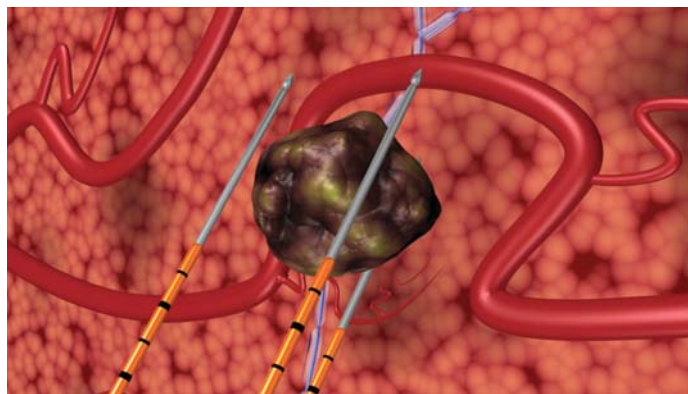


POST-OP



Advancing Minimally Invasive Oncologic Surgery

First Use of New Treatment for Pancreatic Tumors, Performing Surgery at the Cellular Level



IRE kills tumor cells without causing collateral damage to adjacent tissue.

and fatal cancer that occurs in the pancreas.

Kevin T. Watkins, MD, assistant professor of surgery and chief of upper gastrointestinal and general oncologic surgery, performed the IRE procedure in combination with a minimally invasive pancreatic resection, which in his experienced hands was done without event.

Dr. Watkins described the promising post-op news:

“Our first IRE patient had her six-week follow-up PET scan in early February, and the initial report showed no activity, making her a radiographic complete response at this point.

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Conducting New Clinical Trials To Advance Surgical Care

General Surgery Residency Gains Continued Accreditation

Pediatric Surgery Lectureship To Honor Dr. Cedric Priebe

Offering CME Credits

Division Briefs & Alumni News

The Department’s Upper Gastrointestinal and General Oncologic Surgery Group last December performed a history-making pancreatic procedure at Stony Brook University Medical Center, utilizing irreversible electroporation (IRE), a new minimally invasive surgical technique that selectively

kills tumor cells by using electrical fields to make holes in cell membranes.

Our utilization of the newly developed IRE technology to treat a patient with unresectable pancreatic cancer constitutes the first use of IRE tumor ablation to treat the typically fast-growing

Dr. A. Laurie Shroyer Named Vice Chair for Research

Advancing Scientific Knowledge To Improve Patient Care

We are very pleased to announce that A. Laurie W. Shroyer, PhD, MSHA, has joined our faculty as professor of surgery and vice chair for research. In the newly created position, Dr. Shroyer will work closely with the Department’s faculty and staff team members to integrate basic, translational, and clinical science research endeavors.

“The success of our research enterprise is the key to our success as an academic department. Dr. Shroyer’s background and experience are ideally suited to advance this effort,” says Todd K. Rosengart, MD, professor and chairman of surgery. “She will be introducing a number of new initiatives to build an enhanced research infrastructure in the coming months.”

A nationally recognized clinical science researcher, Dr. Shroyer originally joined the School of Medicine, in 2007, as professor of preventive medicine in the Division of Evaluative Sciences.

National figure in clinical outcomes research and in translational and clinical science education joins our faculty.

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Advancing Minimally Invasive Oncologic Surgery

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“Hopefully, she’ll have a durable response, which only time will tell, but from a local disease standpoint, the technology did just what we had hoped.”

The combination of minimally invasive surgery and IRE allows for faster recovery with less tissue injury and, it is hoped, a better long-term outcome. At a minimum, patient quality of life should improve in the near term.

IRE is a new minimally invasive surgical technique that potentially can eliminate soft-tissue cancer tumors without collateral damage to surrounding healthy tissue.

The high-tech system that generates IRE, called NanoKnife, is approved by the Food and Drug Administration (FDA) for the ablation of soft tissue. It is currently being used for lung, liver, prostate, and kidney tumors, as well.

Dr. Watkins hopes to develop national trials approved by the FDA to demonstrate the effectiveness of this technology. At present, IRE is reserved for patients who do not have good standard treatment options.

IRE technology allows for extreme precision. While targeted soft-tissue cells are killed, blood vessels and other important structures in the area remain functional. The body is able to naturally rid itself of the dead cells. In regenerating organs, such as the liver, the dead cells are replaced with healthy cells.

IRE technology does not generate heat or cold, which potentially could damage normal adjacent tissues. This feature adds considerable value to it, together with its ability to selectively induce cell death on soft tissue.

CELLULAR SURGERY

Electroporation is the process of using brief and controlled electric pulses to open microscopic pores in a targeted area. By increasing the number, strength, and duration of electric pulses, electroporation can be made permanent, or irreversible.

After IRE, the pores in the cells remain open permanently. This causes microscopic damage to the cells, and they die.

IRE promises to be a major advance in cancer treatment, as it can selectively kill tumor cells while leaving critical structures such as nerves and blood vessels intact.

NanoKnife—the system used to achieve IRE—is not really a knife at all, but yet another new use of nanotechnology, the science of dealing with particles and dimensions down to the atomic level.

The NanoKnife system comprises needle-like steel probes (n = 1-6) with an electrical generator and a footswitch to operate it. The probes are single-use disposable electrodes.

Using Robotics to Remove GI Tumors With Minimally Invasive Surgery

More patients with complex tumors of the upper gastrointestinal (GI) tract are benefiting from our use of other recent advances in minimally invasive surgery, including robotically-assisted surgery.

Using the new robotics with minimally invasive surgery to remove tumors of the upper GI tract further demonstrates our commitment to excellence in patient care, and also to the development of the best ideas in medicine, helping to lead the field of surgery with new advances.

Our surgical oncologists are among the very few surgeons nationwide performing robotically-assisted pancreaticoduodenectomy, known as the Whipple procedure, to remove pancreatic tumors and other types of GI tumors.

The Whipple procedure is one of hardest GI procedures to perform, either by means of conventional open surgery, or by the minimally invasive laparoscopic approach.

Performing this procedure successfully with the robot is a significant surgical feat from the technical point of view, and it offers patients considerable benefits.

Kevin T. Watkins, MD, chief of our Upper Gastrointestinal and General Oncologic Surgery Group, says that in general the new minimally invasive procedures using robotics offer patients the possibility of diminished postoperative pain, less scarring, fewer complications post-surgery, and earlier discharge from the hospital.

The new approach may also help patients heal quicker, which may be crucial if they need to undergo additional treatment such as chemotherapy or radiation.

During the Whipple procedure, a portion of the pancreas—the first portion of the intestine and the last portion of the bile duct—is removed to treat tumors of these organs.

Despite the laparoscopic instrumentation used in the minimally invasive approach to performing the Whipple, the surgeon is often not able to complete the procedure effectively enough, particularly the reconstruction of the intestinal system.

The use of the da Vinci surgical robot allows reconstruction to be performed accurately and in a more minimally invasive way. At Stony Brook, increasing numbers of patients with cancer are being treated with surgery using robotics, and are benefiting from this new advance in care.

The “nano” aspect of the IRE procedure is that bursts of electricity create infinitesimal holes in the walls of the cells of the targeted area, causing cancer cells in this region to die naturally and be normally discarded by the body.

