Stony Brook Medicine

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POST-OP

News update from the Department of Surgery

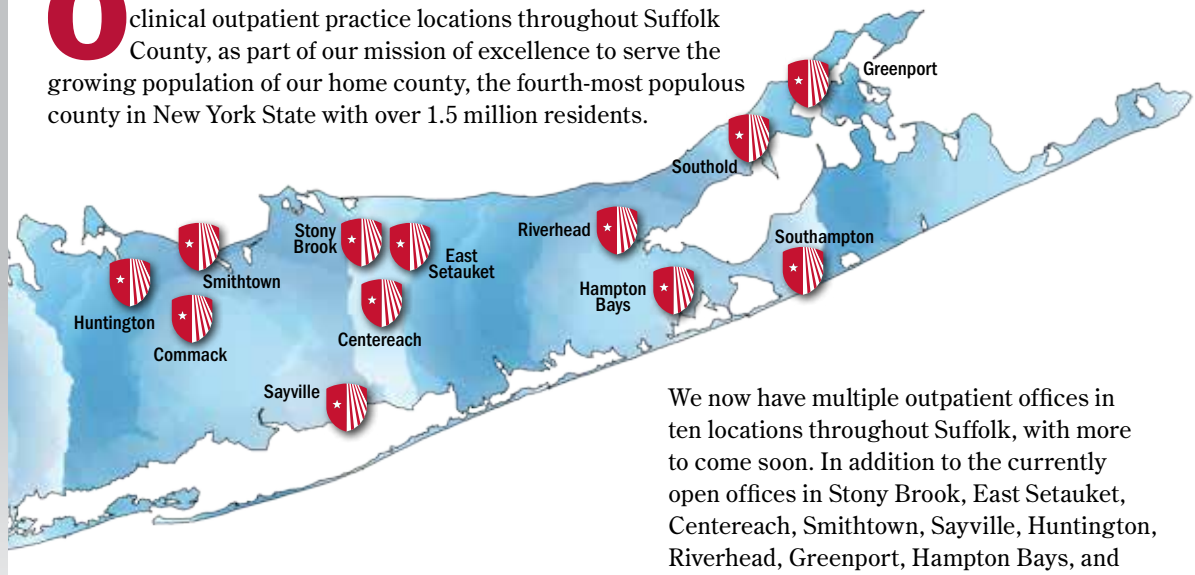
Stony Brook University School of Medicine

IN THIS ISSUE . . .

Stony Brook Surgical Associates Is on the Move

New and Expanded Practice Locations throughout Suffolk County

Our big news is that we are energetically expanding our clinical outpatient practice locations throughout Suffolk County, as part of our mission of excellence to serve the growing population of our home county, the fourth-most populous county in New York State with over 1.5 million residents.



The Department of Surgery has been in the forefront of Stony Brook Medicine's recent affiliation agreements with Southampton Hospital in Southampton and Eastern Long Island Hospital in Greenport, which will expand the inpatient surgical capabilities in these institutions, offering patients on the East End of Long Island high-quality surgical care close to home.

We now have multiple outpatient offices in ten locations throughout Suffolk, with more to come soon. In addition to the currently open offices in Stony Brook, East Setauket, Centereach, Smithtown, Sayville, Huntington, Riverhead, Greenport, Hampton Bays, and Southampton, the department is preparing to open new practice locations in Commack and Southold.

Our Commack office is scheduled to open in March of next year, and our Southold office is scheduled to open in January of next year.

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New Bariatric and Metabolic Weight Loss Center Opens

Offering More Choices for Weight Loss; Directed by National Leader in Bariatrics

We are very pleased to announce the opening of our new Bariatric and Metabolic Weight Loss Center at Nicolls Professional Park on South Howell Avenue in Centereach.

The new, custom-designed, 2,850-square-foot facility will accommodate the growing practice of our Bariatric, Foregut, and Advanced Gastrointestinal Surgery Division.

With the opening of the center, the team welcomed two new members of the center's multidisciplinary team, bariatric medicine specialist Alice Greene, MD, and dietitian Megan Bennett, RD.

"We're pleased to offer patients a facility created specifically for their needs, as well as programs and services delivered by leaders in the field," says the center's director, Aurora D. Pryor, MD, professor of surgery and chief of bariatric, foregut, and advanced gastrointestinal surgery.

"Whether you're struggling to lose 30 pounds, 50 pounds, 100 pounds, or more, we have the strategies you need to achieve a healthy weight."

This new center will enable more patients in the region to access this gem of a service in a "one stop" clinical environment that is attractive, uplifting, and efficient.

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New Bariatric and Metabolic Weight Loss Center Opens

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Patients can expect a full comprehensive weight loss care center including pre- and post-surgical care and medical management, diet and nutritional counseling, fitness and exercise coaching, cognitive behavioral therapy and mental health support, and group educational seminars.

The team at the Bariatric and Metabolic Weight Loss Center offers the best in advanced surgical and non-surgical weight loss procedures and treatment.

"Stony Brook Medicine has one of the top Bariatric Surgery Units in the country, led by Dr. Aurora Pryor who is a national authority in the area of bariatrics and a spectacular surgeon," says Mark A. Talamini, MD, professor and chairman of surgery and chief of surgical services at Stony Brook Medicine.

"This new center will enable more patients in the region to access this gem of a service in a 'one stop' clinical environment that is attractive, uplifting, and efficient, and offers the most advanced treatments in weight loss surgery."

Among the newest advances available are the Orbera and Obalon gastric balloons, which both recently gained FDA approval. They are geared to patients seeking to lose 30 to 50 pounds.

The Orbera procedure, for instance, is a non-surgical procedure that involves a balloon placed in the patient's stomach endoscopically and filled with saline solution. Removed after six months, the balloon makes portion control easier. A 12-month customized diet and exercise program help ensure that new habits stick.

"There's no incision, no downtime and minimal risk," says Dr. Pryor. The device has had 20 years of successful use internationally. It is not currently covered by most insurance plans.

"There are many reasons to seek a healthy weight, and at Stony Brook, equally as many tools to help you reach your goals," says Dr. Pryor. Procedures offered at Stony Brook include sleeve gastrectomy, Roux-en-Y gastric bypass, adjustable gastric banding, duodenal switch, revisional surgeries, intragastric balloons, V-bloc vagus nerve stimulator, and other novel devices.

A healthy weight means better health overall. "With weight loss, many health problems improve or disappear," says Dr. Pryor, "including type 2 diabetes; high blood pressure; joint pain; high cholesterol; sleep apnea; depression; gout; pancreatitis; infertility; sexual health issues; and for women, polycystic ovary syndrome (PCOS)."

PHOTO: BOB GIGLIONE

Multidisciplinary team of the Bariatric and Metabolic Weight Loss Center: (left to right) Catherine Tuppo, PT, MS, program coordinator and physical therapist; Darragh Herlihy, ANP, nurse practitioner; Andrew Bates, MD, bariatric and gastrointestinal surgeon; Kathryn Cottell, MS, RD, CDN, CDE, bariatric dietitian/nutritionist; Aurora Pryor, MD, chief of bariatric, foregut and advanced gastrointestinal surgery, and director of Bariatric and Metabolic Weight Loss Center; Megan Bennett, RD, bariatric dietitian/nutritionist; Genna Hymowitz Popovich PhD, psychologist; Alice Greene, MD, bariatric medicine specialist.

Research has proven that bariatric surgery patients also have a lower risk for stroke, cancer, and pregnancy complications. And then there are the personal and lifestyle benefits—looking better, feeling better, and having more energy to devote to work, fun, and family.

Our Bariatric, Foregut, and Advanced Gastrointestinal Surgery Division's success is reflected in its outcomes—which are among the best nationally—and in its national accreditation.

Stony Brook has earned the highest level of accreditation for the broadest range of procedures and patients through the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP), the only accreditation program recognized by the American College of Surgeons and the American Society for Metabolic and Bariatric Surgery.

MBSAQIP accreditation demonstrates our Bariatric and Metabolic Weight Loss Center's commitment to delivering the highest-quality care for bariatric surgery patients.

To earn MBSAQIP accreditation, Stony Brook University Hospital met the essential criteria that ensure its ability to support a bariatric surgical care program and measure up to the institutional performance requirements outlined by the MBSAQIP accreditation standards.

The Stony Brook Medicine Bariatric and Metabolic Weight Loss Center was the first MBSAQIP-accredited comprehensive bariatric center in our community.

PHOTO: KRISTY LEIBOWITZ

Dr. Aurora D. Pryor, Chief of Bariatric, Foregut, and Advanced Gastrointestinal Surgery, and Director of the Bariatric and Metabolic Weight Loss Center.

For consultations/appointments with our bariatric specialists, please call (631) 444-BARI (2274).

In the United States, more than 15 million people suffer from severe obesity, and the numbers continue to increase. Obesity increases the risks of morbidity and mortality because of the diseases and conditions that are commonly associated with it, such as type 2 diabetes, hypertension, and cardiovascular disease, among other health risks.

At present, weight loss surgery provides the only effective, lasting relief from severe obesity.

Therefore, the American College of Surgeons believes it is of utmost importance to extend its quality initiatives to accrediting bariatric surgery centers so that it can assist the public in identifying those facilities that provide optimal surgical care for patients who undergo this surgical procedure.

Chairman's Message

PHOTO: JEANNE NEVILLE

Dr. Mark A. Talamini

Welcome to the latest issue of POST-OP, our newsletter regarding developments in the Department of Surgery at Stony Brook.

The articles here all reflect important developments and the evolution of Stony Brook Surgery as Suffolk County's only academic department of surgery.

A common thread is the developing countywide influence of the department.

Our new outpatient center in Centereach represents a new model for Stony Brook Medicine, one in which our patients enjoy a convenient location and efficient service in a beautiful setting.

Our trauma team, one of the very best in the country, is assisting other hospitals in the region to modify their trauma programs to meet the American College of Surgeons standards for trauma certification.

We have surgeons from the department working both on the North Fork and the South Fork of Long Island.

As these relationships develop, and programs involved, we are excited about rolling up our sleeves to assist in the surgical care of the people of Suffolk County.

Mark A Talamini

Mark A. Talamini, MD
Professor and Chairman of Surgery
Chief, Surgical Services, Stony Brook Medicine

Stony Brook Surgical Associates Is on the Move

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Together, our numerous outpatient offices throughout Suffolk will make it easy for patients to gain quick access to the Stony Brook Medicine system for all types of surgical care without a need for travelling to Stony Brook University Hospital.

Commenting on the department's current expansion of our clinical services at hospitals on the East End, Apostolos K. Tassiopoulos, MD, professor of surgery and chief of vascular and endovascular surgery, says:

"Our surgeons will be able to perform a number of routine and moderate severity procedures locally, in both Southampton Hospital and Eastern Long Island Hospital, making it an easier and more comfortable experience for both patients and families, and keeping the patient's primary care physicians actively involved throughout their perioperative care."

Mark A. Talamini, MD, professor and chairman of surgery and chief of surgical services at Stony Brook Medicine, says:

"We are excited about our current expansion. It reflects our commitment to bringing the excellence and innovation of Stony Brook Surgery outside of the walls of the main hospital and into the community. In this activity we are committed to working with community physicians and surgeons for the health of Suffolk County residents."

For the addresses and phone/fax numbers of all our practice locations, please see page 19.

Selected Recent Publications*

Almassi GH, Carr BM, Bishawi M, **Shroyer AL**, Quin JA, Hattler B, Wagner TH, Collins JF, Ravichandran P, Cleveland JC, Grover FL, Bakaeen FG; Veterans Affairs #517 Randomized On/Off Bypass (ROOBY) Study Group. Resident versus attending surgeon graft patency and clinical outcomes in on- versus off-pump coronary artery bypass surgery. *J Thorac Cardiovasc Surg* 2015;150:1428-37.

