



The Penn Surgical Society News is published semi-annually for its members, colleagues and friends of the Department of Surgery. For submissions, inquiries or comments, please contact either Lori Pray or Angela Wurster.

Leadership Message from the Chairman

"A good surgeon is a physician and something else".... I.S. Ravdin, M.D.

Leadership. Over the last few years, Surgery has lost some of its greatest leaders; James Hardy, Henry Bahnson, David Skinner among others. In our department in addition to Dr. Rhoads we have lost Brooke Roberts and most recently Jack Mackie. One of the responsibilities of the Chairman of the Department of Surgery is to write announcements when these events occur. This has left me contemplating what really defines our success as leaders in the world of surgery? What will each of us be remembered by? What will history say about my own time as the Chairman of this great Department? Will I be categorized as a successful leader? Will I have mentored other great leaders?

Leadership. It is the buzz word of the times. Look up leadership books on Amazon.com and one finds a mere 13,523 for sale. Why? Because the majority recognize that the statement is true "leadership is the lid that determines a person's level of effectiveness." What sets one apart from average is the ability to demonstrate true leadership.

The Department of Surgery has embarked on a mission to establish ourselves as the premier Department for leadership - national and international leadership. The journey began when we invited our Wharton colleagues to design and implement with us a change management process leading us to a new organizational and administrative structure within the Department. This proved to be immensely successful. Today, the Divisions within our Department have individual accountability and responsibility while still maintaining Departmental loyalty.

In addition, we collaborated with Wharton on the now nationally acclaimed Penn Center of Surgery Excellence courses, which were developed and offered to Penn faculty and colleagues around the United States. This year, thanks to a generous grant from the Philadelphia Health Care Trust, we have designed the Patient Safety Leadership Academy -- 40 faculty, nurses, residents, physician assistants and clinical pharmacists will participate in this program and will learn leadership principles with applications to patient safety issues. This coming year it is our intent to develop a comprehensive Penn Surgery Leadership Academy which will serve as the umbrella for all leadership initiatives within the Department.

Each biannual issue of the Penn Surgical Society newsletter will feature articles on leadership. Written in collaboration with our Wharton colleagues, it is our hope that these articles will provide another venue for expanding leadership knowledge.

I.S. Ravdin once said "a good surgeon is a physician and something else". There has been great speculation about the true meaning behind that, perhaps what he was referring to was leaders.



- Larry R. Kaiser, M.D.

L. Kaiser, M.D.



Ravdin Rhoads Society Takes on a New Name and Aims to Enhance an Old Mission

- *Larry R. Kaiser, M.D.*

The Ravdin Rhoads Society had its origination in the 1940s. The intent was to be an all inclusive group of interns, residents, anyone who trained in the Department of Surgery and past or present faculty members. The only meeting of the society that took place was the annual dinner at the American College of Surgeons Meeting in October.

During my first year as Chairman, Dr. Rhoads, Dr. Barker and I had a number of conversations about the need to give the Ravdin Rhoads Society a facelift. However, I must admit it was not until we published the 2002 Annual Report that I realized how far removed we had become from our alumni.

Clearly that was not the intent of those who participated in the creation of the society.

So today, Ravdin Rhoads takes on the new name of the Penn Surgical Society and does so with enthusiastic support of Dr. Barker and the Penn faculty. We will continue the annual dinners at the American College of Surgeons but in addition you will receive an annual report on the Department, a bi-annual newsletter, a comprehensive directory of members and access to the Penn Surgical Society website. I welcome your suggestions to enhance and improve this organization of which we are a part.

Penn Takes the Lead -- *Setting New Standards in Patient Safety*

Angela B. Wurster - Executive Director, Patient Safety Leadership Academy

James L. Mullen, M.D. - Chairman, Board of Directors, Patient Safety Leadership Academy

In the fall of 2003, Penn Surgery and the Wharton School / Leonard Davis Institute of Health Care Economics will launch the first Penn Medicine Patient Safety Leadership Academy (PSLA) Executive Program at Penn. This unique fellowship program is designed specifically for faculty, nurses, residents, physician assistants, and clinical pharmacists in surgery. The overall mission of the fellowship is to provide an intensive leadership education program that will enable clinicians to exact change and improve patient safety. Never before has there been more critical evidence that communication among caregivers should be a national patient safety goal.

Atul Gawande, in his recent book *Complications*, states that "doctors are seldom outraged when the press reports yet another medical horror story. They usually have a different reaction; that could have been me." The recent transplant event at Duke University confirms this and demonstrates the patient safety issues surrounding effective communication. Do we as a multi-disciplinary team demonstrate optimal communication patterns that protect our patients from harm? Can we communicate emotionally charged issues like patient safety to the senior leadership team to enact positive changes? How do you make leadership decisions in the face of uncertainty? In the PSLA Executive Program,

participants will have the unique opportunity to learn and work with some of the world's most renowned leaders in business education, communication and patient safety.

