PATIENT CARE / EDUCATION / RESEARCH / COMMUNITY SERVICE

POST-OP

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HEALTH SCIENCES CENTER
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Smart Medicine
STONY BROOK
UNIVERSITY HOSPITAL
Expert Care

In this issue . . .

Introducing Dr. Marvin L. Corman

Our New Colorectal Surgeon

We are very pleased to introduce Marvin L. Corman, MD, who joined our faculty in September as a member of our Division of Surgical Oncology. Board certified in colon and rectal surgery and in general surgery, Dr. Corman is a distinguished leader in the field of colon and rectal surgery. He comes to Stony Brook from the North Shore-Long Island Jewish Health System, where he served as vice-chairman of surgery and associate surgeon-in-chief of Long Island Jewish Medical Center.

At Stony Brook Dr. Corman's practice will focus on the management of diseases of the small bowel, colon, rectum and anus, including colon, rectal and anal cancer, diverticulitis, familial polyposis, ulcerative colitis, Crohn's disease, reconstructive anorectal surgery, and the management of rectal incontinence, including the new Secca procedure (see page 3), Acticon artificial anal sphincter, and muscle transposition.

The Secca procedure is a new minimally invasive outpatient procedure for the treatment of bowel incontinence in patients who have failed more conservative therapy, such as diet modification and biofeedback.

Dr. Marvin L. Corman

An academic surgeon of the highest order, Dr. Corman is internationally known for his work in colon and rectal surgery. He is the author of numerous journal articles, book chapters, scientific exhibits, and video presentations. He is a consultant to a number of pharmaceutical and device manufacturers, and has completed many clinical trials on the applications of these products to the field of colon and rectal surgery.

Dr. Corman has been the recipient of numerous honors and awards. He won first prize from the American Medical Writers

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Multidisciplinary Breast Care Program Sets the Standard

Responding to the special needs of women on Long Island, Stony Brook's Breast Care Center opened in 1995 and was later named in honor of breast cancer awareness activist Carol M. Baldwin. Thousands of women come to the Center for mammograms and breast exams, and most are found to be healthy and cancer free.

But for those few in whom an abnormality is found, the Center offers a unique multidisciplinary approach. The word multidisciplinary is widely used today to describe approaches to providing breast care and other forms of health care, but its actual meaning varies from place to place.

Our multidisciplinary breast care program sets the standard of the best possible care for women with breast cancer—from initial evaluation of an abnormality and prompt diagnosis to complex treatment regimens.

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Introducing Dr. Marvin L. Corman

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Association for his textbook, *Colon and Rectal Surgery* (1985), which is now in its fifth edition and has been established for 20 years as "the gold standard in its discipline" (*JAMA*). This classic work provides complete coverage of the diagnosis and treatment of all disorders affecting the anus, rectum, and colon.

In addition, Dr. Corman is the recipient of the John C. Goligher Memorial Medal of the Association of Coloproctology, Great Britain and Ireland, and the Section of Coloproctology of the Royal Society of Medicine (1999). He was the testimonial honoree at the 25th Annual Awards Ceremony of the Crohn's and Colitis Foundation of America (2000).

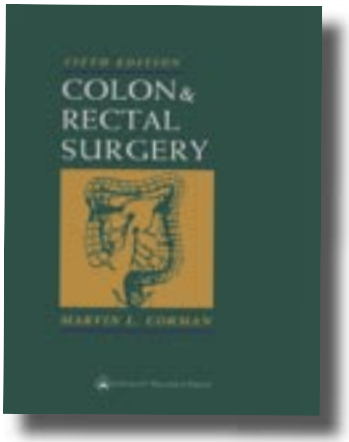
Dr. Corman has served as president of the American Board of Colon and Rectal Surgery and chairman of the Residency Review Committee for Colon and Rectal Surgery (American Medical Association). He has been vice-president of the American Society of Colon and Rectal Surgeons, and currently is regional vice-president of the International Society of University Colon and Rectal Surgeons. He also is a member of the American College of Medical Quality.

Further, he is a founding member of the board of trustees of the Israel-based Jacqueline Seroussi Memorial Foundation for Cancer Research, a charitable organization that encourages and rewards, on an international level, laboratory and clinical investigators whose research efforts are directed to that of malignant disease.

Dr. Corman has often been a named lecturer or visiting professor all over the world, and is an honorary member of the Royal College of Surgeons, the Royal Australasian College of Surgeons, the Argentine Society of Coloproctology, and the Mexican Society of Colon and Rectal Surgeons.

About the Acticon artificial anal sphincter, a recently published study found that "artificial bowel sphincter therapy leads to long-term improved continence and quality of life in patients whose implantation is successful" [*Diseases of the Colon and Rectum* 2003(June);46:722-9].

Dr. Corman is a member of numerous surgical organizations, and has served in important offices and committees within these organizations. Among them are the American College of Surgeons (fellow), American Society of Colon and Rectal Surgeons (fellow), Society for Surgery of the Alimentary Tract (fellow), American Surgical Association (member), and other national and international societies.



"The gold standard in its discipline" is what the *Journal of the American Medical Association* (*JAMA*) has called Dr. Corman's prize-winning textbook, *Colon and Rectal Surgery*, the fifth edition of which was just published in October. This encyclopedic and abundantly illustrated book provides comprehensive coverage of all diseases and traumatic injuries affecting the colon, rectum, and anus and offers step-by-step instructions on every operative procedure currently used to treat these disorders. The book also includes thorough reviews of anatomy, physiology, and related medical topics and an extensive section on diagnostic studies, particularly ultrasound and other radiologic imaging modalities. More than 1,300 illustrations, many new to this edition, complement the text.

Dr. Corman received his undergraduate and medical degrees from the University of Pennsylvania. He then completed his residency training in general surgery at the Boston City Hospital (Harvard Surgical Service), and spent a year as senior registrar and visiting lecturer at the University of Leeds and the General Infirmary in Leeds, England. Subsequently, he joined the surgical faculty at Harvard Medical School.

During the 1990s, Dr. Corman was professor of surgery at UCLA and then at the University of Southern California. In 2001, he returned to the East to join the surgery department at LIJ with a professorship at Albert Einstein College of Medicine.

For consultations/ appointments with Dr. Corman, please call (631) 444-4545 or 444-1793.

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Performing the New Secca Procedure For Bowel Incontinence

As many as 1 of 13 adults in the United States suffers from problems with bowel control, also called fecal incontinence. Fecal incontinence is the involuntary leakage of stool or gas from the anal canal. There are many causes of this disorder, and in many cases several factors may combine to cause fecal incontinence.

Management of fecal incontinence is provided in a tiered approach, beginning with lifestyle modification or pharmacologic therapy followed by selectively offering biofeedback and surgery to eligible patients. However, because of failure of conservative therapies, and ineligibility for surgery, many patients are left with no treatment options.

The Secca procedure is a new option for patients who have failed conservative therapies and desire a less invasive option than surgery.

The Secca procedure is a minimally invasive outpatient procedure for the treatment of bowel incontinence in patients who have failed more conservative therapy, such as diet modification and biofeedback.

This non-surgical procedure involves delivery of radio-frequency energy to the muscles of the anal canal, which causes tissue shrinkage and tightening. The procedure takes about 45 minutes, does not require general anesthesia, and patients can generally go home 1-2 hours after the procedure.

Marvin L. Corman, MD, who recently joined our faculty (see page 1), is skilled at performing the new Secca procedure, as well as the latest surgical operations to treat bowel incontinence.

Many people incorrectly assume that lack of bowel control is a normal consequence of aging or is a normal problem for women after childbirth.

Dr. Corman participated in a multicenter study of the Secca procedure. "In our study of 50 patients," he says, "mean duration of fecal incontinence was nearly 15 years. The Secca procedure significantly improved the quality of life for most patients who underwent the procedure."

Safety and effectiveness of temperature-controlled radio-frequency energy delivery to the anal canal (Secca procedure) for the treatment of fecal incontinence

Purpose: This multicenter study evaluated the safety and efficacy of radio-frequency energy delivery to the anal canal for the treatment of fecal incontinence.