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* The names of faculty authors appear in boldface.

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Treating HPV-Positive Oropharynx Cancer With Minimally Invasive Robotic Surgery

Using the Latest Technology to Give Patients The Best Possible Care with Less Cutting

PHOTO: JEANNE NEVILLE

Dr. Lukasz Czerwonka (left) and Dr. Ghassan J. Samara.

Over the past couple of decades, while the incidence of most head and neck cancers has been falling, oropharynx cancer in the United States has reached epidemic rates, with a 225% increase between 1988 and 2004 and continued increases to date.

The oropharynx cancer so widespread today, however, is different from the classic oropharynx malignancy seen in people who smoked or drank heavily.

Now the most prevalent form—currently three out of four cases—is human papillomavirus-positive (HPV+) oropharynx squamous cell carcinoma (OPSCC).

OPSCC refers to cancer in the part of the throat just behind the mouth; more technically, cancer of the tonsil, base and posterior one third of the tongue, soft palate, and posterior and lateral pharyngeal walls. Squamous cell carcinoma comprises over 95% of oropharyngeal cancers.

Both men and women can get HPV+ oropharynx cancers, though more males in their 50s, 60s, or 70s are seen.

The oropharynx cancer so widespread today is different from the classic oropharynx malignancy seen in people who smoked or drank heavily.

Most do not have a history of smoking or alcohol abuse, and there is sometimes an association with having had multiple sexual partners. Patients were likely infected many years ago with HPV through sexual activity.

The virus can remain latent for decades and then, for some people, eventually lead to HPV+ cancer of the oropharynx.

"Unfortunately there's no screening test like the pap smear for HPV+ oropharynx cancer," explains head and neck cancer surgeon Lukasz Czerwonka, MD, assistant professor of surgery and member of our Otolaryngology-Head and Neck Surgery Division.

"With HPV infection of the oropharynx, the initial tumor is often too tiny to see, so the cancer isn't caught until it's metastasized."

HOW PATIENTS BENEFIT FROM OUR ROBOTIC PROGRAM

Surgery is often the first line of treatment for oropharynx disease, and at Stony Brook, 90% or more of HPV+ OPSCC surgeries are trans-oral robotic-assisted procedures.

Ghassan J. Samara, MD, associate professor of surgery, and leader of the Stony Brook Cancer Center's Head and Neck, Thyroid Oncology Management Team, explains:

"Robotic-assisted surgery has really revolutionized the treatment of oropharynx carcinoma. Tumors that used to be very debilitating to remove can now be resected almost entirely between the teeth, often with no external incisions and less trauma to other structures."

Dr. Samara in 2011 was the first surgeon on Long Island to perform trans-oral robotic-assisted procedures.

Trans-oral robotic-assisted procedures give the surgeon access to areas they normally can't reach without major trauma.

Robotic-assisted procedures can allow complete and more precise removal of tumors with fewer side effects, possibly fewer or no adjuvant therapies, and shorter or no hospital stays.

If the tumor is too large to be resected completely with robotic-assisted surgery, sometimes a minimally invasive technique that combines robotic-assisted and conventional surgery may be used.

Robotic-assisted procedures give the surgeon access to areas they normally can't reach without major trauma.

For example, to visualize the base of the tongue and resect a tumor, a surgeon using a conventional open technique has to split the lip and mandible, which then need to be repaired with major surgery.

Using a robotic-assisted approach, the surgeon can reach the tumor, visualize it under very high magnification, and resect it with very close margins.

For patients whose cancers are not resectable by robotic-assisted surgery, conventional open surgeries with free-flap reconstructions are used.

For consultations/appointments with our head and neck surgery specialists, please call (631) 444-4121.

Some facts about HPV+ oropharynx cancer:

- **HPV+ oropharynx cancer is so widespread that it is predicted to outnumber cervical cancer from HPV by the year 2020.**
- **Patients with HPV+ OPSCC—even those who present with more advanced disease—experience significantly better outcomes than patients with HPV-negative OPSCC.**
- **The cure rate for HPV-related oral cancer is close to 90%.**
- **Once diagnosed, optimal results are obtained through multidisciplinary care by evaluating and combining surgery, radiation, and chemotherapy, which are tailored to the tumor stage and the patient's functional status.**

Introducing New Faculty

We are very pleased to announce that the following physicians have joined our faculty:

PHOTO: JEANNE NEVILLE

Dr. Neeta D. Chaudhary
Intensivist & Trauma Surgeon

Neeta D. Chaudhary, MD, PhD, has joined our faculty as an assistant professor of surgery in the Trauma, Emergency Surgery, and Surgical Critical Care Division.

A 2011 graduate of our residency program in general surgery, Dr. Chaudhary returns to Stony Brook after practicing at Stamford Hospital in Stamford, CT. That position followed her fellowship training in acute care surgery at Vanderbilt University in Nashville, TN.

Here at Stony Brook, Dr. Chaudhary's practice will be mainly hospital based, encompassing trauma surgery, surgical critical care, and emergency general surgery.

Dr. Chaudhary has a strong commitment to fostering an interdisciplinary team-based approach to clinical care, evidence-based process improvement initiatives, basic and clinical research, community outreach in trauma care, as well as didactic and bedside education for providers in multiple clinical areas of practice and at all levels of training.

Dr. Chaudhary earned her MD at the University at Buffalo, graduating in 2006. During her medical training, she also earned her PhD, doing research at the Roswell Park Cancer Institute in the Department of Molecular Pharmacology and Cancer Therapeutics.

Her undergraduate studies at Villanova University embraced both science and the humanities, as she received both BS and BA degrees, double majoring in biology and French, respectively. After Villanova, she earned her MS at Roswell Park.

In 2012, Dr. Chaudhary became board certified in both general surgery and surgical critical care. Now with us again, we know she will contribute significantly as a clinician, teacher, and scientist.

PHOTO: JEANNE NEVILLE

Dr. Vinay M. Tak
Cardiothoracic Surgeon

Vinay M. Tak, MD, has joined our faculty as an associate professor of surgery in the Cardiothoracic Surgery Division.

Dr. Tak comes to Stony Brook Medicine from SUNY Downstate Medical Center, where he served as chief of the Cardiothoracic Surgery Division since 2013 (he was appointed interim chief in 2009).

Dr. Tak performs the entire spectrum of cardiac surgical operations, including coronary artery surgery, valve repairs and surgery for atrial fibrillation, and complex adult cardiac surgery.

He also performs all major general thoracic operations, including lung surgery for cancer and benign conditions, pleural and mediastinal diseases, minimally invasive and video-assisted surgery for axillary and palmar hyperhidrosis, and thoracic splanchnicectomy for chronic pain.

Dr. Tak completed his MD education (1983) as well as his general surgery and cardiothoracic surgery training at prestigious institutions in Calcutta, India. He then trained in the United Kingdom for four years. He also acquired the Fellowship of the Royal College of Surgeons (FRCS) of Edinburgh.

He then worked as a fellow for two years at the Heart Institute at St. Vincent's Hospital in Portland, OR, under the direction of Dr. Albert Starr, the noted cardiovascular surgeon who invented the Starr heart valve.

After this fellowship, he completed a general surgery residency at New York Hospital of Queens in New York, and a cardiothoracic surgery residency at St. Louis University in St. Louis, MO. He subsequently gained board certification in both general surgery and cardiothoracic surgery.

In 2007, Dr. Tak joined the faculty at SUNY Downstate, where he elevated cardiothoracic surgery to a new level of excellence.

In addition to patient care, Dr. Tak has a keen interest in surgical education and clinical research. He will certainly contribute much to our missions of excellence here at Stony Brook.

For our multiple practice locations and the phone numbers to call for appointments/consultations with our physicians, please see pages 19-20.

Meet Our New Cardiothoracic Surgeons and Division Chief

Rising Stars from Mount Sinai Health System Joining Our Cardiothoracic Surgery Team

Our new chief of cardiothoracic surgery Joanna Chikwe, MD, and cardiothoracic surgeon Henry J. Tannous, MD, joined our faculty on September 1. They come to Stony Brook from the Icahn School of Medicine at Mount Sinai Health System, where they both held leadership positions.

PHOTO: JOHN GRIFFIN

Dr. Chikwe's primary focus is aortic and mitral valve reconstruction, coronary revascularization, and minimally invasive cardiac surgery. She has particular experience in mitral valve repair, and will be involved in the transcatheter valve replacement program (TAVR) at the Stony Brook Heart Institute. She will also lead our investigative efforts advancing our understanding of the origins of valvular heart disease, and the optimal approach to preventing it and treating our patients.

Dr. Tannous has established an advanced clinical practice in adult cardiac surgery, as well as thoracic surgery for lung cancer. He has a focused interest in the most effective and advanced techniques for minimally invasive surgery for certain lung cancers. His cardiac expertise includes TAVR and the latest surgical methods to correct atrial fibrillation and other arrhythmias.

"We are very fortunate to have two deeply experienced young heart surgeons—who are stars in their field—joining our team at Stony Brook," says Mark A. Talamini, MD, professor and chairman of surgery, and chief of surgical services at Stony Brook Medicine. "Having built excellent programs in Manhattan, they are both excited about taking the reins here at Stony Brook and expanding their reputation for clinical excellence to Long Island."

More to come soon about our new cardiothoracic surgeons in a POST-OP Special Edition, which will spotlight them and the rest of our exceptional cardiothoracic faculty.

Selected Recent Publications

Continued from Page 3

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Introducing Our Pediatric Surgery Team

Committed to Providing the Best Possible Care

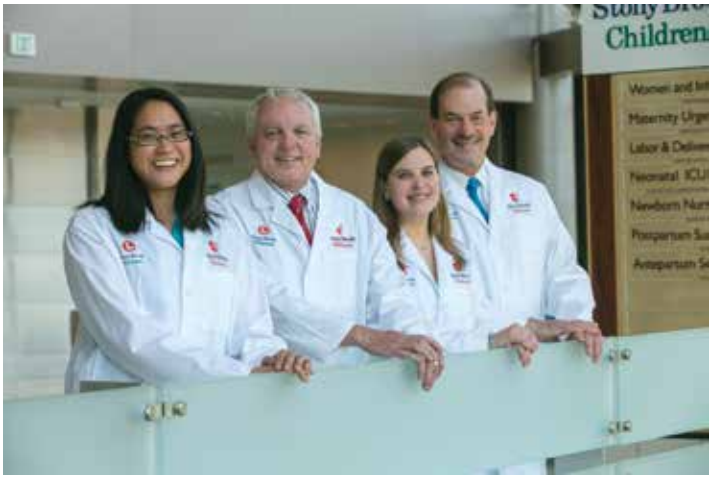


PHOTO: JOHN GRIFFIN

(Left to right) Pediatric surgeon Dr. Helen Hsieh; pediatric surgeon Dr. Richard J. Scriven, chief of pediatric surgery; pediatric nurse practitioner Michelle L. Ceo; and pediatric surgeon Dr. Charles V. Coren.

We are very pleased to introduce the new pediatric surgery team of our Pediatric Surgery Division, with our new faculty members Charles V. Coren, MD, and Helen Hsieh, MD, PhD.

Founded in 1982 as the only pediatric surgery service in our area, the division comprises our clinical faculty of three board-certified pediatric surgeons and their support staff dedicated to our mission of excellence in the care of pediatric patients who require surgery.

General and specialized pediatric surgery for congenital anomalies and conditions both common and rare from before birth through adolescence

In addition, our faculty are dedicated to excellence in the education of medical students and surgical residents in the art of pediatric surgery; the performance of basic and clinical research aimed at advancing pediatric surgery; and community service, such as programs on pediatric trauma and injury prevention.