The fellowship program consists of a two-and-a-half day Fall session in October, three one-day sessions throughout the winter and spring, and one two-day Spring session in May. Academic content will focus on those leadership skills necessary to change behavior and achieve organizational change. This is not a lofty leadership program. This is a leadership program with real applications specific to the Department of Surgery at the University of Pennsylvania. Modeled in part after the nationally acclaimed Penn COSE course offered by Wharton and Penn Surgery to leaders in Surgery, participants will focus on decision making under uncertainty, stakeholder analysis, persuasive communication, leadership, negotiations, and health care finance. In addition, nationally-recognized patient safety leaders will provide insight into the most current issues. Participants will take part in an action learning team project on patient safety and will work with a Wharton faculty mentor over the course of the program. At the conclusion of the Spring Session, action learning project teams will present their proposed solutions to a patient safety issue. This presentation will be

attended by the hospital's senior leadership to facilitate possible implementation in the future. All teams will be encouraged and supported to publish their work.

Those who successfully complete the program will receive a fellowship from the Penn Medicine Patient Safety Leadership Academy, a certificate of completion of Wharton courses, and continuing education credits. Tuition, course materials and meals are covered by a generous grant from the Philadelphia Health Care Trust.

The time has come for highly trained clinicians to develop executive business expertise so they may become the healthcare leaders of the future. Armed with the necessary tools, these leaders can have a positive impact on critical issues in patient care such as patient safety.

Save the Date

Penn Surgical Society Reception and Dinner at the American College of Surgeons

Date: October 21, 2003

Location: *The Fairmont Hotel*

**Reception: 6- 7:30 pm
- *The State Room***

**Dinner: 7:30- 10 pm
- *The Ambassador Room***

Prices off 35%, Costs up 50%

- **Daniel J. Cooper,**
Chief Operating Officer

This headline would catch the eye of (if not create an ulcer for) just about any CFO in the industrial sector as she/he determines how to deal with a classic "margin squeeze". As a matter of fact, this is the reality over the past 10 years for the two Departments of Surgery with which I have been associated. Chances are that whatever surplus existed in your own department ten years ago has headed south. What can you do about it? The simple answer is to think financially as well as surgically. Get involved. Let me explain in the next few paragraphs.



Become "best friends" with the individual responsible for Managed Care contracting at your institution. Your insight and role as a physician champion will be mutually beneficial. Many of you perform unique procedures-- may not even be CPT 4 codes for them. Provide a one page summary of the procedure, including its medical benefits. The Managed Care Director can make a far more persuasive case for you -- and you get the benefit of the higher revenue. Be willing to meet with the Medical Directors of the plans -- a one-hour on-site briefing provides the opportunity for them to understand why your activity should carry higher value.

Become personally involved in the billing process -- if you are in private practice you already are. Your livelihood depends on it. If you are in an academic setting, your livelihood depends on it also -- you just may not have been told yet. Dictate operative notes immediately while the details which may result in higher charges are on your mind. View your coder as one of the most important members of your team -- because she/he is. Put her in your immediate office area to provide you and your colleagues

instant feedback on optimizing revenue opportunities. Be sure you have a first-rate precertification function as it will avoid subsequent errors and omissions that will delay or prevent payment. Create and maintain a case log for all operative procedures and reconcile with the hospital OR log -- insures no operative case is missed. Keep asking how much cash has come in - cash is king!!

Work with your business or administrative colleagues to understand your true costs and

to determine how you can manage those costs more effectively. As a rule of thumb, in an academic setting you can just about double your compensation to get your total costs. In other words, you have to generate revenue that is equivalent to about twice your compensation to "break even". And that is more difficult with declining reimbursements. Can resources be shared rather than duplicated and under-utilized? And are there alternative sources of funding that can be identified ...that will be the topic of this column in the next edition.

A Walking Tour of Penn Surgery

- **Rebecca Harmon**

The 200-plus years of history and tradition of the Department of Surgery and Penn is expressed on an exquisitely designed wall mural located immediately outside the Surgery Theatre. The 20 foot

its founding in 1765. The mural's descriptions of the past and present are anchored by a stunning reproduction of The Agnew Clinic, the historical painting by Thomas Eakins.

**"To understand a science
it is necessary to know
its history." - Auguste Comte**

mural, developed under the careful direction of Angela Wurster, CRNP Director of Program Development in the Department of Surgery, provides a rich, visual timeline of the major people and events that have contributed to the creation and continuing evolution of the department since

The timeline - which runs from the 1700s to the 2000s - is chockful of photographic images that permit viewers to follow the historical unfolding of surgical inventions and improvements made in the last 300 years of the specialty - moving from the creation of sterile surgical techniques to modern-day robotic surgery. The timeline also identifies all the surgeons who have led the Department - from William Shippen, its first Chairman (from 1765-1805) to Larry Kaiser, its current Chairman.



Penn Surgery Theatre

New Educational Facility Boasts State-of-the-Art Technology

- *Rebecca Harmon*

The Department of Surgery's dazzling new Surgery Theatre is a smartly-designed 100-seat auditorium that will be used to further enhance the teaching mission of the Department of Surgery and other departments and divisions within the Health System. The theatre - a sophisticated "makeover" and expansion of the former Surgical Seminar Room on 1 White, was the shared brain-child of Larry R. Kaiser, MD, Chairman of the Department of Surgery and James L. Mullen, MD, Vice Chairman of Administration for the Department. "After assuming leadership of the department two years ago," recalled Kaiser, "I held my first meeting in that terribly dark, dismal Seminar Room - made even more dismal by the torn sheet that was acting as a screen!"

