“Our patients are at the center of everything we do — whether they’re around the block or halfway around the globe.”

— JEFFREY DREBIN, MD, PHD, The John Rhea Barton Professor of Surgery and Chairman of the Department of Surgery
THIS PAST JANUARY, I was deeply honored to be named the 14th John Rhea Barton Professor of Surgery and Chairman of the Department of Surgery at the University of Pennsylvania.

Leading my distinguished colleagues at one of the world’s foremost academic medical centers is humbling, exhilarating, and almost boundless in its possibilities.

The world of Penn Surgery begins in operating rooms, patient rooms, lecture halls, and laboratories across Penn Medicine. In all these places we are hard at work saving and improving lives, preparing the next generation of skilled surgeons, and advancing medical science through research and clinical trials.

Patients at Penn Surgery have access to a range of options and a level of integrated care available at few other medical centers. We accept high-risk patients who can’t be helped elsewhere.

Our faculty — unmatched in its breadth, with leaders in every division — nurtures future academic surgeons through rigorous training programs that require all residents to engage in at least two years of scholarly work in addition to years of clinical training.

Ever-expanding research facilities on a compact campus, which in recent years have attracted top-five funding from the National Institutes of Health, ensure that “bench-to-bedside” is not just a turn of phrase.

Outside experts agree. This year U.S. News & World Report moved the Hospital of the University of Pennsylvania up to 8th on the magazine’s honor roll, which assesses some 4,800 hospitals.

Further proof lies beyond the Philadelphia skyline and the flight paths of our PennSTAR helicopter fleet. Penn-trained surgeons are the chairs and chiefs at dozens of prestigious institutions.

Our research, and the cutting-edge techniques that flow from it, change practice. In addition, Penn surgeons travel extensively, bringing the highest surgical skills to the most remote and dangerous corners of the globe. This annual report will guide you to some of these destinations as well, showing the global scope of Penn Surgery.

Wherever we are, two things are constants: First, our patients are at the heart of our mission. And second, the Penn Surgery team — from the faculty, physician assistants, and nurses, to the fellows and residents — is essential to every outstanding outcome.

I am proud to lead these extraordinary individuals in establishing the next benchmarks of care, education, and research that represent the Penn Surgery mission. Together we will usher in a healthier future that begins in Philadelphia, crosses America, and reaches out to other nations.

Welcome to the world of Penn Surgery.

JEFFREY A. DREBIN, MD, PHD
The John Rhea Barton Professor and Chairman
Department of Surgery, University of Pennsylvania
CHAIRS AND DIVISION CHIEFS at some of America’s leading medical institutions trained and began their careers at Penn Surgery. Its faculty serve on battlefields, lecture through translators, perform leading-edge procedures, and open fellowship opportunities. Surgeons from six continents gain expertise and insight here in Philadelphia and change the face of surgical care in their home countries.
“THE LUNG TRANSPLANT TEAM NEVER FORGETS WHO WE’RE SERVING. WE ALWAYS PUT PATIENTS FIRST, INCLUDING THE HIGHEST-RISK CASES. NO RISK IS TOO GREAT WHEN THE REWARD IS SAVING A LIFE.”
— Alberto Pochettino, MD, Director, Lung Transplant Program

THE PENN TRANSPLANT INSTITUTE MAKES PHILADELPHIA A PATIENT’S FIRST DESTINATION:

• Other lung transplant programs send their highest-risk patients to Penn Surgery, accounting for 10 percent of all referrals.
• Every lung transplant patient is assigned a team of physician-nurse advocates. The primary nurse practitioner is always a phone call away.
• Because only 17 percent of all organ donors have lungs that meet transplant criteria, the Lung Transplant team works very closely with organ procurement organizations to optimize, support, and protect this precious gift.
• In 2010, the Clyde F. Barker Transplant House will open to patients’ families, offering a home away from home and an important support network.
• Joel Cooper, MD, who performed the world’s first successful lung transplant in 1983, is Chief of Penn Surgery’s Division of Thoracic Surgery.

THE ELITE FIELD of lung transplantation does not use statistics to mark pinnacles of individual achievement. If it did, Alberto Pochettino, MD, would be in its Hall of Fame.

Stop to consider that Pochettino, director of Penn Surgery’s Lung Transplant Program, is among a handful of surgeons to have performed more than 400 lung transplants over the last decade — nearly two-thirds of the institution’s 650 lung transplants since this program began in 1991.

That is saying a lot. Penn Surgery has one of the nation’s busiest transplant programs for all organs. The Penn Transplant Institute, under Abraham Shaked, MD, PhD, is renowned for its surgical prowess and translational science, backed by top funding from the National Institutes of Health.

Defining multidisciplinary care, Penn Surgery’s Lung Transplant Team includes lung transplant surgeons, pulmonologists, nurse practitioners, nutritionists, therapists, and social workers. The new Lung Center at the Perelman Center for Advanced Medicine enhances these collaborations, as the team works in the same exam and consulting rooms as thoracic surgeons, pulmonologists, chest radiologists, and other specialized pulmonary physicians, sharing expertise for the patients’ benefit.