As one of the most important new soft-tissue tumor ablation tools, IRE technology offers

certain advantages over other technologies—advantages that can both make the procedure easier for patients to tolerate and potentially lead to better results.

Because of its precision, IRE may be able to eliminate an entire tumor, leaving patients cancer-free. This is the hope offered by this new form of surgical ablation.

For consultations/appointments with our specialists in upper gastrointestinal and general oncologic surgery, please call (631) 444-8086.

Introducing Our New Vice Chair for Research

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Dr. A. Laurie Shroyer

In addition to serving as the director of the PhD program in population health and clinical outcomes research, Dr. Shroyer has participated as a core faculty member in the master's program in public health.

With her research endeavors for the U.S. Department of Veterans Affairs based at the Northport VA Medical Center's Office of Research and Development, Dr. Shroyer will continue her role as co-principal investigator of the VA Cooperative Studies Program "Revascularization On- and Off-Bypass" (ROO-BY) study.

Last November, Dr. Shroyer published a landmark ROO-BY study, titled "On-Pump versus Off-Pump Coronary-Artery Bypass Surgery," in the *New England Journal of Medicine*. This national trial, which took six years to complete, was a controlled, single-blind, randomized trial conducted at 18 VA medical centers. Dr. Shroyer is the first author of the report.

Dr. Shroyer's recent report in the *New England Journal of Medicine* examining the outcomes of off-pump versus on-pump coronary bypass surgery—the first published conclusive trial comparing these different approaches—made national news.

Through March 2009, Dr. Shroyer co-directed the VA's Continuous Improvement in Cardiac Surgery Program (CICSP). Additionally, she has served on the Society of Thoracic Surgeons (STS) National Databases working group.

Given the leading role of both the VA CICSP and the STS databases in forging the frontier of quality improvements related to cardiac surgery, she gained a national reputation for advancing the field of clinical outcomes research.

"My overarching vision for the Department of Surgery's research enterprise is to advance scientific knowledge to improve patient care and population health, as well as to foster opportunities for training in research for the next generation of surgical investigators," says Dr. Shroyer.

Dr. Shroyer has also been appointed assistant dean for educational research in the School of Medicine. In this additional leadership position, Dr. Shroyer plays a critical role in the Liaison Committee on Medical Education (LCME) accreditation process, as well as in the evaluation and outcomes reporting of student education, faculty mentoring, and career development.

The LCME, sponsored by the Association of American Medical Colleges and the American Medical Association, is the nationally recognized accrediting authority for medical education programs leading to the MD degree in U.S. and Canadian medical schools.

As assistant dean, Dr. Shroyer also serves as co-director of the school's new Professional Development Program, which includes research, education, and leadership components, as well as completion of a mentored academic project.

Dr. Shroyer received her PhD in public administration (concentration in health policy) and her MS in health administration (concentration in financial management) from the University of Colorado.

A prolific author, Dr. Shroyer has published 126 research articles to date in the biomedical literature. Her specific interests include improving patient quality of care, refining risk-adjustment approaches to assess clinical outcomes, evaluating the cost-effectiveness of healthcare services, and supporting clinician-scientist research training and education programs.



Our New Smithtown Office Opened on May 5

Offering Full Range Of Diagnostic And Consultative Services

We are very pleased to announce the opening of our new office for outpatient care in Smithtown, NY. With five exam rooms, two consultation rooms, and one procedure room, this newly constructed office enables us to provide expanded access to our physicians and services.

- Breast Surgery
- Cardiothoracic Surgery
- Colorectal Surgery
- General Surgery
- Plastic & Reconstructive Surgery
- Wound Care

Conveniently located on "Doctors Row" in Smithtown—at 222 Middle Country Road (Suite 209), just east of the intersection of route 25A and highway 111—the new office offers patients plenty of easy parking. Office hours are from 8:30 am to 5:00 pm, Monday through Friday.

For consultations/appointments at our Smithtown office, please call (631) 444-4545.

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Introducing More New Faculty



MEDIA SERVICES | STONY BROOK UNIVERSITY

Podiatric Surgeon Dr. Valerie A. Brunetti Joins Our Full-Time Faculty

Valerie A. Brunetti, DPM, assistant professor of surgery, in January joined our full-time faculty as a member of the Division of Vascular Surgery. Dr. Brunetti has been an active member of our part-time faculty since 2002, serving as founding director of our podiatric surgery service.

Board certified in podiatric surgery, Dr. Brunetti provides evaluation and treatment of the foot and ankle, both in the hospital and on an outpatient basis.

Dr. Brunetti contributes her expertise to the comprehensive, multidisciplinary care provided by our Wound Center.

Dr. Brunetti has operating room privileges at University Hospital and at the Stony Brook Ambulatory Surgery Center. Additionally, she is an active member of the multidisciplinary Wound Center at the Surgical Care Center in East Setauket, NY, where she provides foot/ankle consultations and treatment.

Dr. Brunetti's foot care services include palliative and/or surgical treatment of infections (soft tissue or bone) or ulcerations of the foot; diabetic foot; biomechanical imbalances including bunions and hammertoes; hypertrophied mycotic nails and pedal hyperkeratosis; heel pain, gouty arthritis, and Charcot foot deformities.

Dr. Brunetti received her DPM from the New York College of Podiatric Medicine in 1984, and completed her surgical residency at Manhattan hospitals affiliated with NYCPM. She then spent the academic year of 1986–87 as dean of podiatric medicine at Barry University in Miami Shores, FL.

Returning to New York, she entered private practice, and subsequently joined the faculty of NYCPM.

In 1992, Dr. Brunetti joined the staff of the Northport Veterans Affairs Medical Center, as chief of podiatry and director of the podiatric residency program. She joined our part-time faculty ten years later, splitting her time between Stony Brook and the VA. Now she works here exclusively.

Dr. Brunetti is a diplomate of the American Board of Podiatric Surgery and fellow of the American College of Foot and Ankle Surgeons.

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



Colorectal Surgeon Dr. William B. Smithy Rejoins Our Full-Time Faculty

William B. Smithy, MD, assistant professor of surgery, last November rejoined our full-time faculty as a member of the Division of Colon and Rectal Surgery. Dr. Smithy is a distinguished colorectal surgeon with deep roots in our community.

In April, Dr. Smithy was appointed program director of our residency (fellowship) training program in colon and rectal surgery.

Dr. Smithy joins our full-time faculty after having been a member of our voluntary faculty since 2005, and previously having been a member of our full-time faculty from 1988 to 1998.

Most recently, Dr. Smithy has served as medical staff president at St. Catherine of Sienna Medical Center in Smithtown, NY.

Dr. Smithy sees patients at our new Smithtown office, as well as at our Surgical Care Center in East Setauket.

Dr. Smithy received his MD from Columbia University in 1981. He completed his residency training in general surgery at St. Luke's-Roosevelt Hospital Center in 1987, and then went on to do his fellowship training in colon and rectal surgery at Robert Wood Johnson University Hospital.

Board certified in both colon and rectal surgery and general surgery, Dr. Smithy provides a full range of consultative, diagnostic, and therapeutic services involving surgery for patients with diseases of the small bowel, colon, rectum, and anus.

Dr. Smithy's operative skills include use of laparoscopic minimally invasive surgery and other minimally invasive procedures for the treatment of colorectal diseases. Long recognized as one of the "Doctors of Excellence" in our region, Dr. Smithy has been selected for inclusion in past editions and in the latest edition (2010) of the Castle Connolly Guide, *Top Doctors: New York Metro Area*.