Under Mullen's direction, the Surgical Theatre now embodies a sleek, comfortable design that highlights and retains the history of the building, and boasts a fully-loaded technological center that permits real-time audiovisual linkage to the OR. Three discrete OR-based cameras can be used to send images back to the Surgical Theatre. One camera permits a wide-angle view of the entire OR, while another permits zoom-in / zoom-out angles of the surgical field. A final, camera - only 4mm in width - can be coupled to an endoscope for direct visualization of the operative field.

The renovation project was aided by the expertise of two major consultant groups: John Lawson Architects and Visual/Sound. "Our design permits the room to have visibility and accessibility," explained chief architect John Q. Lawson, FAIA. "In addition, we knew

we couldn't continue with the old idea of symmetry in which there is only one focal point. Instead, we have three focal points in this room," he said, referring to the three, separate, 61-inch plasma screens that permit easy viewing from any seat in the room.

The Theatre's design also re-captured the history of the White Building - "probably the best-looking original building of the hospital complex," said Mullen, who also serves as Associate Executive Director for Surgical Services. In remodeling the space, the construction crew uncovered the original White building entrance to the hospital - which has now been carefully preserved as a floor-to-ceiling, light-emitting window space,



surrounded by exposed brick and original cement quoins, or corners, of the building. Indeed, the airiness of the room is further fostered by the light-hued wood tones used throughout, and the use of glass panels along the wall that separates the auditorium from the hospital hallway. To ensure privacy, the

top portion of the panels are made of SwitchLite Glass -- a patented, specialty glass that changes from "clear" to "opaque" with a quick flick of a switch.

The brain of the new Surgery Theatre, however, is its Symposium Control



Station - which permits users to construct seamless channels of communication using both wired and wireless advances in audiovisual technologies. By manipulating a built-in Graphical User Interface (GUI) system, high-resolution images can be captured from three different angles within the room. In addition, real-time videoconferencing can occur between the Surgical Theatre and any other site - either in-house or off-site -- with similar videoconferencing capability.

At the grand opening on June 30, 2003, Dr. Arthur H. Rubenstein, EVP/Dean of PENN Medicine, congratulated Larry Kaiser, Jim Mullen, and all the members of the Department of Surgery team who worked together to make the Theatre a reality. "I have been at Penn nearly two years now and, in that time, have spoken at the opening ceremonies of about 50 different centers. Today, I am speechless ... this is really quite special!" he said. "This new Surgery Theatre represents the kind of important, state-of-the-art educational facilities that should be part of a great University and a great School of Medicine."

A Tribute to Dr. Brooke Roberts: A Pioneer in Vascular Surgery

- Kim McClenaghan

Dr. Brooke Roberts devoted his entire professional career to the Hospital of the University of Pennsylvania. A distinguished member of the School of Medicine's Class of 1943, Dr. Roberts was the first vascular surgeon in Philadelphia and one of the founders of this specialty. He was a charter member and President of the Eastern Vascular Society and responsible for many "firsts" in vascular surgery. He helped develop groundbreaking surgical treatments for aortic aneurysms and promoted the use of angioplasty as a less-invasive treatment for vascular disease. As a medical pioneer, Dr. Roberts saved legions of patients, opened up new realms of knowledge in surgical techniques, and brought prestige to his field and to his alma mater.

When he retired in 1983, Dr. Roberts was Chief of the Division of Vascular Surgery at Penn, and



Director of the University's fellowship in peripheral vascular surgery. For several years, he had also served as the interim Chairman of the Department of Surgery. A model educator and physician-scientist, he epitomized excellence in research, teaching, and patient care. He passed away on February 23, 2003.

Through the generosity of Dr. Roberts' family and friends and the Measey Foundation, the University of Pennsylvania's School of Medicine has embarked on a major endeavor to endow a Chair within the Department of Surgery in memory of Dr. Roberts. The Roberts Measey Chair will be awarded to a physician who shares Dr. Roberts's commitment to research, teaching, and patient care, and will stand as a lasting tribute to the legacy of a consummate friend, devoted mentor, and master surgeon.

Juvenile Diabetes Research Foundation Supports Critical Islet Transplantation Research

- Kim McClenaghan

On April 3rd, the Juvenile Diabetes Research Foundation International (JDRF) visited PENN Medicine to celebrate a major gift of \$1 million from the Pennsylvania-based Oxford Foundation that will be used to support research at the JDRF-Oxford Foundation Islet Isolation Facility at PENN Medicine. The donation by the Oxford Foundation and the Ware family will enhance the research at the JDRF-W.W. Smith Charitable Trust Center of Islet Transplantation by using state-of-the-art techniques to isolate and prepare pancreatic islets for transplant. The Center was created in 2002 through a generous gift of \$1 million by the W.W. Smith Charitable Trust. Also in attendance at the event were several Ware family members of the Oxford Foundation, as well as family members from the W.W. Smith Charitable Trust.

Most recently, on June 30th and July 1st, PENN Medicine, in collaboration with JDRF, hosted several Congressional staff members at the University's campus. Over a two-day period, Congressional staff members attended a series of presentations by researchers of the JDRF-W.W. Smith Charitable Trust Center of Islet Transplantation to learn more about the history of islet transplantation at PENN Medicine, and the institution's outstanding work in the field of diabetes research. Also on hand to make remarks were individuals who had received islet transplants at PENN Medicine.