Methods: Fifty patients at five centers were enrolled. All reported fecal incontinence at least once per week for three months, and medical and/or surgical management failed to help their symptoms. At baseline and at six months, patients completed questionnaires (Cleveland Clinic Florida Fecal Incontinence score (0-20), fecal incontinence-related quality of life, Short Form-36, and visual analog scale) and underwent anorectal manometry, endoanal ultrasound, and pudendal nerve terminal motor latency testing. On an outpatient basis using local anesthesia, radio-frequency energy was delivered via an anoscopic device with multiple needle electrodes (Secca system) to create thermal lesions deep to the mucosa of the anal canal.

Results: Forty-three females and seven males (aged 61.1 ± 13.4 (mean ± standard deviation); range, 30-80 years) were treated. Mean duration of fecal incontinence was 14.9 years. Treatment time was 37 ± 9 minutes. At six months, the mean Cleveland Clinic Florida Fecal Incontinence score improved from 14.5 to 11.1 ($P < 0.0001$). All parameters in the Fecal Incontinence Quality of Life scales were improved (lifestyle (from 2.5-3.1; $P < 0.0001$); coping (from 1.9-2.4; $P < 0.0001$), depression (from 2.8-3.3; $P = 0.0004$); embarrassment (from 1.9-2.5; $P < 0.0001$)). Responders, as assessed by a systematic referenced analog scale, reported a median 70 percent resolution of symptoms. The mean Short Form-36 social function improved from 64.3 to 76 ($P = 0.003$). There were no changes in endoanal ultrasound or pudendal nerve terminal motor latency assessment, or in anal manometry. Complications included mucosal ulceration (one superficial, one with underlying muscle injury) and delayed bleeding ($n = 1$).

Conclusion: This multicenter trial demonstrates that radio-frequency energy can be safely delivered to the lower rectum and anal canal. The Secca procedure significantly improved the Cleveland Clinic Florida Fecal Incontinence score and the overall quality of life for most patients having undergone the procedure.

Efron JE, Corman ML, Fleshman J, et al. Safety and effectiveness of temperature-controlled radio-frequency energy delivery to the anal canal (Secca procedure) for the treatment of fecal incontinence. *Dis Colon Rectum* 2003;46:1606-18.

INTRODUCING MORE NEW FACULTY

Dr. Kevin T. Watkins

Gastrointestinal, Hepatobiliary, and Laparoscopic Surgeon

Kevin T. Watkins, MD, has joined our Division of General Surgery, Trauma, Surgical Critical Care, and Burns as assistant professor of surgery. He comes to Stony Brook from the U.S. Air Force's Wilford Hall Medical Center in San Antonio, TX, where he was chief of surgical oncology.

Board certified in general surgery, Dr. Watkins' practice at Stony Brook will include the management of benign and malignant processes of the liver, pancreas, esophagus, and stomach. His practice will emphasize the laparoscopic management of complex gastrointestinal problems, including esophageal, hepatic, gastric, and pancreatic resection, as well as pancreatic drainage for cysts or chronic pancreatitis.

Dr. Watkins received his medical doctorate from the University of Virginia in 1990. He completed his residency training in general surgery at the University of Florida, and fellowship training in surgical oncology and gastrointestinal tumor surgery at M. D. Anderson Cancer Center.

On completing his fellowship in 1998, Dr. Watkins joined the staff of Wilford Hall Medical Center and was appointed chief of surgical oncology the next year. He continues to present novel laparoscopic and general surgical techniques at national meetings.

Dr. Prajoy P. Kadkade

Otolaryngology-Head and Neck Surgeon

Prajoy P. Kadkade, MD, has joined our Division of Otolaryngology-Head and Neck Surgery as assistant professor of surgery. He comes to Stony Brook from New York-Presbyterian Hospital (University Hospital of Columbia and Cornell), where he completed his residency in otolaryngology-head and neck surgery.

Dr. Kadkade's practice at Stony Brook will include management of diseases of the ear, nose, and throat; surgical treatment of sinus/rhinologic disease, voice disorders, and obstructive sleep apnea; head and neck cancers; facial trauma/reconstruction.

Dr. Kadkade received a degree in electrical engineering from M.I.T. and his medical doctorate from the University of California, San Francisco in 1998. He completed a post-doctoral research fellowship at Massachusetts Eye & Ear Infirmary, a general surgery internship at the University of California, Irvine, and then came to New York City to train in otolaryngology-head and neck surgery at New York-Presbyterian Hospital.

Dr. Duc T. Bui

Plastic Surgeon

Duc T. Bui, MD, has joined our Division of Plastic and Reconstructive Surgery as assistant professor of surgery. He comes to Stony Brook from Memorial Sloan-Kettering Cancer Center, where he completed his advanced training in microsurgery and breast reconstruction.

Board certified in general surgery, Dr. Bui's practice at Stony Brook will include general plastic and reconstructive surgery, with an emphasis on breast surgery.

Dr. Bui received his medical doctorate 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.

At Memorial Sloan-Kettering in New York, Dr. Bui subsequently completed his fellowship training in microsurgery/breast surgery.

Dr. Cheng H. Lo

Vascular Surgeon

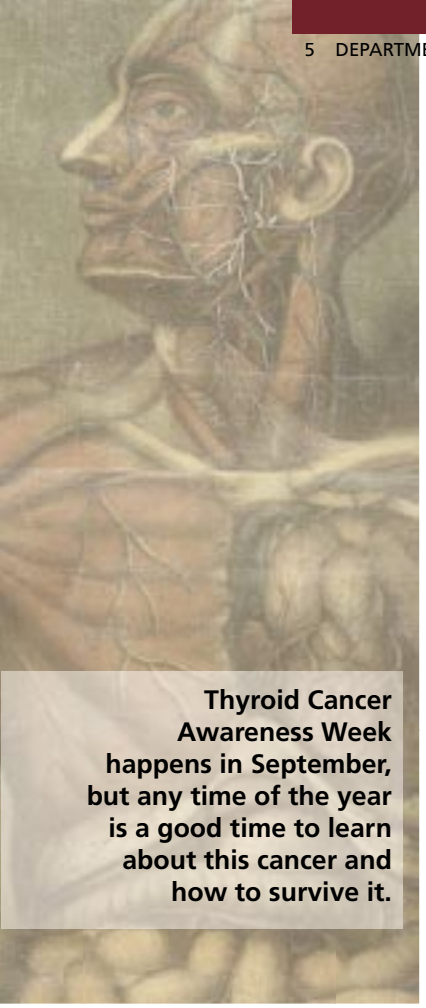
Cheng H. Lo, MD, has joined our Division of Vascular Surgery as assistant professor of surgery. A graduate of our residency program in general surgery, Dr. Lo returns to Stony Brook from the University of Massachusetts Medical School, where he completed his fellowship training in vascular surgery.

Board certified in general surgery and board eligible in vascular surgery, Dr. Lo's practice at Stony Brook will include general vascular surgery, with an emphasis on endovascular interventions. He also has a clinical practice at the Northport Veterans Affairs Medical Center where he performs both open and endovascular procedures.

Dr. Lo received a degree in electrical engineering at Columbia University in 1992, then a medical doctorate from the State University of New York at Buffalo in 1996. He completed his residency training in general surgery here at Stony Brook in 2002, and went on to complete his training in vascular surgery at the University of Massachusetts Medical School.

His research interests include methods of bioprosthetic modification to enhance graft patency and molecular analysis of thrombomodulin in the development of intimal hyperplasia.

Please call for consultations/appointments:
Dr. Watkins (631) 444-4545
Dr. Kadkade (631) 444-4121
Dr. Bui (631) 444-9287
Dr. Lo (631) 444-2565



Thyroid Cancer Awareness Week happens in September, but any time of the year is a good time to learn about this cancer and how to survive it.

THYROID NODULES AND CANCER

Nearly half of all Americans are likely to have a thyroid nodule—solid or fluid-filled lump—sometime in their lives. One or more of these nodules may develop in the thyroid gland. Most of them are non-cancerous (benign). However, about 5% to 10% of thyroid nodules are cancerous (malignant) and require prompt and appropriate treatment.

The thyroid is a gland located at the base of the neck, just below the Adam's apple. Although very small, it makes a big difference in our health. An endocrine gland, it is a part of the human body that secretes hormones. The thyroid produces hormones that regulate many of the body's basic functions, such as how fast the heart beats and how quickly calories are burned.

Thyroid nodules, whether benign or malignant, rarely cause any symptoms. Most of the time they are discovered by self-examination, by a physician or incidentally during some x-ray test of the neck being performed for unrelated reasons. A very large nodule can sometimes cause some difficulty swallowing and occasionally shortness of breath.

