized by them truly is an honor and validates the direction of my research.” This award allows him to produce a body of high-quality data over the next few years as he strives to extend his funding and work with the aid of such agencies as the National Cancer Institute (NCI). Ultimately, Dr. Brody hopes this funding will help translate the work in his laboratory for the benefit of pancreatic cancer patients in the clinical setting.

[Editor’s note: Dr. Brody has, as of this writing, just been notified that he has been awarded an American Cancer Society grant in excess of \$700k over the next 4 years.]

Those Who Give

Jefferson Awards Gala Celebrates a Dedicated Faculty Member

On October 22, 2009, the Jefferson community celebrated the contributions of Herbert E. Cohn, MD, FACS, at the Seventh Annual Jefferson Awards Gala. Dr. Cohn, a Jefferson Medical College alumnus, distinguished member of the Department of Surgery faculty, teacher and administrative leader, received the Achievement Award in Medicine, recognizing his career in thoracic and endocrine surgery.

More than 500 guests attended the event which raised close to \$600,000 for Jefferson. Among the many alumni, faculty and friends who generously supported the Gala was Mrs. Irmine Pilmes, a longtime patient of Dr. Cohn's. Dr. Cohn cared for both she and her husband, Alexander Bondaretz, over many years and earned their deep appreciation. When Mrs. Pilmes learned of the Gala, she decided to make a significant contribution to Jefferson in Dr. Cohn's honor. For Mrs. Pilmes, the best vehicle for such a gift was through her estate. She worked with the Jefferson Foundation and her attorney to develop language in her will that would direct \$100,000 to the Department of Surgery in support of thoracic and endocrine surgery education and research.



Dr. Cohn (center) accepts the Academic Achievement Award from University President Robert Barchi, MD, PhD (left) and Tom Lewis, TJUH President and CEO. Three generations of Dr. Cohn's family attended the event last fall, including his wife Natalie (below.)

The most common form of a planned gift is a simple bequest through a will. Bequests of cash, securities, real property or other assets to



Jefferson entitle one's estate to a charitable deduction that can reduce or eliminate estate tax liability.

Sadly, Mrs. Pilmes was unable to attend the Gala in the fall. She passed away during the summer, but was recognized at the event for her tremendous generosity as a Platinum Sponsor. Dr. Cohn, who is currently

the Vice Chair of Quality, humbly recalls, "I have received many gifts from grateful patients over the years from bottles of scotch to bequests in their wills and I'm always taken aback – I'm just doing my job." At the same time, he is very appreciative. "It is fitting that Jefferson received this gift. This is where I trained and practiced my entire career. Mrs. Pilmes' generous gift will help ensure that Jefferson continues to produce top-notch surgeons and push our research forward."

For additional information about planned giving, or to make a contribution to the Department of Surgery, please contact Lara Goldstein in the Jefferson Foundation at 215-955-8797 or lara.goldstein@jefferson.edu.

News in Brief



Nathaniel R. Evans, MD

Nathaniel R. Evans, MD has joined the Division of Cardiothoracic Surgery. Dr. Evans finished his cardiothoracic surgery training at the Massachusetts General Hospital in December 2009. His focus will be on thoracic surgery both at Thomas Jefferson University Hospital and Methodist Hospital.

Sun Yong (Sunny) Lee, MD, FACS has joined the Division of General Surgery. In 2005, Dr. Lee completed a fellowship in breast surgery here at Thomas Jefferson University Hospital. She is the Assistant Director of the new Jefferson Breast Care Center.

Kris R. Kaulback, MD, FACS has been appointed medical director of the trauma program at Paoli Hospital. Dr. Kaulback will also continue as the associate director of the Level I trauma unit at Jefferson.

Adam Berger, MD, FACS, recently received an Outstanding Performance Award for going above and beyond the scope of the normal duties of serving as a liaison between the Hospital's cancer program and the American College of Surgeons Commission on Cancer (CoC).

Nathan Richards, MD (PGY4) presented his work from Dr. Jonathan Brody's lab on HuR status and pancreatic cancer at the 130th Annual Meeting of the American Surgical Association in Chicago this April.

Melissa Lazar, MD (PGY4) has won a resident research award from the Society for Surgery of the Alimentary Tract and will present at the May meeting on her work in Dr. Hwyda Arafat's lab on osteopontin and nicotine.

Steven McIlhenny, defended his PhD thesis in Jefferson's Tissue Engineering and Regenerative Medicine Program. Under the mentorship of Dr. Paul J. DiMuzio, Dr. McIlhenny was previously awarded a prestigious American Heart Association Pre-doctoral Fellowship.

On Thursday, December 3, 2009, the portrait of Gerald J. Marks, MD, FACS, was presented to Thomas Jefferson University. A member of the Jefferson faculty for many years, Dr. Marks has led a distinguished surgical career and has made numerous contributions to the field of colorectal surgery.

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Surgical Solutions

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