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

Carol M. Baldwin Breast Care Center Starts High-Risk Surveillance Program

Providing the Most Sophisticated Care For Women with Breast Cancer Risk Factors

Breast cancer is the most commonly diagnosed cancer among women. According to the National Cancer Institute, one in every eight women in the United States will receive a diagnosis of breast cancer during her lifetime. To further help the women of our community to beat these odds, we have created the High-Risk Surveillance Program at the Carol M. Baldwin Breast Care Center.

The new High-Risk Surveillance Program is a unique, multidisciplinary program for women who are at increased risk of developing breast cancer over the course of their lives. Women in the program are offered not only preventive strategies, but also services that include earlier detection of breast cancer, as well as the option to be involved in clinical trials.



Our new surveillance program aims to give women peace of mind through genetic counseling and screenings with the most sophisticated technologies.

Brian J. O’Hea, MD, associate professor of surgery, chief of breast surgery, and director of the Baldwin Breast Care Center, explains that we have expanded our surveillance care for high-risk women into a more formalized, comprehensive high-risk screening program to best serve our community.

“Certain women are at increased risk for developing breast cancer due to personal or family history,” says breast surgeon Christine R. Rizk, MD, assistant professor of surgery, who joined our faculty last fall (coming from Roswell Park Cancer Institute). “Our new surveillance program aims to give these women peace of mind through genetic counseling and cancer screenings with the most sophisticated technologies.”

Women who have a personal or family history that meets the following criteria are invited to enter our High-Risk Surveillance Program:

- **A personal history of an abnormal breast biopsy, including atypia and lobular carcinoma in situ (LCIS), or personal history of breast cancer.**
- **A family history with breast cancer in a first-degree relative (mother, sister, daughter, father).**
- **Multiple second-degree relatives with breast cancer (grandmother, aunt) on either side of the family.**
- **History of radiation to the chest (mantle radiation).**
- **A known genetic mutation in the family, including breast cancer (BRCA)-1 or -2 gene mutation.**

SERVICES & OPTIONS

Women who enter our High-Risk Surveillance Program are provided a range of care to help ensure their wellness—all in a sensitive and respectful manner. The active involvement of our patients in their care is essential to the success of the program, which offers them the following services and options:

Initial Consultation

The first consultation takes place at the Carol M. Baldwin Breast Care Center at Stony Brook. A detailed family history is obtained, as well as a review of any previous breast biopsies. Patients are examined by a breast surgeon, and the patient’s most recent breast imaging is reviewed.

Based on actual risk, various preventive strategies may be considered. They include possible chemoprevention with certain medications, such as tamoxifen (Nolvadex) and raloxifen (Evista). Furthermore, the relative merits of additional screening modalities (breast ultrasound and MRI) are considered. Patients are also educated in breast self-examination so that they are confident in performing self-exam.

Genetic Counseling

If indicated, genetic counseling can be arranged with an on-site genetic counselor. This counseling provides a full range of services, including complete informed consent prior to testing, as well as discussion with the patient regarding ramification of a positive test. Some patients may be tested for a variety of genetic mutations, including BRCA-1, BRCA-2, PTEN, and P53 mutations.

Preventive Surgery

When indicated, based on genetic testing, patients are counseled regarding prophylactic breast surgery. Additionally, when indicated, referrals are made to appropriate specialists for other kinds of preventive surgery, including gynecologic, colorectal, and endocrine surgeons.

Clinical Trials

Patients in our High-Risk Surveillance Program have the opportunity to be part of ongoing clinical trials and research studies. This scientific work aimed at improving patient care

may include novel screening methods and technology, as well as studies examining risk-reduction strategies.

Nutritional Education

Patients are offered nutritional education as well as information on healthy lifestyle that may reduce their risk of developing breast cancer. A registered dietitian reviews strategies for weight reduction, exercise, and nutritional guidelines, and also answers any questions that patients may have.

Psychosocial Support

Patients enrolled in our program have the opportunity to attend support groups and meet with social workers, if needed, to help manage the psychosocial stress that can result at times in this group of “high risk” women. Patients also have the opportunity to take yoga classes at the Baldwin Breast Care Center to help with stress reduction.

Our new High-Risk Surveillance Program aims to provide the most sophisticated and consistent screening and follow-up for breast cancer survivors and women with high-risk factors for breast cancer. This program enhances the complete, state-of-the-art, and comprehensive breast care to which our physicians and staff are dedicated. And it further demonstrates the Carol M. Baldwin Breast Care Center's commitment to excellence in patient care.

All of our breast surgeons participate in the High-Risk Surveillance Program. For more information—and for consultations/appointments—please call (631) 638-1000.

Dr. Duc T. Bui Appointed Director Of Reconstructive Breast Surgery



Dr. Duc T. Bui

We are very pleased to announce the appointment of Duc T. Bui, MD, assistant professor of surgery, as director of reconstructive breast surgery.

In his new role, Dr. Bui will continue to expand and bring energetic leadership to the busiest reconstructive breast surgery service on Long Island. He will incorporate his specific clinical interests, leading-edge research initiatives, and multidisciplinary team approach to provide the best in patient care.

Since joining our faculty in 2004, Dr. Bui has distinguished himself as a skilled clinician who is greatly respected by his colleagues. Board certified in both general surgery and plastic surgery, Dr. Bui has been honored by inclusion in the latest editions of the Consumers' Research Council of America *Guide to America's Top Plastic Surgeons*.

Last fall, Dr. Bui's research program won significant recognition from the Carol M. Baldwin Foundation for Breast Cancer Research, which awarded him a two-year grant to conduct his clinical study titled “Comparison of Intraoperative Methods to Predict Mastectomy Skin Flap Necrosis” (see page 8).

Dr. Bui joined our Division of Plastic and Reconstructive Surgery in 2004. He came to Stony Brook from Memorial

Sloan-Kettering Cancer Center, where he completed his breast surgery/microsurgery fellowship, gaining advanced skills in breast reconstruction.

Dr. Bui received his MD from the Weill Medical College of Cornell University in 1995. He completed his residency training in general surgery at New York Presbyterian Hospital-Cornell Medical Center, and his training in plastic surgery at the University of California at San Francisco.

Dr. Bui's two-year fellowship at Memorial Sloan-Kettering focused on microsurgery and breast reconstruction. His successful experience there also led to several impressive peer-reviewed publications related to advances in breast reconstruction.

For consultations/appointments with Dr. Bui, please call (631) 444-4666.

Double Jeopardy Round

Our Second Annual Surgical Jeopardy, held in January, was a big hit! The three-man faculty team that played against the top resident team was victorious in the Final Jeopardy round. This game is modeled in format after the popular TV show and in content after a game created by the American College of Surgeons to test and increase surgeons' knowledge.



To Use CT Scans, or Not: Considering Risks versus Benefits

Message from Dr. Thomas V. Bilfinger
Of Lung Cancer Evaluation Center

Thomas V. Bilfinger, MD, ScD, professor of surgery and director of thoracic surgery, is director of the Lung Cancer Evaluation Center at Stony Brook:

Recently, the news media has drawn attention to reports in medical journals that warn of deleterious effects that may occur after repeat radiation exposure from advanced imaging modalities often used in medical practice.



