Stony Brook Medicine

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POST-OP

News update from the Department of Surgery

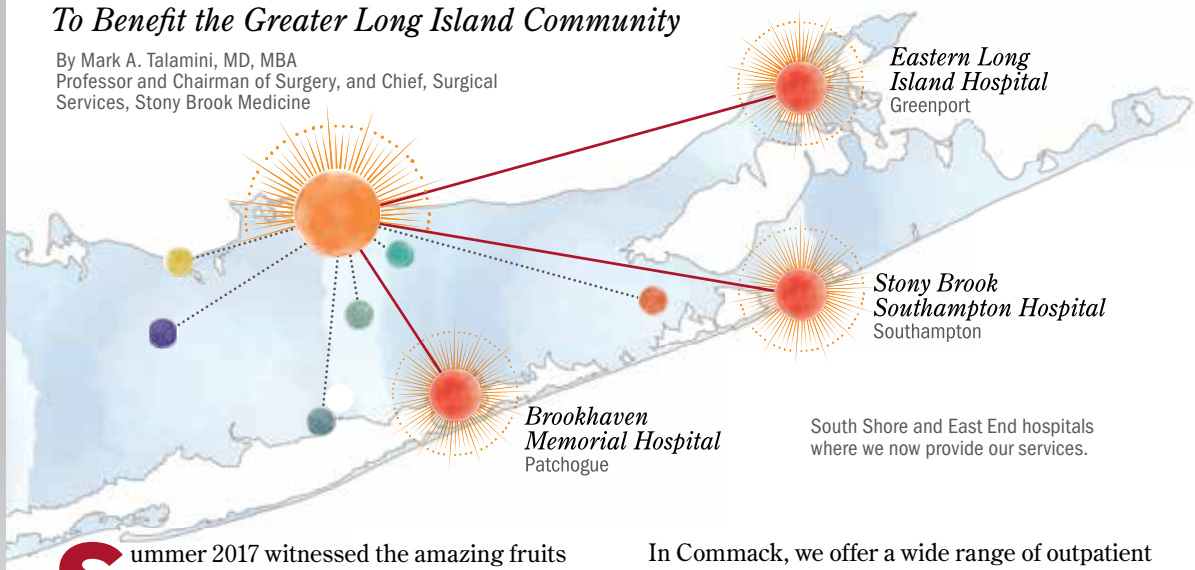
Stony Brook University School of Medicine

IN THIS ISSUE . . .

Expanding Our Services throughout Suffolk County

Establishing Our Clinical Practice in More Hospitals To Benefit the Greater Long Island Community

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



Summer 2017 witnessed the amazing fruits of our labor to bring Stony Brook Surgery's clinical practice closer to the homes of those who need our services in Suffolk County.

This is good news for Long Islanders in the many different communities of Suffolk with its population of 1.5 million residents.

Our practice at Stony Brook Medicine's new multidisciplinary center in Commack, called Advanced Specialty Care, has been very well received by patients west of Stony Brook. The department's faculty there are seeing increasing numbers of patients.

In Commack, we offer a wide range of outpatient services provided by our specialists in general/gastrointestinal surgery, hernia care, colorectal surgery, otolaryngology, vascular and endovascular surgery, and vein care.

With Stony Brook Medicine's acquisition of Southampton Hospital, we have entered a new age in the healthcare of Eastern Long Island.

Now, with Stony Brook Medicine's acquisition of Southampton Hospital in Southampton, on the South Fork of the East End, we have entered a new age in the healthcare of Eastern Long Island when it comes to surgery.

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Introducing Dr. Christopher S. Muratore

Our New Chief of Pediatric Surgery

We are very pleased to introduce Christopher S. Muratore, MD, who joined our faculty in September as professor of surgery and chief of our Pediatric Surgery Division of five fellowship-trained pediatric surgeons.

Dr. Muratore comes to Stony Brook from the Warren Alpert Medical School of Brown University, where since 2013 he had been associate professor of surgery and pediatrics.

Board certified in both general surgery and pediatric surgery, Dr. Muratore specializes in the care of children (newborns to adolescents aged 17 years) who require the surgical management of congenital and acquired anomalies/diseases of the neck, chest, abdomen, anorectum, and soft tissues.

Dr. Muratore has special expertise in fetal surgery for patients with severe congenital diaphragmatic hernia (CDH), fetal management of twin-to-twin transfusion syndrome, treatment of complex vascular and lymphatic malformations, and extracorporeal membrane oxygenation (ECMO; long-term cardiopulmonary bypass for treating reversible respiratory and/or cardiac failure).

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Introducing Dr. Christopher S. Muratore

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PHOTO: JEANNE NEVILLE

Dr. Christopher S. Muratore

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

"We are thrilled to have successfully recruited Chris Muratore to lead pediatric surgery at Stony Brook. With our pediatric surgeons, the children of Suffolk County have a comprehensive pediatric surgery team as good as any in the region."

While on the faculty at Brown, Dr. Muratore was an attending surgeon at two major hospitals in Providence: Hasbro Children's Hospital, a division of Rhode Island Hospital—the major teaching hospital of Brown's medical school—and Women and Infants Hospital of Rhode Island.

He served as medical director of Rhode Island Hospital's ECMO program, the only extracorporeal life support program in the region, functioning as a regional referral service and caring for neonatal (including CDH), pediatric, adult and cardiac patients in a multidisciplinary fashion.

At Hasbro Children's Hospital, he served as surgical director of the pediatric intensive care unit, and as co-director of the multidisciplinary vascular anomalies clinic treating both pediatric and adult patients.

A dedicated educator, Dr. Muratore had been the program director of Brown's pediatric surgery residency program.

Dr. Muratore received his MD from Georgetown University in 1995. He completed his general surgical residency training at the Beth Israel Deaconess Medical Center in Boston and his pediatric surgery residency at Boston Children's Hospital.

During general surgery training, he spent an additional year of study at Children's Hospital Boston as the ICU/ECMO fellow, followed by two additional years of training in the pediatric surgical research laboratories investigating the treatment of CDH.

In 2005, on completion of his pediatric surgery residency, Dr. Muratore joined the surgical faculty at Brown.

As a researcher, Dr. Muratore continues to do work to advance ECMO, in particular anticoagulation safety. He maintains an active interest in the outcomes of ECMO, patients with CDH, pulmonary hypertension, and adults with acute respiratory distress syndrome who require ECMO. He was a key investigator on the FDA-sponsored investigational device exemption (IDE) for in utero tracheal occlusion for severe CDH.

Another area of translational investigation by Dr. Muratore and colleagues is the liver and understanding its intrinsic capacity to repair itself and recover from inflammatory insults such as those associated with neonatal gastrointestinal complications from gastroschisis and necrotizing enterocolitis.

An active scholar as well as clinician, Dr. Muratore is the author of numerous peer-reviewed articles, as well as book chapters. He serves as a reviewer of major journals, including *Journal of Surgical Research*, *Journal of Pediatric Surgery*, and *Pediatrics*.

The second edition of *Fundamentals of Pediatric Surgery*, of which he is an associate editor, was just published this year by Springer, and provides a practical and up-to-date resource for the practicing surgeon, detailing the specific needs and special considerations surrounding the surgical care of children.

In his review of this textbook published in *Doody's*, Robert Arensman, MD, chief of pediatric surgery at University of Illinois Hospital in Chicago, states: "Overall it will be enjoyed and used by the intended audience with delight and thanks for some years to come."

Dr. Muratore is a fellow in the American College of Surgeons (FACS) and the American Academy of Pediatrics (FAAP). He also is active in several professional organizations, including the American Pediatric Surgical Association, Association for Academic Surgery, Society of American Gastrointestinal and Endoscopic Surgeons, Congenital Diaphragmatic Hernia Study Group, and Children's Oncology Group.

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

Dancing in the 2017 "Dancing with the Doctors" Competition

Dr. Christopher Muratore has been an active supporter of the Izzy Foundation, based in Providence, RI, and was a participant in the foundation's "Dancing with the Doctors" fundraiser to raise money for local, non-profit organizations.

The inspiration for the foundation came from Izzy Wohlrab who, despite being diagnosed with stage 4 cancer after her 1st birthday, maintained an incredible spirit over the next three years until she died, and while alive she spread joy and happiness to everyone who met her.

Dr. Muratore explains:

"I've always wanted to 'make a difference'—you hear that all the time, but I chose to pursue pediatric surgery because it was the opportunity to be part of something bigger than just me. The risks are higher, but the rewards are so much greater.

"As Izzy's surgeon, the outcome couldn't be changed, but this little girl reminded me and showed all of us that unanticipated, big ideas and legacy arise like a phoenix from the ashes.

"As friends and supporters of the Izzy Foundation, we have all learned again, that one must live outside one's comfort zone for growth to occur. So, I dance (outside my comfort zone!) to grow, to enjoy, and to remain part of something bigger than just me."

The Izzy Foundation

Chairman's Message

Expanding Our Services Throughout Suffolk County

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This historic development expands the Stony Brook Medicine healthcare system in a major way. What's more, the expansion is further enhanced by Stony Brook's current affiliations with Eastern Long Island Hospital in Greenport on the North Fork, and with Brookhaven Memorial Hospital Medical Center in Patchogue on the South Shore.

These three hospitals are welcoming our department's faculty, and their patients are welcoming them, as well. We are adding a new dimension to the surgical care they have been offering their communities for decades.

At Stony Brook Southampton Hospital, we currently provide vascular and endovascular services under the direction of Dr. Apostolos Tassiopoulos, chief of our Vascular and Endovascular Surgery Division and director of the Stony Brook Vascular Center.

Dr. Tassiopoulos is medical director of vascular and endovascular surgery there. He and his division colleague Dr. George Koullias serve as attending physicians at the hospital.

In addition at Southampton Hospital, we provide services of our Lung Cancer Evaluation Center, under the direction of Dr. Thomas Bilfinger.

At Eastern Long Island Hospital, Dr. John Cosgrove of our Bariatric, Foregut, and Advanced Gastrointestinal Surgery Division currently provides a range of general surgery services.