THE BEST INCISION
A Penn Surgery hallmark has always been finding a better way to operate. Lung transplantation is no different.

“Surgically, the way I do single- and double-lung transplants is unique,” says Pochettino. “The incisions are smaller, making the operation more tolerable for the patient.”

The results are immediate and dramatic. Patients begin their recoveries faster, make better progress, and become independent sooner. Most are testing their new lung function within days.

Sometimes the most difficult road is not recovery but preparation. The Lung Transplant Team helps patients ready themselves for their long wait, peer-review their cases, get new names on the transplant list, recognize individual needs, and empower patients and families to become their own advocates. This compassion also extends to donor families.

When a new patient is referred, an intricate, efficient machine jumps into action. Records are screened within 24 hours. Patients are given appointments, typically within a week, and encouraged to bring their loved ones for information gathering and support. Pochettino and his team carefully scrutinize the details of each patient’s evaluation in weekly meetings. Their combined expertise develops an individualized plan of care that emphasizes helping every patient achieve the best quality of life for as long as possible.

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(pictured right) The Lung Transplant Team has made Penn a destination for patients in need of single- and double-lung transplant surgery; the team includes (standing) Kelly Walsh, RN; Alberto Pochettino, MD; James Lee, MD; and (seated) Albert Cheung, MD; and Kevin Carney, RN, CCTC.
A MOTHER’S LOVE

Each May for the past three years, Kathi Clapham has found time to send two families a heartfelt message: “You gave my kids their Mommy back.”

One thank you goes to the family of the young man whose lungs gave Clapham a second chance at life; the other to the Lung Transplant Team at Penn Surgery.

Even before her double-lung transplant, Clapham never breathed easily. Diagnosed with cystic fibrosis at six months, she spent a lifetime managing her health. In 2003, she and her husband had carefully embarked on a high-risk pregnancy, but an early ultrasound uncovered a new challenge: she was pregnant with twins.

Soon, Clapham’s health began unraveling as the developing fetuses compressed her lungs. Twenty weeks in, Clapham was in Penn Presbyterian Medical Center, hooked to an IV and on oxygen. She broke some ribs just clearing her congested lungs, trying to hang on for a viable delivery.

On January 7, 2004, her daughter and son entered the world at the Hospital of the University of Pennsylvania and Clapham felt her lungs open up. But not for long. A major infection flared and respiratory failure led to a tracheotomy. Even worse, her lungs had been permanently compromised. She would need a transplant. That February, all three came home, and after two years on the transplant list, a donor was found.

Today Clapham gives back, speaking for the Gift of Life program, counseling fellow CF patients on the transplant list, and making her story an inspiration for others. “I’m glad to have an impact,” she says. “That’s my donor’s legacy. That is Penn Surgery’s gift.”
ONE OPTION MORE

“You have breast cancer.” When Carole Gekoski first heard these terrifying words in December 2003, she was not at a Penn Medicine hospital. She wishes she had been.

“You’re suddenly thrown into categories. The size and type of tumor, whether it’s invasive or not. Every cancer is different and so are the treatment options,” says Gekoski. “My cancer was DCIS (ductal carcinoma in situ) which is non-invasive, but the tumor was fueled by the HER-2 protein, making its growth aggressive. Now I tell people, if that’s what you have — and one out of five DCIS patients do — call Dr. Brian Czerniecki.”

By the time she came to Penn, Gekoski had undergone a biopsy and two lumpectomies elsewhere. Questionable lab results regarding micro-invasion led to a sentinel node biopsy. That’s when she met Czerniecki, who told her that, if not for the previous surgeries, she would be the ideal candidate for his DCIS vaccine trials. “If I hadn’t gone to Penn, I would have never known about this experimental vaccine,” Gekoski says.

It would take a reversal of fortune to connect her with this novel treatment. In July 2006, months after a normal mammogram, Gekoski had an MRI. “The tumor lit up like a light bulb, in the same exact place.” The DCIS was still there despite surgeries and six weeks of radiation.

Gekoski knew she wanted the vaccine and knew it needed to precede further surgery. Czerniecki requested a special exemption from the Institutional Review Boards and the FDA. A few weeks later, a friend was feeding Gekoski antacids as they took blood from one arm and put it back in the other for the leukapheresis necessary to make her vaccine. After four weekly treatments and bouts with flu-like symptoms, the protocol was completed. An MRI and surgery confirmed the cancer was — and still is — gone.

“Penn’s on the cutting edge. They have the technology and research. If you’re HER-2 positive, you need to come here. It’s not a competition. It’s about saving lives.”
“WE HAVE ALWAYS SAID THE TRUE CURE FOR SOLID-MASS CANCERS COMES FROM THE DEPARTMENT OF SURGERY. THAT WILL CONTINUE TO BE TRUE, EVEN AS WE WORK TO MAKE SURGERY LESS NECESSARY.”
— Douglas Fraker, MD, Vice Chair and Chief, Endocrine and Oncologic Surgery

REGIONAL LEADERSHIP
BRAVE NEW WORLD

BRIAN CZERNIECKI, MD, PHD, is identifying the best way to attack breast cancer in its earliest stages. In the process, he helps make the case that Penn Surgery is the best place in the Philadelphia region for cancer care.