Dr. Thomas V. Bilfinger

The most recent reports add to a growing body of information that has become available, pointing out that computed tomographic (CT) scans expose the patient to an amount of radiation, which, if cumulative, by and of itself can be deleterious and lead to cancer.

Although no direct cause-effect link between imaging technology and cancer has yet been proven, the concern

is based on estimates from radiation exposure data that date back to measurements made in Hiroshima.

We at the Lung Cancer Evaluation Center at Stony Brook have been aware of these reports, and are striving to limit the amount of exposure for our patients.

Having said that, however, it has to be recognized that CT scans have been the most helpful advance in the detection of lung cancer in the last 50 years.

A patient with a newly detected lung cancer without treatment has an approximate life expectancy of 18 months, which has to be contrasted to the formation of cancer from these advanced imaging studies occurring 20 to 40 years in the future.

We encourage our patients to ask about the necessity of these studies if they feel that they occur too often. We are making every effort to keep them to a minimum, keeping in mind our primary goal, which is to detect and treat new lung cancers and recurrences as early as possible.

For more information, please call the Lung Cancer Evaluation Center at (631) 444-2981.

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* The names of faculty authors appear in boldface.

Measuring Blood Flow in Skin For Reconstructive Breast Surgery

Aiming to Achieve the Best Possible Surgical Outcome for Women

More than 250,000 American women face the realities of breast cancer each year. More options, advancements in treatments, and reconstructive surgery have led to physical and emotional outcomes that are much better than what they were in the past.

For women facing the complete loss of one or both breasts, the benefits of breast reconstruction can be related to self-esteem and maintaining a positive body image. The restoration of a woman's feeling of being whole again is important.

New York law requires that every woman undergoing a mastectomy be offered reconstructive breast surgery.

Most women who undergo breast removal because of cancer can have reconstructive surgery. Reconstructive surgery is considered to be a very safe option, but like any surgery, it is associated with certain risks of complications such as bleeding, fluid build-up, poor wound healing, and partial or complete tissue death.

Serious complications can lead to the loss of the reconstructed breast or need for additional surgery.

Patient volunteers are needed for our clinical trial of minimally invasive methods of measuring blood flow in skin used for reconstructive breast surgery.

Surgeons report that many of the complications associated with breast reconstruction can be traced back to poor blood flow in the vessels that deliver blood to tissue, or poor circulation in the tissue left behind following the mastectomy.

Our plastic surgeons and breast surgeons have initiated a clinical trial to evaluate the effectiveness of two minimally invasive imaging techniques for measuring blood flow in skin used for reconstructive breast surgery following mastectomy.

This study, titled "Comparison of Intraoperative Methods to Predict Mastectomy Skin Flap Necrosis," is funded by the Carol M. Baldwin Foundation for Breast Cancer Research, which recently awarded a two-year grant to Duc T. Bui, MD, assistant professor surgery and director of reconstructive breast surgery.

With our reconstructive surgery, a breast that closely approximates the form, feel,

and appearance of a normal breast can be created.

Dr. Bui, the study's principal investigator, explains: "The ability to predict and prevent skin necrosis [tissue death] has the potential to prevent significant physical and psychological pain for breast cancer patients, as well as substantial costs."

"The specific aim of this study," he says, "is to compare the Novadaq SPY imaging system and fluorescein dye angiography as quantitative tools versus clinical assessment of mastectomy skin flap perfusion."

Both of these assessment tools are minimally invasive. The SPY technology is relatively new and its effectiveness is well proven in other surgical applications. The angiographic method has been used effectively for decades in plastic surgery and other surgical fields.

The ability to accurately assess circulation in tissue, particularly the tissue left behind after mastectomy, might also enable more patients to be candidates for immediate reconstruction.

Participation in our clinical trials is always completely voluntary, and never interferes with the normal standards for patient care.

Performing Clinical Trials to Advance Patient Care

Our faculty is committed to excellence in research, in order to find new and better treatments for our patients, as part of our commitment to excellence in patient care.

We currently are performing some 30 clinical trials to evaluate the effectiveness of potentially new treatment options related to the surgical specialties represented by our physicians.

Our goal is to give patients the opportunity to participate in approved and exploratory therapies without long-distance travel.

Our clinical trials enable us to use, in addition to established therapies, the newest and most advanced technologies and treatments—long before they are available to other physicians.

Patients participate in our clinical trials only after they receive a complete explanation of their options from their surgeon and surgical team.

For information about our current clinical trials, or to refer a patient, please call our clinical research coordinator Eileen Finnin, RN, at (631) 444-5454.

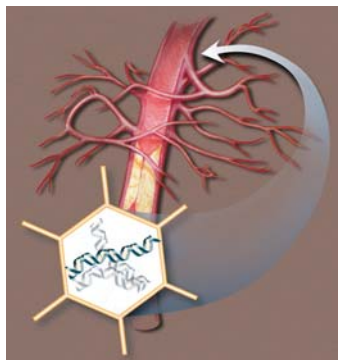
Current Clinical Trials

Our Current Clinical Trials Include Studies Of These Conditions:

- Atrial fibrillation in CABG
- Ischemia in CABG
- Skin necrosis in breast reconstruction
- Deep venous thrombosis
- Lung cancer
- Melanoma
- Peripheral artery disease
- Wound healing
- Hemorrhoids

Conducting Genetic Research To Enhance Arteriogenesis

Aiming to Help the Heart Create Its Own Coronary Bypass



Conceptualization of angiogenic gene therapy, showing growth of collateral vessels around the occlusion.

Arteriogenesis is the development of mature blood vessels supported by smooth muscle. This natural process usually occurs in response to occlusion (blockage) of blood flow within a vessel, and results in the formation of collateral vessels that bypass the blockage, thus allowing blood flow to return to the affected area.

Arteriogenesis has the potential to lessen the impact of myocardial infarction (heart attack), and thereby reduce the effects of heart disease, which is the leading cause of death in the United States.

Unfortunately, arteriogenesis has two major drawbacks. First, vessel formation takes a significant amount of time. Often the slow process results in catastrophic injury before the collateral system is in place. Second, even in the event of successful collateral formation, only 30% to 40% of the original blood flow capacity is restored.

The research team directed by Todd K. Rosengart, MD, professor and chairman of surgery and chief of cardiothoracic surgery, is now conducting basic and translational studies that aim to shed light on the underlying process of arteriogenesis in order to overcome its limitations.

Dr. Rosengart's research focuses primarily on the early growth response (Egr-1) gene. Current research suggests that this gene is among the first activated in response to the physical stimuli, such as increased arterial pressure and fluid shear stress, which accompany occlusion.

Egr-1 is also known to regulate many processes crucial to vessel formation such as

endothelial cell proliferation and monocyte/macrophage recruitment to the occlusion site. Research into this gene may resolve how the body translates physical stimuli into genetic pathways that regulate arteriogenesis.

Dr. Rosengart comments: "Ultimately, through the modulation of Egr-1 and its target genes, we hope to improve the body's response time to occlusion, as well as to increase the final blood-flow capacity of the collateral network formed by this process. The great potential to save lives offered by such therapy makes it an extremely exciting pursuit for our research team."

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Testing New Minimally Invasive Treatment of Problem Hemorrhoids

Aiming to Reduce Postoperative Pain Plus Disability and Cost

Transanal hemorrhoidal dearterialization (THD) is a new minimally invasive procedure that treats the source of hemorrhoids in order to eliminate them. Because no cutting is done to remove hemorrhoidal tissue, there is minimal postoperative pain. THD is done as an outpatient procedure, and enables patients to get back to normal activities quickly.