If a patient with a thyroid nodule develops a hoarse, weak voice, then thyroid cancer is a concern. Other risk factors for malignancy in a thyroid nodule are prior history of radiation exposure and family history of thyroid cancer.

Thyroid cancer is the most common endocrine cancer. It occurs in all age groups, mainly adults, affecting about three times as many women as men. Its incidence has increased in recent years—by about 3% per 100,000 people per year. It is, in fact, the number one cancer in incidence growth in women and number three in men.

An estimated 23,600 people are diagnosed with thyroid cancer each year in the United States, according to the American Cancer Society. And about 1,460 people will die of this cancer each year.

For most individuals with thyroid cancer, the prognosis is excellent. The most common types of it can often be completely removed with surgery. What's more, five-year survival rates are among the highest of any kind of cancer—more than 80%.

For most individuals with thyroid cancer, the prognosis is excellent. The most common types of it can often be completely removed with surgery.

What's more, five-year survival rates are among the highest of any kind of cancer—more than 80%.

TIME TO SEE YOUR DOCTOR

If you feel a lump in your neck, see your primary care doctor to find out what the problem is. Some people first notice lymph node swellings, fullness in the neck, voice changes, or difficulty breathing or swallowing. These are signs of a possible thyroid nodule.

A family physician or an internist can usually do the initial evaluation of thyroid nodules. The thyroid functions test (a blood test that determines the level of thyroid hormones) and thyroid ultrasound (sometimes called sonogram) are usually the initial tests that are performed. Sometimes a nuclear scan is ordered to determine if the nodule is *cold,* meaning that it is not functioning, or *hot,* meaning that it is overactive.

After some initial basic tests, the patient is usually referred to a specialist called an endocrinologist who specializes in diseases of the endocrine glands. Thyroid nodules that are smaller than $^{3}/_{8}$ inch—about the size of a pea—can usually be watched. Large nodules, especially if they are *cold* on a nuclear scan, or nodules associated with the risk factors previously mentioned should be biopsied, which is done with a fine, thin needle.

Following a thorough work-up, the patient may need to have an operation called thyroidectomy (removal of the thyroid gland) for several reasons including removal of thyroid cancer, removal of part of the thyroid gland for definitive diagnosis, or treatment of an overactive thyroid gland (hyperthyroidism), or an enlarged thyroid gland that is causing breathing or swallowing difficulties.

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Advancing the Treatment Of Rectal Cancer

Sphincter-Sparing Surgery Improves Quality of Life

More than 40,000 cases of rectal cancer are diagnosed in the United States each year, and each year it claims thousands of lives. Together with the cancer incidence of the rest of the large intestine (colon), of which the rectum forms the last 10 to 12 cm (about 4-5 inches), colorectal cancer is the second-leading cause of cancer-related deaths in the country. Only lung cancer kills more people.

The good news is that new methods for treating rectal cancer have evolved in recent years from clinical trials performed worldwide, with outcomes that show reduced recurrence rates and better survival. At Stony Brook, our surgical oncologists are providing the treatments based on these trials in an effort to significantly improve outcomes in patients with rectal cancer.

"The number of rectal cancer patients being diagnosed and treated at University Hospital is increasing and our gastrointestinal cancer team is now routinely offering these treatment methods to their patients with rectal cancer," says Martin S. Karpeh, Jr., MD, professor of surgery and chief of surgical oncology.

Patients are also being asked to enroll in various clinical trials for rectal cancer. These trials are aimed at improving the effect of radiation, chemotherapy, and surgery in the management of this devastating disease.

We have the skills and experience to offer sphincter-sparing surgery for rectal cancer and, thus, spare patients the inconvenience of a colostomy bag.

Dr. Karpeh says that by applying newer treatment strategies based on the results of well-designed clinical trials, patients with rectal cancer treated here at Stony Brook will benefit from the latest worldwide treatment advancements.

Rectal cancers involving the lower third of the rectum are traditionally treated by surgical removal of the rectum and anus, leaving the patient with a permanent colostomy bag. The first new treatment approach used in the trials and incorporated at Stony Brook involves the use of combined radiation and chemotherapy before the patient has surgery. This approach appears to reduce the risk of disease recurrence.

The second advance has to do with the way the operation is performed. Using sharp dissection, the surgeon removes tumors outside the investing layer of tissue of the rectum (mesorectum) without breaking it, thus lowering the risk of leaving cancer cells behind in the pelvis.

SPHINCTER-SPARING SURGERY

Our colorectal specialists, Marvin L. Corman, MD, professor of surgery, and David E. Rivadeneira, MD, assistant professor of surgery, both of our Division of Surgical Oncology, perform sphincter-sparing surgery to treat rectal cancer.

"In selected cases the use of less invasive laparoscopic techniques minimizes postoperative recovery without compromising the cancer operation," says Dr. Karpeh. He emphasizes that an added advantage of the preoperative combination of radiation and chemotherapy is that it increases the chances that the anal sphincter muscle can be spared, greatly reducing the chances of the patient having a permanent colostomy.

The sphincter of the anus is the circular muscle that controls defecation. If damaged, patients lose control of bowel function.

The standard surgical procedure used to remove rectal cancer that lies close to the anus is the abdominoperineal resection, in which the anus is removed with the rectum, and the cut end of the large bowel is then attached to the abdominal wall to form a colostomy. The colostomy is covered by a replaceable bag that collects stool as it empties from the bowel.

Sphincter-sparing surgery allows the patient to preserve function of the anus. Sphincter-sparing treatment for stage I rectal cancer involves the limited surgery described above to remove the cancer and a small rim of normal bowel, but not the anus.

PARTICIPATING IN WORLDWIDE TRIALS

The first clinical trial with large numbers of patients that showed significant improvement in reducing recurrence of resectable rectal cancer and increasing five-year survival rates was reported in 1997 in Sweden. In this study of more than 1,000 patients, the recurrence rate after five years for those who received radiotherapy before surgery was 11%. For those who had surgery alone, the recurrence rate was much higher at 27%.

The overall five-year survival rate for those who had radiotherapy pre-surgery was 58%, compared to 48% for the surgery alone group.

Another study, reported in 2001 in the Netherlands, followed more than 1,800 rectal cancer patients who were randomly assigned to two treatment groups—one in which patients had preoperative radiotherapy followed by surgical excision, and the other group that had surgical excision alone. After two years, the survival rates

were nearly the same between the two groups, 82% for those who had both forms of therapy and 81.8% for those who had excision alone.

The rate of recurrence at two years, however, was significantly higher in the surgery alone group (8.2%) compared to the radiotherapy plus surgery group (2.4%) in spite of the high quality of surgery performed in this trial.

More recently, similar patient outcomes have resulted in comparative trials done in other countries, such as Italy and Canada. One study reported that an overview of more than 8,500 rectal cancer patients from 22 randomized trials indicated that shorter courses of preoperative radiation appear to be at least as effective as longer schedules.

Dr. Karpeh says that our multidisciplinary gastrointestinal cancer clinical team expects to continue participating in national and international clinical trials that focus on the preoperative use of combination radiation and chemotherapy treatment to increase the amount of sphincter-sparing surgery for rectal cancers.

These trials may help to further reduce disease recurrence and improve survival rates for Long Islanders with rectal cancer.

For consultations/appointments with our colorectal surgeons—Dr. Marvin L. Corman and Dr. David E. Rivadeneira—please call (631) 444-4545.

Breast Care Center

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mul·ti·dis·ci·pli·nar·y: of, relating to, or making use of several disciplines at once: *a multidisciplinary approach to breast care.*

Our breast cancer program brings together the expertise of physicians and other healthcare professionals from the departments/divisions of surgery, radiology, medical oncology, radiation oncology, pathology, genetic counseling, nutritional support, and social work.

The Breast Care Center itself is unique in that breast surgeons and radiation oncologists work side by side with specialized breast radiologists in the same building. This permits a free exchange of ideas and open interaction to maximize quality.

Another example of the Center's unique multidisciplinary approach is that a surgical biopsy can be performed right there in the operating suite with the assistance of a certified anesthesiologist to provide conscious (awake) sedation. Biopsies are often performed as an office procedure.