Our affiliations with Eastern Long Island Hospital and Brookhaven Memorial Hospital Medical Center allow us to provide greater access to our services.

We are now working on a plan to establish vascular and endovascular surgery services there.

At Brookhaven Memorial Hospital, we currently provide trauma and surgical critical care services under the direction of Dr. James Vosswinkel, chief of our Trauma, Emergency Surgery, and Surgical Critical Care Division, and medical director of the Stony Brook Trauma Center. Our trauma faculty are all rotating coverage there.

We are helping the hospital prepare for designation as a verified trauma center by the American College of Surgeons.

PHOTO: JEANNE NEVILLE

Dr. Mark A. Talamini

In addition, we are now providing thoracic surgery services at Brookhaven under the direction of Dr. Henry Tannous, of our Cardiothoracic Surgery Division, and bariatric surgery services under the direction of Dr. Konstantinos Spaniolas, associate director of the Stony Brook Bariatric and Metabolic Weight Loss Center.

Future plans for Brookhaven, now in progress, include providing vascular and endovascular surgery services.

All told, all of us in the Department of Surgery are excited to be part of the expansion of the Stony Brook Medicine healthcare system in Suffolk County, and we look forward to growing with the county's population as it grows in the future.

Our commitment is to the health of the greater Long Island community.

Mark A Talamini

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

Celebrating a new vision for East End medicine, more than 100 gathered on August 21, 2017, to commemorate Stony Brook Southampton Hospital joining the Stony Brook Medicine healthcare system.

"Today signifies a bold step forward in realizing a new vision for bringing advanced medical care closer to home for residents of the East End of Long Island," said Stony Brook University President Samuel L. Stanley Jr., MD.

"We have raised a new flag and unveiled a new sign over the hospital entrance to symbolically signify the start of a new era for what is now called Stony Brook Southampton Hospital."

"We are creating a new network of healthcare providers that spans from Montauk to Manhattan and beyond," said Kenneth Kaushansky, MD, senior vice president, health sciences, and dean, Stony Brook University School of Medicine.

"During the past five years, Stony Brook and Southampton have already taken many bold steps to develop the Stony Brook Medicine healthcare system," said L. Reuven Pasternak, MD, CEO, Stony Brook University Hospital, and vice president for health systems, Stony Brook Medicine.

"Among other achievements, we have collaborated to attain a provisional Level 3 Trauma Center designation, opened a new hybrid operating room with sophisticated imaging technology, opened a new cardiology practice in Southampton, and developed a robust vascular program."

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Introducing More New Faculty

We are very pleased to introduce the following new members of the faculty of the Department of Surgery:

Anastasia Bakoulis, DO
Breast Surgeon

Title
Assistant Professor of Surgery

Board Certification
Surgery

Education
DO
Philadelphia College of Osteopathic Medicine (2010)

Residency Training
General Surgery, St. Barnabas Hospital

Fellowship Training
Burn/Critical Care, Jacobi Medical Center

Breast Surgery, Breast Institute, Northern Westchester Hospital

Clinical Interests/Expertise
- Diseases & surgery of the breast
- Benign & malignant lesions
- Breast conservation
- Nipple- & skin-sparing mastectomy
- High-risk patients
- Woman-centered care

Mohsen Bannazadeh, MD
Vascular Surgeon

Title
Assistant Professor of Surgery

Board Certification
Surgery

Education
MD
Shahid Beheshti U (2003)

Residency Training
General Surgery, Oakland U

Fellowship Training
Vascular Surgery, Mt. Sinai Hospital

Vascular Research, Cleveland Clinic

Clinical Interests/Expertise
- Arterial & venous surgery
- Open & minimally invasive endovascular management of all arterial conditions
- Complex venous disease, incl. treatment of acute DVT with thrombolysis, pelvic congestion syndrome & vascular malformations
- Minimally invasive treatment of varicose veins & spider veins
- Thoracic outlet syndrome
- Hemodialysis access
- Lower extremity limb salvage

Christopher S. Bellber, MD
Plastic Surgeon

Title
Assistant Professor of Surgery

Board Certification
Plastic Surgery
Surgery

Education
MD
Stony Brook U (2004)

Residency Training
General Surgery, U of Buffalo

Fellowship Training
Plastic Surgery, U of Mississippi

Craniofacial and Pediatric Plastic Surgery, Craniofacial Foundation of Utah and Primary Children's Medical Center, Salt Lake City, UT

Clinical Interests/Expertise
- Reconstructive & aesthetic surgery
- Craniofacial & pediatric plastic surgery
- Breast reconstruction after cancer
- Breast reduction & augmentation
- Face & neck lifts
- Nose surgery
- Treatment of facial fractures
- Reconstructive surgery for burn patients
- General liposuction & tummy-tuck surgery

Georgios V. Georgakis, MD, PhD
Surgical Oncologist

Title
Assistant Professor of Surgery

Board Certification
Surgery

Education
MD
U of Athens (2002)

PhD
U of Athens (2013)

Residency Training
General Surgery, U of Connecticut

Fellowship Training
Surgical Oncology, U of Pittsburgh

Research, U of Texas, MD Anderson Cancer Center

Clinical Interests/Expertise
- Malignant & benign tumors of the gastrointestinal tract
- Standard open surgery & minimally-invasive laparoscopic & robotic surgical techniques
- Regional perfusion therapies for treating late-stage & advanced cancers, incl. cytoreductive surgery with heated intraperitoneal chemotherapy (CRS-HIPEC)
- Sarcoma & melanoma, incl. sentinel lymph node biopsy & lymph node dissection

Erica R. Gross, MD
Pediatric Surgeon

Title
Assistant Professor of Surgery

Board Certification
Surgery
Surgical Critical Care

Education
MD
Pennsylvania State U (2006)

Residency Training
General Surgery, U of Connecticut

Fellowship Training
Pediatric ECMO, New York-Presbyterian Morgan Stanley Children's Hospital

Pediatric Surgical Critical Care, Children's Hospital of Wisconsin

Pediatric Surgery, Children's Hospital Colorado

Clinical Interests/Expertise
- Surgical management of congenital & acquired anomalies/diseases of the neck, chest, abdomen, anorectum & soft tissues in children (newborns to adolescents aged 17 years)
- Tumors
- Anorectal malformations
- Minimally invasive surgery
- Prenatal consultation
- Neonatal surgery
- Pediatric trauma

Kathreen P. Lee, MD
Colorectal Surgeon

Title
Assistant Professor of Surgery

Board Certification
Surgery

Education
MD
Boston U (2009)

Residency Training
General Surgery, U of Pennsylvania

Fellowship Training
Colorectal Surgery, Stony Brook U

Clinical Interests/Expertise
- Laparoscopic—incl. robotic—& conventional surgery for colon & rectal cancer, familial polyposis, diverticulitis & rectal prolapse
- Inflammatory bowel disease, Crohn's disease & ulcerative colitis
- Transanal excision of rectal polyps
- Treatment of anorectal abscess, fistula, fissure, anal condyloma, hemorrhoids, constipation & fecal incontinence
- Incisional/ventral hernia
- Colonoscopy
- Anorectal physiology/ manometry studies
- Anorectal ultrasound

Gurtej Singh, PhD
Research Scientist

Title
Research Assistant Professor of Surgery

Education
PhD
Rensselaer Polytechnic Institute (RPI), Troy, NY (2012); field, chemical engineering

Postdoctoral Training
Massachusetts Institute of Technology, Cambridge, MA

Privo Technologies, LLC, Peabody, MA

Research Interests
- Tissue engineering
- Rodent models of venous thrombosis
- Microbiology of acellular dermal matrices from breast reconstruction
- Rat tumor models
- Fluorescent assays

PHOTOS: JEANNE NEVILLE

Stony Brook Medicine

If you need surgery, why should you consider an academic medical center?

The answer is clear: to be in the place where the newest and the best surgery is being developed, practiced, and taught. And to be cared for by a team of the brightest, most engaged minds in medicine. This is what patients get at Stony Brook Medicine, where we are committed to innovation. **Our team is always asking, How can surgery be better?**

The physicians and other healthcare professionals of Stony Brook Surgical Associates—the clinical practice of the Department of Surgery—provide comprehensive care for both adults and children with a wide variety of problems requiring surgery.

In keeping with Stony Brook Medicine's mission of excellence in patient care, we offer specialized surgical services with several clinical programs and facilities unique in our region.

For our multiple practice locations and the phone numbers to call for consultations/appointments with our physicians, please see Page 23.

Sahar Amery, MD
Phlebologist/Vein Care

Title
Instructor of Surgery (Fellow)

Board Certification
Internal Medicine

Education
MD
U Autonoma de Guadalajara (2002)

Residency Training
Internal Medicine, Albany Medical Center

Fellowship Training
Cardiovascular Disease, Baylor College of Medicine

Clinical Interests/Expertise
- Venous diseases & syndromes
- Chronic venous disorder
- Chronic venous insufficiency
- Venous obstruction
- Pelvic venous congestion
- Lymphedema
- Venous tumors
- Venous thromboembolism

Tyler D. Cohn, MD
General & Bariatric Surgeon

Title
Instructor of Surgery (Fellow)

Board Certification
Surgery

Education
MD
U of Illinois (2012)

Residency Training
General Surgery, Northwestern U

Clinical Interests/Expertise
- Minimally invasive surgery
- Bariatric surgery
- Dysphagia (difficulty swallowing)
- Esophageal conditions & diseases
- Gallbladder disease
- Gastroesophageal reflux disease (GERD)
- Hernias
- Obesity
- Spleen disease
- Other abdominal conditions

Joel M. Crawford, MD
Phlebologist/Vein Care

Title
Instructor of Surgery (Fellow)

Board Certification
Surgery

Education
MD
Ross U (2012)

Residency Training
General Surgery, Brooklyn Hospital Center

Clinical Interests/Expertise
- Venous diseases & syndromes
- Chronic venous disorder
- Chronic venous insufficiency
- Venous obstruction
- Pelvic venous congestion
- Lymphedema
- Venous tumors
- Venous thromboembolism

Selected Recent Publications*

Alli VV, Yang J, Xu J, **Bates AT**, **Pryor AD**, **Talamini MA**, Telem DA. Nineteen-year trends in incidence and indications for laparoscopic cholecystectomy: the NY State experience. *Surg Endosc* 2017;31:1651-8.