Our colorectal surgeons are currently conducting a clinical trial—specifically, a prospective, randomized, controlled study—to test their hypothesis that third- and fourth-degree internal hemorrhoids can be treated with reduced postoperative pain and disability by THD, compared to standard surgical excision (removal) of hemorrhoids.

Since THD is performed above the nerve bundles, or dentate line, there is very little pain.

Based on published data, THD is a safe and effective procedure. It involves the use of Doppler ultrasound to accurately locate the arterial blood inflow that feeds a hemorrhoid. With simple suture, the arteries are tied off, and the prolapsed tissue is sutured back to anatomical position without excision of tissue.

This clinical trial, it is expected, will result in the significant advancement of knowledge with regard to the optimal surgical treatment of hemorrhoids. By determining a preferred method, it will be possible to offer the best standard of care. The plan is to enroll a total of 60 patients in our current study.

Discovery

Creating the Cedric J. Priebe Jr., MD, Endowed Pediatric Surgery Lectureship

Advancing the Surgical Care Of Children Through Education



GERALD BUSHART | DEPARTMENT OF SURGERY

Dr. Cedric J. Priebe Jr. with patient, Daniela.

We are very pleased to announce the launch of our campaign to establish the Cedric J. Priebe Jr., MD, Endowed Pediatric Surgery Lectureship. The Priebe Lectureship will support an annual visiting professor's presentation centering on a current clinical or research issue in pediatric surgery.

This lecture presentation, to be given as part of our Surgical Grand Rounds program, will focus on new methods to improve patient care, as well as new research in the field of pediatric surgery.

Support the Priebe Lectureship and help advance the education of surgeons caring for children!

Support of the lectureship fund with charitable donations to the Stony Brook Foundation will help recognize Dr. Priebe's contribution to pediatric surgical care for Long Island children and his long-standing educational commitment.

Our goal is to establish a \$100,000 fund, ensuring the longevity of the lectureship. All donations are tax-deductible, and all donations—large or small—will be recognized.

Honoring Dr. Priebe, Our Founding Chief Of Pediatric Surgery

Dr. Priebe's distinguished career as an academic pediatric surgeon began when the specialty of pediatric surgery was being developed, and spanned 42 years. He is a graduate of Cornell Medical College and completed a surgical residency at Roosevelt Hospital in New York City. He then served in the United States Air Force as a general surgeon.

After caring for a number of complicated pediatric surgical patients, he was motivated to enter a two-year residency in pediatric surgery at Ohio State University's Children's Hospital in Columbus, directed by H. William Clatworthy Jr., MD.

Dr. Priebe later served on the faculty at Columbia University and developed his research and academic career, which he continued as chief of pediatric surgery at Louisiana State Medical Center and Charity Hospital, and director of surgical education at Children's Hospital in New Orleans.

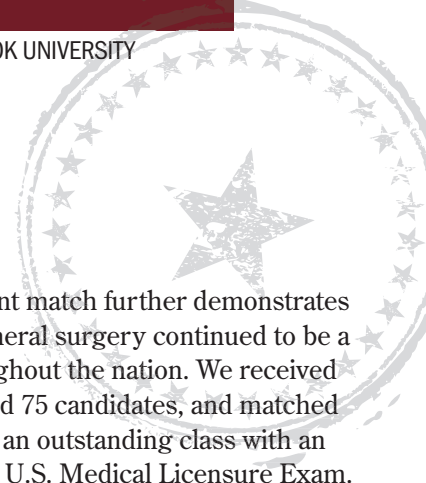
Today, because of Dr. Priebe's leadership, we educate tomorrow's surgeons to provide the best care to children.

Dr. Priebe's experience and expertise positioned him to become, in 1982, the founding chief of our Division of Pediatric Surgery. He developed a strong patient care service here, and was recognized as a meticulous surgeon, tireless teacher, and a mentor of surgical faculty, residents, and medical students.

Dr. Priebe retired from clinical practice in 2007. His commitment to excellence in patient care has been recognized by his selection for inclusion in Castle Connolly's *How to Find the Best Doctors—New York Metro Area*, the Consumers' Research Council of America's *Guide to America's Top Surgeons*, and Marquis' *Who's Who in Medicine and Health Care* and *Who's Who in America*.

His sustained desire to constantly improve the surgical care of children has been the dominant force guiding his life. He remains committed to our academic mission of excellence.

For more information about the Priebe Lectureship, please call the Stony Brook University Medical Center Advancement Office at (631) 444-2899.



General Surgery Residency Gains Continued Accreditation

Success of Faculty and Residents Plus This Year's Match Results

In March, the Accreditation Council for Graduate Medical Education granted our residency training program in general surgery the status of “continued accreditation.” This accreditation is based on the examination of data from the past five years that demonstrate the strength of all aspects of our training program, which was conducted earlier this year by the ACGME’s Residency Review Committee for Surgery.

The strength of our residency program derives from the Department’s 36-year history of meeting the high standards of the ACGME, required for accreditation. It also reflects the continually growing vitality of our faculty, “parent” institution—namely, Stony Brook University Medical Center—and participating institutions, the Veterans Affairs Medical Center in Northport, NY, and Winthrop-University Hospital in Mineola, NY.

Our success in this year’s resident match further demonstrates the status of our program, as general surgery continued to be a very competitive specialty throughout the nation. We received over 600 applications, interviewed 75 candidates, and matched our six “categorical” positions to an outstanding class with an average score of over 90% on the U.S. Medical Licensure Exam.

Conducted annually by the National Resident Match Program, the match uses a computer algorithm designed to produce favorable results for medical students applying for residency training positions in all specialties available at U.S. teaching hospitals.

ALUMNI NEWS

Since the class of 1975 entered the profession of surgery, 190 physicians have completed their residency training in general surgery at Stony Brook. The alumni of this residency program and our other residency (fellowship) programs 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. Robert A. Mason ('79) is in private practice as a vascular surgeon in Saratoga Springs, NY, where he is on staff at Saratoga Hospital.

Dr. Andreas G. Tzakis ('83), who has long been recognized as one of the top transplant surgeons in the world, is director of the Miami Transplant Institute, a joint program at Jackson Memorial Hospital and the University of Miami. The Andreas G. Tzakis Chair in Transplant Surgery, in the University of Miami’s Division of Transplantation, was recently funded.

Dr. Mary D. Fogerty ('97) is an assistant professor of surgery at Vanderbilt University in Nashville, TN, and practices as an attending physician in its burn center, a 25-bed Level 1 regional referral center for both adult and

pediatric patients. She authored the following report published last fall:

Fogerty M, Guy J, Barbul A, Nanney LB, Abumrad NN. African-Americans show increased risk for pressure ulcers: a retrospective analysis of acute care hospitals in America. *Wound Repair Regen* 2009;17:678-84.

Her recent presentations include:

The effect of preinjury statin use on mortality and sepsis in elderly burn patients [authors: Fogerty MD, Abumrad N, Efron D, Guy J, Barbul A]. Annual Meeting of the American Association for the Surgery of Trauma. Pittsburgh, PA; October 2009.

Epidemiology and risk factors for pressure ulcers [author: Fogerty MD]. Joint Meeting of the European Tissue Repair Society and the Wound Healing Society. Limoges, France; August 2009.

