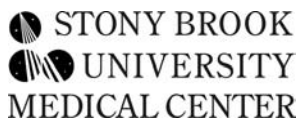


POST-OP



Performing Minimally Invasive Robotically-Assisted Coronary Bypass Surgery *Using the Latest Technology to Save Lives*

In this issue . . .

Introducing Our New Faculty:

- Colorectal Surgeon, Gastrointestinal Surgeon, Laparoscopist
- Podiatric Surgeon
- Surgical Oncologist, Hepatobiliary Surgeon

Providing HIPEC For Abdominal Tumors

Four Clinical Trials Seeking Volunteers:

- Preventing MRSA In Heart Surgery
- Treating Peripheral Vascular Disease
- Controlling Bleeding In Vascular Surgery
- Healing Diabetic Foot Ulcers

Division Briefs & Alumni News

Plus More!

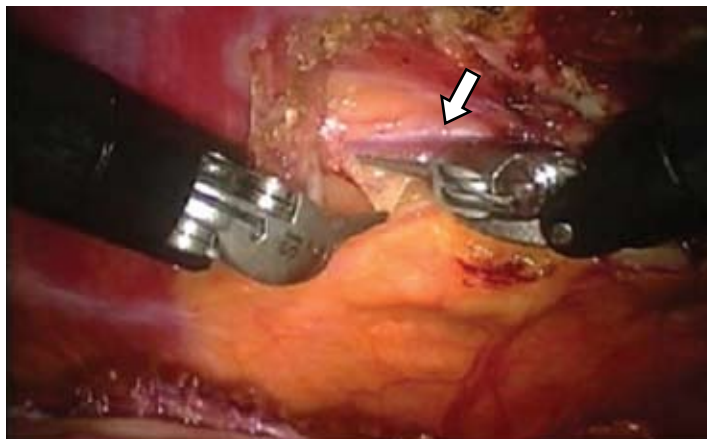
Now Available: CME Credit For Surgical Grand Rounds
See page 9 for details.

More than half a million coronary bypass operations are performed each year in the United States to fix clogged arteries and improve blood flow to the heart. At Stony Brook University Medical Center—home of the only heart surgery program in Suffolk County—we have provided the best possible surgical care for many thousands of patients needing a coronary bypass, since 1980, when our cardiothoracic surgery service was established.

Traditional “open heart” coronary bypass surgery involves stopping the heart to perform the procedure and using cardiopulmonary bypass (CPB); that is, routing the blood through the heart-lung machine to maintain the patient while the

heart is stopped. It also requires a large incision and splitting the sternum (breastbone), resulting in a large scar and a lengthy recovery time.

The mid-1990s saw the advent of the minimally invasive approach to coronary re-



View of closed-chest operative field via da Vinci robotic system, showing preparation of mammary artery graft (arrow) with robot's hands operated by surgeon's hands at control console.

vascularization called “beating heart” surgery, also known as “off pump” surgery. This new approach avoids the use of the heart-lung machine. Consequently, patients do not experience the inflammatory response caused by CPB, which disrupts the body's physiologic balance.

The minimally invasive direct coronary artery bypass (MID-CAB) beating heart procedure was developed at that time, in addition to other off pump procedures.

Patients needing bypass procedures involving one or two vessel grafts could undergo

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Minimally Invasive Robotically-Assisted Coronary Bypass Surgery

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MIDCAB instead of traditional bypass surgery. Using smaller incisions and not requiring the sternum to be split open, MIDCAB produces less trauma, less pain, and faster recovery.

Now, as a leader in minimally invasive heart surgery, our cardiothoracic surgery service performs robotically-assisted MIDCAB, which constitutes an improvement over the original MIDCAB that requires a five-inch incision and spreading the ribs for access to the heart.

The new robotically-assisted procedure allows the surgeon to optimize the preparation of the internal mammary arteries, the best vessels for bypass grafts, which produce the most reliable, most protective, and longest-lasting treatment of coronary artery obstruction. Twenty- and 25-year bypass patency is not uncommon.

Robotically-assisted MIDCAB offers eligible patients a number of potential benefits over traditional “open heart” bypass surgery:

- Avoidance of heart-lung machine
- Best possible quality of bypass grafts
- Smaller incisions
- Less pain and scarring
- Less risk of infection
- Less anesthesia
- Less blood loss and fewer transfusions
- Shorter hospital stay
- Faster recovery
- Quicker return to normal activities

This historic advance in heart surgery at Stony Brook is the result of our acquisition last year of the da Vinci surgical robot. In fact, our medical center became the first medical center on Long Island to acquire the most technically advanced model of the robot, the da Vinci S.

Our new robot is a highly sophisticated tool that enables surgeons to perform a variety of complex operations, such as coronary bypass surgery. The robotic system makes it possible for them to perform surgery without large incisions by way of superior visualization, enhanced dexterity, and greater precision, which ultimately raises the quality of surgical care.

At Stony Brook, Frank C. Seifert, MD, associate professor of surgery and director of minimally invasive bypass surgery, is leading our use of the da Vinci robot to perform MIDCAB surgery. He has been specially trained and certified to operate with the robot.

A nationally recognized expert in MIDCAB and other off pump techniques that avoid the heart-lung machine, Dr. Seifert has performed nearly 400 MIDCAB operations at Stony Brook, in addition to nearly 2,000 other kinds of beating heart bypass operations. He is one of the few surgeons in the country who mastered the technical challenges of the MIDCAB procedure that have limited its use in the hands of other surgeons.



Dr. Frank C. Seifert positioning the arms of the da Vinci robot over patient about to undergo coronary bypass surgery.

Commenting on the significance of the da Vinci surgical robot, Dr. Seifert says: “The new robot represents a major advance in coronary bypass surgery that offers patients more benefits of the minimally invasive approach. My operating vision is two to three times greater with it, and there is no loss of depth perception. As visual clues replace touch, the dexterity of the robot’s hands is certainly greater than that of the human hand, and should contribute to improved outcomes.”

“Ultimately, with anticipated further advances,” emphasizes Dr. Seifert, “robotically-assisted surgery represents the future of all coronary bypass surgery—single- or multi-vessel off pump surgery that doesn’t require use of the heart-lung machine or the sternotomy incision. In fact, techniques using the robot are being developed to join the grafted vessels to the heart without use of direct suturing by hand, and then we will see true ‘robotic’ surgery.”

POST-OP is published by the Department of Surgery
Stony Brook University Medical Center, Stony Brook, New York

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USING THE ROBOT

First of all, the surgeon performs the operation using the robot—not the other way around. The da Vinci robotic system is high-tech equipment designed to expand the surgeon's capabilities and offer a minimally invasive option for major surgery, such as coronary bypass surgery.

The surgeon sits in a console equipped with controls that direct the robot's arms to perform the surgery. The robotic arms are very agile, and work as an extension of the surgeon's hands.



Hand of da Vinci robot (below) showing its greater dexterity compared with human hand.

With da Vinci, small incisions are used to introduce miniaturized wristed instruments and a high-definition three-dimensional camera. The surgeon, thus, can view a magnified, high-resolution three-dimensional image of the surgical site. At the same time, state-of-the-art robotic and computer technologies scale, filter, and seamlessly translate the surgeon's hand movements into precise micro-movements of the da Vinci instruments.

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Introducing Dr. Roberto Bergamaschi

Our New Chief of General & Colon & Rectal Surgery

We are pleased to introduce Roberto Bergamaschi, MD, PhD, FRCS, FASCRS, FACS, who joined our faculty in June as professor of surgery and chief of general and colon and rectal surgery. He comes to Stony Brook from Penn State University College of Medicine, where he was professor of surgery. Dr. Bergamaschi's practice was based at Lehigh Valley Hospital in Allentown, PA, where he held the Indru Khubchandani, MD, Endowed Chair in Colon and Rectal Surgery and was chief of minimally invasive (laparoscopic) surgery.

Here, Dr. Bergamaschi will direct our general surgery division. In this capacity he will be responsible for colorectal and general abdominal surgery, including minimally invasive and bariatric (weight loss) surgery.

Dr. Bergamaschi will focus his practice at Stony Brook on laparoscopic and conventional surgery for colon and rectal cancer, Crohn's disease, ulcerative colitis, diverticulitis, and rectal prolapse; treatment of anorectal abscess, fistula, fissure, rectocele, hemorrhoids, obstructed defecation, and fecal incontinence; colonoscopy; and laparoscopic surgery for gallbladder, appendix, or spleen removal, gastroesophageal reflux disease (GERD; chronic severe heartburn), achalasia, incisional/ventral hernia, and groin hernia.