Our surgeons meet all the rigorous standards—to the highest degree—of the American Academy of Pediatrics.

- Largest pediatric surgery program in Suffolk County with more than 1,000 surgeries and 3,000 outpatient visits annually
- Team includes only board-certified, fellowship-trained pediatric surgeons, and a certified nurse practitioner
- Specializing in chest wall reconstruction (Nuss procedure), congenital anomalies, inflammatory bowel disease, neonatal surgery, pediatric trauma, surgical oncology, and vascular malformations
- Performs minimally invasive interventions on children of all ages (newborn to 17 years)
- Committed to multi-disciplinary, integrated care in collaboration with antenatal, gastroenterology, cancer, and trauma teams
- Provides a clinical environment that supports children and families medically, emotionally, and socially through child life professionals, an "ouchless" protocol, and parental involvement throughout their child's care
- Easily available for consultation
- Close communication with providers via a dedicated liaison/nurse practitioner

Richard J. Scriven, MD

Board certified in general and pediatric surgery, Richard J. Scriven, MD, associate professor of surgery and chief of pediatric surgery, is a Suffolk native and Sachem High School alumnus who earned his medical degree at Albert Einstein College of Medicine, and completed both his general surgery residency and pediatric surgery fellowship at SUNY Downstate Medical Center, Brooklyn. Dr. Scriven treats the spectrum of pediatric surgical diseases, specializing in minimally invasive surgery, the treatment of newborns, pediatric oncology and the care of injured children. He was chosen "Man of the Year in Medicine" by the *Village Times Herald*, has repeatedly been named on the Castle Connolly Top Doctors list, and has received the Patients' Choice Award. He serves as a team leader on our medical missions in Latin America. As director of our residency program in general surgery, Dr. Scriven is committed to producing America's future surgical leaders.

Charles V. Coren, MD

Board certified in general and pediatric surgery, Charles V. Coren, MD, assistant professor of surgery, received his medical degree from the University of Cincinnati College of Medicine where he received honors in surgery. He completed both his internship and residency in general surgery and was named chief resident surgeon at New York University Medical Center Bellevue Hospital Center. He also completed a two-year fellowship in pediatric surgery at SUNY Downstate Medical Center. With more than 25 years of experience in his field, Dr. Coren believes that caring for the surgical needs of infants and children is one of life's most serious, yet rewarding, responsibilities. Dr. Coren's wide-ranging surgical expertise includes extensive experience with video-assisted thoracic surgery (VATS).

Helen Hsieh, MD, PhD

Board certified in general and pediatric surgery by the Royal College of Physicians and Surgeons of Canada, Helen Hsieh, MD, PhD, assistant professor of surgery, went to high school on Long Island, and received her medical degree and her doctorate degree in neuroscience through the Stony Brook's medical scientist training program. She completed her residency in general surgery at McGill University, Montreal, and her fellowship training in pediatric surgery at Centre Hospitalier Universitaire Ste. Justine, Montreal. At Montreal Children's Hospital, she received the Luong T. Nguyen Award for best performance by a core surgery resident in pediatric general surgery. Fluent in English, French, and Mandarin, she became a surgeon "first and foremost for the patients," and is committed to advancing pediatric surgery and improving patients' lives.

Michelle L. Ceo, CPNP

Michelle L. Ceo is the pediatric nurse practitioner in the Pediatric Surgery Division. She has national certification as a pediatric nurse practitioner in primary care from the Pediatric Nursing Certification Board. Ms. Ceo earned her MSN in child health nursing at Stony Brook University in 2008, and her BSN from Molloy College in 2003. She is active in her local chapter of the National Association of Pediatric Nurse Practitioners, currently serving as president for the 2016–17 term. Ms. Ceo's responsibilities include pre- and post-surgical care and consultation for inpatient and outpatient pediatric patients, and she is the program's key communication liaison with referring providers.

Two convenient locations for patient consultations/appointments:

37 Research Way
East Setauket, NY 11733
(631) 444-2045 (tel)
(631) 444-8862 (fax)

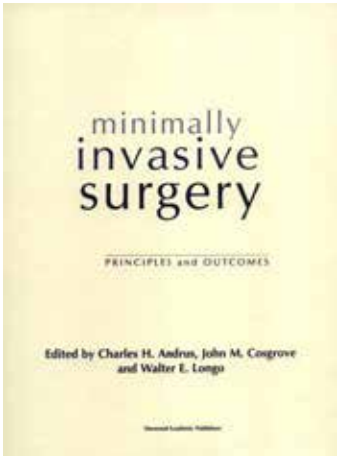
222 Middle Country Road, Ste. 209
Smithtown, NY 11787
(631) 638-2800 (tel)
(631) 638-2830 (fax)

Practicing as a Community Surgeon For Stony Brook on the North Fork

Providing the Communities of LI's East End With the Highest Level of Surgical Care

By John M. Cosgrove, MD

I practice as a community surgeon at Eastern Long Island Hospital (ELIH), which is a 90-bed, full-service, community hospital in the town of Greenport, located at the east end of the North Fork. My specialty is general/gastrointestinal surgery.



ELIH is approximately 100 miles from New York City and 50 miles from Stony Brook University Hospital, which serves as the region's only tertiary care center and Level 1 trauma center.

ELIH has been serving the communities of Greenport, Southold, Orient, East Marion, and Shelter Island for over 100 years. The hospital is located on Stirling Harbor, and has an emergency heliport, dock, and 24/7 emergency room.

My colleague, Lawrence P. Kelly, MD, whose office is located in Cutchogue, has been serving as the primary surgeon in this community for over 35 years.

I joined the hospital as the first employed surgeon in the summer of 2013. Together, Dr. Kelly and I provide 24/7, 365-days-a-year general surgery coverage.

We care for the 20,000 people who live on the North Fork, plus the vast number of people who come here for their vacations in the summer months.

We provide emergency general surgery care addressing trauma, appendicitis, bowel perforation, bowel obstruction, and gallbladder emergencies. We have a practice of avoiding any prolonged hospitalization and, generally, our patients go from emergency room to the operating room to recovery to home the same day.

We work with a top-notch anesthesia and nursing team to provide safe, continuous monitoring throughout the patient's hospitalization. We work closely with the outstanding physicians of the community to provide seamless care.

In general, along with our emergency room staff, we have the capability to handle any surgical emergency and stabilize the patient. In the few cases where after stabilization the patient's condition mandates a higher level of care, we have a well-organized system in place. Stony Brook Medicine, in conjunction with the Aviation Unit of the Suffolk County Police Department, will transfer patients to University Hospital.

PHOTO: JEANNE NEVILLE

Dr. John M. Cosgrove

We are very pleased to introduce John M. Cosgrove, MD, who has joined our faculty as a professor of surgery in the Bariatrics, Foregut, and Advanced Gastrointestinal Surgery Division. Dr. Cosgrove maintains his practice in general/gastrointestinal surgery in Greenport, NY, and provides his surgical services there at Eastern Long Island Hospital (ELIH), where he is chief of surgery.

Practicing since the 1980s, Dr. Cosgrove has had a distinguished career as an academic surgeon with several previous leadership positions, including, most recently, professor and chairman of surgery at the Bronx-Lebanon Hospital Center, the primary teaching hospital for Albert Einstein College of Medicine. At Albert Einstein, he also was director of the residency program.

In 2013, Dr. Cosgrove joined ELIH, where, in addition to serving as chief of surgery, he also serves as vice president of the medical staff.

He specializes in the management of abdomen and digestion disorders and in minimally invasive endoscopic procedures, with clinical concentration on anti-reflux procedures, appendectomy, colonoscopy, feeding tubes, gastric tube, gastrostomy, and hepatobiliary surgery.

In addition, Dr. Cosgrove is an active scholar with over 50 peer-reviewed publications to his credit, plus several book chapters and his book, *Minimally Invasive Surgery: Principles and Outcomes* (Harwood Academic).

A Harvard graduate, he earned his MD at New York Medical College in 1983, and did his residency training in surgery at Beth Israel Medical Center in New York, in Mt. Sinai College of Medicine's program there. As a senior member of our faculty, he will certainly contribute much to our expanding practice, as well as to our educational programs.

We have worked closely with Stony Brook for many years to provide the highest level of surgical care for our patients. In fact, we will only operate here on elective patients when we feel the outcomes will be the best. This covers most cases including hernia, gallbladder, colon and rectal, stomach, and soft tissue.

We do the vast majority of our cases via minimally invasive techniques, primarily laparoscopy.

We can provide the initial evaluation in our office for patients with liver, pancreas, and other malignancies. We then help coordinate the care in an interdisciplinary approach with our oncology colleagues. Often times we will perform the biopsy and then coordinate the appropriate imaging studies.

This approach avoids delay to treatment. We then can offer the access to world-class oncologic surgeons at Stony Brook University Hospital. Our time from initial visit to diagnosis and referral to cancer specialist is generally less than two weeks.

For consultations/appointments with Dr. Cosgrove, who sees patients at his ELIH office in Greenport, please call (631) 477-5386.

OUR NEW OFFICE-BASED OUTPATIENT OR GAINS FULL THREE-YEAR ACCREDITATION

First of Its Kind for Stony Brook Medicine; Outpatient Plastic and Vascular Surgery

This July, the outpatient operating room located at our office complex in Centereach gained full three-year accreditation from the American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF or "quad ASF").

The new OR was accredited at the highest level. This OR is Stony Brook Medicine's first off-site operating facility.

Our surgeons are now using the outpatient OR to perform a wide range of plastic surgery and vascular surgery procedures.

Using our new OR at our Centereach office, we can provide our patients with the highest level of quality surgical care.

Apostolos K. Tassiopoulos, MD, professor of surgery and chief of vascular and endovascular surgery, says:

"Our vascular surgeons have at the Vascular Center in Centereach a full-size operating room suite equipped with the most advanced imaging tools, which allows them to perform a number of outpatient minimally invasive diagnostic and therapeutic interventions, including arteriograms, balloon angioplasty and stenting of arterial or venous lesions, and percutaneous fistula maintenance procedures.

PHOTO: HEATHER WALSH

"Our patients can, therefore, receive the same level of quality care in a completely outpatient environment."

Plastic surgery procedures to be performed in the outpatient OR will encompass most of the most common cosmetic procedures for the face and body, including face lift, blepharoplasty (eyelid), brow lift, liposuction, tummy tuck, arm lift, breast augmentation, breast lift, breast reduction for both men and women, among many other surgeries.

Future plans for the OR will enable our general/gastrointestinal surgery specialists to perform a range of minimally invasive outpatient procedures.

AAAASF is one of three leading U.S. organizations that accredit ambulatory, or outpatient, surgery clinics. It was founded in 1980 to develop an accreditation program to help establish and oversee quality-assurance measures, toward creating and improving industry standards that help assure patient safety.

Many private insurance carriers now recognize accreditation by AAAASF for reimbursement of covered procedures.

Selected Recent Publications

Continued from Page 6

Raptis A, Xenos M, Dimas S, Giannoukas A, **Labropoulos N**, Bluestein D, Matsagkas MI. Effect of macro-scale formation of intraluminal thrombus on blood flow in abdominal aortic aneurysms. *Comput Methods Biomech Biomed Engin* 2016;19:84-92.

Razavi C, Pascheles C, **Samara G**, Marzouk M. Robot-assisted sialolithotomy with sialendoscopy for the management of large submandibular gland stones. *Laryngoscope* 2016;126:345-51.

Rose J, Parina RP, Faiz O, Chang DC, **Talamini MA**. Long-term outcomes after initial presentation of diverticulitis. *Ann Surg* 2015;262:1046-53.