The islet isolation laboratory, headed by transplant surgeon James F. Markmann, M.D., Ph.D., will standardize the process of obtaining and preparing islets by developing criteria to determine their quality and viability when transplanted. The work of

the laboratory will maximize the availability of high quality islets and is essential to the success of islet transplantation conducted by Ali Najj, M.D., Ph.D., Director of the JDRF-W.W. Smith Charitable Trust Center for Islet Transplantation.

Recent advances in islet transplantation have created a surge in the research efforts to restore normal blood sugar levels in people with juvenile diabetes. To date, over 150 patients world wide have received islet transplants; many have been successful with near normal blood glucose profiles. However, two challenges remain: the shortage of organs for islet harvest and the need for tolerance induction - getting the immune system to accept transplants without the use of toxic anti-rejection drugs.



Clinical Trials on the Rise

- Sally Goforth-Thompson

During the Council of Chiefs retreat in 2002 the Department of Surgery set an ambitious goal of becoming one of the top 5 Academic Surgery Departments in the Country. In order to achieve this goal, it was recognized that the Department must increase its clinical research and clinical trial activity. The Office of Clinical Trials Administration and Outcomes Research (CTO) was created in 2002 to assist investigators and centralize clinical research activity. The CTO is responsible for all administrative functions of clinical research including: Institutional Review Board and School of Medicine submissions, protocol and clinical trial agreement reviews, and preparing and negotiating study budgets. In addition, CTO performs compliance monitoring, develops and prepares resource materials for clinical research

staff, and maintains a system to track all clinical research activity.

Deborah G. Rose, MBA, who joined the Department of Surgery staff in September 2002, serves as Director of Clinical Research Administration and Director of the Department of Surgery Professional Medical Education (CME). Deb Rose is committed to maintaining scientific excellence and leadership in clinical investigation for the Department. Seema Sonnad, PhD, Director of Outcomes Research, supports and collaborates on clinical and outcomes research based in the Department of Surgery. Dr. Sonnad brings with her expertise in the areas of patient quality of life and satisfaction, resource use and cost-effectiveness, technology assessment, and general clinical research study design. Her own research also includes

studies of clinical guideline implementation, women in academic medicine and numerous collaborative ventures with surgeons for a number of different divisions.

The innovative Office of Clinical Trials Administration and Outcomes Research provides a central point of contact for faculty, clinical research staff, sponsors, University offices, and HUP. "The progress the Department has made in clinical trial activity over the past twelve months has been remarkable -- over \$3M in contracts/agreements have been put into place. Deb Rose has worked closely with faculty in virtually every Division to energize this important aspect of our external research program," remarked Daniel J. Cooper, Chief Operating Officer, Department of Surgery.

Physician	Division	Sponsor	Study Title
Fry	Colon and Rectal	NCI	Evaluation of In Vivo and In Vitro Pharmacology and Toxicology of Preventive Agents Using Mutant Cells from Heritable Cancers
Mahmoud	Colon and Rectal	ACOSOG	A prospective study of the prognostic significance of microsatellite instability in patients with early age-of-onset colorectal cancer
Acker	Cardiac	Atricure	Atricure randomized trial for pts with chronic AFib who need concomitant surgery for surgical correction of A fib
Acker	Cardiac	Myocor	Randomized evaluation of a surgical treatment for off-pump repair of the mitral valve
Acker	Cardiac	ACORN	Clinical evaluation of Acorn cardiac support device therapy in patients with dilated cardiomyopathy
Acker	Cardiac	Arrow Int.	LionHeart CUBS TRIAL
Acker	Cardiac	Thoratec	Thoratec LVAD for the treatment of cardiogenic shock after an acute MI
Acker	Cardiac	Scios	Use of Natricure for pts after open heart surgery
Bavaria	Cardiac	Gore	A Clinical Study Comparing Use Of The Thoracic EXCLUDER Endoprosthesis To Open Surgical Repair In The Primary Treatment Of Descending Thoracic Aneurysms (#TAG 99-01)
Bavaria	Cardiac	Edwards Lifesciences	Use Of The Edwards MIRA Mechanical Valve As A Replacement Aortic And/OR Mitral Heart Valve
Bavaria	Cardiac	St. Jude Medical	An observational prospective evaluation of the SJM Toronto root TM bioprosthesis
Bavaria	Cardiac	Cardeon	Cerebral optimization by regionalization of the Aorta. A randomized study of targeted circulatory management (TCM)
Bavaria, co-I	Cardiac	Eisai	A Double-Blind Placebo-Controlled Ascending Dose Study of E5564, A Lipid A Antagonist in Patients Undergoing Cardiac Surgery with Cardiopulmonary Bypass
Bavaria	Cardiac	Corgentech	A phase III, multi-center randomized, double-blind, placebo-controlled trial of the ex-vivo treatment with CGT003 of coronary vein grafts in patients undergoing coronary artery bypass graft procedures. The Prevent IV trial.
Bavaria	Cardiac	Carbomedics	Mitroflow synergy PC bioprosthesis for aortic valve replacement
Woo	Cardiac	Intuitive Surgical, Inc.	Myocardial revascularization using the daVinci TM surgical system
Fraker	Surg Onc	ACOSOG	Randomized Phase III Trial of Hyperthermic Isolated Limb Perfusion and Melphalan with or without tumor necrosis factor in the patient with localized, advanced, extremity melanoma
Kaiser	Thoracic	Genzyme	A post-market surveillance study to assess the impact of focalseal-L surgical sealant on cancer progression in patients enrolled in a pivotal, multi-center, randomized clinical trial
Kaiser	Thoracic	NIH	Genetics of chronic obstructive pulmonary disease in the national emphysema treatment trial
Kucharczuk	Thoracic	Surgical Sealants Inc	A randomized, prospective, single blind study on the safety and efficacy of a bovine albumin-based pulmonary sealant