Dr. Bergamaschi is board certified in general surgery and also gastrointestinal

surgery by the Norwegian Medical Association, general surgery by the National Medical Council of France, and general surgery by the National Board of Health of Denmark.

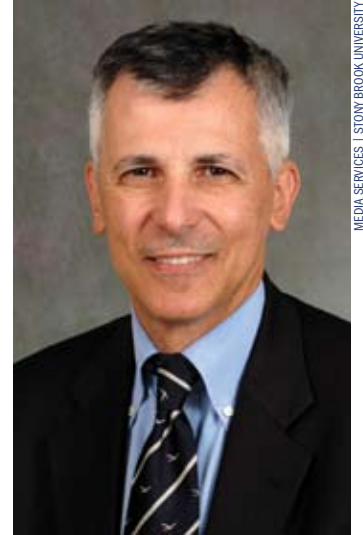
An active scholar as well as clinician, Dr. Bergamaschi is the author of more than 135 journal articles and book chapters. Last year, he was appointed associate editor of *Diseases of the Colon & Rectum*, the official journal of the American Society of Colon and Rectal Surgeons. In addition, he serves as a peer reviewer for several journals, including *Surgical Endoscopy*, *Digestive Diseases and Sciences*, and *World Journal of Surgical Oncology*, among others.

Dr. Bergamaschi's current research interests include colon and rectal cancer, Crohn's disease, ulcerative colitis, diverticulitis, and rectal prolapse.

Dr. Bergamaschi received his medical doctorate in 1980 from the University of Milan in Italy.

After military service in his homeland and then practicing medicine in the United States, Italy, and Africa, Dr. Bergamaschi pursued his postgraduate training in surgery:

General surgery, Hautepierre University Hospital, Strasbourg, France (1984-86); trauma surgery, Central Middlesex Hospital, London, England (1986); general surgery, Kirkenes Hospital, Kirkenes, Norway (1987-88); orthopedic surgery, University Kyst-hospitalet i Hagavik,



Dr. Roberto Bergamaschi

Hagavik, Norway (1988-90); trauma and general surgery, Haukeland University Hospital, Bergen, Norway (1991); general surgery (chief resident), Angers University Hospital, Angers, France (1992-93).

Dr. Bergamaschi received his doctorate in colorectal cancer, in 1996, from the University of Bergen in Norway. For this doctorate he authored "Surgical Strategies in the Treatment of Colorectal Cancer," published in the *European Journal of Surgery*.

Dr. Bergamaschi has been a member of the surgical faculty at the University of Angers (France), University of Bergen (Norway), and, after having moved to the United States in 2002, Drexel University in Philadelphia, PA.

In 2005, Dr. Bergamaschi joined the faculty at Penn State and the surgical staff at Lehigh Valley, one of the largest and oldest licensed teaching hospitals in the state of Pennsylvania, which serves as a chief clinical campus of Penn State.

For consultations/appointments with Dr. Bergamaschi, please call (631) 444-4545.

Introducing More New Faculty



MEDIA SERVICES | STONY BROOK UNIVERSITY

Surgical Oncologist, Hepatobiliary Surgeon

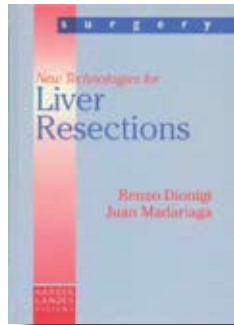
Juan R. Madariaga, MD, PhD, FACS, has joined our Division of Surgical Oncology as professor of surgery. He comes to Stony Brook from the University of Miami, where he was professor of surgery in the Division of Liver/Gastrointestinal Transplantation. Dr. Madariaga is an alumnus ('77) of our residency training program in general surgery, and his return as a distinguished academic surgeon is a source of pride for us.

Board certified in surgery, Dr. Madariaga will focus his practice at Stony Brook on hepatobiliary surgery; liver resection; excision of gallbladder and bile duct tumors; biliary strictures and other iatrogenic injuries after laparoscopic gallbladder removal; gastrointestinal surgery; and retroperitoneal tumors.

Dr. Madariaga is a specialist in the treatment of primary and metastatic liver tumors as well as other liver diseases.

Through his experience in liver transplantation, he gained novel techniques involving vascular reconstruction and ex-situ tumor removal that enable him to treat tumors unresectable with conventional surgery.

An active scholar as well as clinician, Dr. Madariaga is the author of more than 100 journal articles and book chapters. He is the co-editor of *New Technologies for Liver Resections* (Karger Landes, 1997). His current research interests focus on liver regeneration.



Dr. Madariaga received his medical doctorate in 1969 from Valladolid University in Spain. He pursued his postgraduate training in general surgery at Santa Marina Sanatorium, Spain (1969-70), Tufts University (Boston City Hospital; 1971-74), and SUNY-Stony Brook (1974-77).

After completing his training in general surgery at Stony Brook, Dr. Madariaga spent a year here to do fellowship training in surgical oncology and then went for another year of training in surgical oncology at the Medical College of Virginia in Richmond, VA.



MEDIA SERVICES | STONY BROOK UNIVERSITY

Podiatric Surgeon

Bernard F. Martin, DPM, FACFAS, FACPR, has joined our Division of Vascular Surgery as assistant professor of surgery. A podiatric surgeon with years of experience as a community-based practitioner, Dr. Martin comes to Stony Brook to contribute to our multidisciplinary Leg and Foot Ulcer Treatment Group, as well as to provide a wide range of additional podiatric services.

Board certified in foot and ankle surgery, Dr. Martin will focus his practice at Stony Brook on treatment of foot ulcers, infections and

wound care, limb salvage, diabetic foot care, diabetic foot problems, foot fractures, fungal nails, bunion, hammer toes, heel pain, heel spurs, nail conditions, plantar warts, structural forefoot deformities, surface skin conditions, and trauma-related foot injuries; sports medicine for foot and ankle; foot health for seniors; and foot health for women.

Dr. Martin received his doctorate in podiatric medicine in 1983 from the New York College of Podiatric Medicine. He completed his residency training there in podiatric surgery in 1985.

The Stony Brook Leg and Foot Ulcer Treatment Group is dedicated to healing chronic wounds and saving limbs. Its multidisciplinary team includes specialists in vascular surgery, dermatology, podiatry, orthotics, plastic surgery, and orthopedic surgery.

For consultations/appointments with Dr. Martin, please call (631) 444-4545.

Dr. Madariaga subsequently returned to Stony Brook to join our faculty as a member of the Division of Surgical Oncology. In 1989, he gained additional training in transplantation as a fellow at the University of Pittsburgh, which led to his faculty appointment there in liver/GI transplantation. He joined the faculty at the University of Miami in 2000.

Dr. Madariaga received his doctorate in surgical oncology, in 1997, from Murcia University in Spain. For this doctorate he authored a thesis titled "Prognostic Factors and Survival of Resected Cholangiocarcinoma."

For consultations/appointments with Dr. Madariaga, please call (631) 444-4545.

USING THE ROBOT

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The system cannot be programmed, nor can it make decisions on its own. Rather, the da Vinci robot requires that every surgical maneuver be performed with direct input from the surgeon. Indeed, the surgeon is controlling every aspect of the operation.

To perform robotically-assisted MIDCAB, three or four small (half-inch) incisions are first made between ribs—for inserting the robot's arms, the video camera, and the surgical instruments—to enable the surgeon to prepare the mammary artery graft(s). Then, a two-inch incision, also between ribs, is made for suturing the artery graft to the heart directly by hand.

The heart continues to beat during the surgery, and no heart-lung machine is required.

The superior viewing system and wristed instruments of da Vinci allow the surgeon to operate with greater precision, resulting in fewer complications and potentially better outcomes, compared with conventional MIDCAB—outcomes far better than those achieved with traditional “on pump” coronary bypass surgery.

Patients who undergo robotically-assisted MIDCAB can be discharged from the hospital as early as the second postoperative day.

For consultations/appointments with Dr. Seifert, please call (631) 444-1820.

Using HIPEC—Heated Intraperitoneal Chemotherapy For Abdominal Tumors

Offering Cancer Patients Hope for Survival

Tumors that have spread to the lining surfaces of the peritoneal (abdominal) cavity from primary colorectal cancer, gastric cancer, and appendiceal cancer, or mesothelioma—known as peritoneal carcinomatosis—are generally very difficult to treat.