Brian J. O'Hea, MD, assistant professor of surgery and medical director of the Breast Care Center, describes the Center's multidisciplinary team approach to treatment planning:

"Our weekly treatment planning conference is a multidisciplinary forum where we review potential treatment options for patients with newly diagnosed cancer or patients with recurrent disease. At this conference, their individual cases are presented to a team of highly-trained cancer specialists, including radiologists, breast surgeons, pathologists, reconstructive surgeons, radiation oncologists, and medical oncologists."

Indeed, the multidisciplinary team approach to breast cancer treatment distinguishes the quality of care provided patients at the Breast Care Center.

State-of-the-art mammography and ultrasound equipment are used for routine screening and for early detection of breast cancer—the best chance for survival. The most modern techniques of surgery, chemotherapy, and radiation oncology are available, as well as rehabilitative and support services, including support groups, designed to assist women who have had treatment for primary cancer of the breast.

The Carol M. Baldwin Breast Care Center is dedicated to providing early detection and diagnosis; comprehensive multidisciplinary management of breast cancer and benign breast disease; access to national research programs; reconstructive plastic surgery; rehabilitative and support services; and patient education.

For consultations/appointments at our Breast Care Center, please call (631) 444-4550.

*Some Recent Publications**

Anthony TG, McDaniel BJ, Byerley RL, McGrath BC, Cavener DR, **McNurlan MA**, Wek RC. Preservation of liver protein synthesis during dietary leucine deprivation occurs at the expense of skeletal muscle mass in mice deleted for eIF2 kinase GCN2. *J Biol Chem* 2004;279:36553-61.

Aygun B, Kimpo M, **Lee T**, Valderrama E, Leonidas J, Karayalcin G. An adolescent with ovarian osteosarcoma arising in a cystic teratoma. *J Pediatr Hematol Oncol* 2003;25:410-3.

Barle H, Hallstrom L, Essen P, Thorne A, **McNurlan MA**, Garlick PJ, Wernerman J. The synthesis rate of albumin decreases during laparoscopic surgery. *Clin Physiol Funct Imaging* 2004;24:91-5.

Bilfinger TV. Surgical aspects in the treatment of lung cancer. *Curr Opin Pulm Med* 2004;10:261-5.

Blumer SL, Zucconi WB, Cohen HL, **Scriven RJ**, **Lee TK**. The vomiting neonate: a review of the ACR appropriateness criteria and ultrasound's role in the workup of such patients. *Ultrasound Q* 2004;20:79-89.

Bui DT, Chunilal A, Mehrara BJ, Disa JJ, Alektiar KM, Cordeiro PG. Outcome of split-thickness skin grafts after external beam radiotherapy. *Ann Plast Surg* 2004;52:551-7.

Bui DT, Mehrara BJ, Disa JJ, Cordeiro PG. Use of liposuction for secondary revision of irradiated and nonirradiated free flaps. *Ann Plast Surg* 2004;52:541-5.

Button TM, Li H, Fisher P, Rosenblatt R, Dulaimy K, Li S, **O'Hea B**, Salvitti M, Geronimo V, Geronimo C, Jambawalikar S, Carvelli P, Weiss R. Dynamic infrared imaging for the detection of malignancy. *Phys Med Biol* 2004;49:3105-16.

Cadet P, Mantione KJ, **Bilfinger TV**, Stefano GB. Differential expression of the human mu opiate receptor from different primary vascular endothelial cells. *Med Sci Monit* 2004;10:BR351-5.

Caso G, **McNurlan MA**, McMillan ND, Eremin O, Garlick PJ. Tumour cell growth in culture: dependence on arginine. *Clin Sci (Lond)* 2004;107:371-9.

Corman ML. *Colon and Rectal Surgery*. 5th edition. Philadelphia: Lippincott-Raven, 2004.

Corwin HL, Gettinger A, Pearl RG, Fink MP, Levy MM, Abraham E, MacIntyre NR, Shabot MM, Duh MS, **Shapiro MJ**. The CRIT Study: Anemia and blood transfusion in the critically ill—current clinical practice in the United States. *Crit Care Med* 2004;32:39-52.

Criado E, Doblas M, Fontcuberta J, Orgaz A, Flores A. Transcervical carotid artery angioplasty and stenting with carotid flow reversal: surgical technique. *Ann Vasc Surg* 2004;18: 257-61.

Criado E, Doblas M, Fontcuberta J, Orgaz A, Flores A, Lopez P, Wall LP. Carotid angioplasty with internal carotid artery flow reversal is well tolerated in the awake patient. *J Vasc Surg* 2004;40:92-7.

Criado E, Doblas M, Fontcuberta J, Orgaz A, Flores A, Wall LP, **Gasparis A**, Lopez P, Strachan J, **Ricotta J**. Transcervical carotid stenting with internal carotid artery flow reversal: feasibility and preliminary results. *J Vasc Surg* 2004;40:476-83.

Criado E, **Gasparis A**. Transluminal thrombin injection and exclusion of a paramesenteric abdominal aortic aneurysm. *J Vasc Surg* 2004;39:1118-21.

Criado E, Wall P, Lucas P, **Gasparis A**, Proffit T, **Ricotta J**. Transesophageal echo-guided endovascular exclusion of thoracic aortic mobile thrombi. *J Vasc Surg* 2004;39:238-42.

Cuadra SA, Zwerling JS, Feuerman M, **Gasparis AP**, Hines GL. Cerebral oximetry monitoring during carotid endarterectomy: effect of carotid clamping and shunting. *Vasc Endovascular Surg* 2003;37:407-13.

Dilmanian FA, Kalef-Ezra J, Petersen MJ, Bozios G, **Vosswinkel J**, Giron F, Ren B, Yakupov R, Antonakopoulos G. Could X-ray microbeams inhibit angioplasty-induced restenosis in the rat carotid artery? *Cardiovasc Radiat Med* 2003;4:139-45.

Gasparis AP, Wall P, **Ricotta JJ**. Adventitial cystic disease of the external iliac vein presenting with deep venous thrombosis. A case report. *Vasc Endovascular Surg* 2004;38:273-6.

Gaudette GR, **Krukenkamp IB**, Azeloglu EU, Saltman AE, Lense M, Todaro J, Chiang FP. Effects of ischemia on epicardial deformation in the passive rabbit heart. *J Biomech Eng* 2004;126:70-5.

Huang W, Fisher PR, Dulaimy K, Tudorica LA, **O'Hea B**, Button TM. Detection of breast malignancy: diagnostic MR protocol for improved specificity. *Radiology* 2004;232:585-91.

Khandelwal A, **O'Hea BJ**, Garguilo G. Breast cancer in a patient with Poland's syndrome. *Am Surg* 2004;70:491-5.

Long M, **Smouha EE**, Qiu D, Li F, Johnson F, Luft B. Flavanoid of Drynaria fortunei protects against gentamicin ototoxicity. *Phytother Res* 2004;18:609-14.

Mehrara BJ, Chunilal A, **Bui D**, Disa JJ, Schattner M, Cordeiro PG. Timing of percutaneous endoscopic gastrostomy tube placement after cervical esophageal reconstruction with free jejunal transfer. *Ann Plast Surg* 2004;52:578-80.

* The names of faculty authors appear in boldface.

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Residency Update

Since the class of 1975 entered the profession of surgery, 163 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.

Our fully accredited five-year nonpyramidal residency program fulfills the standards for professional excellence adopted by the American Board of Surgery, and leads to eligibility for board certification. Five surgical residents are selected each year through the National Resident Matching Program.

2004 Graduating Residents

Name	Career Direction
General Surgery	
Elliott Chen, MD	Plastic surgery fellowship at Vanderbilt U
Piotr Dumicz, MD	Cardiothoracic surgery fellowship at Case Western Reserve U
Vitaly Lyaskovsky, MD	Private practice
Denise Ortega, MD	Breast surgery fellowship at U of Texas Southwestern
Baljeet Uppal, MD	Critical care fellowship at Stony Brook U
Vascular Surgery	
Philipp Wall, MD	Private practice in vascular surgery, Syracuse, NY
Otolaryngology	
James Wu, MD	Skull base/facial plastic reconstruction fellowship at St. Luke's-Roosevelt Hospital Center, New York, NY
Critical Care	
James Gallagher, MD	Burn surgery fellowship at Weill Cornell Medical Center
David Sammett, MD, PhD	Research fellowship in burns at Stony Brook U

New Chief Residents

Name	Medical School (Grad. Year)
Solomon David, MD	U at Albany ('00)
Mark Gelfand, MD	SUNY Upstate Medical U ('00)
Frank Lunati, MD	Ross U ('99)
George Manis, MD	Creighton U ('96)

Incoming Residents/All Categorical PGY-1*

Name	Medical School (Grad. Year)
Myo Han, MD	Stony Brook U ('04)
Kwannang Lau, MD	Stony Brook U ('04)
Kristine O'Hara, MD	UNIBE ('02)
Michael Sleet, MD	Drexel U ('04)
Andrea Zimmern, MD	New York Medical College ('04)

* As of July 1, 2004.