Physician	Division	Sponsor	Study Title
Shrager	Thoracic	ACOSOG	ACOSOG Z0030: Randomized Trial of Mediastinal Lymph Node Sampling v Complete Lymphadenectomy during Pulmonary Resection in the patient with N0 or N1 (less than hilar) Non-Small Cell Carcinoma
Shrager	Thoracic	Spiration, Inc.	Chronic feasibility study of the VALR System
Shrager	Thoracic	NIH	Diaphragmatic Adaptations Elicited by Severe COPD
Barker	Transplant	Novartis	Multi-center, Double-Blind, Randomized, Parallel Group Study on Efficacy and Safety of ERL080A vs. Mycophenolate Mofetil (CellCept) in De Novo Renal Transplant Recipients
Olthoff	Transplant	NIH	Solid organ transplantation in HIV: Multi-Site study
Olthoff/Shaked	Transplant	NIH	Adult to adult LDLT cohort study
Gracias	Trauma	in house	The Effect of Intensive Care Unit Manipulation on Cerebral Cortical Oxygenation
Axilrod	Urology	Lilly	Open label study to evaluate the efficacy and safety of tadalafil administered "on demand" to men of various populations with erectile dysfunction
Axilrod	Urology	GSK	Verdanelafil administered for 12 weeks compared to placebo in subjects with erectile dysfunction
Malkowicz	Urology	ECOG	ECOG S0000: Selenium and Vitamin E Cancer Prevention Trial (SELECT)
Malkowicz	Urology	Centocor	UPCC 03803 A Phase I Study of a Polynucleotide Anti-Tumor Immunization to Human Prostate Specific Antigen (PSA) in Subjects with Hormone-Refractory Prostate Cancer (HRPC)
Malkowicz	Urology	Inveresk Photocure	An open, comparative, within patient, controlled phase III, multicenter study of hexvix fluorescence cytосcopy and standard cystoscopy in the detection of carcinoma in situ in patients with bladder cancer
Malkowicz	Urology	Astra Zeneca	CASODEX Early Prostate Cancer Trial
Rovner	Urology	Lilly	Efficacy and safety of duloxetine compared with placebo in women with symptoms of mixed urinary incontinence
Rovner	Urology	Pharmacia/Pfizer	A double blind, placebo controlled, randomized study to evaluate the effect of Tolterodine on nocturia patients with the symptoms of overactive bladder
Rovner	Urology	NIDDK	Urinary Markers of Interstitial Cystitis
Wein	Urology	NIH/NIDDK	Interstitial Cystitis Clinical Trials Group (PRIME)
Carpenter	Vascular	Endologix	Endologix suprarenal bifurcated powerlink system clinical study
Carpenter	Vascular	Endologix	An investigation of the endologix bifurcated powerlink system for the treatment of patients with abdominal infrarenal aorto-iliac aneurysm
Carpenter	Vascular	Edwards Lifesciences	Lifepath AAA bifurcated graft system clinical study
Carpenter	Vascular	Baxter	Pivotal, Multicenter, Prospective, Concurrent Control, Non-Randomized Trial to Evaluate the Safety and Effectiveness of the Baxter Lifepath AAA Bifurcated Graft in Patients with Intrarenal Abdominal Aortic Aneurysm (#98-10)
Carpenter	Vascular	GSK	Evaluation of potential gene expression markers for atherosclerosis in patients undergoing carotid endarterectomy and healthy subjects
Fairman	Vascular	World Medical Manufacturing	An Investigation Of The TALENT LPS, A Low Profile Endoluminal Stent-Graft System For The Treatment Of Sub-Renal Abdominal Aortic Aneurysms In Patients Who Are Candidates For Standard Surgical Intervention (Low Risk) (Rev 0199)
Fairman	Vascular	World Medical Manufacturing	An Investigation Of The TALENT Endoluminal Spring Stent-Graft System For The Treatment Of Sub-Renal Abdominal Aortic Aneurysm In Patients Who Are Candidates For Standard Surgical Intervention (Low Risk)
Fairman	Vascular	EndoVascular	Protocol 200-01: Long-term Follow-up Study of Subjects presented in PMA P990017
Fairman	Vascular	Cook	Study of the Cook Endovascular Zenith AAA Endovascular Graft
Fairman	Vascular	Medtronic	The maveric II trial, evaluation of the medtronic ave self-expanding carotid stent system with distal protection in the treatment of carotid stenosis
Fairman	Vascular	TriVascular	A phase 1 evaluation of the Trivascular AAA stent graft system in the treatment of abdominal aortic aneurysms
Fairman/Bavaria	Vascular	Medtronic	Evaluation of the Medtronic AVE talent thoracic stent graft system for the treatment of thoracic aortic aneurysms
Fairman	Vascular	Guidant	A study of ACCULINK for revascularization of carotids in high risk patients
Fairman	Vascular	Cordis	A prospective, multicenter study of the Cordis Endovascular Quantum LP stent graft system for the treatment of the abdominal aortic aneurysms
Golden	Vascular	Corgentech	A phase III, multi-center randomized, double-blind, placebo-controlled trial of the ex-vivo treatment with CGT003 of peripheral vein grafts in patients undergoing peripheral arterial bypass graft procedures
Golden	Vascular	NIH/Guidant	Carotid endarterectomy versus stenting trial, CREST
Golden	Vascular	VA Cooperative Study	Open versus endovascular AAA repair