The behavior of these peritoneal surface malignancies is the same: the tumor spreads along the peritoneal lining of the abdomen, secretes mucus and/or leads to ascites (abnormal accumulation of fluid in spaces between tissues and organs), and ultimately causes bowel obstruction, difficulty breathing, and death.



Dr. Colette R.J. Pameijer

Our surgical oncology service is now using an innovative combination of surgery and chemotherapy, called HIPEC—which stands for heated intraperitoneal chemotherapy—to destroy these deadly abdominal tumors. This aggressive treatment is helping to significantly improve, and may even extend, the lives of patients who are in desperate need.

We provide the only surgical oncology service in Suffolk County that uses HIPEC for the treatment of metastatic abdominal cancer involving peritoneal surface malignancies.

The HIPEC procedure is designed to attempt to kill any remaining cancer cells after the bulk of the abdominal tumor is removed.

Colette R.J. Pameijer, MD, assistant professor of surgery, has successfully established HIPEC at Stony Brook. She emphasizes its survival benefits: “Patients with carcinomatosis from colorectal cancer may survive two years with this treatment, compared with maybe six months with systemic chemotherapy, depending on their response. Patients with appendiceal carcinoma or mesothelioma have a five-year survival rate of as high as 60% with HIPEC.”

HIPEC involves the use of conventional chemotherapy drugs heated to a high temperature that helps to kill cancer cells. Not only that, by bathing the abdomen with heated chemotherapy immediately following surgery, a higher dose of medication can be

used than would normally be tolerated by a patient if given intravenously—the traditional way chemotherapy is administered.

Giving the chemotherapy in the abdomen at the time of surgery allows for greater concentrations of the drug where it is specifically needed. Adding heat at the particular temperature used in the HIPEC procedure has a three-fold advantage:

- The heat kills cancer cells while not affecting normal cells.
- The heat makes the killing effect of the chemotherapy more powerful.
- The heat softens the tumor nodules so the penetration of the chemotherapy into the tumor is enhanced.

The procedure also improves drug absorption and effect with minimal exposure to the rest of the body. In this way, many of the normal side effects of chemotherapy may be avoided.

THE PROCEDURE

The surgery involves initial debulking all of the tumor, including affected parts of the peritoneum, the omentum, and possibly bowel. When this surgery is complete, cannulas (flexible tubes) are placed in the abdomen, and the abdomen is temporarily closed.

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Two Clinical Trials Need Vascular Patients

Testing Biotech Therapies

CONTROLLING BLEEDING DURING SURGERY

Patients are needed to take part in a research study of an experimental new drug called Recothrom, a recombinant (man-made) form of thrombin, which is a natural protein produced by the body to help stop bleeding. Early this year, the Food and Drug Administration (FDA) approved the sale of Recothrom, which currently is the first and only recombinant, plasma-free thrombin approved for use as a topical hemostat (bleeding control agent).

The purpose of this study is to further evaluate the safety of Recothrom when used to control bleeding during surgery, especially in patients who had a past surgery that may have included treatment with bovine thrombin, which is extracted from the blood of cows. The findings of the study will help us to better understand the safety and effectiveness of Recothrom.

Patients who must undergo certain forms of vascular surgery are eligible to enroll in the study, including surgery of an artery that involves inserting a synthetic graft, or a graft made from the patient's own veins; surgery that creates a connection between an artery and a vein for use during dialysis; and surgery to repair an artery.

Thrombin is used to control bleeding in more than 1 million surgeries each year in the United States. The study drug, Recothrom, has been developed as an aid to controlling bleeding during surgery. It is a recombinant form of human thrombin that is not derived from animal or human blood.

Currently, only thrombin derived from bovine (cow) blood is available in the U.S. as a stand-alone thrombin product.

Bovine-derived thrombin has been associated with the development of antibodies that may cross-react with human blood proteins and, in some cases, these antibodies appear to be related to serious bleeding complications.

The production of recombinant proteins such as Recothrom is not dependent on the availability of blood from animals or human donors.

The surgical procedures and materials are not experimental. The other medications used by our surgeons during surgery are considered standard treatments.

One of the risks of surgery is bleeding. Thrombin is a protein made naturally by the body to help control bleeding. During surgery, additional thrombin is often applied to bleeding sites to help stop bleeding faster.

Currently, the thrombin that is used in surgery is extracted from the blood of cows (bovine thrombin) or humans, and can be applied alone or along with other proteins or surgical sponges.

The study drug, Recothrom, is an alternative form of thrombin to control bleeding during surgeries. It is believed that recombinant thrombin may be safer than thrombin extracted from blood.

About 200 patients will take part in this study at about 25 study sites in the United States. Stony Brook expects to enroll approximately 40 patients. Patients' participation will last about four weeks, with about four visits.

Topical treatments to stop bleeding are often applied during surgery. Patients who choose not to participate in this study will receive the standard treatment and care normally used by their surgeon to stop bleeding during surgery.

Patients may receive up to \$100 (\$25 for each visit) in return for their expenses for completing all visits related to the study. If they do not complete the study, they will be paid for only the visits they did complete.

Patients will not be charged for the study drug, laboratory tests, and other procedures done only as part of the study.

HEALING FOOT ULCERS IN DIABETIC PATIENTS

Patients with a non-healing foot ulcer associated with diabetes are needed to take part in a research study of an experimental new drug called Exellarate (GAM501), a gene transfer product designed to treat patients with diabetic foot ulcers.

The purpose of this study is to test the safety and effectiveness of Exellarate compared to placebo (an inactive substance that contains no medicine) and standardized care. Exellarate is applied to the patient's wound in a topical gel. Approximately 210 diabetic patients with foot ulcers will participate in this study at up to 30 study centers throughout the country.

Our vascular specialists are currently conducting two clinical trials for which patient volunteers are needed. These trials aim to evaluate the effectiveness of new drugs, one designed for improved control of bleeding during surgery, and the other for improved wound healing of diabetic foot ulcers. Antonios P. Gasparis, MD, assistant professor of surgery and director of the Stony Brook Vein Center, is principal investigator of both trials.

Although Excellerate has not been approved for sale by the FDA to treat subjects with diabetic foot ulcers, it does have approval to be tested in research studies such as this one. The purpose of our study is to determine whether Excellerate improves healing of foot ulcers.

More than 3.8 million cases of chronic, slow-healing, or non-healing dermal (skin) ulcers are treated each year in the United States. The study drug, Excellerate, has been designed to stimulate the process of wound healing in such cases.

In dermal wounds, the skin breaks down as a result of disruption of blood flow caused either by prolonged pressure over a localized area or by chronic diseases such as diabetes. In many patients, dermal ulcers are open wounds that are resistant to healing for many months or years.

Currently, there are 21 million people (7% of the U.S. population) that have diabetes. Every day approximately 3,450 new cases are diagnosed, and an estimated 1.2 million new cases are identified each year. Fifteen percent of patients (3.15 million) affected with diabetes will develop foot-related ulcers.

Foot ulcers that do not heal leave patients susceptible to infection and may lead to amputation of the foot or leg. It is known that diabetes is the leading cause of lower extremity amputations with 5% to 15% requiring an amputation at some time in their lives. The three-year survival rate following amputation is only 50%.

In an early clinical study, Excellerate appeared to be safe and well tolerated, with most patients showing complete wound closure by 14 weeks based on a single dose or a single weekly dose application over a four-week period.

Excellerate applies a gene transfer method to deliver a gene to foot ulcers. A gene is the basic unit of heredity (characteristics passed from parent to child). Each person has thousands of genes that determine the make-up of their body and mind.

For this study, there is a particular gene that is responsible for making platelet-derived growth factor (PDGF), which is a substance that the body naturally produces to help heal wounds. Scientists are able to make copies of this human gene in the laboratory, called cDNA. The gene source of these copies is human.

The goal of gene transfer is to have the newly transferred gene work and function. The gene transfer process for Excellerate is anticipated to work like this:

1. The human wound-healing cDNA (PDGF) is placed inside a virus called adenovirus (similar to the virus that causes the common cold) that has been modified through genetic engineering so that it cannot divide or reproduce inside patients, and thus should not cause an infection.
2. The virus is mixed in a gel and is then applied to foot ulcers.
3. The patient's own wound repair cells move into the gel containing the virus that carries the wound-healing gene.
4. The wound repair cells take the wound-healing gene from the virus and start making PDGF in the foot ulcer.