Our accredited vascular surgery residency (fellowship) was established in 1980 by our Division of Vascular Surgery, and since then, 24 vascular surgeons have been trained at Stony Brook.

Our accredited otolaryngology residency was established in 1993 by our Division of Otolaryngology-Head and Neck Surgery, and since then, eight otolaryngology-head and neck surgeons have been trained at Stony Brook.

Our accredited surgical critical care residency (fellowship) was established in 2000 by our Section of Trauma/Surgical Critical Care, and since then, five surgeons have been trained in surgical critical care at Stony Brook.

1 Dr. John Ricotta (far left) and Dr. Eugene Mohan (far right) with our 2004 graduating chief residents (from left to right), Drs. Vitaly Lyaskovsky, Denise Ortega, Baljeet Uppal, Piotr Dumicz, and Elliott Chen, at the graduation banquet held in June at Flowerfield, St. James, NY.

2 Our graduating vascular surgery resident (third from left), Dr. Philipp Wall, with (left to right) Dr. Antonios Gasparis and Dr. John Ricotta and (far right) Dr. Enrique Criado.

3 Our graduating otolaryngology resident (center), Dr. James Wu, with (left to right) Drs. Ghassan Samara, Eric Smouha, Joshua Rosenthal, and Maisie Shindo.

4 Our graduating critical care residents (center, left to right), Drs. David Sammett and James Gallagher, with Dr. Marc Shapiro (far left) and Dr. John Ricotta (far right).

Alumni News

Dr. Tom R. Karl ('81), professor and chief of pediatric cardiothoracic surgery at the University of California at San Francisco, is leading a team of four pediatric cardiothoracic surgeons in a joint program created recently by the UCSF Medical Center and the University of California at Davis Health System to provide integrated cardiac care to benefit children in Sacramento and Northern California. "This partnership holds great promise in broadening our continuing efforts to translate research discoveries into the best and most effective treatments for congenital heart disease," Karl said. "Also, for surgical and pediatric residents at UCSF and UC Davis and for pediatricians and pediatric heart specialists in Northern California and beyond, it offers an excellent opportunity to learn all they can about these defects." An active scholar as always, Dr. Karl has published several papers so far this year:

Karl T. Invited commentary. *Ann Thorac Surg* 2004;78:672.

Karl TR, Hall S, Ford G, Kelly EA, Brizard CP, Mee RB, Weintraub RG,Cochrane AD, Glidden D. Arterial switch with full-flow cardiopulmonary bypass and limited circulatory arrest: neurodevelopmental outcome. *J Thorac Cardiovasc Surg* 2004;127:213-22.

Roy N, Blurton DJ, Azakie A, **Karl TR**. Immature intrapericardial teratoma in a newborn with elevated alpha-fetoprotein. *Ann Thorac Surg* 2004;78:E6-8.

Azakie A, Martinez D, Sapru A, Fineman J, Teitel D, **Karl TR**. Impact of right ventricle to pulmonary artery conduit on outcome of the modified Norwood procedure. *Ann Thorac Surg* 2004;77:1727-33.

Miller SP, McQuillen PS, Vigneron DB, Glidden DV, Barkovich AJ, Ferriero DM, Hamrick SE, Azakie A, **Karl TR**. Preoperative brain injury in newborns with transposition of the great arteries. *Ann Thorac Surg* 2004;77:1698-706.

In addition, Dr. Karl continues to make presentations at professional meetings throughout the world. Last February, for instance, at the annual meeting of the Japanese Cardiothoracic Surgical Society, he gave two lectures, one on coronary artery problems in children, and the other on the combined approach to complex problems in cardiology and cardiac surgery.

Dr. Andreas G. Tzakis ('83) ten years ago joined, as director, the Division of Liver/Gastrointestinal Transplant at the University of Miami's Department of Surgery. His transplant program now performs more than 200 life-saving surgeries each year, and has achieved national recognition, due to the improved success rates of both liver and intestinal transplantation. With more than 18 peer-reviewed journal articles published in 2004, he is first author of the following report:

Tzakis AG, Tryphonopoulos P, Kato T, Nishida S, Levi DM, Madariaga JR, Gaynor JJ, De Faria W, Regev A, Esquenazi V, Weppler D, Ruiz P, Miller J. Preliminary experience with alemtuzumab (Campath-1H) and low-dose tacrolimus immunosuppression in adult liver transplantation. *Transplantation* 2004;77:1209-14.

Dr. Thomas R. Walek ('84) is in private practice in plastic surgery in Warwick, RI, and has also pursued his interest in hyperbaric medicine. He is a member of the Undersea and Hyperbaric Medical Society (UHMS), and is a certified diving medical examiner. He hopes to improve diver treatment and safety, especially for "technical" divers. The UHMS is the primary source of information for diving and hyperbaric medicine physiology worldwide. It was founded as the Undersea Medical Society in 1967 but in 1986 changed the name to Undersea and Hyperbaric Medical Society. The name change reflects the rapidly growing interest in hyperbaric oxygen physiology and therapy. The UHMS's purpose is to provide scientific information to protect the health of sport, military and commercial divers and to improve the scientific basis of hyperbaric oxygen therapy, promote sound treatment protocols and standards of practice and provide CME accreditation. A personal note: Dr. Walek is the proud father of a baby girl, Randall Lynn, his first, born last January.

Dr. Kelly M. James ('93), who practices general surgery in Independence, MO, is now medical director of the Independence Regional Health Center, a 363-bed acute-care facility.

Dr. Alex F. Argotte ('97), who practices general surgery in Mayfield, KY, is program director of bariatric surgery at Lourdes Hospital in Paducah, KY—a new program there.

[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**

Division Briefs

Cardiothoracic Surgery

Dr. Thomas V. Bilfinger, professor of clinical surgery, this spring presented two studies with Stony Brook colleagues:

1) Size-corrected PET SUV predicts nodal or distant metastases at presentation in NSLC [authors: Sachs S, Bilfinger TV]

2) SUV and clinical risk in determining likelihood of malignancy [authors: Sachs S, Bilfinger TV, Komaroff E, Liu J]

The first study was presented in June at the annual meeting of the American Society of Clinical Oncology, held in New Orleans; the second study was presented in May at the American Thoracic Society International Conference, held in Orlando.

General Surgery

*The Division of General Surgery, Trauma, Surgical Critical Care, and Burns welcomes **Dr. John Wang**, who replaces Dr. Lyudmila Pupkova as the **minimally invasive surgery fellow**. Dr. Wang comes to us from St. Peter's University Hospital in New Brunswick, NJ, where he also received additional training in advanced laparoscopy and minimally invasive surgery. From July 2002 to June 2003, Dr. Wang was the surgical critical care fellow at the University of Hawaii School of Medicine in Honolulu. He completed his surgical residency in June 2002 at St. Vincent's Catholic Medical Centers in Brooklyn and Queens, NY.*

Dr. Marc J. Shapiro, professor of surgery and anesthesiology, and chief of general surgery, trauma, surgical critical care, and burns, in October initiated Stony Brook's Mini-Med School lecture series with his lecture titled "The Trauma Surgeon, Intensivist, and President." Dr. Shapiro continues to lecture at professional meetings and at grand rounds throughout the country. Among the titles of recent lectures were "Resuscitating the Resuscitator," "Clot Busters," "Blunt Chest and Abdominal Trauma," "Abdominal Compartment Syndrome," "Managing Anemia in the Surgical Patient," and "Spectacular Cases in Trauma."

An active researcher, Dr. Shapiro is principal investigator in three clinical studies that have recently received grant support and funding:

A randomized, double-blind, placebo-controlled study to determine the efficacy and safety of epoetin alfa in critically ill subjects.

A prospective, randomized, multi-center study on the use of polymerized human hemoglobin (pyrioxylated) in seriously ill and injured patients.

Phase 3 study to compare the safety and efficacy of intravenous doripenem with meropenem in complicated abdominal infections.