Altieri MS, Pagnotti G, Corthals A, **Shroyer K**, **Pryor AD**, **Talamini M**, Telem DA. Autologous augmentation of hiatal hernia repair with filtered platelet concentrate improves tissue remodeling in a swine model. *Surg Endosc* 2017;31:1591-8.

Altieri MS, Yang J, Wang L, Yin D, **Talamini M**, **Pryor AD**. Surgeons' perceptions on industry relations: a survey of 822 surgeons. *Surgery* 2017;162:164-73.

Altieri MS, Yang J, Yin D, Frenkel C, **Talamini M**, Telem DA, **Pryor A**. Presence of a fellowship improves perioperative outcomes following hepatopancreatobiliary procedures. *Surg Endosc* 2017;31:2918-24.

Baer L, Rogers SC, **Farrelly P**, Tornos C, Sweeney K. The first case of HER2+ invasive ductal carcinoma arising from a breast hamartoma and literature review. *J Natl Med Assoc* 2017;109:55-9.

Bekelis K, **Labropoulos N**, Coy S. Risk of venous thromboembolism and operative duration in patients undergoing neurosurgical procedures. *Neurosurgery* 2017;80:787-92.

Bram R, Fiore S, McHugh D, **Samara GJ**, Davis RP. Hemostasis in endoscopic endonasal skull base surgery using the Aquamantys bipolar sealer: technical note. *J Clin Neurosci* 2017;41:81-5.

Cathcart SJ, **Sasson AR**, Kozel JA, Oliveto JM, Ly QP. Duodenal gangliocytic paraganglioma with lymph node metastases: a case report and comparative review of 31 cases. *World J Clin Cases* 2017;5:222-33.

Chandrashekar A, **Gasparis A**, **Labropoulos N**. Lack of symmetry in the major lower limb veins. *J Vasc Surg Venous Lymphat Disord* 2017;5:346-52.

Chikwe J, Adams DH. The donkey's shadow. *J Thorac Cardiovasc Surg* 2017;154:125-6.

Chiu WC, Alemu Y, **McLarty AJ**, Einav S, Slepian MJ, Bluestein D. Ventricular assist device implantation configurations impact overall mechanical circulatory support system thrombogenic potential. *ASAIO J* 2017;63:285-92.

Choi AH, O'Leary MP, Merchant SJ, Sun V, Chao J, Raz DJ, Kim JY, **Kim J**. Complications of feeding jejunostomy tubes in patients with gastroesophageal cancer. *J Gastrointest Surg* 2017;21:259-65.

Czerwonka L, De Santis RJ, Horowitz G, Hong M, Orsini M, Enepekides D, Goldstein DP, Dort J, Higgins K. Staging cutaneous squamous cell carcinoma metastases to the parotid gland. *Laryngoscope* 2017;127:2063-9.

Docimo S Jr, Lee Y, Chatani P, Rogers AM, Lacqua F. Visceral to subcutaneous fat ratio predicts acuity of diverticulitis. *Surg Endosc* 2017;31:2808-12.

Faries MB, Thompson JF, Cochran AJ, Andtbacka RH, Mozzillo N, Zager JS, Jahkola T, Bowles TL, Testori A, Beitsch PD, Hoekstra HJ, Moncrieff M, Ingvar C, Wouters MWJM, Sabel MS, Levine EA, Agnese D, Henderson M, Dummer R, Rossi CR, Neves RI, Trocha SD, Wright F, Byrd DR, Matter

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* The names of faculty authors appear in boldface.

High-Volume Surgeons Get Best Results with Mitral Valve Surgery

Patients More Likely to Receive Repair From Most Experienced Surgeons

The mitral valve is the most complex of the heart's four valves, and is the one most commonly associated with disease. It is located between the left heart chambers (left atrium and left ventricle). In mitral valve disease, it doesn't work properly.

There are three main conditions that affect the valve: obstruction (stenosis), leakage (regurgitation), and bulging backward during valve closure (prolapse).

Prolapse is the most common, occurring in up to 5% of the population, whereas stenosis is the least common, accounting for less than 1% of cardiac diagnoses in the United States, although it is more frequently seen in developing nations.

A faulty mitral valve that is not causing symptoms—cough, shortness of breath, swollen feet or legs, chest pain, fatigue, lightheadedness—may not need any treatment. Mild symptoms may be treated with medicine. With more severe symptoms, surgery may be required.

Most mitral valve surgeries have a low rate of complications, according to the Society of Thoracic Surgeons. However, potential complications include bleeding, infection, blood clots, irregular heart rhythm, or heart attack.

The contribution of surgeon-specific factors in the outcomes of mitral valve surgery is poorly defined. To advance the existing body of knowledge, Joanna Chikwe, MD, our chief of cardiothoracic surgery and co-director of the Stony Brook Heart Institute, and her colleagues at Mount Sinai Heart, conducted a study to evaluate the influence of surgeon case volume.

The study, of which Dr. Chikwe is lead author, was published in May in the *Journal of the American College of Cardiology*, titled "**Relation of Mitral Valve Surgery Volume to Repair Rate, Durability, and Survival.**" The findings were simultaneously presented at the American Association for Thoracic Surgery Centennial meeting in Boston.

"Look at not just the number of mitral valve operations in the surgeons, but what his or her repair rates actually are."

"We were able to show that durability of repair was actually about three times as good in patients operated on by surgeons doing more than 25 mitral valve operations per year," Dr. Chikwe says.

"And that translates into even better survival at one year. More patients were likely to be alive at one year if they had their mitral valve repair done by a high-volume surgeon."

Dr. Chikwe adds that volume is used as a surrogate for expertise, but it doesn't tell the full story: "On its own, the number [of mitral valve surgeries] doesn't necessarily predict that you'll have a good repair.

PHOTO: JEANNE NEVILLE

Dr. Joanna Chikwe

"I think what we're really trying to encourage with referring physicians and patients is to look at not just the number of mitral valve operations in the surgeons, but what his or her repair rates actually are."

Guidelines in the U.S. and Europe recommend valve repair instead of valve replacement when possible, according to the researchers, although they mentioned mitral valve replacement remains common in patients with degenerative valve disease.

"This study adds further clarity to the American Heart Association and American College of Cardiology guidelines, which already recognize that patients with degenerative mitral valve disease should be referred to experienced mitral surgeons whenever feasible," says senior study author David H. Adams, MD, who is cardiac surgeon-in-chief at Mount Sinai.

"Our study found for the first time that individual surgeon volume was directly linked to freedom from reoperation and survival after one year in patients operated on for degenerative mitral valve disease."

Dr. Chikwe joined our faculty last year. Her primary focus is aortic and mitral valve reconstruction, coronary revascularization, and minimally invasive cardiac surgery. She has particular experience in mitral valve repair.

Coming to Stony Brook from the Icahn School of Medicine at Mount Sinai in New York, Dr. Chikwe has a joint appointment there as professor of cardiovascular surgery, which she holds in view of Stony Brook's affiliation with Mount Sinai.

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

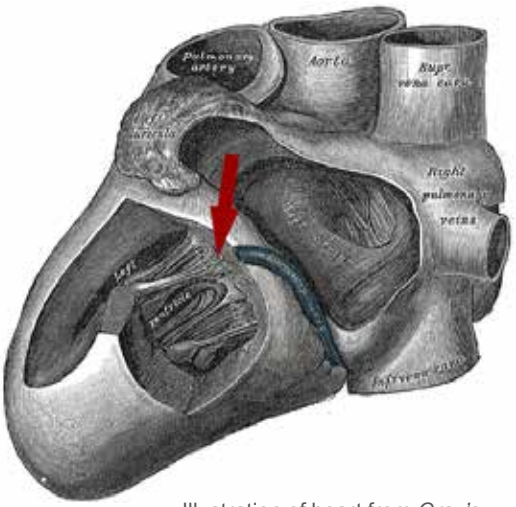

Illustration of heart from *Gray's Anatomy* showing location of bicuspid valve, another name for mitral valve.

Providing the Famous Shouldice Hernia Repair

Offering the Right Experience For Optimum Results

PHOTO: JEANNE NEVILLE

Dr. Samer Sbayi

Have you ever wondered what that bulge is in your groin, belly button, upper belly, or at the old scar in your belly?

Have you had it checked by a physician? Did a relative or friend tell you it might be a hernia?

Did you know you can have a hernia repaired by a procedure with a low complication rate, with slim to no chance of the hernia ever coming back, very low chronic pain rate, and no need for mesh?

Maybe you have heard that someone had a hernia repaired but it came back, or they had ongoing pain after the repair. Finding good answers to questions about hernias and the different methods of repairing them can be a challenge.

Here, Samer Sbayi, MD, MBA, of our Bariatric, Foregut, and Advanced Gastrointestinal Surgery Division, answers frequently asked questions about hernias and the famous Shouldice repair. An experienced Shouldice-trained surgeon, Dr. Sbayi has performed the Shouldice procedure for over 650 patients.

Q: What is a hernia?

A hernia is a weakness in your abdominal muscles that allows for a bulge that you may or may not see.

Sometimes what prompts a clinical exam by the doctor is pain, or a vague ache. This will likely compromise your ability to do the normal physical activity that you normally can accomplish.

Your employer will likely be very concerned in your ability to do your job successfully in your current condition, and will encourage you to have this taken care of or at least examined by a surgeon. You may actually be put on leave till this is addressed to their satisfaction.

We don't know the reasons for the weakness in the muscle that generates this condition, but we are very good at diagnosing it. You may need further imaging with an ultrasound or another x-ray like a CT scan to better see what is going on.

Q: How are hernias repaired?

Repairs, however, are many, and mostly use mesh (or a screen or patch). They can be laparoscopic (small-hole surgery with camera) or just an open procedure with one incision. Recurrence rates can vary from 4% to higher than 15%. The same also goes for chronic pain after the repair. Your surgeon should discuss this possibility as part of the consent process.