Neither the patient, nor the study doctor, nor the study staff will know which study drug treatment the patient will be receiving. This helps to ensure that the study drug can be evaluated without being influenced by the patient's attitudes or the attitudes of the study doctor and study staff. However, if there is an emergency, the study doctor can find out which medication each patient has taken.

Depending on how their ulcers heal, patients enrolled in the study will make up to 20 visits to their study doctor over a period of six months. Each visit will be separated by at least one week.

The study medication, study visits, procedures, and laboratory tests associated with the study will be provided at no cost to you. The study sponsor pays for them. Additionally, there will be no cost to patients during the study for any test or procedure associated with the study, or for the treatment of any side effects related to the study product or study procedures.

Patients will not be paid for participating in this study. There may or may not be direct medical benefit to them for taking part in it. Information from the study may help develop a better treatment for others with diabetic foot ulcers in the future.

For more information about these trials, please call Dr. Gasparis at (631) 444-4545.

Selected Recent Publications*

Azu MC, McCormack JE, Huang EC, **Lee TK, Shapiro MJ**. Venous thromboembolic events in hospitalized trauma patients. *Am Surg* 2007;73:1228-31.

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Dagum AB, Slesarenko Y, Winston L, Tottenham V. Long-term outcome of replantation of proximal-third amputated arm: a worthwhile endeavor. *Tech Hand Up Extrem Surg* 2007;11:231-5.

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Delis SG, **Madariaga J**, Bakoyiannis A, Dervenis C. Current role of bloodless liver resection. *World J Gastroenterol* 2007;13:826-9.

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Gavi S, Qurashi S, Stuart LM, Lau R, Melendez MM, Mynarcik DC, **McNurlan MA**, Gelato MC. Influence of age on the association of retinol-binding protein 4 with metabolic syndrome. *Obesity (Silver Spring)* 2008;16:893-5.

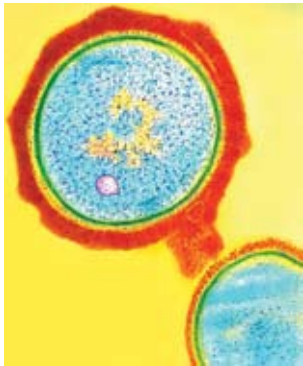
Gelato M, **McNurlan M**, Freedland E. Role of recombinant human growth hormone in HIV-associated wasting and cachexia: pathophysiology and rationale for treatment. *Clin Ther* 2007;29:2269-88.

* The names of faculty authors appear in boldface.

Testing Vaccine to Prevent MRSA And Related Infections Following Open Heart Surgery

Clinical Trial Seeks Volunteers Scheduled for Cardiothoracic Surgery

Open heart surgery patients are at risk of developing various types of infections after their operations. Staphylococcus aureus, a kind of bacteria frequently resistant to antibiotics—specifically, MRSA (methicillin-resistant S. aureus)—is one cause of post-op infection.



Bacterial cells of *Staphylococcus aureus*, literally “golden cluster seed” and also known as golden staph, which is the most common cause of staph infections.

Our cardiothoracic surgery service is now conducting a clinical trial of an investigational vaccine designed to prevent *S. aureus* bacteremia and/or deep sternal wound infections following open heart surgery.

We are now looking for adults scheduled for elective cardiothoracic (open heart) surgery to volunteer for the clinical trial. The experimental vaccine has been developed by Merck & Co., Inc., a global pharmaceutical company. Approximately 84 hospitals worldwide are participating in the trial of the vaccine.

“The study may help determine if the vaccine reduces the portion of adult patients who acquire these types of infections within 90 days

following cardiothoracic surgery,” says Stony Brook’s principal investigator, Todd K. Rosengart, MD, professor of surgery and chief of cardiothoracic surgery. “We will also evaluate the immune response of patients and general safety of the vaccine.”

The clinical trial lasts approximately three-and-a-half to five months. Participants are administered the actual vaccine or a placebo vaccine prior to their heart surgery. Each participant will receive six clinical evaluations during the study period, three of which will be conducted in the hospital during the patient’s postoperative care.

Men and women 18 years of age and older and who are about to have cardiothoracic surgery may be eligible to participate. Some specific eligibility criteria include that the patient is scheduled for cardiothoracic surgery with a full median sternotomy within 14 to 60 days post vaccination; has no patient history (within three months) of invasive *S. aureus*; has no ventricular-assist devices; has no known or suspected impairment of immunologic function, and intends to participate for the entire study duration.

Patients with various conditions, such as hemophilia or a high fever prior to surgery, as well as those who have received live virus vaccines or certain medications shortly before or right after vaccine administration, will not be eligible for the study.

Individuals interested in participating in this investigational vaccine study should contact Eileen Finnin, RN, clinical research coordinator, at (631) 444-5454.

Using HIPEC continued from Page 5

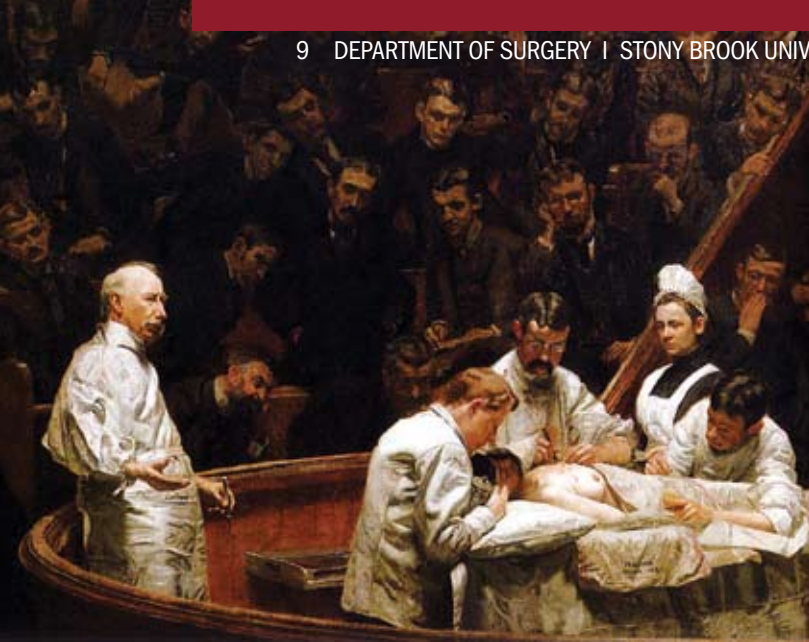
A roller pump, as in cardiac bypass, is used to circulate fluid through the peritoneal cavity. The fluid passes through a heat exchanger, which warms it to approximately 107 degrees Fahrenheit (41-42 degrees Celsius). This procedure, in turn, warms the peritoneal cavity. When it reaches 102.2 degrees Fahrenheit (39 degrees Celsius), the chemotherapy drug mitomycin C is added to the circulating fluid.

The circulation of heated chemotherapy then continues for a total of two hours.

“Cytoreductive surgery and HIPEC represent substantial improvements in outcomes compared with historic series and best-available systemic therapy. Long-term survival is possible for selected patients who undergo the procedure.”
—Levine EA, et al. Cytoreductive surgery and intraperitoneal hyperthermic chemotherapy for peritoneal surface malignancy: experience with 501 procedures. *Journal of the American College of Surgeons* 2007;204:943-55.

At this point, the peritoneum is flushed with Ringer’s lactate solution, and the abdomen re-opened. The cannulas are removed, and any bleeding is controlled. The abdomen is then formally closed. Patients are transferred to the intensive care unit postoperatively, where they usually stay for one to two days. The average hospital stay is nine days.

For consultations/appointments with Dr. Pameijer, please call (631) 638-1000.



CME Credit to Be Given For Surgical Grand Rounds

We are pleased to announce that our Surgical Grand Rounds will offer continuing medical education (CME) credit, starting in September 2008 with the new academic year. The School of Medicine of the State University of New York at Stony Brook will designate this activity for a maximum of 1 (one) AMA PRA Category 1 Credit™.

Our weekly Surgical Grand Rounds lectures are generally held on Thursday morning, from 8:00 to 9:00 am, in the Health Sciences Center (level 3, lecture hall 6). Topics cover the full range of current surgical concerns, focusing on clinical issues of interest to practicing physicians and surgeons.