Dr. Jonas P. DeMuro ('01) completed a surgical critical care fellowship at North Shore University Hospital in

Manhasset, NY, during the previous academic year, and has passed the boards in it, as well. Last summer, he joined the surgical faculty at Winthrop-University Hospital in Mineola, NY. He specializes in minimally invasive surgery, trauma, and surgical critical care.

Dr. Roger H. Kim ('07) last June completed his fellowship in surgical oncology at Virginia Commonwealth University in Richmond, VA. In September, he started a full-time faculty position as assistant professor of surgery in the Division of Surgical Oncology at Louisiana State University in Shreveport, LA. He was appointed head of minimally invasive surgery at Feist-Weiller Cancer Center. His recent publications include:

Kim RH, Takabe K, Lockhart CG. A hybrid technique: video-assisted thoracoscopic surgery (VATS) pulmonary resections for community-based surgeons. *Surg Endosc* 2010;24:700-4.

Kim RH, Takabe K, Milstien S, Spiegel S. Export and functions of sphingosine-1-phosphate. *Biochim Biophys Acta* 2009;1791:692-6.

A personal note: he got married last May to Sookyoung Suh.

Dr. Andrea Zimmern ('09), following her laparoscopic colorectal surgery fellowship at the University of Illinois-Chicago, matched in the colorectal surgery fellowship in Erie, PA.

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.StonyBrookSurgery.org **GENERAL SURGERY ALUMNI**: Please send your e-mail address—for inclusion in the Alumni Directory—to Jonathan.Cohen@StonyBrook.edu



The Stony Brook Ambulatory Surgery Center continues to rank as #1 in the nation for patient satisfaction, based on the 2009 data of the University HealthSystem Consortium.

DIVISION BRIEFS

Breast Surgery

Dr. Brian J. O’Hea, associate professor of surgery, chief of breast surgery, and director of the Carol M. Baldwin Breast Care Center, was again selected for inclusion in the Castle Connolly Guide, *America’s Top Doctors*, published in February. This work identifies the **top 1% of physicians** in the United States and reflects the results of tens of thousands of physician respondents to Castle Connolly’s nationwide survey process.

In addition, Dr. O’Hea was again selected for inclusion in Castle Connolly’s *America’s Top Doctors for Cancer*, the new edition of which was published last fall.

Dr. O’Hea is a co-investigator of a new clinical trial titled **“Evaluation of a Newly Designed Device for Breast Cancer Screening,”** funded by the Carol M. Baldwin Foundation for Breast Cancer Research.

Cardiothoracic Surgery

Dr. Thomas V. Bilfinger, professor of surgery and director of thoracic surgery, is editor-in-chief of *American Journal of Case Reports*, which recently was PubMed and Medline listed by the National Institutes of Health.

Dr. Bilfinger is co-investigator of a new study titled **“Postoperative Cognitive Deficits: Exploring the Role of Hippocampal Neurogenesis,”** for which a two-year research grant was recently awarded by the School of Medicine in conjunction with the Long Island Clinical and Translational Science Center.

Known as a Fusion Award, this competitive research grant is designed to support highly meritorious and innovative research. Winners must demonstrate the potential applicability of the research to human health, and make clear the “critical path” plan that delineates the steps essential to translating the research findings to improved patient care.

Dr. Allison J. McLarty, associate professor of surgery, in April accomplished the successful implantation of the **first permanent left ventricular assist device (LVAD)** to be performed on Long Island. This current LVAD engineering represents a new generation of “artificial heart” technology that provides our end-stage heart disease patients with access to an important new opportunity for so-called **destination therapy**, an alternative to heart transplant.

Dr. Todd K. Rosengart, professor and chairman of surgery and chief of cardiothoracic surgery, was again selected for inclusion in the Castle Connolly Guide, *America’s Top Doctors*, published in February.

Dr. Rosengart in March participated in the Advocacy Advisory Meeting of the American College of Cardiology, in the discussion titled **“The Developments in Cardiac Therapy and Disease Prevention around the World,”** as part of the ACC Annual Scientific Session held in Atlanta, GA.

Dr. Rosengart in April chaired the **American Heart Association’s National Bioengineering**

and Biotechnology Study Group for the 2010 peer-review year. He was responsible for guiding and directing the peer-review committee in the review of affiliate career development and project support applications.

Dr. Rosengart in May served as the invited discussant of the study titled **“Cardiac Insulin Resistance as a Risk Factor for Heart Failure,”** a presentation in the Cardiac Surgery Forum at the annual meeting of the American Association for Thoracic Surgery held in Toronto, ON, Canada.

Last fall, Dr. Rosengart was co-chair with SBUMC CEO Dr. Steven L. Strongwater of the successful **Heart Walk and Community Forum**, which attracted more than 1,200 people to West Campus in support of the first American Heart Association walk to be held in Suffolk County in the past six years.

Colon and Rectal Surgery

Dr. Roberto Bergamaschi, professor of surgery and chief of colon and rectal surgery, has been selected for a second three-year term as an **associate editor of *Diseases of the Colon and Rectum***, the prestigious journal on intestinal disorders that is published by the American Society of Colon and Rectal Surgeons.

Among Dr. Bergamaschi’s several international presentations (invited lectures) given in recent months are:

- Abdominal surgery for rectal prolapse. Latin American Congress of Coloproctology. Guayaquil, Ecuador.
- Advantages of laparoscopic surgery for diverticulitis. Brazilian Symposium on Coloproctology. São Paulo, Brazil.

- Is laparoscopy delivering? [key-note lecture]. European Society of Coloproctology. Prague, Czech Republic.
- Treatment of rectal prolapse by perineal procedures. Colorectal Congress 2009: Benign Colorectal Diseases. St. Gallen, Switzerland.

In March, Dr. Bergamaschi and colleagues from the Department gave the following poster presentations at this year’s “Residents Night” sponsored by the New York Society of Colon and Rectal Surgeons, held in New York:

- Connexin 43 in human colon cancer [authors: Karas J, Fakhoury M, Peter Brink, P, McNurlan M, Bergamaschi R].
- Impact of timing of Hartmann’s reversal on postoperative adverse events [authors: Bishawi M, Karas J, Bergamaschi R].
- Intracorporeal right colectomy for cancer in obese patients [authors: Kwon AO, Karas JR, Bishawi M, Denoya P, Bergamaschi R].
- Laparoscopic abdominoperineal resection for rectal cancer invading the sphincter [authors: Amrani S, Karas J, Yuan Q, Bergamaschi R].

Dr. Bergamaschi in December was **elected to the New York Surgical Society**.

Dr. Marvin L. Corman, professor of surgery, was selected for the prestigious **Best Doctors in America 2009-2010** database, which represents the top 5% of the nation’s practicing board-certified physicians. He has received this high honor in the past, as well.

Dr. Corman spoke last October in Montreal, Canada, at the Jewish General Hospital at the 46th Annual André Aisenstadt Memorial Clinical Day on advances in the **treatment and management of colorectal cancer**. That month he also was visiting professor at Santa

Barbara Cottage Hospital in Santa Barbara, CA, for discussion of interesting cases.

Dr. Paula I. Denoya, assistant professor of surgery, last November gave a presentation titled “**Right Hemicolectomy with Intra-corporeal Anastomosis in Obese Cancer Patients**” at the annual meeting of the Northeastern Society of Colon and Rectal Surgeons Annual Meeting held in Delray Beach, FL.