Rubano JA, **Vosswinkel JA**, McCormack JE, Huang EC, **Shapiro MJ**, **Jawa RS**. Unplanned intensive care unit admission following trauma. *J Crit Care* 2016;33:174-9.

Saeed O, Jermyn R, Kargoli F, Madan S, Mannem S, Gunda S, Nucci C, Farooqui S, Hassan S, **McLarty A**, Bloom M, Zolty R, Shin J, D'Alessandro D, Goldstein DJ, Patel SR. Blood pressure and adverse events during continuous flow left ventricular assist device support. *Circ Heart Fail* 2015;8:551-6.

Safaie E, Matthews R, **Bergamaschi R**. PET scan findings can be false positive. *Tech Coloproctol* 2015;19:329-30.

Sandler BJ, Rumbaut R, Swain CP, Torres G, Morales L, Gonzales L, Schultz S, **Talamini MA**, Jacobsen GR, Horgan S. One-year human experience with a novel endoluminal, endoscopic gastric bypass sleeve for morbid obesity. *Surg Endosc* 2015;29:3298-303.

Smith A, Adrahtas D, Elitharp D, **Gasparis A**, **Labropoulos N**, **Tassiopoulos A**. Changes in the rate of prophylactic vena cava filter insertion at a university hospital. *Phlebology* 2016;31:403-8.

Stain SC, **Pryor AD**, Shadduck PP, editors. *The SAGES Manual: Ethics of Surgical Innovation*. New York: Springer, 2016.

Sufian S, Arnez A, **Labropoulos N**, Nguyen K, Satwah V, Marquez J, Chowla A, Lakhanpal S. Radiofrequency ablation of the great saphenous vein, comparing one versus two treatment cycles for the proximal vein segment. *Phlebology* 2015;30:724-8.

Szema A, **McLarty A**, Skopicki H, Bloom M, Jermyn R. Heart failure: an exploration of recent advances in research and treatment (A). *Clin Med Insights Cardiol* 2015;9(Suppl 2):53-6.

Talamini MA. SAGES assessment on the da Vinci(®) surgical system. *Surg Endosc* 2016;30:803-4.

Telem DA, Yang J, Altieri M, Patterson W, Peoples B, Chen H, **Talamini M**, **Pryor AD**. Rates and risk factors for unplanned emergency department utilization and hospital readmission following bariatric surgery. *Ann Surg* 2016;263:956-60.

Timashpolsky A, **Dagum AB**, Sayeed SM, Romeiser JL, Rosenfeld EA, Conkling N. A prospective analysis of physical examination findings in the diagnosis of facial fractures: determining predictive value. *Plast Surg (Oakv)* 2016;24:73-9.

Tou S, **Bergamaschi R**. Laparoscopic rectal cancer resection: inferior to open or not? *Colorectal Dis* 2016;18:233.

Uhl JF, Lo Vuolo M, **Labropoulos N**. Anatomy of the lymph node venous networks of the groin and their investigation by ultrasonography. *Phlebology* 2016;31:334-43.

Verma R, Eid G, Ali M, Saber A, **Pryor AD**; ASMBS Emerging Technologies and Procedures Committee. Emerging technologies and procedures: results of an online survey and real-time poll. *Surg Obes Relat Dis* 2015;11:161-8.

Verma R, Grechushkin V, Carter D, Barish M, **Pryor A**, Telem D. Use and accuracy of computed tomography scan in diagnosing perforated appendicitis. *Am Surg* 2015;81:404-7.

Wang L, **Pryor AD**, Altieri MS, Romeiser JL, **Talamini MA**, **Shroyer L**, Telem DA. Perioperative rates of deep vein thrombosis and pulmonary embolism in normal weight vs obese and morbidly obese surgical patients in the era post venous thromboembolism prophylaxis guidelines. *Am J Surg* 2015;210:859-63.

Watley DC, Ly QP, Talmon G, Are C, **Sasson AR**. Clinical presentation and outcome of nonfunctional pancreatic neuroendocrine tumors in a modern cohort. *Am J Surg* 2015;210:1192-6.

Weiss AC, Parina R, Horgan S, **Talamini M**, Chang DC, Sandler B. Quality and safety in obesity surgery—15 years of Roux-en-Y gastric bypass outcomes from a longitudinal database. *Surg Obes Relat Dis* 2016;12:33-40.

Zhu C, **Pryor AD**. Innovations in bariatric surgery. *Surg Technol Int* 2015;27:129-35.

Seventh Annual Research Day Celebrates Our Discoveries

The Department of Surgery's Seventh Annual Research Day took place in June at the Charles B. Wang Center on west campus of Stony Brook University.

Winner of the Outstanding Poster Competition; from our Vascular and Endovascular Surgery Division.

This year's Research Day program was another great success, as the event continues to grow, with more research presentations.

The morning forum showcased ongoing and completed research projects by way of oral platform presentations, as well as a poster competition by our residents, medical students, and faculty.

"Stony Brook Medicine is geared for making research happen," said Mark A. Talamini, MD, professor and chairman of surgery, and chief of surgical services at Stony Brook Medicine, in his opening remarks at the program.

"Our Research Day celebrates our discoveries. Not only that, it demonstrates that our team is always asking, How can we make surgery better? This is what sets us apart."

Research Day demonstrates how we're make surgery better and what sets us apart.

The program included over 60 posters presenting study abstracts, plus five oral presentations moderated by faculty discussants, and it attracted more than a hundred attendees from Stony Brook Medicine and the University community.

The keynote speaker was Naji N. Abumrad, MD, John L. Sawyers professor of surgery and chairman emeritus of the Department of Surgery at Vanderbilt University in Nashville, TN. Dr. Abumrad is a past chairman of surgery at Stony Brook (1992-96), in addition to other major leadership roles.

Dr. Abumrad's extensive research activities include studies of the mechanism of insulin resistance in the morbidly obese. He now is conducting studies to understand the mechanisms involved in the reversal of type 2 diabetes in morbidly obese patients.

Dr. Abumrad's work has been funded by NIH grants during most of his academic career. He has to date authored well over 250 articles in peer-reviewed journals.

Affirming the role of surgeons in research to advance population health, Dr. Abumrad's talk, "Observations from the Bench and Back," focused on his current studies aimed ultimately at reducing the negative consequences of the nationwide obesity epidemic.

He showed how manipulating the delivery of nutrients to the digestive system can achieve results similar to bariatric surgery. He argued that winning the battle against obesity will require an expanded multidisciplinary approach utilizing both operative and nonoperative strategies.

Commenting on the purpose of Research Day, A. Laurie W. Shroyer, PhD, MSHA, professor of surgery and vice chair for research, who oversees the event, says: "Research Day shows the commitment of our department to advancing scientific knowledge in order to improve patient care and population health.

"Residents and fellows, as well as junior faculty, utilize their research projects to address important clinical questions that they face each day, fostering their curiosity and building their excitement and enthusiasm for current and future biomedical research.

"By networking at events such as Research Day, they gain new opportunities for collaborative multidisciplinary team projects. Most important, our Research Day lights the pathway for trainees to envision a future career in academics."

Research Day lights the pathway for trainees to envision a future career in academics.

All categorical residents in our general surgery residency program are required to conduct at least one research project each year, and to present their studies at the Research Day program.

All of our residency programs are committed to training physician-scientists who can both practice and advance surgery in their careers after they graduate from Stony Brook.

Established in 2010, Research Day is an opportunity for our residents as well as our faculty and medical students to present their surgical research. The focus of the program is moving the science of surgery forward.

The Research Day program offers continuing medical education (CME) credit; this activity is designated for a maximum of 3.5 AMA PRA Category 1 Credits™.

2016 RESEARCH DAY POSTERS

Here are the titles/authors of the posters exhibited at this year's Research Day. Together, they demonstrate the range of research activity within our department, and the impressive productivity of our residents and students:

- **Aberrations in peripheral arterial ultrasound as a marker of underlying cardiac disease** | Karim S, Labropoulos N.
- **Admission of older thoracic trauma patients to the intensive care unit (ICU) improves outcomes: preliminary findings** | Pyke O, Rubano J, Huang E, McCormack J, Vosswinkel J, Jawa R.
- **Analyzing outcomes and predictive factors of post-tracheostomy complications** | Chao E, Regenbogen E.
- **Anastomotic leak remains a significant cause of morbidity in colorectal surgery and gastrointestinal surgery as a whole** | Ferrara D.
- **Application of ERAS principles to postoperative care after bariatric surgery** | Shah A, Mufti M.
- **Autologous augmentation of hiatal hernia repair with filtered platelet concentrate improves tissue remodeling in a swing model** | Altieri M, Pagnotti G, Corthals A, Shroyer K, Pryor A, Talamini M, Telem D.
- **Biomimetric optimization of blood vessel composition and mechanical properties** | Liang K, Singh G, Cordero J, Wiles B, Rafailovich M, Klein G, Labropoulos N, Bui D, Khan S, Simon M, Dagum A.
- **Blind colostomy: still a viable option?** | Dickler C, Bergamaschi R.
- **Carotid endarterectomy in Moyamoya disease: a case report** | Spentzouris G, Mulvihill Z, Hines G.
- **Case report: small bowel obstruction caused by spontaneous duodenal hematoma** | Svestka M.
- **CD44 splice variant v8-10 as a marker of serous ovarian cancer prognosis** | Sosulski A, Horn H, Zhang L, Coletti C, Vathipadiekal V, Castro C, Birrer M, Nagano O, Saya H, Lage K, Donahoe P, Pepin D.
- **Comparison of the basal view and a previously standardized cleft lip rating scale** | Klein G, Dhawan A, Laskowski R, Peredo A, Kelly R, Gelfand M, Khan S, Bui D, Dagum A.
- **Concurrent transoral robotic surgery (TORS) with neck dissection may offer length-of-stay benefit in the treatment of head and neck cancer** | Frenkel C, Regenbogen E, Telem D, Yang J, Zhang M, Samara G.
- **Current trends and effectiveness in percutaneous cholecystostomy tube utilization** | Zhao K, Kim J, Telem D, Yang J, Talamini M, Parikh P.
- **D3 lymphadenectomy for right colon cancer: evaluation of an educational cadaveric model** | Yang K, You K, Rowehl L, Bandovic J, Ignjatovic D, Bergamaschi R.
- **Development of a tissue-engineered autologous vascular graft (TEAVG): a therapeutic product for the treatment of skin cancer and vascular disorders** | Singh G, Klein G, Wiles B, Cordero J, Simon M, Rafailovich M, Bui D, Khan S, Labropoulos N, Dagum A.
- **Does the addition of a vertical resection increase complications in panniculectomy?** | Shih J, Klein G, Peredo A, Khan S.
- **The effect of antibiotic and drain duration on postoperative complications following alloplastic breast reconstruction** | Klein G, Wang L, Phillips B, Khan S, Dagum A, Bui D.
- **The effect of axillary lymph node sampling during mastectomy on breast reconstruction complications** | Verma R, Klein G, Crusco S, Khan S, Dagum A, Bui D.
- **Effect of early ambulation on hospital length of stay following bariatric surgery** | Altieri M, Tuppo C, Hoffman D, Rosenstein J, Telem D, Pryor A.
- **Effectiveness and cost of lighted ureteral stents in laparoscopic colorectal surgery** | Tam J, Lee W, Pfizenmayer P, Chen A, Waltzer W, Kim J.
- **Evaluation of complete mesocolic excision in right colectomies for colon cancer** | Rowehl L, Giuratrabocchett S, You K, Bendovic J, Bergamaschi R.
- **Extralevator with vertical rectus abdominis myocutaneous flap vs. non-extralevator abdominoperineal excision for rectal cancer: a randomized controlled trial** | Abbas S, Giuratrabocchetta S, You K, Khan S, Shroyer KR, Bergamaschi R. Finalist in Outstanding Poster Competition.
- **Factors affecting follow-up compliance in patients following EVAR** | Jasinski P, Labropoulos N, Christoforatos O, Tassiopoulos A.
- **Fellowship status is associated with improved perioperative outcomes following hepato-pancreato-biliary procedures** | Altieri M, Yang J, Xu J, Bates A, Talamini M, Telem D, Pryor A.
- **Fellowship status of a hospital has no effect on outcomes following foregut surgeries** | Altieri M, Yang J, Xu J, Bates A, Talamini M, Telem D, Pryor A.
- **Fluoroscopy time is not accurate as a surrogate for radiation exposure** | Skripochnik E, Loh S. Winner of Outstanding Poster Competition. *Dr. Skripochnik will receive the expenses to attend a scientific meeting where he can present his study.*
- **Iliac artery reinterventions after EVAR** | Tzavellas G, Monastiriotis S, Jaskinski P, Tassiopoulos A.
- **The impact of subspecialty on 30-day postoperative mortality in colorectal surgery** | Sullivan R, Fernandes S, You K, Bergamaschi R.
- **Implanted cardioverter defibrillators (ICDs) and pacemakers: markers for adverse outcomes following trauma** | Altieri M, Almasry I, Jones T, McPhee C, McCormack J, Huang E, Eckardt P, Shapiro M, Eckardt S, Vosswinkel J, Jawa R.
- **In vivo imaging for peritoneal carcinomatosis: a murine model** | You K, Li L, Bergamaschi R, Brink P.
- **Incidence and outcomes of extremity compartment syndrome after blunt trauma: preliminary findings** | Zuchelli D, Shapiro M, McCormack J, Vosswinkel J, Jawa R.
- **Increases in immediate post mastectomy reconstruction in New York State are related to changes in state law** | Gooch J, Yang J, Park J, Telem D, Khan S, O'Hea B.
- **Influence of race and gender on body perception and bariatric surgery: a survey of the general population** | Altieri M, Cervo K, Pryor A, Recio F, Hymowitz G, Talamini M, Telem D.
- **Intravascular leiomyomatosis: a systematic review of the literature** | Terrana L, Labropoulos N, Gasparis A, Tassiopoulos A, Loh S.
- **Is negative pressure wound therapy safe to use after sarcoma resection?** | Restle D, Klein G, Khan F, Hoda S, Khan S, Bui D.
- **Is preoperative urinalysis prior to breast reconstruction justified?** | Ganz J, Klein G, Marquez J, Novikov B, Dagum A, Khan S, Bui D, Huston T.
- **Is sterile better than aseptic? Comparing the microbiology of acellular dermal matrices** | Klein G, Nasser A, Phillips B, Gersch R, Fourman M, Lilo S, Fritz J, Khan S, Dagum A, Bui D.
- **Laparoscopic versus robotic hand-sewn ileocolic anastomoses with intracorporeal knot tying** | Yelika S, Giuratrabocchetta S, You K, Bergamaschi R.
- **Large animal model for evaluation of abdominal wall ischemia during hand-assisted laparoscopic surgery** | Manongi N, Dunne R, You K, Bergamaschi R.
- **The macrophage inhibitor CNI-1493 block metastasis in a mouse model of Ewing sarcoma through inhibition of extravasation** | Hesketh A, Maloney C, Behr C, Edelman M, Glick R, Al-Abed Y, Symons M, Soffer S, Steinberg B.
- **Management of small bowel obstruction** | Pagkratis S, Gracia G.
- **Mechanical venous thromboembolism compliance in a tertiary care center** | Kim P, Probeck K, Elitharp D, Gasparis A, Labropoulos N. Finalist in Outstanding Poster Competition.
- **Outcomes following robotic ventral hernia repair: a study of 21,565 patients in the state of New York** | Altieri M, Yang J, Xu J, Bates A, Talamini M, Pryor A, Telem D.
- **Postoperative DVT prophylaxis after abdominoplasty, panniculectomy, and liposuction** | Trostler M, Restle D, Klein G, Khan S.
- **Prevalence and outcomes of pulmonary contusions in a suburban county following blunt trauma** | Bader A, Jawa R, McCormack J, Huang E, Shapiro M, Vosswinkel J.
- **Prospective trial of indocaynine green angiography in the surgical evaluation of partial thickness burn wounds** | Klein G, Borrero M, Khan S, Bui D, Dagum A, Sandoval S.
- **A randomized controlled trial evaluating the use of extracellular matrix (ECM) scaffolds in reducing colorectal anastomotic leak rates** | Ferrara AJ, David S.
- **Rectal gastrointestinal stromal tumor case report and review** | Chantachote C, Abbas S, Simon J, Bergamaschi R.
- **Review of pediatric laparoscopic cholecystectomies in NY state: surgeon differences in surgical outcomes** | Zabrocka K, Hsieh L, Yang J, Xue Y, Telem D, Scriven R, Lee T.
- **Ruling out craniofacial fractures without CT imaging: a retrospective comparison of three clinical scoring systems** | Janssen P, Mukit M, Klein G, Timashpolsky A, Azizi R, Vosswinkel J, Dagum A.
- **Secondary breast reconstruction revision utilizing Strattice sling for correction of implant** | Klein G, Peredo A, Landon J, Khan S.
- **Should elective resection follow nonoperative management of first episode of diverticulitis of the sigmoid colon with abscess and/or extraluminal air? A randomized controlled trial** | Bendl R, You K, Giuratrabocchetta S, Zawin M, Ferretti J, Sullivan R, Baer A, Wertheim W, Bergamaschi R.
- **A study of patient outcomes following panniculectomy with concomitant ventral hernia repair** | Shih J, Klein G, Peredo A, Novikov D, Khan S.
- **A surgeon's role in intestinal endometriosis** | Hartendorp P, Hardendorp P.
- **Tracking readmission rates following breast reconstruction: 30-day, 90-day, and 1-year follow-up** | Klein G, Laskowski R, Timashpolsky A, Lipoff D, Bui D, Dagum A, Khan S.
- **Unequal financial burdens highlight racial disparities of colon cancer patients in New York** | Oveson B, Nelson R, Parikh P, Telem D, Williams J, Bergamaschi R, Sasson A, Talamini M, Kim J. Finalist in Outstanding Poster Competition.
- **The use of computed tomography versus clinical acumen in diagnosing appendicitis in the pediatric population** | El-Gohary Y, Gulamhussein T, Scriven R, Shapiro M.
- **Using failure to rescue as a new quality assurance metric** | Gioia W, Shroyer AL, Romeiser J, Bilfinger T, Seifert F.
- **Viability of endovascular renal denervation for treatment-resistant hypertension** | Ventarola D, Labropoulos N.
- **Vitamin D binding protein (DBP) deficiency induces a reparative systemic cytokine profile following acute muscle injury: preliminary findings** | Jawa R, Vosswinkel J, Tabrizian T, Kew R.

Next year's Research Day will take place on Thursday, June 8, 2017, at the Wang Center. For more information, please call (631) 444-1820.

Providing Cytoreductive Surgery and HIPEC

Offering Patients Hope When Hope Is Needed Most

Stony Brook University Hospital is the *only* hospital on Long Island to provide cytoreductive surgery (CRS) and HIPEC—**h**eated **i**ntra-**pe**ritoneal **c**hemotherapy—for the treatment of advanced abdominal cancers.

The CRS-HIPEC procedure is an aggressive combination of surgery and chemotherapy to eradicate abdominal tumors. The goal of CRS and HIPEC is to perform radical surgery to remove all disease, but also to enable return to regular daily activities.

In select patients, HIPEC may increase survival time significantly. It offers patients hope when hope is needed most. It's a special form of surgery and intraoperative chemotherapy first performed in 1979, and further developed since then.

Here, Joseph Kim, MD, associate professor of surgery and member of our Surgical Oncology Division, answers frequently asked questions about CRS and HIPEC. An international leader in the use of these treatments, Dr. Kim directs the CRS-HIPEC program at Stony Brook Cancer Center.

PHOTO: JEANNE NEVILLE

Dr. Joseph Kim

Q: What is CRS?
CRS is short for cytoreductive surgery. It is simply the removal of all sites of cancer within the abdominal cavity. However, the operation itself is not simple and should only be performed by experts with many years of experience.

Q: How is CRS different from regular surgery for abdominal cancer?
CRS is very different from standard operations for abdominal cancer. In most instances, patients with peritoneal carcinomatosis (disease that has spread in the peritoneal cavity) are not offered operations since these patients are considered to have unresectable disease, that is, cancer that cannot be removed with surgery.

However, CRS has been shown to be effective in carefully selected patients with peritoneal carcinomatosis. My goal as the operating surgeon is to remove all visible cancer in the abdominal cavity. Since most surgeons have limited surgical experience with peritoneal carcinomatosis, it is very important to find surgeons with years of experience in this setting.

We provide an online consultation service for patients who seek a second opinion on the management of their cancers.

Q: What is HIPEC?
HIPEC is short for hyperthermic (heated) intra-peritoneal chemotherapy. It is simply the administration of heated chemotherapy solution into the abdominal cavity of patients with peritoneal carcinomatosis.

The heated chemotherapy is delivered into patients while they are in the operating room during the CRS procedure. The heated chemotherapy can be delivered using either the open or closed techniques, when the skin is either sewn closed or left open during the chemotherapy procedure.

Q: How does HIPEC work?
CRS and HIPEC work together to eradicate and kill all cancer cells. With CRS, all gross and visible cancer cells are removed. With HIPEC, the remaining microscopic cancer cells are treated. The heat and chemotherapy work in combination to eradicate and kill cancer cells.

Q: What types of cancer is HIPEC used to treat?
Our team has close to two decades of experience using HIPEC to treat patients with gastric cancer, colorectal cancer, appendiceal cancer, intra-abdominal sarcoma, and gynecologic cancers.

Q: Why is HIPEC preferred over traditional chemotherapy?
Traditional chemotherapy is given through the intravenous route to reach the cancer targets. Unfortunately, the disease in peritoneal carcinomatosis often has poor or limited blood supply; therefore, it is more difficult for intravenous chemotherapy to reach these tumors to kill them.

HIPEC allows direct contact between the chemotherapy drugs and microscopic cells that remain in the peritoneal cavity.

Q: Is HIPEC experimental? Does health insurance cover it?
HIPEC is not experimental and studies have verified that it is an effective and safe procedure in experienced medical centers. It is a procedure that is covered by insurance, and our team has experience with helping obtain insurance coverage for both in-state and out-of-state patients.

Patients should seek surgeons with established track records of performing these complex operations.

Q: How safe is the CRS-HIPEC procedure?
There are numerous reports showing that this procedure may be dangerous and risky. With our years of experience, we have performed this procedure safely with zero mortality.

Q: What training must a surgeon have for performing this procedure?
I received formal training in CRS and HIPEC during my general surgery residency training at the University of Cincinnati (1998-2003), which at the time was one of six academic medical centers in the United States performing this complex operation.

There is no formal curriculum for training in CRS and HIPEC, so patients should seek surgeons with established track records of performing these complex operations.

We are available to review radiographic imaging and discuss treatment options.

Q: Who is a candidate for HIPEC?
It is clear that many physicians, including surgeons, do not know or understand the CRS and HIPEC procedure. In many instances we see patients who were told by their physicians that they had no options. Any patient with cancer that remains confined to the peritoneal cavity may be a potential candidate for CRS and HIPEC.

We provide an online consultation service for patients who seek a second opinion on the management of their cancers. We are available to review radiographic imaging and discuss treatment options. Interested physicians and patients should call our office at (631) 444-8086.

Q: How long does it take to recuperate from the CRS-HIPEC procedure?
Most of our patients have a hospital stay of approximately 7-10 days. In some cases, the hospitalization could be shorter or possibly longer. For all of our patients, our expectation is that they will return home after surgery being able to complete their normal daily home activities.