Among the distinguished visiting professors who have recently lectured in our Surgical Grand Rounds program, plus their topics, are:

N. Joseph Espot, MD, MS, professor/vice-chair of surgery and chief of surgical oncology, Roger Williams Medical Center, Providence, RI (Biomaterials in abdominal wall reconstruction)

Donald E. Fry, MD, professor emeritus and chairman of surgery, University of New Mexico, Albuquerque, NM (Surgical infections and what to do)

Eric M. Genden, MD, professor and chair of Otolaryngology-Head and Neck Surgery, Mt. Sinai Medical Center, New York, NY (Management of metastatic neck disease)

K. Craig Kent, MD, professor of surgery and chief of vascular surgery, Columbia College of Physicians and Surgeons & Weill Medical College of Cornell University, New York, NY (Progress in the treatment of aneurysmal disease of the aorta)

Frank R. Lewis, Jr., MD, executive director, American Board of Surgery, Philadelphia, PA (Physiology for the 21st century—cardiopulmonary function in sepsis and critical illness)

Thomas E. Read, MD, chief of colon and rectal surgery, Western Pennsylvania Hospital, associate professor of surgery, Temple University, Philadelphia, PA (Rectal cancer: what we know with certainty . . . what we have learned)

Richard L. Whelan, MD, associate professor of surgery, Columbia University, and associate director of surgical oncology, New York-Presbyterian Hospital (Is there a role for pharmacologic anti-cancer therapy in the immediate pre- and post-operative period for colon cancer patients?)

For more information, please call (631) 444-7875.

Clinical Trial of Treatments For Peripheral Vascular Disease Seeks Patient Volunteers

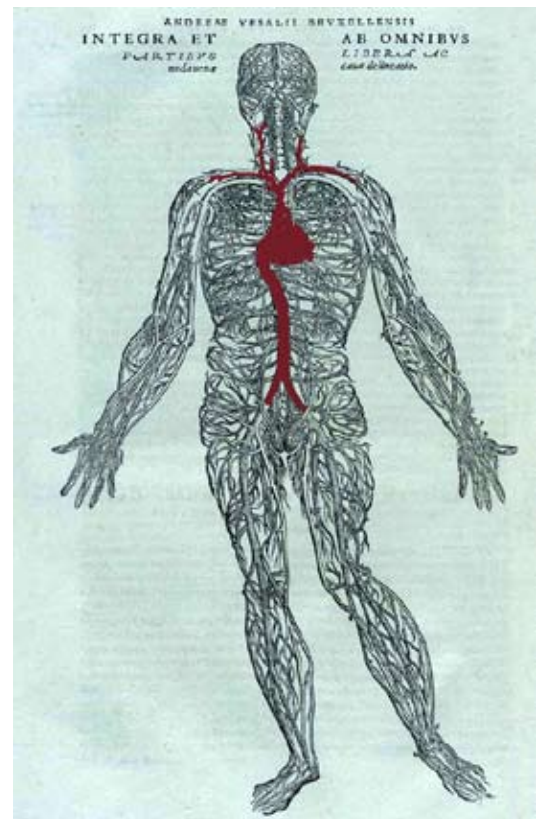
Stony Brook is one of 15 sites nationwide taking part in a prospective randomized trial of medical therapy, supervised exercise, and angioplasty for the treatment of patients with intermittent claudication due to disease of the aorta and iliac arteries.

The CLEVER study (CLaudication: Exercise Versus Endoluminal Revascularization) is sponsored by the National Institutes of Health (NIH) through the Heart and Blood Institute, and is the first study to compare three forms of therapy for claudication in a prospective randomized fashion.

Eligible patients should be age 50 or above and have disabling claudication due to aortic or iliac disease. They should be candidates for participating in treadmill exercise and should not have a history of congestive heart failure.

The primary endpoint of this study will be degree of improvement in maximum walking distance. In addition to free medical care, patients will receive a small stipend to cover their costs of travel for follow-up evaluations. Angioplasty patients need insurance coverage.

For more information about the CLEVER study, please call Eileen Finnin, RN, clinical research coordinator, at (631) 444-5454.



DIVISION BRIEFS

Cardiothoracic Surgery

Dr. Thomas V. Bilfinger, professor of surgery and director of thoracic surgery, was again selected for inclusion in the Castle Connolly Guide, *Top Doctors: New York Metro Area*, published in February. This selection is based on screening by a physician-directed research team that identifies the **top 10% of physicians** in the entire New York Metropolitan area.

Dr. Todd K. Rosengart, professor of surgery and chief of cardiothoracic surgery, was again selected for inclusion in the Castle Connolly Guide, *America's Top Doctors*, published last November. This selection is based on screening by a physician-directed research team that identifies the **top 1% of physicians** in the entire nation. He is also included in Castle Connolly's *Top Doctors: New York Metro Area*, published in February.

Dr. Rosengart in January was featured on CBS Evening News, as part of a news story about the study just released by the American Heart Association that found that from 1999 to 2005, the death rate from coronary heart disease dropped by 25.8%. Commenting on the finding, Dr. Rosengart was quoted as saying, "This is all a product of new technology, new devices, new drugs that literally were not available 10 or 15 years ago." About half the improvement comes

from reduction in risk factors such as cholesterol, blood pressure, and smoking; the other half comes from **better surgery and procedures**.

Dr. Rosengart this summer will serve as the mentor of Aryeh Keehn, the recipient of a 2008 **Summer Intern Scholarship in Cardiothoracic Surgery**, sponsored by the American Association for Thoracic Surgery (AATS). Mr. Keehn, who just completed his first year of medical school at Stony Brook, was the top selection out of 800 applicants (ranked number 1), and was chosen by unanimous decision.

Under the mentorship of Dr. Rosengart, Mr. Keehn will work on a research project aimed at understanding the inflammatory response to open heart surgery. The study will compare the body's inflammatory response mechanisms in patients undergoing mitral valve surgery via standard median sternotomy or mini-thoracotomy, which has been associated with less bleeding, less coagulopathy, and faster recovery.

With the selection of Mr. Keehn, Stony Brook joins a list of leading institutions, such as Johns Hopkins, Harvard, Columbia, and Stanford, that have produced AATS summer intern scholarship recipients. Established by the AATS to introduce the field of cardiothoracic surgery to first- and

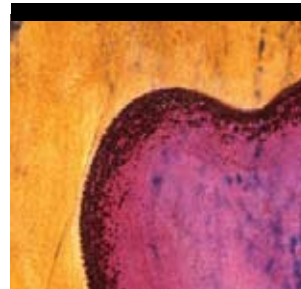
second-year medical students, the scholarship includes spending eight weeks on a cardiothoracic surgery service and a grant of \$5,000 for living expenses.

General Surgery

Dr. Marvin L. Corman, professor of surgery, according to a poll of physicians conducted by Best Doctors, Inc., was chosen **one of the best doctors in America** for 2007-2008. Only 4% of doctors nationwide are chosen for this honor. In order to be chosen, doctors

from all specialties are asked questions about which physicians they would choose if they or a family member needed the services of a practitioner of a particular specialty.

Founded in 1989 by doctors affiliated with Harvard University School of Medicine, Best Doctors is an international company serving hundreds of insurers, employers and health plans, covering more than 10 million people in 30 countries, and it is recognized as a leader in



Heart Patients Return For Second Annual Valentine's Day Celebration of Life

In February, for the second consecutive year—on the eve of Valentine's Day—the Heart Center welcomed back to Stony

Brook its open heart surgery patients who had undergone procedures the year before.

Our cardiothoracic surgeons, together with the staff from the Heart Center, the OR, Patient Guest Relations, and many others who help provide care for our heart patients, came together for a dinner and awards ceremony honoring staff members who make valuable contributions to the cardiothoracic surgery service by going above and beyond the call of duty.

"When we begin taking care of you," Dr. Rosengart told the audience of patients, "you truly become a part of our family. We're always here for you."

Dr. Rosengart in his welcoming remarks described the four pillars of a preeminent heart center: clinical quality, service, trials/technology, and research—all of which are found at Stony Brook. He then listed statistics that showcased the **excellence of Stony Brook University Heart Center**, including a **98.5% success rate** in coronary artery bypass surgery, higher than the New York State average.

helping people get the best medical care.

Dr. Corman in January attended the annual conference of the Southern California Chapter of the American College of Surgeons, held in Los Angeles, where he presented a lecture titled “**Tailoring Adjuvant Colon Cancer Treatment with the Extreme Drug-Resistance Assay.**”

In May, Dr. Corman was a visiting lecturer at the International Course in Surgery, held in Madrid, Spain, where he spoke about the following subjects related to his expertise: **disorders of evacuation—evaluation and management; contemporary approaches to the treatment of complex anal fistulas; anovaginal reconstruction in the treatment of obstetrical injuries; local treatment of rectal cancer.** This annual conference is hosted by the Hospital Universitario Doce de Octubre, and is recognized as one of the leading didactic surgical conferences in the world.