Q: Is it possible to live with a hernia and avoid repair?

Yes, but it may not appeal to your liking when you look in the mirror. More important, it will likely compromise your daily activity, prevent you from keeping your job because of your inability to complete your tasks, and prevent you from playing with your children or grandchildren, or participating in extracurricular activities, competitive and non-competitive. And you may be at risk of it progressing and strangulating, which can be very dangerous. Strangulated hernias can be fatal; they are surgical emergencies.

The Shouldice repair has proven to be exceptionally safe, secure, and reliable.

Q: What is the Shouldice hernia repair?

The Shouldice repair is named after Dr. Edward Earle Shouldice (1890–1965), the Canadian surgeon who invented the technique in the 1940s. The repair is based on the Bassini repair with some modification. The Bassini repair, named after Dr. Edoardo Bassini who developed it in the 1880s, was the first efficient repair for inguinal hernia.

Dr. Shouldice developed his repair during World War II to help men who were unable to enlist in the military because of their hernias. His method improved surgical results and reduced recovery time, quickly restoring the recruits to physical fitness for military training.

The procedure involves repair of your muscles using permanent sutures (no mesh, patch, or screen). It is done with intravenous sedation, not gas anesthesia. It is also done with local anesthetic injected into the skin to numb up the surgical site during and for a few hours after the surgery.

Q: Why do patients seek out the Shouldice repair?

It is performed with no mesh. Very few cases would require mesh. The repair also provides quality measured by low recurrence, low chronic pain, and low infection rates.

In fact, at Shouldice Hospital where I was trained in the procedure, the recurrence rate is only about 1% and the chronic pain rate is 3 in 1,000 patients at 3 years and 6 per 1,000 patients at 10 years follow-up. The infection rate is about 0.3%.

Q: What types of hernias can be treated with the Shouldice repair?

The Shouldice repair is used to treat a variety of external abdominal wall hernias, including indirect and direct inguinal hernias, recurrent hernias, femoral hernias, epigastric hernias (also called ventral hernias), incisional hernias, Spigelian hernias (also called lateral ventral hernias), and umbilical hernias.

There are other types of hernia for which the Shouldice repair is not used, such as hiatal hernias and parastomal hernias. These are treated in other ways.

The Shouldice repair is associated with low rates of recurrence and chronic pain.

Q: How long does the Shouldice repair take to perform?

Generally, the surgery takes about 45 minutes.

Q: Is there pain after having the procedure?
The pain after surgery is managed with over-the-counter Tylenol and ibuprofen. This surgical pain improves each day and significantly lessens the further out you are from surgery.

Q: How long is the hospital stay following a Shouldice repair?
We plan to discharge patients the same day of their surgery, avoiding a hospital stay.

Q: What are the restrictions after surgery?
There are no weight or lifting limitations after surgery. We recommend getting back to activity as soon as you are able. You may return to work in less than a week if it isn't a very laborious job, or be set up for light duty for a short period of time. You can return to exercise and sports as soon as you are able.

Yes, you judge when and how much you can do. Yes, it is very difficult to break the repair. Yes, this is ideal for athletes and very labor-driven jobs.

The Shouldice repair is meant to recover your muscle function to do what you need to do. Recovery back to what normal used to be for each individual patient can vary from four to eight weeks, but you are certainly active in the interim until you feel you are where you need to be. Although you may resume activities during this time, your body still continues to recover.

That means you are back to work, exercise, muscle conditioning for competitive sports, and progressing back to normal work duties. Remember, you had surgery and need some recovery time.

Q: Does body weight affect a hernia repair?
Yes. The Shouldice repair has demonstrated continued success for over 70 years as practiced at Shouldice Hospital in Canada, if the patient has acceptable weight for their height. Weight is a very important factor.

If the patient's body frame is large, we can relax on the increased weight, but if it is small, then weight becomes a problem.

Small body frame in and of itself isn't an issue for the repair, but is looked at when examining a patient's weight. Hence, small body frame and not overweight is encouraging, but small body frame and overweight needs to have weight loss.

Large body frame better distributes the body weight because of the larger frame, but weight is still strongly considered during the discussion.

Overweight poses a potential risk for recurrence, bleeding, infection, and chronic pain.

Q: What is the advantage of having a Shouldice repair done at Stony Brook Medicine?
Our hernia specialists at Stony Brook have extraordinary experience in performing the Shouldice repair. When it comes to fixing hernias, experience makes a big difference, as demonstrated in the medical literature.

The Shouldice repair is a relatively difficult reconstruction. But it has relatively low reported recurrence rates in the hands of surgeons experienced with this particular method.

At Stony Brook, we also have a multidisciplinary team that includes weight loss specialists who provide a range of proven treatments, both non-surgical and surgical. This is important for hernia patients because having a reasonable weight contributes to the success of the hernia repair.

For consultations/appointments with our specialists at the Stony Brook Hernia Center, please call (631) 638-0054.

Recent Publications

Continued from Page 6

M, Hsueh E, MacKenzie-Ross A, Johnson DB, Terheyden P, Berger AC, **Huston TL**, et al. **Completion dissection or observation for sentinel-node metastasis in melanoma.** *N Engl J Med* 2017;376:2211-22.
Tara L. Huston, MD, comments:
"This study confirmed that, among patients with melanoma and sentinel-node spread of the cancer, immediate full lymph-node removal surgery increased the rate of regional disease control, and provided prognostic information. However, it did not increase melanoma-specific survival.
"The study's findings are important for several reasons. First, they confirm that performing a delayed completion dissection when disease manifests does not result in losing control of the disease. Second, they demonstrate that active surveillance of the nodal basin is a safe and efficient way to identify patients who are most likely to benefit from delayed completion lymph-node dissection.
"Lastly and most significantly, they prove no melanoma-specific survival benefit of early completion lymph-node dissection."
Frenkel CH, Yang J, Zhang M, Regenbogen E, Telem DA, **Samara GJ**. Trends and the utilization of transoral robotic surgery with neck dissection in New York State. *Laryngoscope* 2017;127:1571-6.
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From Spain to Stony Brook For Cancer Care—a HIPEC Story

Cytoreductive Surgery with HIPEC Offers Hope When Needed Most

Stony Brook University Hospital is the only hospital on Long Island to provide cytoreductive surgery (CRS) and HIPEC—heated intra-peritoneal chemotherapy—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.

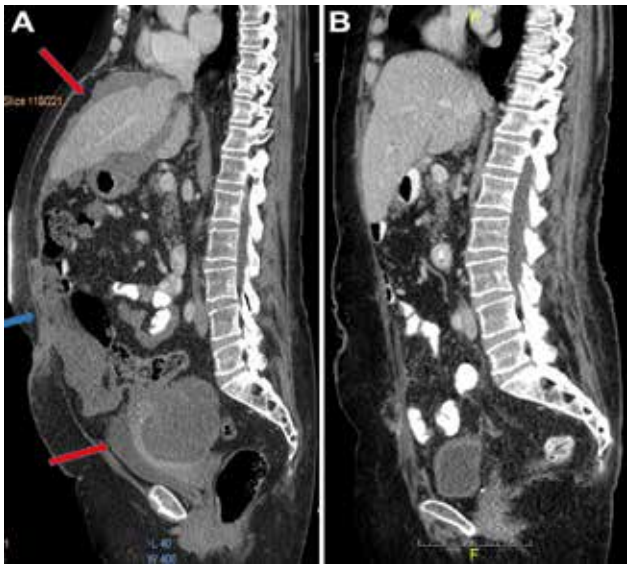
With the recruitment in 2015 of surgical oncologist Joseph Kim, MD, patients are coming to Stony Brook from afar for CRS-HIPEC treatment by him. Many of these patients were told by physicians elsewhere that nothing more could be done for them.

Dr. Kim is now joined by another CRS-HIPEC specialist with the recruitment of Georgios V. Georgakis, MD, PhD (see page 4).

Here, we share one of the stories and testimonials of patients who have come to Stony Brook Cancer Center for this leading-edge care provided by Dr. Kim. It's a story of hope against all odds.

Mrs. Rosa M is a 71-year-old Spanish woman who had a mucinous appendix tumor, a rare and poorly understood disease. Her initial symptoms included abdominal fullness and pain. She sought treatment with her physicians in Spain who diagnosed her with cancer that spread throughout the abdominal cavity.

The doctors there were uncertain of the cancer's exact origin, but they felt that she was inoperable and placed her on chemotherapy to relieve her symptoms.



CT scan images show the changes in abdominal distension before (A) and after (B) CRS-HIPEC. On the left (A), the patient has the classic "jelly belly" appearance with protrusion of the abdomen from massive accumulation of mucin. There is mucin around the liver and in the pelvis (red arrows). There is a large omental cake at the anterior abdominal wall (blue arrow). On the right (B), several liters of mucin were removed during surgery leading to a flat abdominal wall. The mucin is no longer present anywhere in the abdomen, and the omental cake has been removed.

Mrs. Rosa M back in Spain, after surgery with HIPEC provided by Dr. Joseph Kim.

"My doctors in Spain told me there was no treatment for my cancer."

Mrs. M's children brought her to the United States where they sought second opinions. They were told that chemotherapy was the only treatment option at one cancer center, and at another center, they were told that surgery would likely fail to remove all the disease.

She came to Stony Brook where extensive CRS-HIPEC was successfully performed to remove all the disease.

Although the operation was complex and the hospitalization long, Mrs. M and her husband are now enjoying her disease-free days back in Spain. Her only complaint is the nerve damage from the unnecessary chemotherapy that she received. We have asked her a few questions about her experience with this complicated disease.

POST-OP: What did your original physicians tell you about your disease and its likely course?

MRS. ROSA M: I was diagnosed in November 2015 with peritoneal carcinomatosis. I was told it probably originated in an ovary or in my small bowel. It was deemed untreatable, and I was given six to nine months to live. I was placed on palliative chemotherapy (Folfox 6).

POST-OP: Were you ever told that there was no more possible treatment for your disease?