Czerniecki’s exciting breakthrough is a vaccine that generates strong and sustained immune responses in patients with ductal carcinoma in situ (DCIS), an early, non-invasive form of breast cancer. It functions by injection into lymph nodes, presenting dendritic cells as quickly as possible to the patient’s T cells and spurring a strong immune response.

“Even though this cancer is early, cases that over-express the oncogenic protein HER-2/neu carry a high risk of becoming invasive,” explains Czerniecki, who came to Penn Surgery from the National Cancer Institute in 1995. “The key is to use the patient’s own immune system — while the patient is healthy.”

Penn’s vaccine production facility, a rare in-house resource, builds a vaccine from the patient’s own white blood cells that are “fed” small pieces of the HER-2/neu protein. For many DCIS patients, this protein is the causal link to breast cancer. The injected vaccine then causes their bodies to begin fighting back much earlier than they otherwise would.

A STEP AHEAD
For Penn Surgery, this evolving research, just entering Phase II, may be its most promising discovery yet. While other institutions are studying late-stage cancer vaccines, Penn Surgery is unique in emphasizing early immunotherapy with an eye to prevention.

“One day, all women — especially those with a marked risk of breast cancer — will be able to come in after child-bearing years and receive a vaccine that will put their bodies on high alert before the first cell mutates,” Czerniecki predicts.

Many more steps must happen first. Czerniecki has finalized Phase I findings and these have been submitted for publication. Confirmatory studies will follow at Penn and other sites.

The approach might also be tested with other cancers that can be detected early, a process that is already under way. Czerniecki and his team recently began working with gynecologic oncology to vaccinate ovarian cancer patients.

At Penn Surgery, what once sounded like science fiction — a vaccine to prevent cancer — is quickly becoming science fact.

PENN SURGERY IS THE REGION’S BUSIEST CANCER CARE CENTER BASED ON NEW-PATIENT VOLUME, SUPPORTED BY THESE ASSETS:

• The Perelman Center for Advanced Medicine bolsters Penn Surgery’s regional leadership across many divisions. In cancer care, it integrates the work of surgeons and medical and radiation oncologists, and houses the Abramson Cancer Center and the Rena Rowan Breast Center.

• Oncologic surgeons at Penn, led by Vice Chair and Division Chief Douglas Fraker, MD, generate the best outcomes despite taking on tumors labeled “untreatable” elsewhere.

• The region’s dominant endocrine surgery practice performs some 500 minimally invasive parathyroidectomies each year.

• Penn’s outstanding cancer research and community education programs, including Oncolink.org, became the Web’s first cancer resource in 1994.

(pictured left) Brian Czerniecki, MD, PhD, works for a future in which vaccines are a first line of defense against many cancers, beginning with breast cancer.
“LOOK AROUND THE COUNTRY. SO MANY PENN-TRAINED SURGEONS SERVE AS CHIEFS AND CHAIRS. THERE IS NO DOUBT THAT PENN SURGERY WORKS TO SHAPE THE NEXT GENERATION OF SURGEON LEADERS.”
— Ronald Fairman, MD, Vice Chair and Chief, Vascular Surgery and Endovascular Therapy

NATIONAL INFLUENCE

AMERICAN INNOVATION

WHEN RONALD FAIRMAN, MD, was a resident at Penn, he decided to pursue clinical trials. He liked their compact nature — usually two years, start to finish — and the immediacy of their impact on practice and patient outcomes.

In retrospect, Fairman’s decision was astute — for him; for the Division of Vascular Surgery and Endovascular Therapy, which he now runs; and for Penn Surgery as a whole.

But it wasn’t always that way. “There weren’t many clinical trials during the ’80s and ’90s,” says Fairman. “Minimally invasive surgery and endovascular aneurysm repair changed everything. We began building a solid track record. Now, all the medical technology companies want Penn Surgery to be in their trials. We lend credibility to their work.”

Indeed, Penn Surgery has participated in practically every major vascular trial since the first-in-human aortic stent graft trial in 1996. Fairman has served as National Principal Investigator for major abdominal aortic, thoracic aortic, and carotid stent trials, resulting in six FDA-approved devices that have saved thousands of lives.

A FOUNDATION FOR EXCELLENCE

This robust trial activity attracts patients nationwide, and builds relationships with hundreds of physicians from coast to coast because Penn faculty members have trained them to use the newest devices.

“If you’re a busy clinical physician, it’s exciting to go to work. It helps get Penn Surgery’s name out there,” Fairman says. “Every time I talk at a national or international conference, our logo is up there. People want to know: ‘What is Penn’s experience with this?’”

This far-reaching influence makes an impact within Penn Surgery, spurring collaborations between divisions and departments, growing academic productivity, and factoring into NIH-funded basic and translational research, which starts the pipeline leading to trials.

Fairman is also able to mentor colleagues by assigning them site investigator responsibilities.