Abstracts of studies published recently in the medical literature include:

Gallagher J, **Shapiro MJ**. Coagulation abnormalities in the postoperative ICU patient. *Crit Connect* (Soc Crit Care Med) 2004;3:3).

Maitra SR, Bhaduri S, El-Maghrabi MR, **Shapiro MJ**. Effect of hemorrhage and resuscitation on MMP-9 activity in liver. *Shock* 2004:21:406.

Mazuski JE, Carneghi L, Tolman K, **Shapiro MJ**, Long WE. CO14, but not LBP, modulates hepatocyte responses to LPS. *Surg Infect* 2004;5:109.

Otolaryngology-Head and Neck Surgery

*In August, the **residency program in otolaryngology received full accreditation** from the Accreditation Council for Graduate Medical Education. The ACGME is responsible for the accreditation of post-MD medical training programs within the United States. Accreditation is accomplished through a rigorous peer-review process, and is based upon established standards and guidelines. This achievement by our Division of Otolaryngology-Head and Neck Surgery represents the second successful review of the training program since its establishment in 1993. Since then, eight otolaryngology-head and neck surgeons have been trained at Stony Brook.*

Dr. Arnold E. Katz, professor of clinical surgery and chief of otolaryngology-head and neck surgery, was elected in March to **Alpha Omega Alpha Honor Medical Society**, the only national honor medical society in the world. Its *raison d'etre* is to recognize and perpetuate excellence in the medical profession. Its aims are the promotion of scholarship and research in medical schools, the encouragement of a high standard of character and conduct among medical students and graduates, and the recognition of high attainment in medical science, practice, and related fields. To fulfill its mission, it elects outstanding medical students, graduates, alumni, faculty, and honorary members to its ranks. Dr. Katz was nominated for membership by Stony Brook medical students, as a testimony to their high esteem of him as a teacher and physician.

Among Dr. Katz's recent presentations at professional meetings are:

Reconstruction of large facial defects after Mohs' surgery [authors: Katz AE, Grande DJ, Siegel DM]. American Academy of Otolaryngology-Head and Neck Surgery, New York, NY; September 2004.

The advancement rotation flap [authors: Wu J, Martinez R, Katz AE]. Annual Northeast Regional Course on the Latest Techniques on Soft Tissue Surgery, American Academy of Facial Plastic and Reconstructive Surgery and the University of Medicine and Dentistry of New Jersey, Newark, NJ; March 2004.

Radiation recall dermatitis [authors: Yoo MJ, Katz AE]. Eastern Section Meeting of the Triological Society, New York, NY; January 2004.

Last December, Dr. Katz was honored as the 2003 **Person of the Year in Religion** by the Port-Times Record, which maintains an annual tradition of honoring men and women of the local community

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who have contributed in a significant manner to its residents and institutions during the past year. Dr. Katz, who is interested in the beneficial effect of prayer and spirituality on healing, has in recent years served on the community-based panel for the local Festival of Film and Faith. His personal focus is on the religious and moral underpinnings of modern film.

Dr. Ghassan J. Samara, assistant professor of surgery, in January presented a study at the Triological Society Eastern Section Meeting in New York, NY:

DAP kinase promoter methylation in parotid squamous cell carcinoma [authors: Vasyukevich K, Chiarelli C, Lyubski S, Samara G]

Dr. Eric E. Smouha, associate professor of surgery and neurosurgery and director of otology-neurotology, in May was admitted to the prestigious **American Otological Society**. Membership is only open to fellows of the Triological Society, which requires proposal by senior members and submission of a thesis.

Dr. Smouha has recently made the following presentations at professional meetings:

Surgery of the inner ear with hearing preservation: experimental studies and therapeutic implications. Barany Society, Paris, France; July 2004.

The evolution of vertigo treatment from Prosper Meniere unitl the present. Annual Meeting of the Society for Clinical Neurologists, Vitrac, France; June 2004.

Conservative management of acoustic neuroma: a meta-analysis and proposed treatment algorithm. Annual Meeting of the North American Skull Base Society, New Orleans, LA; February 2004.

Matrix metalloproteinases in cholesteatoma: a non-invasive assay correlates with clinical invasiveness [authors: Smouha EE, Golub LM, Lee HS, Zucker S, Sorsa T]. Midwinter Research Meeting of the Association for Research in Otolaryngology, Daytona Beach, FL; January 2004.

Pediatric Surgery

Dr. Thomas K. Lee and **Dr. Richard J. Scriven**, both assistant professors of surgery, have recently performed the **first Nuss procedure** for sunken chest in Suffolk County. This newly developed minimally-invasive operation is used to treat pectus excavatum. It involves placement of a convex steel bar behind the chest depression using thoracoscopic visualization. The bar will be removed after two years, when permanent remolding of the chest has ocurred.

Dr. Scriven also used laparoscopy to perform a cholangiogram to rule out biliary atresia in a compromised young infant. Both doctors have recently excised difficult liver and adrenal tumors in small infants.

Drs. Lee and Scriven are authors of a study titled "Thromboembolic Incidence in Pediatric Trauma: Is Prophylaxis Needed?," an abstract/poster presentation for the annual scientific meeting of the Eastern Association for the Surgery of Trauma in Ft. Lauderdale, FL, in January 2005. Two surgical residents, Drs. Frank P. Lunati and Michelle C. Azu, and trauma support coordinator Jane E. McCormack, RN, are co-authors. Dr. Lee is senior author.

Surgical Oncology

Dr. Brian J. O'Hea, assistant professor of surgery and director of the Carol M. Baldwin Breast Care Center, spent much time in the community during October, as part of educational activity related to the observance of **National Breast Cancer Awareness Month**. On October 7, he was the special guest on WALK-FM radio's "WALK Breakfast Club" for a breast cancer awareness program during which he answered questions from callers about breast health. A week later, at a community program attended by more than 100 women, he gave the First Annual Breast Cancer Update Talk of the Ward Melville Heritage Organization, in Stony Brook, NY.

Other recent local talks include a lecture to healthcare professionals in October for the Long Island Radiologic Society, and a community lecture in September at the Wang Center on Stony Brook's campus, titled "What Every Woman Wants to Know about Cancer Prevention, Screening, and Early Detection." In October, he took part in another community outreach function—"Day of Hope and Renewal"—of the South Fork Breast Cancer Coalition, in Water Mill, NY.

"RESHAPING FACE, PIECE BY PIECE: *Surgeons detail how they worked for eight hours to rebuild caved-in face of LI woman hit with turkey tossed through her windshield."*

"The plates will lock the bones in the right place, and they should heal," Kadkade said. "As long as we were able to get the bones in the right orientation, once the swelling goes down, she will look pretty much the same."

—*Newsday*, November 24, 2004

Dr. Maisie L. Shindo, associate professor of surgery and director of head and neck oncology, and **Dr. Prajoy P. Kadkade**, assistant professor of surgery, made local and national news in November for their care of the victim of a bizarre traffic crime. Dr. Shindo initially evaluated and cared for her acute facial and neck injuries. Dr. Kadkade subsequently performed dramatic facial reconstruction to rebuild her broken facial bones.

Victoria Ruvolo, 44, of Lake Ronkonkoma, NY, suffered massive head and facial injuries when a teenager threw a turkey through her windshield. The way she was injured generated much interest in the progress of her recovery, as well as the complex operation performed at University Hospital by our otolaryngology-head and neck surgery team.

National Breast Cancer Awareness Month is dedicated to increasing awareness of breast cancer issues, especially the importance of early detection. It works through a nationwide education campaign aimed at the general public, state and federal governments, healthcare professionals, employers, and women of all ages and ethnic groups.

In July, Dr. O'Hea was co-chair of the **2004 Carol M. Baldwin Breast Cancer Research Fund's Annual Celebrity Golf Outing**, which took place at the Nissequogue Golf Club in St. James, NY, and raised nearly $90,000 to benefit researchers investigating the causes, prevention, and treatment of breast cancer.

Dr. David E. Rivadeneira, assistant professor of surgery, has been nominated to the American Society of Colon and Rectal Surgeons Awards Committee; his term runs until 2007.

In May, Dr. Rivadeneira was course director of the **Hand-Assisted Laparoscopic Colon and Rectal Workshop** at Stony Brook. This course teaches surgeons to become acquainted with laparoscopic colon and rectal surgery. Attending were 12 surgeons from all over the region, including the local area, upstate, and Philadelphia. The course utilizes a hands-on approach with human cadavers. Another workshop took place here in November.