MRS. ROSA M: Yes, my doctors in Spain told me there was no treatment for my cancer. I was later told the same in consultations at both Dana Farber in Boston (where the doctor told me straight out "this is a life-ending event") and at Memorial Sloan Kettering Cancer Center in New York, where they originally concurred with my Spanish doctors in continuing with chemotherapy adding Avastin.

Later, a surgeon at Sloan suggested a laparoscopy to do exploratory surgery to determine if complete cytoreduction were possible, and if not, to do partial surgery and follow with chemo.

POST-OP: How did you learn about cytoreduction surgery and HIPEC at Stony Brook?

MRS. ROSA M: I learned about cytoreduction with HIPEC by reading about treatment options for peritoneal carcinomatosis, and came across Dr. Paul Sugarbaker's work in the area. I only learned of Dr. Joseph Kim and Stony Brook Medicine the week before my consultation in October 2016. To this day, I can't really explain how, as he had never before come up in my many Internet searches for treatment. Thank God, he finally did!

POST-OP: What is your current level of activity? Is it back to baseline or close to getting there?

MRS. ROSA M: My level of activity is at, or slightly better than, where it was just before surgery, though I'm still suffering the effects and damage of the neuropathy caused by chemotherapy. But I'm regaining strength on a daily basis.

For consultations/appointments with our HIPEC specialists, please call (631) 444-8086.

Participating in Clinical Trial Of TAVR in Low-Risk Patients

Aiming to Advance Heart Surgery For Aortic Valve Replacement

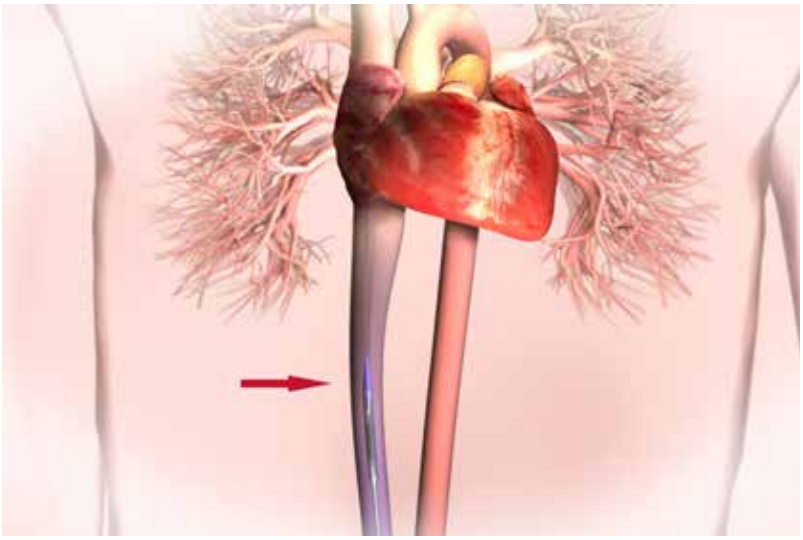
Aortic stenosis—narrowing of the aortic valve opening—is now the most frequently diagnosed heart valve disease. It is a potentially life-threatening condition, with a long latency period followed by rapid progression after the appearance of symptoms.

Left untreated, 50% of patients with aortic stenosis die within two years of having symptoms.

Surgical replacement of the aortic valve reduces symptoms and improves survival in patients with this illness, and in the absence of serious co-existing medical issues, the procedure is associated with very good outcomes.

However, 30% of patients with severe aortic stenosis can't undergo the conventional valve replacement surgery, because of their advanced age and/or the presence of multiple other illnesses.

For these high-risk patients, a less invasive treatment had been sought and, finally, the technology to achieve it was developed.



Self-expanding aortic replacement valve (arrow) being delivered to heart via catheter within aorta.
ILLUSTRATION CREDIT: MEDTRONIC

The appeal of TAVR is no surgical incision, less pain, a shorter or no ICU stay, and faster return to normal activity.

The new technology, approved by the FDA in the fall of 2011, is an aortic valve replacement device that's implanted without conventional "open heart" surgery.

The innovative procedure delivers the replacement valve via catheter (thin tube) while the heart is still beating. Called **transcatheter aortic valve replacement (TAVR)**, it is performed in team fashion by cardiovascular surgeons and cardiologists working closely together.

Recovery time averages from one to two weeks. Patient selection and follow-up care involve a collaborative effort between referring physicians and our valve specialists.

Drs. Thomas V. Bilfinger (left) and Henry J. Tannous, our surgeons participating in the Low-Risk TAVR trial with Stony Brook Medicine interventional cardiologists.
BILFINGER PHOTO: BOB GIGLIONE
TANNOUS PHOTO: JOHN GRIFFIN

Use of TAVR in patients deemed at low risk for conventional surgical valve replacement is now being studied, and in February 2017, members of Stony Brook University Heart Institute joined a multi-center clinical trial of it. Nine other select hospitals nationwide are participating.

In 2012, Stony Brook Medicine was the first in Suffolk County to offer TAVR for high-risk patients.

The co-principal investigators of the Low-Risk TAVR trial at Stony Brook are cardiothoracic surgeon Thomas V. Bilfinger, MD, ScD, professor of surgery, and interventional cardiologist Luis Gruberg, MD, professor of medicine and director of Cardiovascular Catheterization Laboratories, who initiated the trial here.

Henry J. Tannous, MD, associate professor of surgery, of our Cardiothoracic Surgery Division is also an investigator in the study, along with four additional Stony Brook interventional cardiologists, including Puja B. Parikh, MD, MPH, assistant professor of medicine and medical director of the TAVR program.

Two different transcatheter aortic replacement valves are being used in the study at Stony Brook; namely, the CoreValve and the Sapien, as the devices are called.

For more information about our TAVR trial in low-risk patients, please call study coordinator Ruth Tenzler Stein at (631) 444-3309.

Recent Publications

Continued from Page 9

Shukla SK, Purohit V, Mehla K, Gunda V, Chaika NV, Vernucci E, King RJ, Abrego J, Goode GD, Dasgupta A, Illies AL, Gebregiworgis T, Dai B, Augustine JJ, Murthy D, Attri KS, Mashadova O, Grandgenett PM, Powers R, Ly QP, Lazenby AJ, Grem JL, Yu F, Matés JM, Asara JM, Kim JW, Hankins JH, Weekes C, Hollingsworth MA, Sarkova NJ, **Sasson AR**, et al. MUC1 and HIF-1alpha signaling crosstalk induces anabolic glucose metabolism to impart gemcitabine resistance to pancreatic cancer. *Cancer Cell* 2017;32:71-87.e7.

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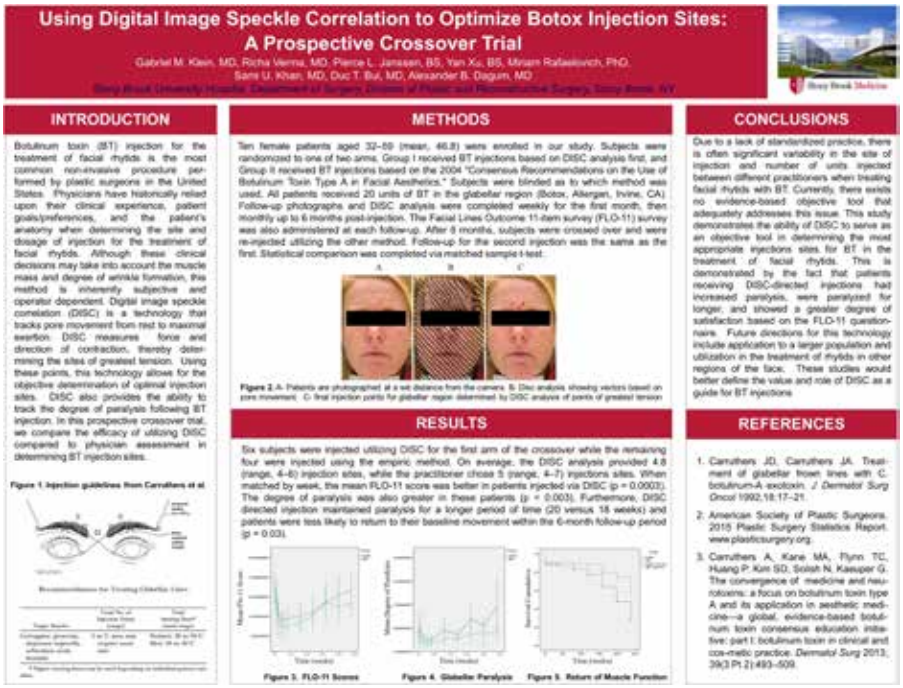
Eighth Annual Research Day Focused On How We Make Surgery Better

The Department of Surgery's 8th 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 Plastic and Reconstructive Surgery Division.

This year's Research Day program* was another great success, as the event continues to grow.

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 committed to making research happen," said Mark A. Talamini, MD, MBA, 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. It also demonstrates that as academic surgeons we not only have the job to take care of patients, but to make surgery better. This is what sets us apart."

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

The program included over 50 posters presenting study abstracts, plus five oral presentations moderated by faculty discussants, and it attracted over a hundred attendees from Stony Brook Medicine and the University community.

The keynote speaker was Eric A. Rose, MD, Edmond A. Guggenheim professor and chairman of population health science and policy, associate director for Clinical Outcomes at Mount Sinai Heart, and professor of cardiothoracic surgery, medicine (cardiology), and surgery at the Icahn School of Medicine at Mount Sinai, in New York. Previously, he was professor and chairman of surgery at Columbia University.

A world-renowned surgeon and scientist, Dr. Rose—who made history in 1984 when he performed the first successful pediatric heart transplant—has a long record of leading-edge research. He has authored or co-authored more than 300 peer-reviewed publications on topics such as cardiovascular surgery, ventricular assist devices, and cardiac transplantation.

Dr. Rose's talk, "**Understanding Translational Research: Insights from Adventures in Interventional Biology**," focused on the challenges of bringing problems from the bedside to the laboratory, and returning laboratory advances to the bedside—a process that, as he demonstrated with his own research, can take decades to complete.

He emphasized that it is "incumbent on any clinician and on every surgeon to learn the fundamentals of clinical trials." His talk illustrated how translational research bridges discovery to clinical delivery, and that in moving from problem to solution, it requires the development of an intervention.