Dr. Louis T. Merriam, assistant professor of surgery, is the recipient of a Class of 2008 **Award for Excellence in Teaching**, presented by the graduating class of Stony Brook’s School of Medicine.

Dr. William B. Smithy, assistant professor of surgery, was again selected for inclusion in the new edition of

the Castle Connolly Guide, *Top Doctors: New York Metro Area*, published in February. This selection is based on screening by a physician-directed research team that identifies the **top 10% of physicians** in the entire New York Metropolitan area.

Otolaryngology-Head and Neck Surgery

Dr. David A. Schessel, associate professor of surgery, has been appointed acting chief of otolaryngology-head and neck surgery. He will replace **Dr. Arnold E. Katz**, professor of surgery, who is retiring after 19 years of service as founding chief.

Pediatric Surgery

Dr. Thomas K. Lee, associate professor of surgery and chief of pediatric surgery, was selected for inclusion in the Castle Connolly Guide, *Top Doctors: New York Metro Area*, published in February. This selection is based on screening by a physician-directed research team that identifies the **top 10% of physicians** in the entire New York Metropolitan area.

Dr. Lee was **recertified in pediatric surgery** last October. In April, he graduated from the Stony Brook University Medical Center **Dean’s Advisory Group Leadership Academy**. Members are recommended by departmental chairman and selected by Dean Richard N. Fine. The leadership academy is a series of retreats that involves monthly half-day retreats.

Dr. Richard J. Scriven, assistant professor of surgery, was **recertified in general surgery** last December. He has been appointed to serve as **director of residency program in general surgery**, starting in July. He served as an associate director during the previous year. He recently completed an education fellowship through Stony Brook University Medical Center.

Together, Drs. Lee and Scriven contributed to the success of the following recent study conducted at Stony Brook:

Is ventilator-associated pneumonia in pediatric trauma patients a real concern? [authors: Taira BR, Lee TK, McCormack JE, Scriven RJ, Shapiro, MJ, Fenton, KE].

In February, at the Society of Critical Care Medicine’s Annual Critical Care Congress, held in Honolulu, HI, this study was presented as a poster and was a **2008 Research Citation Winner** for making an outstanding research contribution.

Plastic and Reconstructive Surgery

Dr. Alexander B. Dagum, associate professor of surgery and chief of plastic and reconstructive surgery, was again selected for inclusion in the Castle Connolly Guide, *America’s Top Doctors*, published last November. This selection is based on screening by a physician-directed research team that identifies the **top 1% of physicians** in the entire nation. He is

also included again in Castle Connolly’s *Top Doctors: New York Metro Area*, published in February.

In May, Dr. Dagum made his fourth **trip to China to perform pro bono surgery** to repair cleft lip/palates and to do burn reconstruction. He spent two weeks there, working as a member of an international team sponsored by the Evangelical Medical Aid Society, a Christian, interdenominational, charitable, non-governmental organization based in Canada and Hong Kong.

Dr. Dagum last fall gave a presentation on **collagenase in the treatment of cellulite**, at the Auxilium National Steering Committee Meeting, held in Chicago, IL. He also presented the following study at the Annual Scientific Meeting of the American Society of Plastic and Reconstructive Surgery, held in Baltimore, MD:

The utilization of research patient database software in plastic surgery [authors: Melendez MM, Xu X, Arora B, Bui DT, Khan S, Alizadeh K, Dagum AB].

Dr. Dagum conducted this study at Stony Brook with surgical resident Dr. Mark M. Melendez and with colleagues in his division, **Dr. Balvant P. Arora**, assistant professor of surgery, **Dr. Duc T. Bui**, assistant professor of surgery, and **Dr. Sami U. Khan**, assistant professor of surgery.

Surgical Oncology

Dr. Brian J. O’Hea, associate professor of surgery, chief of surgical oncology, and director of the Carol M. Baldwin Breast Care Center, was again selected for inclusion in the new edition of the Castle Connolly Guide, *America’s Top Doctors for Cancer*, published last July.

In addition, Dr. O’Hea was again selected for inclusion in the latest edition of Castle Connolly’s *Top Doctors: New York Metro Area*, published in February. He had been identified by Castle Connolly’s physician-directed research team as among the **top 2% of physicians** in the entire New York Metropolitan area.

Dr. O’Hea was also chosen **one of the best doctors in America** for 2007-2008, according to a poll of physicians conducted by Best Doctors, Inc. Only 4% of doctors nationwide are chosen for this honor. In order to be chosen, doctors from all specialties are asked questions about which physicians they would choose if they or a family member needed the services of a practitioner of a particular specialty.

Dr. Colette R.J. Pameijer, assistant professor of surgery, in May took part in Stony Brook’s **Third Annual Skin Screening and Melanoma Awareness Day**, held at the Cancer Center. Organized and directed by Dr. Pameijer, the event was a great success. Approximately 280 people came for the information session and 196

of them had a complete skin exam, with 113 being referred for further evaluation.

Many people worked hard to make this event a success, including our clinical colleagues in dermatology, members of our nursing staff, and members of the Clinical Practice Management Plan. Dr. Pameijer and her team are already planning next year’s event, which contributes to the national health observance of May as Melanoma/Skin Cancer Detection and Prevention Month.

Also in May, as part of her community service related to Melanoma/Skin Cancer Detection and Prevention Month, Dr. Pameijer visited Sachem North High School in Lake Ronkonkoma, NY, to talk with students about the importance of **wearing skin protection, avoiding tanning beds, and detecting skin cancers**. She spoke to over 350 health education students there.

Dr. Kevin T. Watkins, assistant professor of surgery, in January made the following presentation with Stony Brook colleagues at the 2008 Gastrointestinal Cancers Symposium sponsored by the American Society of Clinical Oncology, held in Orlando, FL:

High complete response rate and 2-year survival rates with no evidence of disease in patients with esophageal carcinoma undergoing neoadjuvant combination of docetaxel and cisplatin ± cetuximab chemoradiation therapy [authors: Fillos TJ, Hentschel P, Watkins KT, Karpeh MS, Meek A, Kim B, Franceschi D, Zee S, Madajewicz SJ].



Dr. Marc J. Shapiro (right) receiving the Distinguished Service Award from the Society of Critical Care Medicine, presented by the society’s president Dr. Frederick P. Ognibene, chief of clinical trials at the National Institutes of Health.

Two other recent presentations are:

Techniques for laparoscopic pancreatic resection. Annual Meeting of the American Hepato-Pancreato-Biliary Association. Las Vegas, NV; 2007.

Telomerase activity in disseminated/exfoliated cells: clinical significance for gastrointestinal cancers [authors: Botchkina IL, Neymotin A, Jinwala F, Rivadeneira DE, Watkins KT, Karpeh MS, Botchkina GI]. Annual Meeting of the American Association for Cancer Research. Los Angeles, CA; 2007.

Trauma, Surgical Critical Care, and Burns

Dr. Marc J. Shapiro, professor of surgery and anesthesiology, and chief of trauma, surgical critical care, and burns, was again selected for inclusion in the new edition of the Castle Connolly Guide, *Top Doctors: New York Metro Area*, published in February. This selection is based on screening by a physician-directed research team that identifies the **top 10% of physicians** in the entire New York Metropolitan area.

Dr. Shapiro in February was honored with a **Distinguished Service Award** from the Society of Critical Care Medicine (SCCM) for his 12 years as an officer. The SCCM Distinguished Service Award recognizes SCCM members who have made exceptional leadership contributions that have furthered the vision and mission of SCCM over a period of time.

This award was presented to Dr. Shapiro at the SCCM’s Critical Care Congress, held in Honolulu, HI. Dr. Shapiro was also recognized for being the longest-serving councilor elected as an officer of the society. With 13,000 members in 80 countries, SCCM is the only organization that represents all professional components of the critical care team. It is the largest multi-professional organization dedicated

to ensuring excellence and consistency in the practice of critical care.

Vascular Surgery

Dr. Antonios P. Gasparis, assistant professor of surgery and director of the Stony Brook Vein Center, in February gave a presentation on **venous stenting** as a member of an expert panel at the annual meeting of the American Venous Forum, held in Charleston, SC.