These opportunities help build careers for residents and fellows, whether they stay at Penn or take leadership positions at other prominent institutions, passing on the skills and perspectives they first gained here.

As Fairman sums it up: “Doing clinical trials well means tomorrow’s best clinical practices — and the training and research to support them — begin at Penn Surgery.”

THIS STORY IS ONE OF MANY THAT EXEMPLIFY PENN SURGERY’S NATIONAL CAPABILITIES ACROSS CARE, RESEARCH, AND EDUCATION:
• As pioneers of high-risk procedures, Penn surgeons attract patients nationally and internationally.
• Complex care scenarios, coupled with best outcomes, are building blocks for a national reputation that has helped the Hospital of the University of Pennsylvania (HUP) land back-to-back, top 10 U.S. News & World Report rankings.
• HUP’s nursing staff holds the rare distinction of earning both Magnet status and multiple critical care Beacon Awards.
• Penn Surgery consistently ranks in the top five in the race for National Institutes of Health funding, garnering nearly $69 million in awards over the past five years.
• Penn Surgery continually strengthens its exceptional faculty, recruiting and retaining exciting new talent.

(right) Pictured holding a stent device Penn Surgery helped to win FDA approval, Ronald Fairman, MD, leads clinical trials that change surgical practice, save lives, and shape careers.
The first thing Grace Wang, MD, noticed was Penn Surgery’s frenetic pace. “The high energy was palpable,” she recalls. “This appealed to me right away. To be an outstanding surgeon, you need to train in a busy place, where there is a broad array of pathologies.”

Wang understands what busy means. She had just completed a seven-year residency — five years of clinical training, two years of research — at another premier, high-volume hospital, Massachusetts General. Now she was seeking a fellowship program to complement that experience and fit her academic and clinical interests.

Wang recognized one challenge. Fellowships — especially at top-notch institutions — often attract and accept residents who are already there. Penn Surgery, however, makes an extra effort to cast a wider net in order to attract the best national candidates.

Once selected, Wang found immediate proof she had made the right choice. “Penn Surgery’s approach to training impressed me from the very beginning,” she says. “The nature of the operative teaching is really unparalleled. The degree of autonomy faculty members give residents — within appropriate supervisory limits — is something you don’t see elsewhere.” She also points to Penn Surgery’s participation in clinical stent trials as a further opportunity to strengthen her surgical training.

After her fellowship, Wang was invited to join the faculty. It was an easy decision. “I couldn’t ask for a better mentor than Ron Fairman,” Wang says of her division chief. It is a role she may soon fill for residents from her old stomping grounds. “The Boston programs are now more aware of Penn Surgery. Residents at Mass General, and Brigham and Women’s Hospital, have contacted me and identified Penn as a top-tier program for post-residency training. After all, this is one of the most sought-after vascular fellowships.”
A MAN FOR ALL SEASONS
By all accounts, John Pryor, MD, was a generous man and a gifted surgeon. But in the face of unmet need, he was a force to be reckoned with.

On September 11, 2001, he rushed to Ground Zero. Soon after, Pryor enlisted in the Army Reserves. It was in Iraq, on his second tour of duty, that Major John Pryor was killed instantly when a rocket exploded five feet from him. It was Christmas Day 2008.

“I promoted John to Trauma Program Director because he was a natural leader,” says his mentor and Division Chief C. William Schwab, MD. “More than that, he articulated his vision well. But there was also this Tom Sawyer thing about John. When something needed doing, he could always get people to volunteer.”

Beyond his legacy as a surgeon, Pryor wrote several stirring commentaries, including a 2007 Washington Post op-ed likening Penn’s Trauma Center to Iraq. “The wounds and nationalities of the patients are different, but the feelings of helplessness, despair, and loss are the same,” he wrote.

One of Pryor’s final gifts to Penn Surgery was helping design a Trauma Skills and Simulation Workshop at the new Penn Clinical Simulation Center. The first one took place in April. The 46 participants came from Penn as well as Temple, Jefferson, and the Philadelphia College of Osteopathic Medicine. “John refused to leave anyone out,” says Schwab. “He believed that learning should never be confined. It didn’t fit with his view of the world.”

Penn Surgery will honor John Pryor with an annual memorial lectureship for a visiting professor, physician, or health provider who is also a humanitarian (see page 20).
“WE USE EDUCATION AS A HIGHWAY TO REACH OUT TO OTHER COUNTRIES. TRAUMA PLAYS A BIG ROLE BECAUSE THE HISTORY OF SURGERY IS THE HISTORY OF INJURY CARE AND INJURY CARE IS A UNIVERSAL NEED.”
— C. William Schwab, MD, Chief, Trauma and Surgical Critical Care

GLOBAL REACH
UNPARALLELED SERVICE

PENN’S CONTRIBUTIONS to military medicine and combat surgery date to the American Revolution. But it was during World War II that a young Penn Surgery trainee helped to craft the future of American Trauma Surgery.

When William “Billy” Fitts, MD, returned to his residency, he immediately saw the value of the emergency surgical techniques he had witnessed as an Army surgeon. Fitts, who would chair Penn Surgery in the 1970s, devoted himself to bringing greater recognition to the care of the injured and trauma surgery.