Colon and Rectal Surgery Division opens at Penn

- Lori Pray

In July 2002, The Department of Surgery announced the creation of the new Division of Colon and Rectal Surgery, which will serve an estimated 300 additional patients each year at the Hospital of the University of Pennsylvania (HUP) and Presbyterian Medical Center. The Division will provide comprehensive care for patients with disorders of the colon and rectum and establish a new center for continence and pelvic health in collaboration with Urology and Ob/Gyn.



Nationally recognized Colon and Rectal specialist, Robert D. Fry, M.D., serves as Chief of the new Division of Colon and Rectal Surgery. A graduate of the Washington University School of Medicine in St. Louis, MO, Fry, who joined Penn in September 2002 as Professor of Surgery, was the President of the American Society of Colon and Rectal Surgery in 2001 and most recently held the position of Marks Professor and Chief of the Division of Colon and Rectal Surgery at Thomas Jefferson University Hospital. Dr. Fry has been

the President of the Program Directors for Colon and Rectal Surgery and has been a director of both the American Board of Surgery and the American Board of Colon and Rectal Surgery.

Joining Dr. Fry is Dr. Najjia N. Mahmoud, a graduate of Weill Medical College of Cornell University where she served her surgery residency. A former Fellow of Colorectal Surgery at the University of Minnesota in St. Paul, MN, Dr. Mahmoud was named the 2001 Carl E. Christianson Outstanding Resident Scholar for the Division of Colon and Rectal Surgery, University of Minnesota.

Dr. John Rombeau, a graduate of Loma Linda University School of Medicine, was appointed to the faculty at Penn in 1979. Professor of Surgery, Dr. Rombeau is the recipient of the William T. Inouye Resident Teaching Award and the Volunteer Achievement Award from the Crohn's Colitis Foundation of America. A member of numerous professional societies, Dr. Rombeau served as President of the International Association for Surgical Metabolism and Nutrition from 1997 to 1999. Currently, Dr. Rombeau is an Exam-

ination Consultant for the American Board of Surgery, a Fellow of the American Society of Colon and Rectal Surgery, and Chair of the Gross Prize Committee of the Philadelphia Academy of Surgery.

Dr. Howard Ross is an Assistant Professor of Surgery and member of the Core Faculty for the Laparoscopic Surgery Fellowship at Penn. A graduate from University of Rochester School of Medicine (with Distinction in Research), Dr. Ross was appointed to the faculty at Penn in 2000, after completing a Colon and Rectal Surgery Fellowship at the Lahey Clinic in Boston and Oncology Research Fellowship at Memorial Sloan-Kettering in New York City. Presently, Dr. Ross is a member of the American College of Surgeons and the American Society of Colon and Rectal Surgeons.

Colorectal cancer is the third most common cancer in North American and one in every eighteen people will develop this type of cancer in his or her lifetime. "This important subspecialty addition will further enhance the level of care we provide to patients, and increase our strength as a recognized national leader in comprehensive surgical care," said Larry R. Kaiser, M.D., Chairman and John Rhea Barton Professor of Surgery.

New Faculty

- ◆ Lisa S. Bellin
Gastrointestinal Surgery at Presbyterian
- ◆ Marcia C. Boraas
Surgical Oncology
- ◆ Benjamin M. Braslow
Traumatology and Surgical Critical Care
- ◆ James Cipolla
Traumatology and Surgical Critical Care at St. Luke's
- ◆ Robert D. Fry
Colon and Rectal Surgery
- ◆ Thomas G. Gleason
Cardiothoracic Surgery
- ◆ Hans M. Haupt
Cardiothoracic Surgery at Phoenixville
- ◆ Matt L. Kirkland, III
Gastrointestinal Surgery at Pennsylvania
- ◆ Najjia N. Mahmoud
Colon and Rectal Surgery
- ◆ Nathaniel McQuay Jr.
Traumatology and Surgical Critical Care at St. Luke's
- ◆ Marty T. Sellers
Transplant Surgery
- ◆ Davinder J. Singh
Plastic Surgery
- ◆ David S. Wernsing
Gastrointestinal Surgery at Pennsylvania
- ◆ Julia Tchou
Surgical Oncology
- ◆ Jon B. Morris
Gastrointestinal Surgery
- ◆ Seema S. Sonnad, PhD
Outcomes/ Health Services Research

Dr. Julius A. Mackie - *trusted teacher and friend*

- *Larry R. Kaiser, M.D.*

Julius A. Mackie, M.D. died at home at the age of 75 on Saturday July 19, 2003 after a long battle with cancer. Dr. Mackie was appointed to the Penn faculty at the unprecedented age of 26 and spent his entire career here. He will be fondly remembered as one of our most admired educators.