In November, Dr. Rivadeneira was a featured lecturer in Stony Brook's Mini-Med School program, and discussed how colorectal cancer can be prevented, and new advances for diagnosis and treatment that benefit patients. In September, he gave a community lecture on colorectal cancer awareness at the Wang Center as part of the community education program, "What Every Woman Wants to Know about Cancer Prevention, Screening, and Early Detection," jointly sponsored by the Long Island Cancer Center and the Times Beacon Record Newspapers.

Transplantation

Dr. Kazimierz Malinowski, research associate professor of surgery and director of the histocompatibility and immunogenetics laboratory, has recently been invited to serve on the board of directors of the **Research Corporation of Long Island** established in 1992 to support biomedical research programs and work-related training for staff at the Northport Veterans Affairs Medical Center and other VA healthcare facilities.

Vascular Surgery

Dr. Enrique Criado, associate professor of surgery and chief of vascular surgery, has made several presentations at professional meetings in recent months:

Transcervical carotid angioplasty with carotid flow reversal: preliminary results [author: Criado E]. Annual Congress of the Spanish National Society for Vascular Surgery, Barcelona, Spain; June 2004.

Transcervical carotid angioplasty and stenting (CAS) with carotid artery flow reversal: feasibility and preliminary results [authors: Criado E, Doblas M, Orgaz A, Fontcuberta J, Flores A, Gasparis A, Ricotta J]. Annual Meeting of the Eastern Vascular Surgery Society, Philadelphia, PA; May 2004.

Cerebral protection during carotid angioplasty: why, when, and how [author: Criado E]. Carotid Angioplasty Symposium. Complejo Hospitalario de Toledo, Toledo, Spain; April 2004.

Neurological tolerance to internal carotid artery flow reversal during carotid artery stenting [authors: Wall LP, Criado E]. Annual Meeting of the Association of Program Directors in Vascular Surgery, Bethesda, MD; April 2004.

Dr. Antonios P. Gasparis, assistant professor of surgery, is the first author of the following two studies conducted with members of our vascular team and presented at professional meetings:

Long-term results of percutaneous thrombin injection for the treatment of iatrogenic pseudoaneurysms [authors: Gasparis A, Wall P, Criado E, Ricotta J]. Society for Clinical Vascular Surgery Annual Symposium on Vascular Surgery, Rancho Mirage, CA; March 2004.

Prevention of pulmonary embolism following angiojet thrombectomy of deep vein trombosis with temporary inferior vena cava filter [authors: Gasparis A, Silva M, Ricotta J, Criado E, Wall P]. Annual Meeting of the American Venous Forum, Kissimmee, FL; February 2004.

Dr. John J. Ricotta, professor and chairman of surgery, has again been cited as a "**doctor of excellence**" in *New York Magazine*'s "How to Find the Best Doctors," published on June 30, 2004, and will also be featured in the next edition of Castle Connolly's *Top Doctors: New York Metro Area*.

Dr. Ricotta, previously a member of the Vascular Surgery Board, has been named a **director of the American Board of Surgery** (ABS). These boards are responsible for the evaluation and certification of surgeons in vascular surgery and general surgery, respectively. Members of the ABS board of directors are elected from among nominees provided by the ABS's nominating organizations, and are distinguished surgeons in education, research, and practice in the United States.

In the April issue of the *Journal of the American College of Surgeons*, Dr. Ricotta published a special review article, "What's New in Vascular Surgery." This invited piece is part of a series called "What's New in Surgery" that has evolved from the contributions of leaders in each of the fields of surgery. In every instance the author is designated by the appropriate Council from the American College of Surgeons' Advisory Councils for the Surgical Specialties.

Surgical Speakers Bureau

In keeping with Stony Brook's commitment to community service, the faculty members of the Department of Surgery are available to present lectures to health professionals on a range of topics related to those surgical areas in which they have special expertise:

Burn Care (631) 444-1045

Speaker:
John S. Brebbia, MD
Topics:
Burn care
Cultured autologous skin grafting

Cardiothoracic Surgery (631) 444-1095

Speakers:
Irvin B. Krukenkamp, MD
Thomas V. Bilfinger, MD, ScD
Allison J. McLarty, MD
Frank C. Seifert, MD
Topics:
Automatic implantable cardioverter-defibrillators
Lung volume reduction surgery
Maze operation for arrhythmias
Minimally invasive heart surgery
Transmyocardial revascularization

General Surgery (631) 444-1045

Speakers:
Marc J. Shapiro, MD
John S. Brebbia, MD
Marvin L. Corman, MD
David E. Rivadeneira, MD
James A. Vosswinkel, MD
Kevin T. Watkins, MD
Topics:
Acute abdomen
Acute acalculous cholecystitis
Advanced laparoscopic surgery
Bariatric surgery
General surgical problems
Hemorrhoid surgery
Laparoscopy—minimally invasive surgery
Methods to close the open abdomen
Minimally invasive approaches to GERD
Secca procedure for bowel incontinence
Surgical problems in the medical ICU

Otolaryngology-Head and Neck Surgery (631) 444-3993

Speakers:
Arnold E. Katz, MD
Prajoy P. Kadkade, MD
Denise C. Monte, MD
Ghassan J. Samara, MD
Maisie L. Shindo, MD
Eric E. Smouha, MD
Topics:
Acoustic neuroma
Cochlear implant surgery
Facial reanimation surgery
Facial reconstruction
Head and neck cancers, tumors and masses
Hearing loss
Minimally invasive parathyroidectomy
Otitis media and cholesteatoma
Thyroid and parathyroid problems
Vertigo

Pediatric Surgery (631) 444-7950

Speakers:
Cedric J. Priebe, Jr., MD
Thomas K. Lee, MD
Richard J. Scriven, MD
Topics:
Acute abdomen in children
Alimentary tract anomalies
Burn care in children
Chest wall deformity
Congenital diaphragmatic hernia
Empty scrotum
Intestinal obstruction in the newborn
Liver/biliary disorders in children
Management of empyema
Management of Hirschsprung's disease
Minimally invasive surgery in children
Neck masses in children

Plastic and Reconstructive Surgery (631) 444-8210

Speakers:
Alexander B. Dagum, MD
Balvant P. Arora, MD
Duc T. Bui, MD
Steven M. Katz, MD
Topics:
Anti-aging
Breast reconstruction
Burn reconstruction
Cleft lip/palate surgery
Craniofacial surgery
Cosmetic surgery
Eyelid reconstruction
Face lift
Facial reconstruction
Hand surgery
Microsurgery
Rhinoplasty
Skin cancer

Surgical Oncology (631) 444-1793

Speakers:
Martin J. Karpeh, Jr., MD
Martyn W. Burk, MD, PhD
Marvin L. Corman, MD
Louis T. Merriam, MD
Brian J. O'Hea, MD
David E. Rivadeneira, MD
Topics:
Ablative therapies for the treatment of liver cancer
Breast cancer/surgery
Breast conservation
Colon cancer
Colonoscopy
Diverticulitis
Esophageal cancer and surgery
Gastrointestinal cancers
Hepatoma
Ileal pouch anal anastomosis or restorative
Inheritable breast cancer
Laparoscopic colon/liver surgery
Laparoscopic staging in GI cancers
Lumpectomy
Melanoma
Metastases
Minimally invasive resection
Minimally invasive surgery for colon/liver
Minimally invasive therapies for stomach and esophageal cancers
Pancreatic cancer
Pancreatic liver cancer
Proctocolectomy (Park's procedure)
Retroperitoneal tumors
Soft tissue sarcomas
Stomach cancer
Rectal cancer
Sentinel lymph node management
Stricturoplasty
Tumors of the liver

Trauma/Surgical Critical Care (631) 444-1045

Speakers:
Marc J. Shapiro, MD
John S. Brebbia, MD
James A. Vosswinkel, MD
Topics:
ABC's of trauma management
Abdominal compartment syndrome
Abdominal trauma
Acute spinal injury
Alternatives to transfusion
Anemia in the ICU
Antibiotic use and resistant organisms
Chest trauma
Critical care in the new millennium
Evolution of gram-positive resistant organisms
Fluid and electrolytes
Nutrition in the critically ill
Pathophysiology of ARDS
Pelvic fractures
Percutaneous tracheostomy at the bedside
Pregnancy and trauma
Public health and the law
Resuscitating the resuscitator
Shock
Spectacular cases in trauma
Surgical catastrophes in the ICU

Vascular Surgery (631) 444-1279

Speakers:
Enrique Criado, MD
Antonios P. Gasparis, MD
Cheng H. Lo, MD
John J. Ricotta, MD
Topics:
Angioplasty
Aortic aneurysms
Carotid artery angioplasty
Carotid endarterectomy and CABG
Chronic venous insufficiency
Endoscopic treatment of severe hand and axillary hyperhidrosis
Endovascular surgery
Endovascular treatment of aortic aneurysms
Endovascular treatment of peripheral aneurysms
Limb salvage surgery
Minimally invasive vascular interventions
Surgery for stroke prevention
Treatment of claudication
Treatment of diabetic vascular disease
Treatment of peripheral vascular disease

Thyroid Nodules and Cancer

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TIME TO SEE OUR SPECIALIST

Patients who need surgery are usually referred to a surgical specialist like Maisie L. Shindo, MD, associate professor of surgery and director of head and neck oncology. Dr. Shindo has extensive experience in thyroid surgery.