C. William Schwab, Chief of the Division of Trauma and Surgical Critical Care since 1987, is a Navy veteran who understands the connection first-hand — and its currency. “Billy Fitts was passionate about reducing preventable deaths. He anticipated the need to train surgeons to care for injuries, and forecast the current trauma centers of today.”

Schwab and his team have built one of the best traumatology programs anywhere. But they have also translated successes at home into partnerships abroad, supporting better care the world over. Trauma’s fellowship program has graduated more than 70 national and international trauma surgeons over two decades, including chiefs at hospitals in Canberra, Australia and Taipei, Taiwan.

THE BATTLEFIELD AND BEYOND
In 1994, the Division set up a cooperative partnership with the Army, Air Force, and Navy. Graduates such as Colonel Donald Jenkins, MD, USAF, apply Penn Surgery practices directly to conflict zones. In 2006, Jenkins served as U.S. Central Command Trauma Medical Director for Operation Enduring Freedom/Operation Iraqi Freedom.

This military exchange is bidirectional. Trauma faculty members serve in the armed forces reserves and have completed numerous tours of duty. To share expertise more widely, the Division turned in 1997 to a foreign exchange program for civilian medical personnel. Nearly 200 trainees later, trauma surgeons and nurses on five continents use Penn Surgery techniques.

This fall, when two senior fellows from Norway’s busiest trauma center arrived at Penn for training, Schwab was teaching a state-funded course in Sweden. “Sweden’s motivation is novel,” he explained. “It’s the safest country in the world in terms of injury so very few physicians are prepared to deal with critical care.” In response, surgical leaders in Sweden have worked with Schwab to design a unique exchange program with Penn to teach new skills in Trauma and Surgical Critical Care.

Trauma’s next frontier is the developing world. “Our future is about finding ways to train physicians and practitioners in developing countries to perform simple, in-demand surgeries. Rest assured, Penn Surgery will be part of the solution,” Schwab said.

GIFTED SURGEONS AND NURSES REPRESENT PENN SURGERY WORLD-WIDE, BRINGING EXPERTISE ACROSS DIVISIONS:

• For nearly 25 summers, Plastic Surgery’s Scott Bartlett, MD, has operated at the University Children’s Hospital in Krakow, Poland. Chief Joseph Serletti, MD, recently took new techniques to Russia.

• Clark Hargrove, MD, of Cardiovascular Surgery, goes to Belgium annually to perform mitral valve surgery. Y. Joseph Woo, MD, has taught in rural China, and Joseph Gorman, MD, and Robert Gorman, MD, maintain research and education partnerships in Japan.

• Through an American College of Surgeons volunteer program, Vice Chair and Vascular Chief Ronald Fairman, MD, volunteered at Landstuhl Regional Medical Center in Germany.

• Former Chief Trauma Nurse Kathleen Martin, MSN, RN, helped Landstuhl secure Level II Trauma Center accreditation. Wounded soldiers leaving Iraq and Afghanistan go there for critical care.

(pictured left) The late John Pryor, MD, was not alone in sharing with the world Penn Surgery’s formidable expertise in trauma and surgical critical care — a discipline that has its roots right here.
DIVISIONS AT A GLANCE

EVERY YEAR at Penn Surgery, a wealth of breakthroughs and advancements strengthen our capacity.

- Outstanding education programs prepare tomorrow’s surgeons to be leaders and ensure our faculty remain committed to lifelong learning and excellence.
- Research and clinical trials search for new solutions and introduce the next generation of innovation — often far ahead of peer institutions.
- The very best clinical care saves lives, improves the quality of life, and brings about exceptional outcomes for our patients and families.

To learn more about Penn Surgery’s work today and vision for tomorrow, please visit www.uphs.upenn.edu/surgery.

EDUCATION

- All Department of Surgery education programs are now centrally organized within the Division of Surgery Education to ensure greater efficiency and consistency through standardization.
- Penn Surgery house staff participated in three key departmental Risk Reduction Initiatives: routing patient calls to attending physicians in real time via the internal SURGCALL BlackBerry application; a simulated training on disclosure, using live actors; and a “Fundamentals of Laparoscopic Surgery” certification.
- From more than 900 applicants to the General Surgery Program, six available positions were matched after 42 selected interviews.

RESEARCH

- In FY2009, Penn Surgery received $13.4 million from the National Institutes of Health to support research, a 12-percent increase over FY2008. This represents three-quarters of total sponsored research funding in the Department.
- Despite a downturn for long-term investments, the Harrison Department of Surgical Research endowment provides $4 million to support research and education and maintains a balance over $100 million.
- Prominent new awards went to Samuel Chacko, BVSc, PhD; Joel Cooper, MD; Brian Czerniecki, MD, PhD; Giovanni Ferrari, PhD; Joseph Gorman, MD; Robert Gorman, MD; Anna Malykhina, PhD; Ali Najj, MD, PhD; Kim Olthoff, MD; and Hansell Stedman, MD.
- The American Recovery and Reinvestment Act created additional research funding opportunities. As of September 2009, more than $3.2 million has been awarded in new and supplemental grants.