Q: What is the advantage of having the CRS-HIPEC procedure done at Stony Brook Medicine?
We have a multidisciplinary team (surgery, radiology, pathology, medical oncology, social work) that is highly experienced in providing CRS and HIPEC for patients from New York State and beyond.

For consultations/appointments with our CRS-HIPEC specialists, please call the Surgical Oncology Division at (631) 444-8086.

Our Trauma Team's Outreach Efforts Are Making Our Region a Safer Place

Active Involvement with Local EMS Community Benefits Everyone's Health in Suffolk County

As Suffolk County's only regional (Level I) trauma center, Stony Brook University Hospital is actively involved in the emergency medical service (EMS) community. Suffolk has one of the largest EMS systems in the country, with over 100 EMS agencies and over 5,000 EMS providers.

PHOTOS: JEANNE NEVILLE

Dr. James A. Vosswinkel with injury prevention and outreach coordinator Kristi L. Ladowski, MPH, (center) and trauma program manager, Jane E. McCormack, RN.

Stony Brook Trauma Center participates in the training of prehospital personnel, the development of prehospital care protocols, and the performance improvement and patient safety programs.

Prehospital EMS providers are trained in initial assessment and management of trauma patients. They are tasked with assessing the scene of injury, and making a hospital destination decision based upon national standards and local protocols.

Stony Brook Trauma Center staff are actively involved in EMS education. Faculty routinely lecture at the Stony Brook University School of Health Technology and Management's paramedic program. Faculty and staff lecture at prehospital care seminars and continuing education programs.

James A. Vosswinkel, MD, chief of our Trauma, Emergency Surgery, and Surgical Critical Care Division and medical director of the Trauma Center, is currently chair of the Suffolk Regional Trauma Advisory Committee (RTAC) where prehospital and inhospital regional trauma issues are addressed and peer review is conducted in this quality improvement forum.

Stony Brook's Department of Emergency Medicine provides on-line medical control to the 5,000 EMS field providers. Our trauma program manager, Jane E. McCormack, RN, represents the regional trauma system at the regional EMS council. She recently completed a two-year term as chair of this committee.

The Trauma Center strives to provide feedback to individual agencies and EMS field providers through a sound performance improvement and patient safety program.

One aspect of this feedback process is that a brief case summary is sent to the agency for all trauma team activations. This communication ensures that the EMS provider is notified of the severity of injury of the patients in their care. Thus, the EMS agency is able to ensure that hospital destination decisions were appropriate.

A second step in this feedback process is known as "agency call review." Leaders of our trauma team attend EMS agency meetings to participate in the review of recent cases. Focused educational topics are also reviewed, and opportunities for improvement identified.

As of this summer, Dr. Vosswinkel, Ms. McCormack, and our injury prevention and outreach coordinator Kristi L. Ladowski, MPH, have visited over ten EMS agencies.

EMS ACTIVITIES

- Provide feedback for each patient that met trauma team activation criteria to the transporting EMS agency.
- Monthly (or bimonthly) call review programs with EMS agencies.
- Quarterly prehospital trauma life support courses.
- Active participation in the Suffolk RTAC, as well as the Suffolk Regional Emergency Medical Services Council (REMSCO) and Regional Emergency Medical Advisory Committee (REMAC).

MOST INJURIES ARE PREVENTABLE

At Stony Brook, we know most injuries do not happen by accident. Injuries happen in predictable ways, which means they can be prevented. That is why our trauma team is dedicated to injury prevention and outreach in our community.

For information about our injury prevention programs for people of all ages from children to teens and adults to seniors, please visit the Trauma Center's website at www.trauma.stonybrookmedicine.edu. The Trauma Center is working to reduce common types of injuries by offering community programs to increase awareness and provide safety education. All programs are offered free to the community.

Programs can be tailored to meet the needs of your group or organization. To discuss programs that will fit your need, please call our injury prevention and outreach coordinator, Kristi L. Ladowski, MPH, at (631) 444-8385; or email her at Kristi.Ladowski@stonybrookmedicine.edu.

RESIDENCY UPDATE

Since 1975 when our first graduating residents entered the profession of surgery, 230 physicians have completed their residency training in general surgery at Stony Brook Medicine. 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.

2016 Graduating Residents & Fellows

GENERAL SURGERY	Career Direction
Syed Abbas, MD	Colorectal research year, Stony Brook U; followed by colorectal surgery residency
Patrick Hartendorp, MD	Colorectal surgery residency, U of Texas, Houston, TX
Lily Hsieh, MD	Pediatric surgery fellowship, U of Michigan, Ann Arbor, MI
Ahmed Nasser, MD	Burn care fellowship, Nassau University Medical Center, East Meadow, NY
Spyridos Pagkratis, MD	Minimally invasive gastrointestinal surgery fellowship, U of Nebraska, Omaha, NE; followed by hepatobiliary surgery fellowship
Andrew Peredo, MD	Burn care fellowship, Albert Einstein College of Medicine (Jacobi Hospital Burn Center), Bronx, NY
VASCULAR SURGERY	
Justin Margolis, MD	Attending vascular surgeon, St. Catherine of Siena Medical Center, Smithtown, NY
COLORECTAL SURGERY	
Ryan Bendl, MD	Private practice in colorectal surgery, Stamford, CT
MIS/BARIATRIC SURGERY	
Andrew Bates, MD	Assistant professorship in surgery (Bariatrics, Foregut, and Advanced Gastrointestinal Surgery Division), Stony Brook U
TRAUMA/CRITICAL CARE	
Polikseni Eksarko, MD	Assistant professorship in surgery (Trauma, Emergency Surgery, and Surgical Critical Care Division), Stony Brook U
Shruti Patel, MD	Private practice in general surgery/critical care, Vauxhall, NJ

NOTE: Richard J. Scriven, MD, associate professor of surgery and director of the general surgery residency, comments on the results of the 2016 Residency Match Day:

"I hope everyone has had a chance to take a look at our incoming class of interns. It is really a phenomenal group.

"In my time being the program director, this is the 'shallowest' that we went into our match list, i.e., The BEST we have done.

"This is a reflection on us all, but especially the resident participation in the recruiting process."

New Chief Residents

GENERAL SURGERY	Medical School (Grad Year)
Yousef El-Gohary, MD	U of Dublin ('12)
Catherine Frenkel, MD	Albany Medical College ('11)
William Gioia, DO	NY College of Osteopathic Medicine ('12)
Jessica Gooch, MD	Georgetown U ('11)
Richa Verma, MD	Stony Brook U ('12)
Kai Zhao, MD	UMDNJ-Newark ('12)
VASCULAR SURGERY	**Medical School (Grad Year)**
Lisa Marie Terrana, MD	Stony Brook U ('11)

Incoming Residents/Categorical PGY-1

GENERAL SURGERY	Medical School (Grad Year)
Marie Fleury, MD	SUNY Upstate Medical U ('16)
Iliya Goldberg, MD	U of California ('16)
Donald Groves, MD	U of Miami ('16)
Muntazim Mukit, MD	Stony Brook U ('16)
Woodson Petit-Frere, MD	Albert Einstein ('16)
Carlos Guzman, MD	UCLA ('16)
VASCULAR SURGERY	**Medical School (Grad Year)**
Abigail Ribner, MD	Albert Einstein ('16)

Our chairman Dr. Mark Talamini (fourth from left) and general surgery residency director Dr. Richard Scriven (third from right) with the 2016 graduates of our general surgery residency program, (left to right) Drs. Andrew Peredo, Patrick Hartendorp, Ahmed Nasser, Lily Hsieh, Syed Abbas, and Spyridos Pagkratis at the graduation banquet held in June at Willow Creek in Mt. Sinai, NY. PHOTO: WALDIR SILVA

Dr. Catherine Frenkel (center) received the 2016 David J. Kreis Jr. Award for Excellence in Clinical Service in Trauma Surgery, pictured here with members of the trauma team: (left to right) Drs. Marc Shapiro, Collin Brathwaite (former trauma chief who presided over first Kreis Award), James Vosswinkel, and Jane McCormack. Established in 2000, this annual award is presented to a senior (fourth-year) surgical resident by the Trauma, Emergency Surgery, and Surgical Critical Care Division in honor of the late Dr. Kreis, who was the founding chief of our trauma/surgical critical care service, and who served with distinction on our faculty until his untimely death. PHOTO: WALDIR SILVA

Dr. Gabriel Klein (right) received the 2016 Esther Rentas Resident Research Award, pictured here with Dr. Mark Melendez (SBM Surgery Class of '10), who in 2010 established the award in memory of his grandmother to help and encourage residents in pursuing basic and clinical surgical research. When a resident at Stony Brook, Dr. Melendez was a prolific researcher himself. PHOTO: WALDIR SILVA

ALUMNI NEWS

Dr. Vito A. Marrero ('78), now retired from clinical practice as a general surgeon, teaches surgery at New York Medical College in Valhalla, NY, where he is a clinical associate professor of surgery. During winter months, he also teaches in the Department of Behavioral and Clinical Medicine at the American University of the Caribbean School of Medicine on the island of St. Maarten.

Dr. Robert A. Mason ('79) retired last year from his practice as a vascular surgeon in Saugerties, NY. He is now living another dream, with his wife horticulturist Melanie, running their 450-acre farm in Upstate New York, where they grow and sell Angus beef and daylilies. It's called Long Lesson Farm; read about it at www.longlesson.com.

Dr. George B. Newton ('86) continues to practice as a general and vascular surgeon in Virginia, outside of Richmond.

Dr. Jonathan P. Yunis ('90) practices in Sarasota, FL, specializing only in hernia and hernia-related problems—from inguinal and femoral hernia repair to umbilical, epigastric, and ventral hernia repair. He is responsible for repairing over 650 hernias per year. In addition, he does missionary work, bringing his skills to those in need in different parts of the world, including Ghana, Haiti, and the Dominican Republic. Hernia surgery is not even an option for many people of the world. That's why he has traveled to help those in need. While many people have benefited from his various missions abroad, he also commits time to teaching local surgeons more modern surgical techniques for hernia repair.

Dr. Kwabena Mawulawde ('91), a cardiothoracic surgeon, last year started practicing at the New Mexico Heart Institute in Albuquerque. He went there from the Cleveland Clinic where he was a clinical associate in thoracic and cardiovascular surgery (2010-14), in the transplant and mechanical devices section. Previously, he was practicing in Arkansas and Georgia, where he served as chief of cardiac and cardiothoracic surgery, respectively, at different institutions. Currently, his clinical interests include re-operative open heart surgery, aortic valve sparing surgery, aortic valve repair/replacement (minimally invasive), mitral valve repair/replacement, coronary artery bypass grafting, surgery for atrial fibrillation, myectomy for hypertrophic obstructive cardiomyopathy, mechanical circulatory support, pericardiectomy, and treatment of pulmonary diseases including transplantation.

Dr. Andrew Monteleone ('06) has been named facility medical director for Novant acute care surgery services at Forsyth Medical Center in Winston-Salem, NC.

Dr. Fady M. Kaldas ('08) joined UCLA's Department of Surgery in 2010 as an assistant professor after completing his fellowship there in multi-organ transplant. He currently is director of the liver transplant service, and the transplant surgery rotation. He also serves as associate director of the multi-organ transplant program. His clinical areas of interest include adult and pediatric liver transplantation and hepatobiliary surgery, hepatocellular carcinoma, living related liver transplantation, transplant immunosuppression, and hepatitis C. He has had a keen interest in liver transplantation and ischemia reperfusion (IR) injury, and collaborated in efforts aimed at reducing IR injury in organ transplantation with the aim of increasing the usable organ pool.