In June, Dr. Gasparis presented at the annual meeting of the European Venous Forum, held in Barcelona, Spain, the following study: **“Progression of Chronic Venous Disease in Post-Thrombotic Limbs Is More Rapid When Compared to Primary”** [authors: Gasparis AP, Labropoulos N, Pefanis D, Leon LR Jr, Psalms SB, Tassiopoulos AK].

Dr. Nicos Labropoulos, professor of surgery and director of the Non-Invasive Vascular Laboratory, in February at the annual meeting of the American Venous Forum, held in Charleston, SC, directed a hands-on workshop on **ultrasound investigations for venous disease**; specifically, the application of color flow duplex ultrasound in the evaluation of the superficial, deep, and perforator venous system of the lower extremity in patients with chronic venous disease. Dr. Labropoulos also presented the following study at the meeting of the American Venous Forum: **“Haemodynamic Assessment of Iliac Veins and Their Relation**

with the Sapheno-Femoral Junction” [authors: Brazis P, Piotrowicz R, Labropoulos N, Jawien A]. This study was the **first place winner** of the European Venous Forum.

Dr. John J. Ricotta, professor and chairman of surgery and chief of vascular surgery, was again selected for inclusion in the Castle Connolly Guide, *America’s Top Doctors*, published last November. This selection is based on screening by a physician-directed research team that identifies the **top 1% of physicians** in the entire nation. He is also included again in Castle Connolly’s *Top Doctors: New York Metro Area*, published in February.

Dr. Ricotta was also chosen **one of the best doctors in America** for 2007-2008, according to a poll of physicians conducted by Best Doctors, Inc. Only 4% of doctors nationwide are chosen for this honor. In order to be chosen, doctors from all specialties are asked questions about which physicians they would choose if they or a family member needed the services of a practitioner of a particular specialty.

In May, Dr. Ricotta was inducted into the **Johns Hopkins University Society of Scholars** during the university’s commencement ceremonies, in Baltimore, MD. The Society of Scholars—the first of its kind in the nation—was established

in 1967 to honor the significant accomplishments of men and women who spent part of their careers at Johns Hopkins, where Dr. Ricotta received his medical doctorate and subsequently completed his residency training in general surgery.

About this honor Dr. Ricotta said: “It is a singular honor to be recognized by your alma mater. The fact that prior surgical scholars include leaders such as Sabiston, Cooley, Longmire, Spencer, Bahnson, Orringer, Wells, and DeMeester is extremely humbling.”

Selected Recent Publications

continued from Page 7

- Hu YY, Cohen HL, **Scriven RJ**. Picture of the month. Omental infarction. *Arch Pediatr Adolesc Med* 2007;161:773-4.
- Ignjatovic D, **Bergamaschi R**. New procedure for purse-string suture in thoracoscopic esophagectomy with intrathoracic anastomosis. *Surg Endosc* 2007;21:1288.
- Ignjatovic D, Sund S, Stimec B, **Bergamaschi R**. Vascular relationships in right colectomy for cancer: clinical implications. *Tech Coloproctol* 2007;11:247-50.
- Klarenbeek BR, Veenhof AA, de Lange ES, Bemelman WA, **Bergamaschi R**, Heres P, Lacy AM, van den Broek WT, van der Peet DL, Cuesta MA. The Sigma-trial protocol: a prospective double-blind multi-centre comparison of laparoscopic versus open elective sigmoid resection in patients with symptomatic diverticulitis. *BMC Surg* 2007;7:16-21.
- Labropoulos N**, Ayuste B, Leon LR Jr. Renovascular disease among patients referred for renal duplex ultrasonography. *J Vasc Surg* 2007;46:731-7.
- Labropoulos N**, Leon LR Jr, Gonzalez-Fajardo JA, Mansour AM, Kang SS. Nonatherosclerotic pathology of the neck vessels: prevalence and flow patterns. *Vasc Endovascular Surg* 2007;41:417-27.
- Leon LR, Psalms SB, **Labropoulos N**, Mills JL. Infected upper extremity aneurysms: a review. *Eur J Vasc Endovasc Surg* 2008;35:320-31.
- Leon LR Jr, Rodriguez HE, **Labropoulos N**, Littooy FN, Psalms SB. Aortitis and bacterial endocarditis. *Vascular* 2008;16:53-8.
- Liasis N, Klonaris C, Katsargyris A, Georgopoulos S, **Labropoulos N**, Tsigiris C, Giannopoulos A, Bastounis E. The use of Speckle Reduction Imaging (SRI) Ultrasound in the characterization of carotid artery plaques. *Eur J Radiol* 2008;65:427-33.
- Melendez MM, **McNurlan MA**, Mynarcik DC, Khan S, Gelato MC. Endothelial adhesion molecules are associated with inflammation in subjects with HIV disease. *Clin Infect Dis* 2008;46:775-80.
- Molina PE, Lang CH, **McNurlan M**, Bagby GJ, Nelson S. Chronic alcohol accentuates simian acquired immunodeficiency syndrome-associated wasting. *Alcohol Clin Exp Res* 2008;32:138-47.
- Nicolaides AN, Allegra C, Bergan J, Bradbury A, Cairois M, Carpenter P, Comerota A, Delis C, Eklof B, Fassiadi N, Georgiou N, Geroulakos G, Hoffmann U, Jantet G, Jawien A, Kakkos S, Kalodiki E, **Labropoulos N**, et al. Management of chronic venous disorders of the lower limbs: guidelines according to scientific evidence. *Int Angiol* 2008;27:1-59.
- Nishida S, **Madariaga JR**, Santiago S, Quintini C, Palaios E, Gyanfi A, Rico R, Hamamura K, Haider H, Moon JI, Levi DM, Casillas VJ, Bejarano PA, Tzakis AG. Right trisectionectomy of the liver for intrahepatic cholangiocarcinoma with bile duct invasion in a Jehovah’s Witness. *J Hepatobiliary Pancreat Surg* 2007;14:312-7.
- Pameijer CRJ**, Wagman LD. Palliative surgery in advanced gastrointestinal malignancies. In: McCulloch P, Kerr D, Karpeh M, Ajani J, editors. *Gastrointestinal Oncology: Evidence and Analysis*. New York: Dekker, 2007: 363-71.
- Podnos YD, Juarez G, **Pameijer C**, Uman G, Ferrell BR, Wagman LD. Surgical palliation of advanced gastrointestinal tumors. *J Palliat Med* 2007;10:871-6.
- Rosengart TK**. Invited commentary [re: cognitive outcomes five years after not undergoing coronary artery bypass graft surgery]. *Ann Thorac Surg* 2008;85:64.
- Rosengart TK**, Feldman T, Borger MA, Vassiliades TA Jr, Gillinow AM, Hoercher KJ, Vahanian A, Bonow RO, O’Neill W. Percutaneous and minimally invasive valve procedures. A scientific statement from the American Heart Association Council on Cardiovascular Surgery and Anesthesia, Council on Clinical Cardiology, Functional Genomics and Translational Biology Interdisciplinary Working Group, and Quality of Care and Outcomes Research Interdisciplinary Working Group. *Circulation* 2008;117:1750-67.

ALUMNI NEWS

Since the class of 1975 entered the profession of surgery, 184 physicians have completed their residency training in general surgery at Stony Brook. The alumni of our residency program now practice surgery throughout the United States, as well as in numerous other countries around the world—and we're proud of their diverse achievements and contributions to healthcare.

Dr. Alan R. Koornick ('75) recently retired from the clinical practice of vascular surgery in Atlanta, GA. A member of our first graduating class, he had stayed on as an assistant professor at Stony Brook, and helped build and coordinate the general surgery residency program. He left in 1980 for Atlanta just as University Hospital was nearing completion. He was among the first group permitted to take the vascular surgery certifying examination in 1982. He says: "My years at Stony Brook were highly challenging but very rewarding." In Atlanta, he was in a group practice, and was chief of vascular surgery at Saint Joseph's Hospital, which does more vascular surgery than any other hospital in Georgia.

Dr. Juan R. Madariaga ('77) has returned to Stony Brook to rejoin our faculty; see page 4.

Dr. Elias R. Quintos ('87) has moved to Punta Gorda, FL, after practicing cardiothoracic surgery in New York State for the past 25 years. He writes: "I am continuing my cardiothoracic surgery practice in Florida at Charlotte Harbor Cardiac Surgical Associates. Performing coronary bypass surgery with the beating heart and clampless technique continues to be of interest to me. Combining this procedure in those who also need heart valve surgery has helped decrease the time the heart is kept still and the time the patient is on the heart-lung machine." Dr. Quintos has been honored by inclusion in the latest editions of the Consumers' Research Council of America *Guide to America's Top Surgeons*.