He explained: "Classical 'bench to bedside' translational research is responsible for many important advances, but cannot account for many others, which begin with clinical observations. My personal involvement in translational research has ranged from exploration of long-term mechanical circulatory support devices to amelioration of the progression of Alzheimer's disease to the pharmacologic cure of smallpox."

Dr. Rose's experience has taught him that translational research is, in his words, largely opportunistic, inefficient, and frustratingly slow. He concluded: "Understanding of the process and complexity of translational research may help us to do it faster and better."

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."

* This CME activity is designated for a maximum of 3.0 AMA PRA Category 1 Credits™.

2017 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 the Department of Surgery, 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 blunt thoracic trauma patients directly to the intensive care unit improves outcomes** | Pyke O, Rubano J, Vosswinkel J McCormack J, Huang E, Jawa R.
- **Aortioliac anatomic characteristics predisposing to type 1B endoleaks and limb occlusion after EVAR** | Tzavellas G, Monastiriotis S, Jaskinski P, Tassiopoulos A.
- **Assessing the effect of New York State (NYS) legislation on autologous tissue based post-mastectomy reconstruction rates** | Gooch J, O'Hea B, Telem D, Yang J, Park J, Bui D, Khan S.
- **Characterizing epidemiological trends among New York City preterm infants with apnea** | Regenbogen E, Zhang S, Yang J, Shroyer AL, Zhu C, DeCristofaro J.
- **The combined use of prophylactic serum PTH and intraoperative reduction of serum PTH to predict the development of clinically symptomatic hypocalcemia following parathyroidectomy for primary hyperparathyroidism** | Fleury M.
- **Comparison of etiologies for primary functional fistula failure in newly created arteriovenous fistulae** | Nzeribe A, Kokkosis A.
- **Correlation between pelvic congestion syndrome and body mass index** | Jasinski P, Nanavati R, Adrahtas D, Gasparis A, Labropoulos N.
- **Coverage of the left subclavian artery in blunt thoracic aortic injury is not necessary to achieve aortic healing in patients with short proximal landing zones** | Skripochnik E, Novikov D, Loh S.
- **Current trends and effectiveness in percutaneous lecystostomy tube utilization** | Zhao K, Kim J, Telem D, Yang J, Parikh P.
- **Delayed thrombophlebitis of the great saphenous vein after endovenous ablation** | Garcia R, Gasparis A, Labropoulos N.
- **Development and utilization of a patient decision aid for management of thyroid nodules** | Chao E, Amadi C, Maxwell C, Czerwonka L.
- **Differences between males and females with intermittent claudication undergoing percutaneous angioplasty in the greater New York Vascular Quality Initiative** | Jasinski P, Labropoulos N, Tassiopoulos A, Kokkosis A.
- **Diverse management of isolated calf deep vein thrombosis in a university hospital** | Garcia R, Probeck K, Elitharp D, Gasparis A, Labropoulos N. **Finalist in Outstanding Poster Competition.**
- **Do traffic law violators have differing attitudes about their driving behaviors?** | Ladowski K, Vosswinkel J, McCormack J, Clouston S, Jawa R.
- **Elective medical management of three patients with an acute type A aortic dissection: case series and a review of the literature** | Rabenstein A, Gioia W, Salhab K.
- **Endoscopic evaluation of the postoperative bariatric surgery patient** | Svestka M, Docimo S.
- **Evaluation of compliance with recommendations for VTE prophylaxis and the impact of alternate regimens on post-operative bleeding and thrombotic complications following bariatric surgical procedures** | Altieri M, Yang J, Hajagos J, Park J, Gasparis A, Konstantinos S, Shroyer AL, Talamini M.
- **Evolution of type II endoleaks based on different ultrasonographically identified patterns** | Monastiriotis S, Lau I, Loh S, Ferretti J, Tassiopoulos A, Labropoulos N.
- **Eye-tracking devices: a novel communication method for mechanically ventilated ICU patients** | Pasternak D, Garry J, Duffy E, Fitzgerald D, Grant K, Minardi C, Dookram M, Vosswinkel J, Jawa R.
- **Gastrostomy tube utilization in transoral robotic surgery with neck dissection** | Frenkel C, Yang J, Zhans M, Ferrara A, Telem D, Samara G. **Finalist in Outstanding Poster Competition.**
- **Hernia-related mesh infection: when does it happen and who gets it?** | Groves D, Bates A, Yang J, Zhu C, Spaniolas K, Docimo S, Talamini M, Pryor A. **Finalist in Outstanding Poster Competition.**
- **Identifying factors causing suboptimal outcomes of enhanced recovery after surgery (ERAS) protocol on elective colorectal surgical patients: retrospective observational study** | Choi H, Denoya P.
- **The impact of learning curve on robotic rectal cancer surgery on outcomes** | Simon J, Abbas SK, Yelika SB, You K, Lee KP, Bergamaschi R.
- **The impact of PTSD on health outcomes in veterans receiving treatment for prostate cancer** | Tchou W, Bevilaqua L, Romeiser J, Agrawal N, Ni X, Laimit T, Shroyer AL.
- **Increasing common bile duct injury and decreasing utilization of intraoperative cholangiogram and common bile duct exploration over 14 years. An analysis of outcomes in New York State** | Altieri M, Yang J, Talamini M, Pryor M.
- **Increasing efficacy and efficiency in treatment and discharge for patients with uncomplicated and complicated appendicitis** | Karim S, Shah A, Schnur J.
- **Inguinal pain and fullness due to an intravascular leiomyoma in the external iliac vein** | Terrana L, Skripochnik E, Labropoulos N, Henretta M, Griffin T, Loh S.
- **An innovative irrigating wound protector for colorectal surgery** | Chantachote C, Yelida S.
- **Key factors in predicting cephalic vein graft usage in autologous breast reconstruction** | Mukit M, Trostler M, Kelly R, Dhillon S, Klein G, Huston T, Gelfand M, Khan S, Bui D.
- **Latrogenic esophageal perforation in neonates** | Hesketh A, Behr C, Soffer S, Hong A, Glick R.
- **Mechanical and biological characterization of tissue-engineered blood vessels** | Varghese E, Singh G, Liang K, Cordero J, Wiles B, Marmorat C, Rafailovich M, Labropoulos N, Bui D, Khan S, Simon M, Clark R, Dagum A.
- **Outcomes of Roux-en-Y gastric bypass and sleeve gastrectomies depending on 1st assistant training level** | Goldberg I, Choi H, Spaniolas K, Pryor A.
- **Parallel stent graft for hypogastric aneurysm repair with flow preservation of distal pelvic circulation** | Spentzouris G, Kelli L, Summers BS, Sikalas N, Labropoulos N, Loh S.
- **Patterns of reoperation after failed fundoplication: an analysis of 9,462 patients** | Obeid N, Altieri M, Yang J, Park J, Price K, Bates A, Pryor A.
- **Proposed adjunct to an alternative and less invasive approach to surgical therapy for severe C. diff colitis** Lee K.
- **Pulmonary contusions in elderly blunt trauma are infrequently seen on CXR and are highly morbid** | Bader A, Morris M, Lewis J, McCormack J, Huang E, Vosswinkel J, Jawa R.
- **Racial disparities in mitral valve repair vs. mitral valve replacement: a review of the literature and a descriptive analysis of patient data at Stony Brook University Medical Center** | Petit-Frere W.
- **Recurrent carotid stenosis due to thrombus formation** | Kim P, Hines G.
- **Retrospective evaluation of plastic surgery reconstruction in lower extremity trauma** | Marquez J, Trostler M, Dagum A, Bui D.
- **Risk analysis for post-operative complications after immediate tissue expander breast reconstruction (TE-IBR)** | Klein G, Landford W, Yang J, Shroyer AL, O'Hea B, Dagum A, Bui D, Khan S.
- **Risk of death in elderly blunt trauma patients: complications count** | Gahlawat V, Chaudhary N, Vosswinkel J, Singer A, Shapiro M, McCormack J, Huang E, Jawa R.
- **Single center prospective analysis of diaphragmatic function pre- and post-cardiac surgery** | Dickler C, Holecek W, Kowal R, Grecu L, Bilfinger T.
- **Socioeconomic and gender disparities in liver and intrahepatic bile duct cancer diagnosis and treatment** | Guzman C.
- **Spatial and temporal characterization as it pertains to deep vein thrombosis** | Chandrashekar A, Garry J, Singh G, Labropoulos N, Sikalas N.
- **Targeting the immune checkpoint pathway produces direct binding, uptake and cytotoxicity in pancreatic cancer** | Gao M, Turkman N, Choi M, Vacirca J, Sasson A, Kim J.
- **Transcarotid artery revascularization as a novel method for carotid artery stenosis: a single clinical center's real-world experience** | Drakos P, Tassiopoulos A, Kokkosis A.
- **Traumatic blunt cardiac rupture** | Gioia W, Fahd A.
- **Trends in pre-hospital cervical spine immobilization and cervical spine injury rates over 6 years at an American College of Surgeons Level 1 Trauma Center** | Laskowski R, McCormack J, Jawa R, Chaudhary N.
- **The use of computed tomography versus clinical acumen in diagnosing appendicitis in the pediatric population—interim report** | El-Gohary Y, Gulamhussein T, Lacey R, Scriven R, Shapiro M.
- **Use of per oral endoscopic myotomy (POEM) in pediatric patients as a primary or rescue therapy for achalasia** | Stvropoulos S, Sosulski A, Modayil R, Gurram K, Brathwaite C, Charles C, Boinpally H, Grendell J.
- **Using digital image speckle correlation to optimize botox injection sites: a prospective crossover trial** | Klein G, Verma R, Xu Y, Rafaelovich M, Khan S, Bui D, Dagum A. **Winner of Outstanding Poster Competition.**
- **Utilization of reconstructive procedures following weight loss surgery: a study of 37,806 patients** | Altieri, M, Yang J, Park J, Novikov D, Kang L, Konstantinos S, Talamini M, Pryor A.
- **Venous thromboembolism risk using Caprini scores amongst outpatient aesthetic surgery patients who receive no chemoprophylaxis** | Janssen P, Trostler M, Pannucci C, Khan S.