Dr. Kaldas in January was the speaker at our Surgical Grand Rounds, where he gave a presentation titled "Liver Transplantation in the High MELD Era" (MELD = model for end-stage liver disease).

Dr. Kelvin Kwan N. Lau ('09), following his fellowship training in hepato-pancreato-biliary surgery at Carolinas Medical Center in Charlotte, NC, and then in multi-organ transplantation at UCLA's Pfleger Liver Institute, joined the faculty at Temple University in Philadelphia, PA, as assistant professor of surgery. He specializes in liver transplantation, hepatobiliary surgery, liver cancer research, surgical technology development, and outcomes research for organ transplantation.

{ ALUMNI NEWS SUBMISSIONS }

To submit alumni news online, please visit the Department of Surgery website at www.medicine.stonybrookmedicine.edu/surgery/about/news/alumni

DIVISION BRIEFS

Bariatric, Foregut, and Advanced Gastrointestinal Surgery

Dr. Andrew T. Bates, assistant professor of surgery, joined our full-time faculty in July after his one-year minimally invasive and bariatric surgery fellowship here at Stony Brook.

Dr. Bates in June at Research Day was awarded funding from the Department of Surgery's Small Grants Program for his research project titled "**Comparison of Hypercoagulability after Minor vs. Major Surgery**." His senior faculty mentor is **Dr. Aurora D. Pryor**.

This study aims to create a preoperative scoring system that can be used to risk-stratify patients for venous thromboembolism (VTE) and make recommendations for prophylactic anticoagulation to reduce the body's ability to form clots in the blood.

The study's overall goal is to prevent thousands of deaths and billions of dollars in healthcare expenditures annually through the use of accurate VTE risk stratification.

Dr. John M. Cosgrove, professor of surgery and chief of surgery at Eastern Long Island Hospital, has been **elected vice president of the medical staff at ELIH**.

Dr. Cosgrove has also been **appointed governor of the American College of Surgeons** (the board of governors consists of members from all over the world, representing many different surgical specialties and societies) and **appointed secretary of the New York Surgical Society**.

Dr. Cosgrove in March gave a presentation titled "**The University Perspective on Community Hospital Training of Surgical Residents**" at the annual meeting of the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) held in Boston, MA.

An expert in laparoscopic surgery, he has also become a reviewer for the SAGES journal, *Surgical Endoscopy*.

Dr. Aurora D. Pryor, professor of surgery and vice chair for clinical affairs, and chief of bariatric, foregut, and advanced gastrointestinal surgery, in April was **featured on News 12 Long Island**, commenting on a new study that shows rates of childhood overweight and obesity have not decreased in the United States in recent years, and severe obesity is on the rise, especially for minority children.

Dr. Pryor in May published her third book, titled *The SAGES Manual: Ethics of Surgical Innovation* (Springer). This text is a resource for surgeons, researchers, and health policy personnel to understand the ethical issues related to the development, introduction, and adoption of **innovative therapies for gastrointestinal diseases**.

Dr. Pryor continues to give presentations throughout the country. Recent lectures include:

- Dysphagia, bloating and recurrent GERD following fundoplication. Evolving Strategies in Minimally Invasive Surgery Course with Ohio State University. New Orleans, LA, January 2016.
- Primary endoluminal bariatric procedures. Evolving Strategies in Minimally Invasive Surgery Course.
- Technical strategies for safe cholecystectomy. Evolving Strategies in Minimally Invasive Surgery Course.
- History and future directions in bariatric/metabolic devices. Baystate Medical Grand Rounds. Springfield, MA, January 2016.
- Devices and innovations in bariatric and metabolic surgery [keynote]. Illinois Surgical Society Annual Spring Meeting. Evanston, IL, May 2016.

Dr. Mark A. Talamini, professor and chairman of surgery, and chief of surgical services at Stony Brook Medicine, in April gave the 2016 John H. Gibbons Jr. Grand Rounds lecture at Thomas Jefferson University in Philadelphia, PA. The title of his lecture was "**Surgery and Technology: A Complicated Partnership**."

Dr. Talamini emphasized that the era of surgical technology is well upon us; that we need new approaches to harness surgical technology and maximize patient safety; and, that surgeons are critical partners in this venture.

Dr. Talamini in February served as **chair of the FDA's Gastroenterology and Urology Devices Panel** of the Medical Devices Advisory Committee.

During the morning-long meeting, the committee discussed and made recommendations regarding the reclassification for instrumentation intended to aid in the insertion, placement, fixation, or anchoring of surgical mesh for urogynecologic procedures; the classification for two devices for management of hemorrhoids; and the classification for a device intended to separate blood components and perform therapeutic plasma exchange for the management of serious medical conditions in adults and children.

Breast Surgery

Dr. Brian J. O'Hea, associate professor of surgery and chief of breast surgery, in June participated in the Long Island Hospitality Ball (LIHB) featuring Alec Baldwin that successfully raised a record-breaking **$408,215 for the Carol M. Baldwin Breast Cancer Research Fund**. A long-time champion of breast cancer research, Dr. O'Hea serves as the fund's president.

This is the second year the Carol M. Baldwin Breast Cancer Research Fund has been chosen as the beneficiary of the LIHB. Last year, the fund netted over $200,000 from it.

Cardiothoracic Surgery

Dr. Thomas V. Bilfinger, professor of surgery and director of thoracic surgery, in July published a noteworthy research report in *Medical Science Monitor*, titled "Five-Year Survival among Stage IIIA Lung Cancer Patients Receiving Two Different Treatment Modalities." His study, conducted at Stony Brook, shows **improved survival for lung cancer patients**.

Specifically, the study findings indicate that preoperative chemotherapy followed by resection can improve survival outcomes for stage IIIA lung cancer patients compared with chemo-radiation alone. The results reflect a select surgical group of patients; thus, the data highlight the need to develop new therapies that may result in more patients being viable surgical candidates.

Dr. Bilfinger, who is director of the Lung Cancer Evaluation Center at Stony Brook Medicine, has demonstrated in several publications that **our lung cancer surgery outcomes consistently exceed the national averages**.

Dr. Bilfinger is pleased to announce that the **Lung Cancer Evaluation Center has expanded** its clinical staff, allowing not only for expanded clinic hours but also for expanded services. Plans are to expand clinic locations in the fall.

Dr. Bilfinger continues to give lectures and presentations nationally and internationally. Recent presentations include:

- Acute uncomplicated type B dissection: do we have any evidence for surgical intervention? European Association for Cardio-Thoracic Surgery Meeting. Ioannina, GR, May 2016 [author: Bilfinger TV].
- Suspicious positron emission tomography (PET) positive lung nodule—is it cancer? American Thoracic Society International Conference. San Francisco, CA, May 2016 [authors: Albano D, Nemesure B, Davis J, Bilfinger TV].

- Using failure to rescue as new quality assurance metric. American Association for Thoracic Surgery Annual Meeting. Baltimore, MD, May 2016 [authors: Gioia W, Shroyer A, Bilfinger TV, Seifert F].

Dr. Bilfinger is collaborating with colleagues at Stony Brook University and other international institutions in a large five-year funded phase 1 clinical trial, starting in June ($800,000 per year), of **fiber-optic monitoring of spinal cord hemodynamics in thoracic aneurysm repair**.

Spinal cord ischemia occurs frequently during thoracic aneurysm repair. Current methods based on electrophysiology techniques to detect ischemia are indirect, non-specific, and temporally slow.

Developed at Stony Brook, the first-generation spinal fiber-optic monitoring device being studied offers a novel and potentially important step forward in the monitoring of spinal cord ischemia during this aneurysm repair.

Colon and Rectal Surgery

Dr. Roberto Bergamaschi, professor of surgery and chief of colon and rectal surgery, in June was **elected president of the New York Society of Colon and Rectal Surgeons** for a two-year term.

Dr. Bergamaschi continues to give lectures and presentations at regional, national, and international meetings to advance colon and rectal surgery. Among his recent presentations are:

- Extralevator vs. non-extralevator abdominoperineal resection for rectal cancer. A randomized controlled trial. New York Society Colon and Rectal Surgeons: Residents' Night. New York, NY, March 2016 [authors: Abbas S, Bergamaschi R].
- Should elective resection follow nonoperative management of first episode of diverticulitis of the sigmoid colon with abscess and extraluminal air? A randomized controlled trial. New York Society Colon and Rectal Surgeons: Residents' Night. [authors: Bendl R, Bergamaschi R].
- Laparoscopic/robotic total mesocolic excision for right colectomy. National Congress of the Romanian Society of Coloproctology. Timisoara, Romania, March 2016 [author: Bergamaschi R].
- Minimally invasive colorectal surgery [keynote]. National Congress of the Romanian Society of Coloproctology. [author: Bergamaschi R].
- Robotic low anterior resection of rectal cancer. National Congress of the Romanian Society of Coloproctology. [author: Bergamaschi R].
- Transanal total mesorectal excision. National Congress of the Romanian Society of Coloproctology. [author: Bergamaschi R].
- Why laparoscopic surgery should be abandoned in curative resection of rectal cancer. National Congress of the Romanian Society of Coloproctology. [author: Bergamaschi R].
- Incidental FDG uptake in rectal cancer PET-CT. American Roentgen Ray Society Annual Meeting. Los Angeles, CA, April 2016 [authors: Safaie E, Matthews R, Bergamaschi R].
- Should elective resection follow nonoperative management of first episode of diverticulitis of the sigmoid colon with abscess and extraluminal air? A randomized controlled trial. American Surgical Association Annual Meeting. Chicago, IL, April 2016 [authors: Bendl R, Bergamaschi R].
- Should elective resection follow nonoperative management of first episode of acute sigmoid diverticulitis with abscess and extraluminal air? A randomized controlled trial. European Society of Coloproctology Scientific Annual Meeting. Milan, Italy, September 2016 [authors: Bendl R, Bergamaschi R].

Dr. Paula I. Denoya, associate professor of surgery, in May was selected for inclusion as **one of the 2016 "New York Super Doctors"** in the listing published in the *New York Times Magazine*. The selection process for "Super Doctors" is a rigorous multi-step process designed to identify physicians who have attained a high degree of peer recognition and professional achievement.

Dr. William B. Smithy, assistant professor of surgery, in January gave a lecture titled **"The Diagnosis and Treatment of Common Anorectal Conditions"** for Gastroenterology Grand Rounds at UConn Health Center, Farmington, CT.

Otolaryngology-Head and Neck Surgery

Dr. Lukasz Czerwonka, assistant professor of surgery, in June at Research Day was awarded funding from the Department of Surgery's Small Grants Program for his research project titled "**Sentinel Lymph Node Mapping and Biopsy for Oral Cavity and Oropharynx Squamous Cell Carcinoma**." His senior faculty mentor is **Dr. Ghassan J. Samara**.

This study aims to develop the technique of sentinel lymph node biopsy for utilization in the management of patients with oral cavity and oropharynx (mouth/throat) cancer in order to avoid the extensive and risky neck surgery now done to assess the extent of the cancer.

The study's overall goal is to pave the way for future outcomes-based research testing the validity of this novel way of identifying sentinel nodes.

If successful, Dr. Czerwonka's technique could improve patient outcomes while lowering the morbidity of operative and non-operative treatment.

Pediatric Surgery

Dr. Helen Hsieh, assistant professor of surgery, in May was **awarded the 2016 Enrichment Grant** provided by the American Pediatric Surgery Association (APSA) to support young pediatric surgeon-scientists.

The title of her research project is "**Effect of Sedation on Developing Neuronal Circuits**." Her one-year project aims to understand how exposure to a widely used sedative affects neuronal circuit development in premature infants.