Since thyroid cancers are highly curable, it is extremely important for the patient to undergo proper treatment and close follow-up. The initial treatment for most thyroid cancers is removal of the thyroid gland, and sometimes removal of lymph nodes that may contain metastatic cancer (cancer cells that have escaped from where they first arose and spread to other areas, such as lymph nodes).

In the hands of an experienced surgeon, this procedure can be accomplished with a low risk of complications and a short, overnight hospital stay. Depending on the type and extent of the cancer, some patients may require treatment with radioactive iodine after surgery. Also essential is close follow-up by the patient's endocrinologist for tumor surveillance and regulation of the thyroid hormone.

Dr. Shindo takes a multidisciplinary approach to providing care for patients with thyroid cancer. The team of physicians consists of the surgeon, endocrinologists, and radiation oncologists who administer radioactive iodine therapy. Management decisions are often made jointly among the team members.

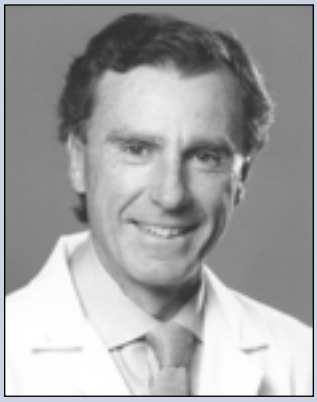
At Stony Brook University Hospital, such a team approach has ensured long-term successful outcomes for our patients with thyroid cancer.

For consultations/ appointments with Dr. Shindo, please call (631) 444-4121.

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.uhmc.sunysb.edu/surgery



Dr. Enrique Criado

MD: Universidad Complutense School of Medicine (Madrid, 1978).
Residency Training: General Surgery, University of North Carolina at Chapel Hill.
Fellowship Training: Vascular Surgery, University of North Carolina at Chapel Hill.
Board Certification: Vascular Surgery; Surgery.
Specialties: Minimally invasive endovascular surgery; management of carotid disease, aortic aneurysms, and venous disease; surgery for stroke prevention (carotid endarterectomy and carotid angioplasty) and for the treatment of hypertension; lower extremity vascular reconstruction; limb salvage; surgery for diabetic foot ulcers; dialysis access.
Additional: Chief of Vascular Surgery, Stony Brook University Hospital; Fellow, American College of Surgeons (FACS); see selected recent publications (click here for online abstracts/full text of journal articles via National Library of Medicine).
Languages Spoken: English; Spanish; Italian.
Consultations/Appointments: 631-444-2565.

Recent Publications

continued from Page 7

Miner TJ, Jaques DP, **Karpeh MS**, Brennan MF. Defining palliative surgery in patients receiving noncurative resections for gastric cancer. *J Am Coll Surg* 2004;198:1013-21.

Miner TJ, **Karpeh MS**. Gastrectomy for gastric cancer: defining critical elements of patient selection and outcome assessment. *Surg Oncol Clin N Am* 2004;13:455-66, viii.

Mirza H, Patel P, Suresh K, **Krukenkamp I**, Lawson WE. HIV disease and an atherosclerotic ascending aortic aneurysm. *Rev Cardiovasc Med* 2004;5:176-81.

Ricotta JJ. What's new in vascular surgery. *J Am Coll Surg* 2004;198:600-25.

Rivadeneira DE, Marcello PW, Roberts PL, Rusin LC, Murray JJ, Coller JA, Schoetz DJ Jr. Benefits of hand-assisted laparoscopic restorative proctocolectomy: a comparative study. *Dis Colon Rectum* 2004;47:1371-6.

Rizk NP, Bach PB, Schrag D, Bains MS, Turnbull AD, **Karpeh M**, Brennan MF, Rusch VW. The impact of complications on outcomes after resection for esophageal and gastro-esophageal junction carcinoma. *J Am Coll Surg* 2004;198:42-50.

Sachs S, **Bilfinger TV**, Komaroff E, Liu J. SUV and clinical risk in determining likelihood of malignancy. *Am J Respir Crit Care Med* 2004;169:A753.

Samara GJ, Lawrence DM, Chiarelli CJ, Valentino MD, Lyubsky S, Zucker S, Vaday GG. CXCR4-mediated adhesion and MMP-9 secretion in head and neck squamous cell carcinoma. *Cancer Lett* 2004;214:231-41.

Samara GJ, Schaffner AD, Eisenstat J, Nguyen HL. The effects of the plasminogen pathway on scar tissue formation. *Laryngoscope* 2004;114:46-9.

Sarela AI, Brennan MF, **Karpeh MS**, Klimstra D, Conlon KC. Adenocarcinoma of the duodenum: importance of accurate lymph node staging and similarity in outcome to gastric cancer. *Ann Surg Oncol* 2004;11:380-6.

Scott BH, Ippolito AJ, **Krukenkamp IB**. Damage to pulmonary artery catheter during transmyocardial laser revascularization. *Anesth Analg* 2004;98:614-6.

Shapiro MJ. To filter blood or universal leukoreduction: what is the answer? *Crit Care* 2004;8(Suppl 2):S27-30.

Shindo M. Intraoperative rapid parathyroid hormone monitoring in parathyroid surgery. *Otolaryngol Clin North Am* 2004;37:779-87, ix.

Sibony P, **Shindo M**. Orbital osteoma with gaze-evoked amaurosis. *Arch Ophthalmol* 2004;122:788.

Singer AJ, McClain SA, **Katz A**. A porcine epistaxis model: hemostatic effects of octylcyanoacrylate. *Otolaryngol Head Neck Surg* 2004;130:553-7.

Smouha EE, Golub LM, Lee HS, Zucker S, Sorsa T. Matrix metalloproteinases in cholesteatoma: a non-invasive assay correlates with clinical invasiveness. In: Santi PA, editor. *Abstracts of the Association for Research in Otolaryngology* 2004;27:8-9.

Smouha EE, Yoo M, Mohr K, Davis RP. Conservative management of acoustic neuroma: a meta-analysis and proposed treatment algorithm. *Skull Base* 2004;14(Suppl 1):7.

Stefano GB, Zhu W, Cadet P, **Bilfinger TV**, Mantione K. Morphine enhances nitric oxide release in the mammalian gastrointestinal tract via the micro(3) opiate receptor subtype: a hormonal role for endogenous morphine. *J Physiol Pharmacol* 2004;55(1 Pt 2):279-88.

Szema AM, **Monte DC**. Nasal polyposis: what every chest physician needs to know. *Pulmon Crit Care Update* (Am Coll Chest Phys) 2003;17:www.chestnet.org.

Wall LP, **Gasparis A**, Callahan S, Van Bemmelen P, **Criado E**, **Ricotta J**. Impaired hyperemic response is predictive of early access failure. *Ann Vasc Surg* 2004;18:167-71.

Weitz J, Jaques DP, Brennan M, **Karpeh M**. Association of splenectomy with postoperative complications in patients with proximal gastric and gastroesophageal junction cancer. *Ann Surg Oncol* 2004;11:682-9.

Yoon SS, Coit DG, Portlock CS, **Karpeh MS**. The diminishing role of surgery in the treatment of gastric lymphoma. *Ann Surg* 2004;240:28-37.

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