Next year's Research Day will take place on Thursday, May 31, from 8:00 am to noon, at the Wang Center. For more information, please call (631) 444-1820.

New Otolaryngology Residency Program Established

Educating and Training the ENT Head/Neck Specialists of the Future

This spring our Otolaryngology–Head and Neck Surgery Division gained full accreditation for a five-year residency training program in otolaryngology–head and neck surgery. The new program met the rigorous standards set by the American College of Graduate Medical Education.

Melissa M. Mortensen, MD, assistant professor of surgery, is the program director, and spearheaded the effort to provide the elaborate necessary documentation for the accreditation process.

The program is devoted to the task of educating and training physicians to function independently as specialists in the field of otolaryngology–head and neck surgery. Our governing philosophy is to train physicians to be competent in all aspects of the specialty.

This includes learning to diagnose medical problems of the head and neck, acquiring surgical skill in this complex area, mastering the fundamental knowledge of the specialty and related specialties, and gaining first-hand experience with basic science.

The program provides experience in clinical practice, hands-on exposure to clinical and translational research, and preparation for life-long learning.

Our ENT-head and neck surgery residents at Stony Brook Medicine will train in an environment of rich clinical experience and a climate of discovery and self-development that will proceed in a systematic manner over the five-year course of the program.

On completion of training, residents will be eligible for certification by the American Board of Otolaryngology.

Ewen Chao, MD, the first resident to enter the program, started in July, coming to Stony Brook from Albany Medical College.

For more information about the new residency, please call the program coordinator Jennifer Drasser (631) 444-8410.

New Integrated Plastic Surgery Residency Program Accredited

One of the Most Diverse Training Programs in the Entire Country

The Accreditation Council for Graduate Medical Education approved a new integrated six-year plastic surgery residency program based at Nassau University Medical Center (NUMC) and administered by Long Island Plastic Surgical Group (LIPSG) in collaboration with Stony Brook Medicine and our Plastic and Reconstructive Surgery Division.

NUMC, located in East Meadow in Nassau County, is the parent institution of the new integrated residency program. LIPSG, located in nearby Garden City, is the oldest and largest plastic surgery private practice in the United States, with its own traditional independent three-year residency program since 1954.

Residents accepted into the new integrated program will receive six years of training in all aspects of surgery with specialization in plastic and reconstructive surgery under the guidance and mentorship of faculty from all three organizations.

On completion of training, residents will be eligible for certification by the American Board of Plastic Surgery.

"Residents admitted to this program will have the unique opportunity to get their plastic surgery training across three major institutions with approximately 30 different plastic surgeons," says Alexander B. Dagum, MD, professor of surgery and orthopaedics, executive vice chair of surgery, and chief of our Plastic and Reconstructive Surgery Division.

"There are many ways to reconstruct tissue after traumatic injury or surgery, and many ways to treat and solve reconstructive and plastic surgery challenges. This collaborative approach and the wealth of knowledge and experience it offers will create one of the most diverse programs in the country."

Jason C. Ganz, MD, assistant professor of surgery, serves as on-site training director at Stony Brook. LIPSG President Roger L. Simpson, MD, MBA, is program director.

The integrated residency program, which started in July, will accept one new resident per year for a total of six residents. Like LIPSG's independent residency program, it will be a highly-coveted training ground for plastic surgeons.

In fact, the new program received more than 200 applications in the first week after the accreditation was approved.

Donald Groves, MD, from the University of Miami, is the first physician to start in the program.

For more information about the new residency, please call the program coordinator Jeannie Watson at (516) 535-6744.

Advancing Treatment for Gastric Cancer Through Interdisciplinary Research

Stony Brook Medicine in Collaboration With Brookhaven National Laboratory

Gastric (stomach) cancer is a devastating condition with mostly poor survival. It is the second most common cause of cancer-related deaths worldwide. About 28,000 people in the United States are told every year they have this cancer, according to the American Cancer Society.

Major advances in personalized therapies including monoclonal antibodies (mAbs) have improved survival for many cancers, but the benefits remain marginal for gastric cancer.

One gap in treatment is that effective mAbs for gastric cancer may already exist in clinical practice, but have yet to be tested in gastric cancer. However, it would take exorbitant costs to test all of these drugs in gastric cancer.

The second gap in treatment is that the efficacy of a gastric cancer therapy may be unique only to select patients.

The essence of personalized medicine: taking a patient's tumor . . . and testing drugs to see which one would be most effective for that individual patient.

Joseph Kim, MD, associate professor of surgery and member of our Surgical Oncology Division, and Cathy S. Cutler, PhD, director of the Medical Isotope Research and Production Program at Brookhaven National Laboratory (BNL), have teamed up to conduct a research project titled "**Development of Radiolabeled Drugs to Study Novel Gastric Cancer Models**."

Drs. Joseph Kim and Cathy S. Cutler

Their project—funded by a Stony Brook–BNL seed grant awarded in June—aims to establish an accurate and expeditious diagnostic platform that provides data to make actionable clinical decisions on mAbs for gastric cancer.

To this end, they will build upon their prior work and develop gastric cancer organoids for gastric cancer patients and use radiolabeled antibodies to select optimal therapeutic drugs.

Dr. Kim explains, "Our study is the essence of personalized medicine: taking a patient's tumor, creating a cancer model, and testing drugs to see which one would be most effective for that individual patient."

The Stony Brook–BNL seed grant program serves to foster collaborative efforts between scientists at the University and BNL. It is a key element for developing synergistic activities that can grow joint research programs that are aligned with the strategic plans of both institutions.

The program was started in 1999. Scientists from both institutions work in conjunction with colleagues to bring their ideas to life.

The collaboration of Drs. Kim and Cutler capitalizes on the clinical and translational science expertise of Stony Brook Medicine and BNL.

What is a monoclonal antibody? Simply put, in clinical practice, it is a drug that targets a specific protein. It circulates throughout the body until it can find and hook onto the target protein. Oncologists generally use it as a homing device to take a chemotherapy agent or a radioactive particle directly to cancer cells. In recent decades, the use of different types of mAbs in various ways has helped to advance cancer care.

Recent Publications

Continued from Page 11

Torzilli G, Nagino M, Tzeng CW, Kingham P, Alatise OI, Ayandipo B, Yamashita S, Arrington A, **Kim J**, Chun YS, Vauthey JN. SSAT state-of-the-art conference. *J Gastrointest Surg* 2017;21:175-85.

Toyoda N, **Chikwe J**, Itagaki S, Gelijns AC, Adams DH, Egorova NN. Trends in infective endocarditis in California and New York State, 1998-2013. *JAMA* 2017;317:1652-60.

Van Buren G 2nd, Bloomston M, Schmidt CR, Behrman SW, Zyromski NJ, Ball CG, Morgan KA, Hughes SJ, Karanicolas PJ, Allendorf JD, Vollmer CM Jr, Ly Q, Brown KM, Velanovich V, Winter JM, McElhany AL, Muscarella P 2nd, Schmidt CM, House MG, Dixon E, Dillhoff ME, Trevino JG, Hallet J, Coburn NSG, Nakeeb A, Behrns KE, **Sasson AR**, et al. A prospective randomized multicenter trial of distal pancreatectomy with and without routine intraperitoneal drainage. *Ann Surg* 2017;266:421-31.

Vasquez M, **Gasparis AP**; Varithena® 017 Investigator Group. A multicenter, randomized, placebo-controlled trial of endovenous thermal ablation with or without polidocanol endovenous microfoam treatment in patients with great saphenous vein incompetence and visible varicosities. *Phlebology* 2017;32:272-81.

Verma V, Lazenby AJ, Zheng D, Bhirud AR, Ly QP, Are C, **Sasson AR**, Lin C. Dosimetric parameters correlate with duodenal histopathologic damage after stereotactic body radiotherapy for pancreatic cancer: secondary analysis of a prospective clinical trial. *Radiother Oncol* 2017;122:464-9.

Wu KQ, **Muratore CS**, So EY, Sun C, Dubielecka PM, Reginato AM, Liang OD. M1 macrophage-induced endothelial-to-mesenchymal transition promotes infantile hemangioma regression. *Am J Pathol* 2017;187:2102-11.

Zuchelli D, Divaris N, McCormack JE, Huang EC, Chaudhary ND, **Vosswinkel JA**, **Jawa RS**. Extremity compartment syndrome following blunt trauma: a level I trauma center's 5-year experience. *J Surg Res* 2017;217:131-6.

RESIDENCY UPDATE

Since 1975 when our first graduating residents entered the profession of surgery, 235 physicians have completed their residency training in general surgery at Stony Brook Medicine. The alumni of this residency program and our other residency and 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.