The data obtained in her study will allow for an evaluation of the consequences of sedation on neuronal development at a time when the neuronal circuit is quite immature. This work will help determine the mechanisms underlying these changes and how they can be avoided.

The $25,000 grant will enable her to complete significant preliminary work to form the basis for future competitive national grants such as NIH funding. Many of the previous winners of APSA's annual Enrichment Grant have gone on to be leaders in the field of pediatric surgery.

Dr. Richard J. Scriven, associate professor of surgery and director of the general surgery residency, who serves as a volunteer member of the Stony Brook Fire Department, in March was honored by the Suffolk County Legislature "for **heroic actions that preserved lives** while responding to a plane crash into Setauket Harbor" in February.

Plastic and Reconstructive Surgery

Bellavie MedSpa was opened in June at the department's outpatient offices complex in Nicolls Professional Park, located at 23 South Howell Avenue, Suite F, Centereach. We offer a range of **advanced, clinically proven, medical-grade aesthetic services**, including cosmetic tattooing, exfoliation, injectables, laser, and sclerotherapy.

Dr. Sami U. Khan, associate professor of surgery and director of cosmetic surgery, is medical director, along with **Dr. Antonios P. Gasparis**, professor of surgery (vascular). For more information about the services provided there, please visit medspa.stonybrookmedicine.edu.

Dr. Alexander B. Dagum, professor of surgery and orthopaedics, executive vice chair of surgery, and chief of plastic and reconstructive surgery, in January performed a **rare double-lip reconstructive surgery** for an African boy mauled in chimp attack and brought from the Congo to Long Island.

The 16-hour reconstructive procedure, which started in the morning and went into the night, was the first of a series of major operations. The story gained international media attention. See update on page 19.

Dr. Dagum was again selected for inclusion in ***New York* Magazine's Best Doctors** issue published in June. The 1,300 peer-selected physicians on the 2016 list represent the top 2% of physicians in the greater New York metropolitan area.

Dr. Dagum continues with Stony Brook colleagues to give research presentations at regional, national, and international meetings. Among them are:

- Development of a novel way to create larger vascular conduits of different biomaterials. European Research Council, European Plastic Surgery Research Council Joint Meeting. Brussels, Belgium, May 2016 [authors: Singh G, Klein G, Bui D, Khan S, Dagum A].
- The effect of antibiotic and drain duration on infectious complications following alloplastic breast reconstruction. American Association of Plastic Surgeons, Plastic Surgery Research Council Joint Meeting. New York, NY, May 2016 [authors: Klein G, Wang L, Phillips, B, Khan S, Dagum A, Bui D].

Dr. Dagum in June was honored as recipient of the **Excellence in Surgical Education Award** presented by the 2016 graduating plastic surgery fellows of the Long Island Plastic Surgery Group.

Also in June, Dr. Dagum received the **University of Toronto Alumni Chairman's Medal** awarded in recognition of his contribution to the specialty of plastic surgery.

Dr. Mark A. Gelfand, assistant professor of surgery, was chosen **Outstanding Teacher of the Year** (2015-16) by our surgery residents.

Dr. Tara L. Huston, assistant professor of surgery and dermatology, was **featured in the July issue of *Plastic Surgery News***, the newsletter of the American Society of Plastic Surgery. The article about her quotes her:

"I could not operate without the fantastic team at Stony Brook Medicine. The opportunity to help patients is wonderful, and doing it with so many dedicated nurses, techs, residents, medical students, physician assistants, and partners makes the experience even more rewarding."

Dr. Huston in July was **interviewed by Brookhaven Town Supervisor Ed Romaine on melanoma and skin cancer prevention**. The link to the video of the 16-minute interview can be found on her webpage: www.medicine.stonybrookmedicine.edu/surgery/people/faculty/dr-tara-l-huston.

Dr. Gurtej Singh, research assistant professor professor of surgery, in July received a two-year Stony Brook School of Medicine-funded Targeted Research Opportunities $80,000 grant for his study titled "**Tissue Engineered Hybrid Graft for Vascular and Reconstructive Surgeries**."

The study aims to develop a novel tissue-engineered hybrid vascular graft using both biological and synthetic materials, in order to advance microvascular flap-based tissue reconstructions following trauma and cancer procedures. Dr. Dagum is a co-investigator.

Surgical Oncology

Dr. Joseph Kim, associate professor of surgery, in January was **appointed chair of the Gastrointestinal Disease Site Workgroup of the Society of Surgical Oncology**, the premier organization for surgeons and healthcare providers dedicated to advancing the science and treatment of cancer. He had served as vice chair from 2014 to this year.

Dr. Kim in May was selected for inclusion as **one of the 2016 "New York Super Doctors"** in the listing published in the *New York Times Magazine*. The selection process for "Super Doctors" is a rigorous multi-step process designed to identify physicians who have attained a high degree of peer recognition and professional achievement.

Trauma, Emergency Surgery, and Surgical Critical Care

Dr. Steven Sandoval, assistant professor of surgery and medical director of the Suffolk County Volunteer Firefighters Burn Center, in May was honored by the Suffolk County Volunteer Firefighters Burn Center Fund at the annual Burn Center Recognition Day as the **recipient of the 2016 Care Provider of the Year Award**.

At the event Dr. Sandoval expressed his appreciation: "Burn Recognition Day gives the opportunity for all members of the team—prehospital providers, legislative, and Suffolk government—to meet and recognize the shared support of the treatment of burn patients."

The Suffolk County Volunteer Firefighters Burn Center Fund, a key benefactor of the Burn Center, sponsored the event. Suffolk's firefighters work throughout the year raising money that enables the Burn Center to provide burn garments for patients who can't afford them, purchase important equipment, have nurses hold educational burn prevention seminars in the community, and even supply DVDs for patients to enjoy.

Vascular and Endovascular Surgery

Our vascular surgeons are now **performing endovascular lower extremity and fistula interventions in the office** at the new Vascular Center in Centereach, using the state-of-the-art outpatient angio-suite there.

Dr. Shang A. Loh, assistant professor of surgery, in July became **program director of the vascular surgery residency and fellowship**.

Dr. Loh in February gave a presentation titled "**Fluoroscopy Time Is Not Accurate as a Surrogate for Radiation Exposure**" at the Vascular and Endovascular Surgery Society Winter Meeting held in Park City, UT.

Dr. Nicholas Sikalas, assistant professor of surgery, in June received a two-year Stony Brook School of Medicine-funded Targeted Research Opportunities $60,000 grant for his study titled "**Spatial and Temporal Characterization of Fibrin as It Pertains to Deep Vein Thrombosis and Its Resolution**."

The study aims to better understand the physiologic processes underlying venous thrombo-embolism, which is a major cause of morbidity and mortality in the United States, accounting for greater than one-half million hospital admissions each year. It is hoped the study findings will facilitate the development of a new preventive treatment.

Dr. Labropoulos and Dr. Bui (plastic surgery) are co-investigators.

Dr. Apostolos K. Tassiopoulos, professor of surgery and chief of vascular and endovascular surgery, was again selected for inclusion in ***New York* Magazine's Best Doctors** issue published in June. The 1,300 peer-selected physicians on the 2016 list represent the top 2% of physicians in the greater New York metropolitan area.

Dr. Tassiopoulos in August won the Stony Brook University Hospital's iCARE Award for Excellence along with Dr. Loh.

The **Seventh Annual Venous Symposium**—directed by **Dr. Antonios P. Gasparis**, professor of surgery, and **Dr. Nicos Labropoulos**, professor of surgery—was held in April in New York, NY, and was a great success with 400-plus health professionals in attendance.

The Venous Symposium has established itself as one of the premier international vein meetings, and provides all specialists a complete program on the current knowledge and management of venous disease. Participation provides a maximum of 22.75 AMA PRA Category 1 Credits™.

Next year's symposium will take place on April 6-8, 2017, in New York. For more information, please visit the symposium's website: www.venous-symposium.com.

PRACTICE LOCATIONS

Stony Brook Surgical Associates

Montauk to Manhattan

Heart Institute
University Hospital
Level 5
101 Nicolls Road
Stony Brook, NY 11794
(631) 444-6590 (tel)
(631) 444-8963 (fax)

Surgical Care Center
37 Research Way
East Setauket, NY 11733
(631) 444-4545 (tel)
(631) 444-4539 (fax)

Cancer Center / Carol M. Baldwin Breast Care Center
3 Edmund D. Pellegrino Road
Stony Brook, NY 11794
(631) 638-1000 (tel)
(631) 444-6348 (fax)

Plastic & Cosmetic Surgery Center
24 Research Way
Suite 100
East Setauket, NY 11733
(631) 444-4666 (tel)
(631) 444-4610 (fax)

Bellavie MedSpa
23 South Howell Avenue
Suite F
Centereach, NY 11720
(631) 638-3950 (tel)
(631) 638-3947 (fax)

Bariatric & Metabolic Weight Loss Center
Nicolls Professional Park
23 South Howell Avenue
Suite D
Centereach, NY 11720
(631) 444-BARI (2274) (tel)
(631) 444-6176 (fax)

Vascular Center
Nicolls Professional Park
23 South Howell Avenue
Suite G
Centereach, NY 11743
(631) 638-1670 (tel)
(631) 638-1691 (fax)

Center for Vein Care
Nicolls Professional Park
23 South Howell Avenue
Suite G
Centereach, NY 11743
and
222 Middle Country Road
Suite 209
Smithtown, NY 11787
and
864 West Jericho Turnpike
Huntington, NY 11743
and
160 Middle Road
Suite 3
Sayville, NY 11782
and
951 Roanoke Avenue
Riverhead, NY 11901
and
225 West Montauk Highway
Hampton Bays, NY 11946
and
240 Meeting House Lane
The Schenck Building
Southampton, NY 11968
(631) 444-VEIN (8346) (tel)
(800) 345-VEIN (8346) (tel)
(631) 444-8824 (fax)

Smithtown Office
222 Middle Country Road
Suite 209
Smithtown, NY 11787
(631) 638-2800 (tel)
(631) 638-2830 (fax)

Greenport Surgery Office
Eastern Long Island Hospital
201 Manor Place
Greenport NY 11944
(631) 477-5386 (tel)
(631) 477-0025 (fax)

Outpatient Services Center
225 West Montauk Highway
Hampton Bays, NY 11946
(631) 723-5000 (tel)
(631) 723-5010 (fax)

Southampton Vascular Office
240 Meeting House Lane
Schenck Building
Southampton, NY 11968
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(631) 638-1691 (fax)

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Patient Update:

The story of 8-year-old Dunia Sibomana of the Congo in Central Africa (*see pre-op photo on back cover*) and the life-changing treatment provided pro bono at Stony Brook Children's gained international media attention. The boy had been mauled in a chimp attack and lost much of his face—his upper and lower lips. **Alexander B. Dagum, MD** (left in photo), chief of plastic and reconstructive surgery, has led our surgical team performing a series of procedures to reconstruct the boy's lips. So far he has had two procedures, and a third one will take place in September. "The final outcome is difficult to predict at this stage," says Dr. Dagum. "The new lips are providing better function but require more tweaking for the aesthetics to improve." Now living in Brooklyn, Dunia will be here for several more months, possibly longer, before returning home.

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Stony Brook Medicine

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(631) 444-6176 (fax)
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Aurora D. Pryor, MD
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BREAST SURGERY
(631) 638-1000 (tel)
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BURN CARE
(631) 444-4545 (tel)
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Marc J. Shapiro, MD

CARDIOTHORACIC SURGERY
(631) 444-1820 (tel)
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GENERAL/GASTROINTESTINAL SURGERY
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OTOLARYNGOLOGY-HEAD AND NECK SURGERY (ENT)
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PLASTIC AND RECONSTRUCTIVE SURGERY
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PODIATRIC SURGERY
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VASCULAR SURGERY
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