PENNSYLVANIA HOSPITAL

- America’s first hospital expanded its operating room facilities with the opening of the new Tuttleman Surgery Center, located at Penn Medicine at Rittenhouse, and better allocated on-site space by consolidating the general surgery and colon and rectal surgery offices.
- The new Pavilion at Pennsylvania Hospital added eight superior in-patient rooms, better meeting special patient requests with five-star amenities, while helping fund hospital programs that serve disadvantaged patients.
- Amanda M. Buckley was named the hospital’s new Practice Administrator for Surgery.

PENN PRESBYTERIAN MEDICAL CENTER

- Under new Chief of Surgery Kenric Murayama, MD, and his team of 13 surgeons across six disciplines, Penn Presbyterian advanced clinical care by opening its new Surgical Intensive Care Unit, improving patient and administrative spaces, and lowering its surgical infection rate, including zero staphylococcus aureus infections.
• In addition to the faculty’s invited lectures, 15 peer-reviewed publications, and eight book chapters, Kenric Murayama, MD, and Gary Korus, MD, conducted a new laparoscopic surgery course at the Penn Medicine Clinical Simulation Center and a new Colorectal Fellowship was added to Penn Presbyterian’s continuing Urologic Robotics Fellowship.

CARDOVASCULAR SURGERY
• Clinical Care: The new Penn Heart and Vascular Center at the Perelman Center for Advanced Medicine better serves patients and strengthens collaboration among the Division’s surgeons and Penn Medicine’s heart specialists and subspecialists.
• Education: As the region’s busiest and best cardiac valve surgical center, as recognized by the Pennsylvania Health Care Cost Containment Council, the Division continues to provide outstanding training opportunities.
• Research: A successful clinical trial under co-Principal Investigator Joseph Bavaria, MD, makes the Division the only regional site performing transcatheter aortic valve replacements for high-risk patients who cannot undergo traditional surgery.
• Quality and Safety: The Division reduced central line-associated bloodstream infections from 0.99 infections to 0.33 per 1,000 inpatient days, and reduced surgical site infections by more than 18 percent.

COLON AND RECTAL SURGERY
• Clinical Care: The Division now offers complete colorectal care at the Hospital of the University of Pennsylvania, Pennsylvania Hospital, and Penn Presbyterian Medical Center, including operating rooms, office practices, and resident rotations.
• Education: The new Colon and Rectal Surgery Residency Program accepted its first resident.
• Research: Najjia Mahmoud, MD, was appointed co-chair of the GI Solid Tumor Correlative Sciences Working Group for Cancer and Leukemia Group B (CALGB), a high-profile cancer research cooperative that designs multi-modality treatment programs leading to better outcomes. The Working Group is responsible for vetting all correlative science in submitted gastrointestinal protocols.
• Quality and Safety: The Division won the Penn Medicine Quality and Safety Award for Universal Protocol Time Out in the operating room.

ENDOCRINE AND ONCOLOGIC SURGERY
• Clinical Care: The Division offers a fully integrated breast disease program, which includes the region’s largest breast reconstruction program, with free flap procedures and with the largest and most experienced endocrine surgery program, which gets the nation’s best results in minimally invasive outpatient parathyroidectomy.
• Education: A new multidisciplinary outpatient cancer clinic, conducted with medical and radiation oncologists, provided training opportunities by focusing on integrated surgical management for complex gastrointestinal malignancies.
• Research: Work continues with the National Institutes of Health to develop the future Penn Neuroendocrine Tumor Center, which will combine the strengths of the Departments of Surgery, Medicine, Radiology, and Pathology.
• Quality and Safety: The Division reduced surgical site infections by more than 68 percent, to 0.75 percent, while increasing physician-related patient satisfaction in all areas.
GASTROINTESTINAL SURGERY

- **Clinical Care:** Kenric Murayama, MD, Chief of Surgery at Penn Presbyterian Medical Center (PPMC), is coordinating the minimally invasive surgery program at the Hospital of the University of Pennsylvania, Pennsylvania Hospital, and PPMC.
- **Education:** Noel Williams, MD, Kris Dumon, MD, and Andrew Resnick, MD, have expanded Penn Clinical Simulation Center activities and implemented a curriculum that includes a dedicated month-long rotation for all first- and second-year surgical residents.
- **Research:** The Stand Up to Cancer Foundation awarded an $18 million pancreatic cancer grant to a consortium of academic centers led by the University of Pennsylvania School of Medicine and the Abramson Cancer Center. Jeffrey Drebin, MD, PhD, will play a central role in these studies.
- **Leadership:** Division Chief Jeffrey Drebin, MD, PhD, was appointed The John Rhea Barton Professor and Chairman of the Department of Surgery. A national search for a new Chief is under way.
- **Quality and Safety:** The Division reduced central line-associated bloodstream infections by 50 percent.