Dr. Mackie was a prominent member of many organizations including the Philadelphia Academy of Surgery, the Eastern Society of Surgery, the Southern Surgical Association, the American College of Surgeons and the International College of

Surgery. Additionally, from 1972-1988 he served as the Associate Editor of the Journal of Trauma. He published over 40 articles in the surgical literature, many with Jonathan E. Rhoads, M.D., his colleague and friend for many years.

From 1970-1980 Dr. Mackie served as the Education Officer within the Department of Surgery directing the Residency program. Without question he will long be remembered by his surgical residents as one of their most important mentors and to this end in 1987 the residents selected him as their most valuable teacher. Clinically, Jack

Mackie could best be described as a gifted surgeon. Students, residents, and faculty all sought his guidance and counsel on challenging cases. The ultimate statement about his skill and compassion is that Jack Mackie was the surgeon the majority of his colleagues chose to operate on themselves or their families.

In lieu of flowers the family has asked that donations be made to: Trustees of the University of Pennsylvania for the Julius A. Mackie Jr. Surgical Fund c/o Angela Wurster, 4 Silverstein, 3400 Spruce Street, Philadelphia, PA 19104.

Latest Transplant Statistics Support High - Volume Excellence Among Teaching Hospitals

- *David March*

The latest report from the Scientific Registry of Transplant Recipients confirms that high-volume, academic medical centers have the best health outcomes for transplant procedures of all kinds. The report, citing five years of accumulated data from 1998, shows that the Hospital of the University of Pennsylvania (HUP) has the highest one-year survival rates among high-volume facilities in the city for all major transplant procedures.

HUP's Multi-Organ Transplant Program, begun in 1966, is ranked among the top, by volume, in the nation. Nearly 40 per cent of all types of transplants in Philadelphia are performed at HUP -- the only hospital in the city to perform all major solid organ transplants, including multi-organ transplants.

"The evidence clearly shows that, for transplant procedures, the greater the experience, the better the results," said Abraham Shaked, MD, Chief of the Division of Transplantation Surgery and Director of the PENN Transplant Center. "We are the experts in performing these complex procedures, and we are better able to manage the patients at the time of transplant and in the long run. Our survival rates during the operation and immediately after are excellent when compared to the other centers in our region, or the national outcomes." Indeed, on average, at least one transplant procedure was performed each day at HUP in

2002 - by year's end, the number had reached 391 transplantations. In addition to solid organ procedures, HUP transplant specialists are adept at all types of more complicated cases -- including adult-to-adult, living donor liver transplantation (one of only nine centers in the US participating in an NIH-sponsored study to determine the safety and outcome of the procedure), and split-liver transplants (in which the larger section of a donated liver is given to an adult, and the smaller section to a child.) In fact, HUP is the only facility in Philadelphia that performs joint heart-liver and liver-lung transplants.

Another advantage to the clinical excellence of the transplant program at HUP is the round-the-clock availability of all members of the transplant team - including surgeons, nurses, anesthesiologists, transplant coordinators, social workers, etc. "Transplant procedures are fast-paced; you can have only hours within which to operate, or the patient will die," said Michael Acker, MD, Chief of Cardiothoracic Surgery at HUP. "Within hours, I can have every member of the transplant team ready." The transplant team at HUP totals nearly 80 specialists (including 40 physicians and nurses), and it performs over 700 consultations per year.

The PENN Transplant Center - 1/1/2000-6/30/2003 Cadaveric and Living Donor Transplants

	Kidney	Heart	Liver	K/P	Lung	TOTAL	% of TOTAL
Einstein	94	0	102	3	0	199	10%
Lankenau	50	0	0	0	0	50	2%
Hahnemann	253	30	4	7		294	14%
Hershey	178	34	24	11	0	247	12%
Jefferson	249	0	75	35	0	359	17%
Temple	48	102	2	0	13	165	8%
PENN	342	97	230	27	64	760	37%
TOTAL	1214	263	437	83	77	2074	



2002 Annual Giving Campaign Closes the Year with \$28,300

2003 Annual Giving Campaign Gets Focused

- *Angela B. Wurster*

Last year, the Department of Surgery embarked on its first annual giving campaign with modest success. Annual giving campaigns are the foundation of an organization's development effort. Used to offset operational expenses, an annual giving campaign offers a good way to attract new donors and a way for people to contribute at a variety of levels - from \$1 to \$1,000,000. All gifts receive recognition and make a difference. Many consider an annual gift a good measure of the loyalty of the donor to the organization's mission.

Two headlines for this article: what we learned and what we plan to accomplish -- each is important. We learned that many people are loyal to the Department of Surgery and gave generously over the year, not only to the Annual Giving Campaign but to other initiatives as well. On behalf of the Department of Surgery, our sincerest thanks for your past support. Your gifts enabled us to accomplish things that would have otherwise been impossible.