Starting in May, Dr. Denoya and Dr. William B. Smithy will be **seeing patients at our new office in Smithtown, NY.**

General Surgery, Trauma, Surgical Critical Care, and Burns

Dr. Evan R. Geller has rejoined our faculty, on a part-time basis, as associate professor of surgery. He will help cover the SICU, and also will contribute to our educational mission, providing education to our medical students, residents, and critical care fellows. Dr. Geller originally joined our faculty in 1987, and served as chief of trauma from 1990 to 1996.

Dr. Jared M. Huston, assistant professor of surgery, won the American Association for the Surgery of Trauma (AAST) Research and Education Scholarship for the academic year 2010-11. The title of his project is “**Cholinergic Regulation of Lethal Abdominal Hemorrhage.**” AAST (est. 1938) is considered the leading scientific trauma society in the world.

Dr. Michael F. Paccione, assistant professor of surgery, has accepted a **joint appointment with the Department of Oral Biology and Pathology.**

Dr. Paccione is a co-investigator of a new basic science study titled “**Multifunctional Electrospun Scaffolds for Tissue Regeneration,**” funded by a two-year research grant recently awarded by the School of Medicine in conjunction with the Long Island Clinical and Translational Science Center.

This competitive research grant is a Fusion Award (see page 12, top of second column from left, for description).

Dr. Steven Sandoval, assistant professor of surgery and medical director of the Burn Center, was quoted in *Newsday* about the care given to Jesus Cabrera, local hero, who helped a young

mother rescue her infant out of a burning house despite his own severe burn injuries.

The patient spent two months here in the Burn Center, during the first of which he was in a medically induced coma and his prognosis was guarded.

“Those type of injuries are not very survivable, with mortality greater than 50%,” said Dr. Sandoval. But thanks to the burn care he received from our team, he did survive and, after months of hospitalization, was finally able to return home.

Dr. Marc J. Shapiro, professor of surgery and anesthesiology, has been named as-

stant chief quality officer of Stony Brook University Medical Center.

In this new role, which is an outgrowth and broadening of his earlier and ongoing efforts with numerous quality assurance initiatives at Stony Brook, Dr. Shapiro concentrates on hospital issues particularly but not solely related to surgical quality, patient safety, and performance improvement.

Dr. Shapiro was selected as one of the recipients of the **Presidential Citation** of the Society of Critical Care Medicine for his “extraordinary contributions of time, energy, and resources” to the society during 2009.

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CME Saturdays—Great Success!

*Furthering Our Missions of Excellence
In Education and Community Service*



GREGORY FILIANO | MEDIA RELATIONS

Our CME Saturday in December included hands-on simulation experience with inserting a central line.

Our new educational program offering community physicians and surgeons free continuing medical education (CME) opportunities has been a great success. Called CME Saturday Surgical Seminars, the lecture series runs through June. Based on its success, the program will be continued in the next academic year in collaboration with the Department of Medicine.

This monthly program features updates presented by faculty from each of our divisions.

Focusing on the latest advances in surgery and the new options for patients, our CME Saturdays have attracted a growing audience of interested community physicians, as well as physicians and other healthcare professionals at Stony Brook.

group with a rundown on ways to effectively treat lacerations and burns, distinguishing the most serious injuries that require surgical intervention from those that can be cared for effectively in the physician's office.

The hands-on portion of the seminar featured practice on completing sutures and on how to manipulate a laparoscope for surgery, as well as techniques for central line placement and intubation in simulated patient mannequins.

Dr. Fatema P. Meah, of Peconic Pediatrics in Riverhead, NY, expressed what most of the 20 or so pediatricians experienced during the two-hour CME: “The training is great practice but also gives us as pediatricians more insight to the most serious cases and procedures that are usually done outside our offices, such as laparoscopic surgery.”

Our pediatric surgery seminar, for instance, which took place last December, was well attended and much appreciated by community physicians.

The seminar offered a dynamic hands-on session held at Stony Brook's Clinical Skills Center. This CME provided local pediatricians training in “Office Procedures for Pediatricians: Do's, Don'ts, and Hands-On Simulation Experience.”

Our pediatric surgeons, Drs. Thomas K. Lee and Richard J. Scriven, first provided the

Otolaryngology-Head and Neck Surgery

Dr. Elliott Regenbogen, assistant professor of surgery, in April presented his paper, “**Geriatric Patient-Centered Care in a Tertiary Care Center**,” at the fourth annual meeting of the American Society of Geriatric Otolaryngology, held in Las Vegas, NV.

Dr. Ghassan J. Samara has been promoted to **associate professor of surgery**. Dr. Samara won the **first-place poster award** for his presentation, “**Alcohol Induces Reactive Oxygen Species and Migration in Keratinocytes**,” in May at the annual meeting of the Triological Society, held in Las Vegas, NV. Co-authors are second-year medical student Alex Helkin (first author) and Dr. Hoang-Lan Nguyen, research scientist in the Department of Medicine’s cancer prevention division.

Dr. David A. Schessel, associate professor surgery and acting chief of otolaryngology-head and neck surgery, was selected for the prestigious **Best Doctors in America** 2009-2010 database, which represents the top 5% of the nation’s practicing board-certified physicians.

Pediatric Surgery

Dr. Richard J. Scriven, associate professor of surgery and director of residency training in general surgery, has accepted a **joint appointment with the Department of Pediatrics**.

Plastic and Reconstructive Surgery

Dr. Alexander B. Dagum, professor of surgery and orthopaedics and chief of plastic and reconstructive surgery, was again selected for inclusion in the Castle Connolly Guide, *America’s Top Doctors*, published in February.

Dr. Dagum contributed to the success of the following study that last December was the **winner of the poster presentation competition** at the Nassau Surgical Society and Brooklyn and Long Island Chapter of the American College of Surgeons Annual Clinic Day held in Uniondale, NY:

- Comparing the relative importance of suture technique, suture material and the number of strands in the repair of flexor tendons [authors: Haimovici L, Papafragkou S, Dagum AB, Hurst LC].

In April, Dr. Dagum served as co-director of the **12th Annual Cleft Palate-Craniofacial Center Symposium**, sponsored by the School of Medicine’s Office of Continuing Medical Education. A great success as in the past, the symposium focused on the importance of the team approach to the management of cleft lip/palate and craniofacial anomalies.

This May Dr. Dagum travels once again to China to **perform pro bono surgery** to repair cleft lips and palates and also burn injuries. It will be his sixth mission there.

Dr. Sami U. Khan, assistant professor of surgery and director of cosmetic surgery, last fall presented his study titled “**Office-Based Surgery: Is It Really Safe? Lessons Learned from the Plastic Surgery Community**,” at the Annual Meeting of the Mayo Clinic Alumni Association and the Priestley Surgical Society held in Scottsdale, AZ.

In addition, Dr. Khan in recent months presented the following two studies conducted with his Stony Brook colleagues:

- The effect of acellular dermal matrix use on complication rates in tissue expander/implant breast reconstruction [authors: Lanier ST, Wang ED, Chen JJ, Arora BP, Katz SM, Gelfand MA, Khan SU, Dagum

AB, Bui DT]. Annual Meeting of the Northeastern Society of Plastic Surgeons. Charleston, SC.