PLASTIC SURGERY

- **Clinical Care:** With one of the nation’s busiest reconstructive surgery centers, the Division performed 457 free-tissue transfers for breast, head and neck, and extremity reconstruction. The cleft program performed 100 new and 200 secondary procedures, and the craniofacial program performed 120 major procedures.
- **Education:** David Low, MD, organized “The Role and Scope of Plastic Surgery 2009,” a program for medical students, which included Jefferson and Temple faculty and attracted 80 participants from the region’s four medical schools.
- **Research:** The Division’s clinical research program, directed by Liza Wu, MD, resulted in multiple presentations at every major national plastic surgery meeting. Faculty representatives serve on the editorial boards of the field’s major journals, and the American Cleft Palate-Craniofacial Association honored Greg Lakin, MD, research fellow to Hyun Duck Nah-Cederquist, DMD, PhD, with the coveted Paul Black Junior Investigator Award.
- **Quality and Safety:** The Division reduced surgical site infections by 50 percent.

THORACIC SURGERY

- **Clinical Care:** The Division remains the only national Top-10 pulmonary disease center in Pennsylvania as ranked by U.S. News & World Report, and opened a new Thoracic Surgery Unit at the Hospital of the University of Pennsylvania (HUP).
- **Education:** Recruitment has strengthened and expanded the Division’s presence, with Sunil Singhal, MD, and Stacey Su, MD, at HUP, and Vincent Lotano, MD, at Pennsylvania Hospital.
- **Research:** Joel Cooper, MD; John C. Kucharczuk, MD; and Taine Pechet, MD, serve as Principal Investigators for prominent clinical trials, including the recently completed Broncus Airway Bypass™ trial. National Institutes of Health funding supports the research of Joseph Friedberg, MD; Sanford Levine, MD; and Sunil Singhal, MD.
- **Quality and Safety:** The Division reduced surgical site infections to 0.79 percent, shortened patients’ average length of stay by 0.75 days, and increased physician-related patient satisfaction in all areas.
TRANSPLANT SURGERY

- **Clinical Care:** Penn Surgery has one of the nation’s largest programs for all solid organ transplantation with outcomes that exceed those of regional and national peers, as reported by the United Network for Organ Sharing.

- **Education:** The Division’s faculty provide consistently outstanding educational experiences to students and residents, and train the best fellows in the country.

- **Research:** National Institutes of Health grants fund research activities that apply cutting-edge translational science directly to patient care. Current projects focus on biomarkers of rejection and hepatitis C activation, the relationship between the molecular pattern of injury to donor organs and recipient outcomes, liver regeneration, and islet cell transplantation.

- **Quality and Safety:** In addition to 12 consecutive months without a central line-associated bloodstream infection, the Division has significantly reduced catheter-associated urinary tract infections and surgical site infections.

TRAUMA AND SURGICAL CRITICAL CARE

- **Clinical Care:** Penn Surgery’s Trauma Network experienced its largest patient volume, treating some 8,000 patients, evaluating 700 more requiring emergency surgery, and transporting 2,300 patients in PennSTAR helicopters.

- **Education:** The Division’s faculty contributed 30 new articles, abstracts, and book chapters to the field’s literature, and presented more than 50 invited lectures regionally, nationally, and internationally.

- **Research:** In addition to ongoing clinical trials and studies at the Firearm and Injury Center at Penn, translational research moved forward with the establishment of two basic science labs and forthcoming research projects on shock resuscitation and brain injury.

- **Quality and Safety:** The Division experienced improved physician-related satisfaction in all areas and reduced infection rates in several areas, including only one central line-associated bloodstream infection, compared to 14 the previous year.

UROLOGY

- **Clinical Care:** The Division surpassed 7,000 procedures for the first time, and the clinical experience of its faculty benefited from the recruitment of Daniel Eun, MD; Irwin Goldstein, MD; and William Jaffe, MD. David Lee, MD, reached a milestone, performing his 2,000th robotic prostatectomy.

- **Education:** Robust academic activities continued with more than 200 articles, presentations, book chapters, and book editorships, including Chief Alan Wein’s editorship of the gold-standard textbook *Campbell’s Urology* and co-editorship of the leading journal *Incontinence*.

- **Research:** The National Institutes of Health awarded a five-year, $6 million grant to Samuel Chacko, BVSc, PhD, for his work in bladder-wall remodeling, and the *British Journal of Urology International* awarded its esteemed Robert Krane Prize to Daniel Canter, MD.

- **Quality and Safety:** The Division had no surgical site infections and logged a second consecutive year without a central line-associated bloodstream infection.
PENN SURGERY continues to set new standards for volume, efficiency, and excellence. Fiscal Year 2009 saw the Department for the first time surpass 24,000 cases and 650,000 relative value units (RVUs), a common measure of physician productivity.

Quality metrics are up in key areas, including physician-related patient satisfaction and improved home-care referral rates. Patients' average length of stay has been reduced despite a more complex mix of cases. Penn Surgery also continues to make important headway on numerous patient safety fronts, including significant reductions in infection rates.