We learned that many members of the Penn Surgical Society, particularly alumni, are disconnected from the place where they lived and trained for many years. So this year the Penn Surgical Society takes on a new look with newsletters, a directory and a web site as a way to share the news.

We also learned that people often give and give generously to specific causes rather than general campaigns. So this year a portion of the proceeds of the Annual Giving Campaign will go to our new Customer Service initiatives including beepers for patients who have long waits, patient education materials, uncompensated care, meals and parking

vouchers and so on. In addition, the Annual Giving Campaign envelope will offer ways to target gifts to a specific Division within the Department with research activities, educational opportunities or patient care.

In the fall you will be receiving a copy of the 2003 Annual Report and shortly thereafter the annual giving appeal. We hope you will consider a gift to Penn's Department of Surgery. There are many exciting things planned for the upcoming year and so many ways you can support our efforts to improve the lives of others. With 434 members of the Penn Surgical Society think what could be possible if each contributed \$100.....or more.

To make a gift now to kick off the 2003 Annual Giving Campaign you may make contribution to:

The Trustees of the University of Pennsylvania
Department of Surgery Annual Giving Campaign
c/o Angela Wurster, Director Program Development
University of Pennsylvania Medical Center
3400 Spruce Street
4 Silverstein Pavilion
Philadelphia, PA 19104

PENN Medicine Patient Facilitated Services Program

- *Angela B. Wurster, David Kennedy, M.D.*

The Hospital of the University of Pennsylvania opened the doors on its new PENN Medicine Patient Facilitated Services Program on July 15th. This program, similar to programs offered at many academic medical centers, will serve to enhance service excellence thereby increasing patient satisfaction. These programs have been shown to serve as catalysts for system wide improvements that benefit all patients and build philanthropic support. Increasing philanthropic support from grateful patients that will improve facilities and services for all patients is an important goal of the Penn Medicine Strategic Plan, and is critical for raising funds for projects such as the Riverview Project outpatient facility.

There has been tremendous support for this program from Kathy and Alan

Bleznak who provided a generous gift to kick off this program. On June 4th, a reception was held to celebrate the initiation of this program at the home of Kathy and Alan Bleznak. Despite the inclement weather, 100 people attended this event and shared their enthusiasm for the establishment of this program. David Kennedy, M.D. observed that, "this is clearly an example of an idea whose time has come".

Martie McCartney, R.N. has been recruited to administer the PENN Medicine Patient Facilitated Services Program. Martie will be responsible for implementation of the first phase of the program to provide an added level of personalized services and amenities for donors and other friends of PENN Medicine receiving care at Penn. Of course, we will continue to provide

assistance for all our patients through our Guest Services Office. In the future, after we are able to make necessary facility improvements, we look forward to the program making available enhanced "hotel services" for inpatients who wish to purchase such services.

Many of you will already know Martie from her years as nurse manager, most recently on Silverstein 12. We are asking that all faculty work together with Martie to make this new program a success and an important aspect of the PENN Medicine culture. You can reach the PENN Medicine Patient Facilitated Services Program at (215) 662-4141 or by email at pfs@uphs.upenn.edu.

2003 Surgery Interns

General Surgery



Dale Han



Kristin Noonan



E. Carter Paulson



Robert Roses



Bilal Shafi

General & Plastic



Suhail Kanchwala



Elizabeth Kim

Neurosurgery



Gregory Heuer



Kareem Zaghloul

Otorhinolaryngology



Joel Guss



Luv Javia



Peggy Myung



Heather Nardone

Oral Surgery



Paul Madlock



Michael Mistretta



Douglas Seeger

Orthopedic



Jaimo Ahn



Rocco Bassora

Orthopedic Surgery



Manjiri Didolkar



J. Todd Lawrence



Eric Ricchetti



Neil Sheth



Brian Vannozzi



Gautam Yagnik

Urology



Alexander Kutikov



Nicholas Leone



Rakesh Patel

Department of Surgery Grand Round Schedule for 2003/2004

Date	Division
Aug 28, 2003	Urology
Sept 18, 2003	"State of the Department"
Oct 9, 2003	Colorectal Surgery
Oct 30, 2003	Julian Johnson Lecture
Nov 13, 2003	GI Surgery
Nov 20, 2003	Robert Ravdin Lecture
Dec 11, 2003	Transplant Surgery
Jan 8, 2004	Cardiac Surgery
Jan 22, 2004	Health Services Research

Date	Division
Feb 19, 2004	Thoracic Surgery
Mar 4, 2004	Vascular Surgery
Mar 18, 2004	Agnew Surgical Society Lecture
Apr 8, 2004	Surgical Oncology
Apr 22, 2004	Urology
May 13, 2004	Plastic Surgery
May 27, 2004	Education/Management
June 24, 2004	Trauma & Critical Care



Penn Surgical Society

NEWS

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Website: www.uphs.upenn.edu/surgery/pss.html

To refer a patient: PENNline, a toll free physician to physician line, provides direct access to Penn physicians. Call 1-800-635-7780.

For patient appointments call PENNHealth at 1-800-789-PENN



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