Dr. Aaron H. Chevinsky ('88) is chief of surgical oncology at Morristown Memorial Hospital in Morristown, NJ, and clinical associate professor of surgery at the University of Medicine and Dentistry of New Jersey/New Jersey

Medical School. He has been honored as one of New Jersey's "Top Doctors" in surgical oncology by *New Jersey Monthly*, which in January published the results of its survey of physician peers, whose selection represents the top 2.2% of physicians practicing in the state.

Dr. M. Dorothy Fogerty ('97) last year was appointed assistant professor of surgery at Vanderbilt University (Regional Burn Center), and also earned her master in public health (MPH) there. She recently published the following paper:

Fogerty MD, Abumrad NN, Nanney L, Arbogast PG, Poulouse B, Barbul A. Risk factors for pressure ulcers in acute care hospitals. *Wound Repair Regen* 2008;16:11-8.

Dr. Dean P. Pappas ('99) last April was appointed chief of colon and rectal surgery at South Nassau Communities Hospital, a 441-bed acute care facility located in Oceanside, NY. He has also been elected president of the Nassau Surgical Society. He maintains a thriving colon and rectal surgical practice in Garden City, NY.

Dr. Steve R. Martinez ('03), who completed fellowship training in surgical oncology at the John Wayne Cancer Institute in Santa Monica, CA, now is an assistant professor of surgery at the University of California. He practices surgical oncology at the UC Davis Cancer Center, in Sacramento. An active scholar as well as clinician, he has recently published the following articles:

Martinez SR, Hagge RJ, Christensen SD, Webb JM. Metastatic breast cancer mimicking benign fatty liver infiltration. *Breast J* 2008;14:108.

Martinez SR, Robbins AS, Meyers FJ, Bold RJ, Khatri VP, Goodnight JE Jr. Racial and ethnic differences in treatment and survival among adults with primary extremity soft-tissue sarcoma. *Cancer* 2008;112:1162-8.

Nakagawa T, **Martinez SR**, Goto Y, Koyanagi K, Kitago M, Shingai T, Elashoff DA, Ye X, Singer FR, Giuliano AE, Hoon DS. Detection of circulating tumor cells in early-stage breast cancer metastasis to axillary lymph nodes. *Clin Cancer Res* 2007;13:4105-10.

Dr. Elliott H. Chen ('04) has joined the Department of Plastic Surgery at Case Western University, in Cleveland, OH, as an assistant professor.

Dr. Paul V. Kochupura ('07), who currently is pursuing fellowship training in vascular surgery at the Atlanta Medical Center in Atlanta, GA, contributed to the following study that was conducted by members of Stony Brook's Department of Physiology and Biophysics, and published at the end of last year:

Potapova IA, Doronin SV, Kelly DJ, Rosen AB, Schuldt AJ, Lu Z, Guo Y, **Kochupura PV**, et al. Replacing damaged myocardium. *J Electrocardiol* 2007;40(6 Suppl):S199-201.

Dr. Kochupura's first year of the two-year fellowship program in Atlanta focused on clinical training. He will spend his second year, starting this July, doing research at the Atlanta Cardiovascular Research Institute.

alum info and submissions

To submit alumni news online and to find current mailing addresses of our alumni, please visit the Department's website at www.uhmc.sunysb.edu/surgery

GENERAL SURGERY ALUMNI

Please send your e-mail address—for inclusion in the Alumni Directory—to Jonathan.Cohen@StonyBrook.edu

Long-Term Outcome of Replantation Of Proximal-Third Amputated Arm: A Worthwhile Endeavor



“ We report a successful replantation of approximal-third avulsed left arm in a 26-year-old female with maintenance of good functional, clinical, Short Form 36, and the Disabilities of the Arm, Shoulder, and Hand outcomes results at 10 years. An organized approach combining staged

surgical reconstruction and intense hand therapy allowed for both successful replantation and outcome.

There exist no clear guidelines in making the decision between replantation and revision amputation. Controversy regarding the value of upper limb replantation seems to increase with ascending levels of amputation. A case report cannot provide guidelines, but several points can be made that may be of help to hand surgeons confronting this uncommon situation. In a highly motivated patient with realistic expectation, a preoperatively intact functioning shoulder should be considered an indication for attempt at replantation. With further staged reconstruction, a helper arm can still be achieved even in an avulsion-type amputation. Current operative and perioperative aspects of microsurgical replantation and subsequent reconstruction are discussed.”

—Dr. Alexander B. Dagum, et al., in *Techniques in Hand & Upper Extremity Surgery* (see page 7 for complete bibliographic data).

Selected Recent Publications

continued from Page 13

Salhab K, **McLarty A**. Idiopathic pulmonary artery aneurysm. *Thorac Cardiovasc Surg* 2007;55:329-31.
Santaniello M, **Bergamaschi R**. Perforated diverticulitis: should the method of surgical access to the abdomen determine treatment? *Colorectal Dis* 2007;9:494-5.
Scott BH, **Seifert FC**, Grimson R. Blood transfusion is associated with increased resource utilisation, morbidity and mortality in cardiac surgery. *Ann Card Anaesth* 2008;11:15-9.
Singer AJ, Arora B, **Dagum A**, Valentine S, Hollander JE. Development and validation of a novel scar evaluation scale. *Plast Reconstr Surg* 2007;120:1892-7.

Slesarenko YA, **Dagum AB**, Hurst LC. False aneurysm of the superficial palmar arch causing acute carpal tunnel syndrome. *Orthopedics* 2007;30:493-4.

Sobanko JF, **Dagum AB**, Davis IC, Kriegel DA. Soft tissue tumors of the hand. 1. Benign. *Dermatol Surg* 2007;33:651-67.

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OUR ELECTRONIC PHYSICIAN DIRECTORY

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Dr. Alexander B. Dagum

MD: University of Ottawa (1987).
Residency Training: Plastic Surgery, University of Toronto.
Fellowship Training: Hand and Microsurgery, University of Toronto and SUNY-Stony Brook.
Board Certification: [Plastic Surgery](#) (also [Royal College of Physicians and Surgeons of Canada](#)); [Surgery of the Hand](#).
Specialties: Reconstructive and aesthetic surgery; [breast reconstruction after cancer](#), breast reduction, and breast augmentation; nose surgery; cleft lip and cleft palate surgery; treatment of facial fractures; hand surgery (microsurgical repair of bony, soft tissue, and nerve injuries); reconstructive surgery for burn patients; facelift, general liposuction, and tummy-tuck surgery; evaluation and surgical management of chronic wounds (skin grafting and soft tissue flap coverage).

Additional: Chief of Plastic and Reconstructive Surgery; expertise in not only conventional surgical approaches, but also the latest [microsurgical techniques](#); Fellow, American College of Surgeons ([FACS](#)); Fellow, Royal College of Physicians and Surgeons of Canada ([FRCSC](#)); see [recent publications](#).

Honors: Selected for inclusion in the [Castle Connolly Guide, America's Top Doctors](#) (2006, 2007), representing the top 1% of physicians in the nation; selected for inclusion in the “Best Doctors” listing of *New York Magazine* (June 18, 2007), representing the top 2% of physicians in the New York Metropolitan area; selected for inclusion in *Guide to America's Top Plastic Surgeons* (2007) and *Guide to America's Top Surgeons* (2007), both published by the [Consumers' Research Council of America](#); selected for inclusion in the Castle Connolly Guide, *Top Doctors: New York Metro Area* (2006, 2007); celebrated for his contribution to one of ten “Medical Marvels” featured in *New York Magazine* (“Factory worker loses hands. Doctors have twelve hours to reattach.”; June 19, 2006) for his [hands' reattachment surgery](#).

Languages Spoken: English, Spanish, French.

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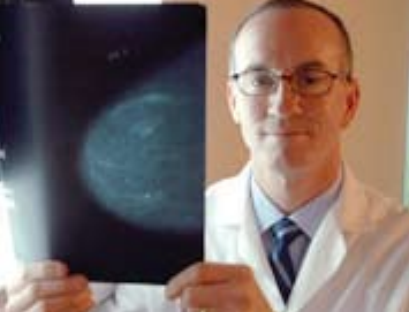
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