Research efforts benefited this past year from a more than 11-percent increase in National Institutes of Health funding, which rose to $13.4 million. Penn Surgery’s committed donors continued to invest in its future, generously pledging $3.4 million in new gifts despite an extremely challenging economic environment.
FISCAL YEAR 2009

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PENN SURGERY makes an impact close to home, nationwide, and across the world because of the generous support of the individuals, families, businesses, and foundations listed below and in the pages that follow.

Last year, this outstanding support totaled $3.4 million, underwriting the best care, education, and research — and significantly expanding Penn Surgery’s reach.

To learn about Penn Surgery’s 2010 funding priorities, please contact Shawn Kleitz, Director of Development, Penn Medicine Clinical Programs, at skleitz@upenn.edu, or visit www.pennmedicine.org/giving/.

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Michael Mann has been a loyal Penn alumnus and donor for 30 years. Along with his wife, Fern Carrie, their gifts have made a lasting impact, supporting students and faculty members and, most recently, improving care at the Perelman Center for Advanced Medicine through the new SurgiCentre. This steadfast and caring support, which stretches across the campus, serves as an inspiration to the entire Penn community.

(picture above) The SurgiCentre at the Perelman Center for Advanced Medicine.

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CLYDE F. BARKER TRANSPLANT HOUSE
Thanks to significant gifts from the Board of Women Visitors of the Hospital of the University of Pennsylvania (BOWV) and the Philadelphia Antique Show (PAS), all hands were on deck for the ceremonial groundbreaking for the Clyde F. Barker Transplant House.

(pictured above, left to right) Architect Rafael Viñoly; Health System CEO Ralph Muller; Penn Transplant Institute Director Abraham Shaked, MD, PhD; Barker Transplant House Committee Chair Richard Leighton; former Department Chairman Clyde Barker, MD; Mrs. Dode Barker; Mrs. Nancy Williams of the BOWV; Mrs. Karyn Mullen of the PAS; and School of Medicine Dean Arthur Rubenstein, MBCh.

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Through the Mark H. and Blanche M. Harrington Foundation, Dolores Harrington and her family have been supporters of Penn Surgery’s clinical cancer research for the past 14 years. Most recently, Harrington and her family’s foundation made an extremely generous leadership gift to help establish the new Rhoads–Harrington Professorship in the Department of Surgery.

*(pictured above) Dolores Harrington and her sons (left to right), Mark S. Harrington and Scott L. Harrington.*

**PENNIES IN ACTION**

Pennies in Action, a nonprofit organization founded by Uschi Keszler, supports the research efforts of Brian Czerniecki, MD, PhD, Surgical Director of the Rena Rowan Breast Center, to develop a vaccine for breast cancer. “A Taste of Media,” Pennies in Action’s June 2009 fundraiser, raised $85,000. To learn more about Dr. Czerniecki’s work, please turn to pages 6 and 7.

*(pictured above, left to right) Associate Professor of Surgery Brian Czerniecki, MD, PhD; volunteer Katie Pavlik; and Pennies in Action Founder and Chair Uschi Keszler enjoy the “Taste of Media” festivities.*
INNISFREE FOUNDATION
The Innisfree Foundation’s generous and ongoing support of the Division of Urology provides vital funding for Bruce Malkowicz, MD (at left), and his colleagues, who strive to advance basic bladder cancer research and improve personalized care for each patient, leading to the best possible outcomes.

IN MEMORIAM:
THE JOHN PAUL PRYOR LECTURESHIP
John P. Pryor, MD, Trauma Program Director at the Hospital of the University of Pennsylvania and an Army Reservist, was killed in Iraq on Christmas Day, 2008. To pay tribute to this beloved figure, who came to Penn as a resident, saved countless lives as a surgeon, and molded many future careers as a teacher, the Department of Surgery and the Division of Trauma and Surgical Critical Care, joined by many contributors, have created the Dr. John Paul Pryor Lectureship in Trauma and Surgical Critical Care. To read more about Dr. Pryor, please turn to page 10.

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Jeffrey A. Drebin, MD, PhD (2009 – present)

PAGES IN HISTORY
New Penn Surgery Chairman Jeffrey Drebin, MD, PhD, received a very special gift from grateful patient Jill Frankel and her husband, Mark. In honor of Drebin’s appointment as the 14th John Rhea Barton Professor of Surgery, the Frankels donated the book *Histoire Physique, Civile et Morale De Paris Depuis les Premiers Temps Historiques, Annotée et Continuée Jusqu’à Nos Jours* by J.A. Dulaure to Penn’s Rare Book & Manuscript Library. The volume is from the library of John Rhea Barton, MD, who graduated from the Penn School of Medicine in 1818 and was on the surgical staff at Pennsylvania Hospital for many years. After his passing, Barton’s widow established America’s first endowed professorship in surgery in her husband’s honor.

(pictured left, from left to right) Clyde Barker, MD, former Chairman of the Department of Surgery and 12th John Rhea Barton Professor of Surgery; donors Mark and Jill Frankel; and Jeffrey Drebin, MD, PhD, the current Chairman and 14th John Rhea Barton Professor of Surgery.
ACKNOWLEDGEMENTS

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