- Outcomes of lower-extremity trauma reconstruction with Taylor spatial frame fixator and muscle flaps [authors: Melendez MM, Xu X, Gonzalez M, Divaris N, Kottmeier S, Khan S, Bui D, Dagum AB]. Congress of the World Society for Reconstructive Microsurgery. Okinawa, Japan.

Since last fall, Dr. Khan has been serving as a **reviewer for *Plastic and Reconstructive Surgery***, the official journal of the American Society of Plastic Surgeons. Additional current service includes participation on the young plastic surgeons steering committee; patient safety committee; health policy committee; and coding committee.

Upper Gastrointestinal and General Oncologic Surgery

Dr. Colette R.J. Pameijer, assistant professor of surgery, in January was filmed in the operating room performing the heated intraperitoneal chemotherapy (**HIPEC**) procedure, for an interview with her about it on Fox TV.

HIPEC is an innovative combination of surgery and chemotherapy used for treating tumor that have spread to the lining surfaces of the peritoneal (abdominal) cavity from primary colorectal cancer, gastric cancer, and appendiceal cancer, or mesothelioma.

Dr. Pameijer last summer was on News 12 discussing the proposed new legislation banning teens under the age of 18 from using sun-beds. She is increasingly sought after by the media for her **expertise in melanoma and her commitment to prevention plus the latest therapeutic advances**.

Vascular Surgery

Dr. Antonios P. Gasparis, associate professor of surgery and director of the Stony Brook Vein Center, has

been named **assistant chief medical officer for clinical resource management** of Stony Brook University Medical Center.

In this new role, Dr. Gasparis participates in quality improvement and quality assurance activities and projects related to the delivery of high-quality, cost-effective care.

Dr. Gasparis and his vascular colleague **Dr. Nicos Labropoulos**, professor of surgery and radiology and director of the Non-Invasive Vascular Laboratory, served as co-directors of the very successful **First Annual Venous Symposium**, which took place in March in Islandia, NY. Attendance of the seminar approached 200, with standing room only.

The focus of the symposium, sponsored by Stony Brook’s Office of Continuing Medical Education, was **venous thromboembolism**. The distinguished faculty of international vascular specialists provided the latest recommendations on the prophylaxis and treatment of this too-often deadly condition.

The symposium was a **trail-blazing event establishing Stony Brook as a thought-leader** in this important area of investigation and treatment.

Dr. Apostolos K. Tassiopoulos, associate professor of surgery and chief of vascular surgery, last fall gave the following four podium presentations at the International Symposium on Vascular Diseases, Abano Terme, Italy:

- Prosthetic grafts for lower extremity bypass in patients with compromised vein.
- The role of a modern vascular center.
- Treatment of long lower extremity arterial lesions.
- Ultrasound-guided arterial endovascular interventions.

Dr. Tassiopoulos has assumed a leadership role in the development of our **Surgical Simulation Center**, which will serve as an essential training resource for medical students and surgical residents.

CME

Saturday Surgical Seminar Series

Our Saturday Surgical Seminar Series offers continuing medical education (CME) credit through the School of Medicine of Stony Brook University. This activity is designated for a maximum of 2 AMA PRA Category 1 Credits™.

The seminars—held on the second Saturday of each month, from 8:00 to 10:00 am, at Stony Brook University Medical Center—provide lectures and discussion on topics covering the full range of current surgical concerns.

The focus of each seminar is on what referring physicians need to know about the latest advances in surgery, in terms of the new options available for patients.

For more information, please call (631) 444-2037.

Surgical Grand Rounds

Our Surgical Grand Rounds program offers CME credit through the School of Medicine of Stony Brook University. This activity is designated for a maximum of 1 AMA PRA Category 1 Credit™.

The weekly Surgical Grand Rounds lectures are generally held on Wednesday morning, from 7:00 to 8:00 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. Featured speakers include distinguished visiting professors from the nation's top universities and medical centers.

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

Trauma Conference

The Trauma Conference of the Division of General Surgery, Trauma, Surgical Critical Care, and Burns offers CME credit through the School of Medicine of Stony Brook University. This activity is designated for a maximum of 1 AMA PRA Category 1 Credit™.

The weekly conferences are generally held on Friday morning, from 7:00 to 8:00 am, in the Health Sciences Center in the trauma conference room (level 18, room 040).

Topics cover the full range of concerns related to the trauma/critical care environment, including thoracic injuries, ICU administration/billing, and case histories. Presentations are made by attending physicians, as well as other medical professionals.

For more information, please call (631) 444-8330.

OUR ELECTRONIC PHYSICIAN DIRECTORY

The Department provides a physician directory as part of its website—please visit us at the following address to find information about our individual surgeons (see sample below), as well as our programs in patient care, education, research, and community service:

www.StonyBrookSurgery.org



Dr. Colette R.J. Pameijer

MD: Medical College of Pennsylvania (1995).

Residency Training: General Surgery, Medical College of Pennsylvania-Hahnemann University Hospitals, Philadelphia, PA; University of Wisconsin Hospital and Clinics, Madison, WI.

Fellowship Training: Surgical Oncology, City of Hope National Medical Center, Duarte, CA. Board Certification: [Surgery](#).

Specialties: Management of cancers of the upper gastrointestinal tract, soft tissue, melanoma (including surgery and [minimally invasive limb infusion](#) for recurrent melanoma limited to an extremity), and breast (including breast conservation surgery, sentinel node biopsy, and [minimally invasive](#)

[radiation therapy](#) for early breast cancer); heated intraperitoneal chemotherapy ([HIPEC](#)); treating advanced malignancies; palliative surgery.

Additional: See [selected recent publications](#).

Honors: Selected for inclusion in the *Guide to America's Top Surgeons* published by the [Consumers' Research Council of America](#).

Languages Spoken: English, Dutch.

Consultations/Appointments: 631-444-8086.

Conducting Genetic Research To Enhance Arteriogenesis

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Research that, hopefully, can be translated into gene therapy to stimulate the heart's growth of new blood vessels—to create a “biologic” coronary bypass.

Robert Gersch, PhD, research assistant professor of surgery, who is the basic and translational research scientist in charge of Dr. Rosengart's laboratory, explains:

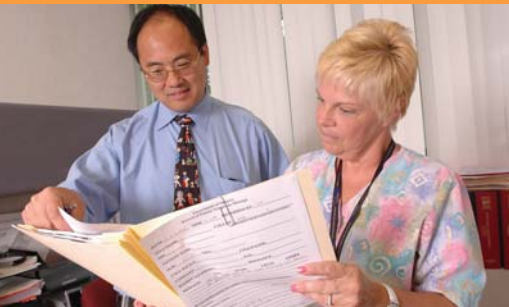
“Research now underway in our lab involves cellular analysis as well as a femoral ligation model. We hope to study Egr-1's role in arteriogenesis by altering its expression level in these systems and comparing the reaction

to occlusion in the treatment groups with a normal control group.

“Future work will focus on a myocardial ischemia model in which the slow occlusion build-up observed in heart disease is mimicked. By using this model, we can target and modulate the expression of Egr-1 and its target genes with the goal of improving the arteriogenic response.”

Dr. Rosengart's arteriogenesis lab is currently supported by the National Institutes of Health—it is one of only 25 NIH-funded cardiac surgery labs in the country—and his research team includes both residents and students, in addition to Dr. Gersch.

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