2017 Graduating Residents & Fellows

GENERAL SURGERY	Career Direction
Yousef El-Gohary, MD	Pediatric oncology fellowship, St. Jude Children's Research Hospital, Memphis, TN
Catherine Frenkel, MD	Head and neck surgery fellowship, U of Pennsylvania, Philadelphia, PA
William Gioia, DO	Thoracic surgery fellowship, Mt. Sinai Medical Center, New York, NY
Jessica Gooch, MD	Breast surgery fellowship, NYU, New York, NY
Kai Zhao, MD	Transplantation fellowship, U of Pennsylvania, Philadelphia, PA
VASCULAR SURGERY	
Georgios Spentzouris, MD	Attending vascular surgeon, NYU Winthrop Hospital, Mineola, NY
Lisa Marie Terrana, MD	Attending vascular surgeon (and assistant professor of surgery, Stony Brook U), VA Medical Center, Northport, NY
COLORECTAL SURGERY	
Kathreen Lee, MD	Assistant professorship in surgery, Stony Brook U
TRAUMA/CRITICAL CARE	
Vineeta Gahlawat, MD	Assistant professorship in surgery, Case Western Reserve U, Cleveland, OH
Ryan Millea, MD	Assistant professorship in surgery, U of Connecticut, Farmington, CT
MIS/BARIATRIC SURGERY	
Nabeel Obeid, MD	Assistant professorship in surgery, U of Michigan, Ann Arbor, MI
PHLEBOLOGY	
Raudel Garcia, MD	Private practice in vein care, Fort Myers, FL

New Chief Residents

GENERAL SURGERY	Medical School (Grad Year)
Maria Altieri, MD	George Washington U ('11)
Chanak Chantachote, MD	American U of the Caribbean ('11)
Taher Gulamhusein, MD	U of Texas ('13)
Anthony Hesketh, MD	Wright State U ('10)
Ayesha Nzeribe, MD	Brown U ('13)
Amanda Sosulski, MD	SUNY Upstate Medical U ('09)
Michael Svestka, MD	Eastern Virginia Medical School ('13)
Richa Verma, MD	Stony Brook U ('12)

VASCULAR SURGERY	Medical School (Grad Year)
Spyridon Monastiriotis, MD	U of Ioannina ('07)

Incoming Residents/Categorical PGY-1

GENERAL SURGERY	Medical School (Grad Year)
Givi Basishvili, MD	Albert Einstein College of Medicine ('17)
Robert Connally, MD	U of Texas Southwestern ('17)
Khai Diep, MD	U of Minnesota ('17)
Kelsi Hirai, MD	U of Hawaii at Manoa ('17)
Hannah Thompson, MD	U of Minnesota ('17)

OTOLARYNGOLOGY	Medical School (Grad Year)
Ewen Chao, MD	Albany Medical College ('15)

PLASTIC SURGERY	Medical School (Grad Year)
Donald Groves, MD	U of Miami ('16)

VASCULAR SURGERY	Medical School (Grad Year)
Ronak Patel, MD	SUNY Upstate Medical U ('17)

NOTE:
Richard J. Scriven, MD, associate professor of surgery and director of the general surgery residency, comments on the results of the 2017 Residency Match Day in March:

"In my 10 years of being the program director, this is by far our most successful match. We received approximately 800 U.S. applicants, and interviewed 75.

"For our categorical positions, we matched three people in our top 10, and only went down to 24 to fill the remaining two spots.

"These amazing results are directly related to the effort we all put in toward recruitment."

And on the news in August that all of the 2017 general surgery graduates passed the written examination for certification by the American Board of Surgery:

"I am thrilled to congratulate Yousef, Cathy, Bill, Jessica, and Kai on passing their written boards.

"I would particularly like to recognize Dr. Kokkosis for all her efforts to strengthen our didactic program. These results speak for themselves.

"I hope this inspires all our trainees to raise the bar. Just coming to the hospital and doing a good job is not enough to become an excellent surgeon.

"You have to crack the books, despite being tired and not feeling like it.

"I want everyone to feel a part of this team win!"

(left to right) Dr. Mark Talamini, chairman of surgery; 2017 general surgery residency program graduates, Drs. William Gioia, Jessica Gooch, Yousef El-Gohary, Catherine Frenkel, and Kai Zhao; Dr. Angela Kokkosis, associate program director, and Dr. Richard Scriven, program director—at the graduation banquet held in June at Willow Creek in Mt. Sinai, NY.

Dr. Chanak Chantachote (middle) received the 2017 David J. Kreis Jr. Award for Excellence in Clinical Service in Trauma Surgery, pictured here with members of the trauma team: Dr. Neeta Chaudhary (left) and Trauma Nurse Coordinator Jane McCormack (right). 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.

Our colorectal surgery graduate Dr. Kathreen Lee (left) with Dr. Paula Denoya.

Photos below: (l to r) Our vascular surgery graduates Drs. Georgios Spentzouris (left) and Lisa Marie Terrana and phlebology graduate Dr. Raudel Garcia. Our MIS/bariatric surgery graduate Dr. Nabeel Obeid (right) with Dr. Konstantinos Spaniolas. Our trauma/critical care graduates Drs. Vineeta Gahlawat (center) and Ryan Millea (right) with Dr. James Vosswinkel.

PHOTOS: WALDIR SILVA

ALUMNI NEWS

Dr. Elliot B. Duboys ('82), a member of our voluntary faculty at Stony Brook, continues his practice specializing in cosmetic, pediatric, and reconstructive plastic surgery. He is actively involved in Uplift Internationale, a non-profit group of physicians who travel internationally to provide pro bono medical care to those in need. He has travelled extensively for the past 16 years to Guatemala, Honduras, Colombia, Ecuador, Zambia, and the Philippines, and has performed hundreds of surgical procedures on his medical missions abroad.

Dr. Andreas Tzakis ('83), director of the Transplant Center at the Cleveland Clinic, recently led a surgical team that completed the first uterine transplant in the United States. Over the years, he has led one breakthrough after another, performing thousands of complicated surgeries, and successfully pioneering the kind of organ transplants that were once considered science fiction.

Dr. Pierre Castera ('89) has been practicing colorectal surgery since 1993 in Kansas City, MO. At present, he is a senior partner with Colorectal Surgery Associates group there.

Dr. Richard W. Golub ('90), a colorectal surgeon, left SUNY Downstate Medical Center in 2002—mid-career—to go into private practice in Sarasota, FL. He had risen to the position of associate professor of surgery, and was serving as chief of colon and rectal surgery, director of the anorectal physiology laboratory, and director of the surgical endoscopy service. He had been listed several times in *New York* Magazine's "Best Doctors" issue. Now he is listed in *Sarasota Magazine*'s "Top Doctors" issue. He is with the multispecialty Intercoastal Medical Group.

Dr. Mark A. Gelfand ('05), who in 2008 joined our Plastic and Reconstructive Surgery Division after his hand surgery fellowship at UCLA, this spring left Stony Brook to practice in Portland, OR, where is doing well. He is with a large multidisciplinary group in a private practice-type setting working out of several hospitals.

Dr. Svetlana Danovich ('13), a plastic surgeon, is the founder of SD Medical Arts located in New York. Last year, she completed a cosmetic surgical facility in Manhattan. She appears frequently in the media for her work. She says: "I specialize in whole body rejuvenation. We need to recognize that every single part of the body is important—the face, body, hands, and sexual organs also."

{ ALUMNI NEWS SUBMISSIONS }

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

In Memoriam

PHOTO: GERALD BUSHART

Dr. Eugene P. Mohan ('89) of Northport, NY, died of cancer in August 2017 at the age of 63. Since graduating from our residency program, he served with distinction as a member of our faculty at the Northport VA Medical Center and later as program director from 2000 to 2007, training many, many surgeons during the course of his career.

Dr. John J. Ricotta, past chairman of surgery, who worked closely with Dr. Mohan and appointed him program director, shares these memories:

"When I came to Stony Brook in 1997, it was clear the residency program needed attention, and that we needed a program director who was a respected clinician and recognized as a resident advocate.

"It took almost a year to identify the right person on the faculty, and then almost as long to convince him to take the position. That person was Gene. He was just becoming chief of surgery at the Northport VA. Fortunately, his dedication to the department and the residency program finally won out over his trepidation, and he became the program director.

"During Gene's tenure, the residency program became significantly stronger. We were able to attract an increasing number of highly qualified trainees. Their academic and clinical performance improved. They were better prepared for life after residency, and able to match into increasingly competitive fellowship programs throughout the country.

"The morale in the program significantly improved—thanks in no small part to Gene and the annual pool party he held at his home in Northport.

"Eventually, he felt he needed to concentrate his efforts on patient care, and he decided to step down as program director. I think it is fair to say that the residency program at Stony Brook owes much of its current success to his efforts at a time when they were most needed. I will miss him as a colleague and a friend."

DIVISION BRIEFS

Bariatric, Foregut, and Advanced Gastrointestinal Surgery

Dr. Aurora D. Pryor, professor of surgery and vice chair for clinical affairs, and chief of bariatric, foregut, and advanced gastrointestinal surgery, in October was honored at Stony Brook Medicine's annual faculty awards ceremony where she received the **Excellence in Faculty Mentorship Award**.

Dr. Pryor in June participated in the **Leadership Program in Health Policy and Management** presented by the Heller School of Brandeis University, Waltham, MA.

Dr. Pryor was 1 of 18 surgeons nationwide to have been selected to serve as health policy scholars and participate in the leadership program, which is partially sponsored by the American College of Surgeons and the Thoracic Surgery Foundation.

Each scholarship includes attendance in the weeklong intensive course, followed by a year's service in a health policy-related capacity to the American College of Surgeons and the surgical specialty society co-sponsoring the awardee.

Dr. Pryor in March received the **Excellence in Medical Leadership Award** presented by the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) at the society's annual meeting in Houston, TX.

Dr. Pryor was recently elected **treasurer of the NYS Chapter of the American Society for Metabolic and Bariatric Surgery** (ASMBS), for which she continues to serve as chair of the clinical issues committee. She is a **member of the national ASMBS executive council** as councilperson-at-large, as well, in addition to four committees.

Dr. Konstantinos Spaniolas, associate professor of surgery, is now **director of the bariatric surgery services** at Brookhaven Memorial Hospital in Patchogue.

Dr. Mark A. Talamini, professor and chairman of surgery, and chief of surgical services at Stony Brook Medicine, in May earned his **MBA degree from Brandeis University**.

Dr. Talamini in March was honored by SAGES as the 2017 recipient of the **Distinguished Service Award** presented at the society's annual meeting in Houston, TX.

A past president of SAGES (2008-09), Dr. Talamini has served the society in multiple capacities since the 1990s. He currently is a member of the Board of Governors Executive Committee. He has served as a member of the Telemedicine Ad Hoc Committee, member and co-chair of the Program Committee, chair of the Technology Committee, and chair of the Finance Committee, among other leadership roles.

In addition, Dr. Talamini has served since 2009 as **editor-in-chief of *Surgical Endoscopy***, the official journal of SAGES and the European Association for Endoscopic Surgery. This monthly peer-reviewed journal covers the surgical aspects of interventional endoscopy, ultrasound, and other techniques in gastroenterology, obstetrics, gynecology, and urology.

Surgical Endoscopy affords the international surgical community a focal point for the exchange of information on practice, theory, and research in various medical and surgical disciplines.

The mission of SAGES, which was established in 1981, is to improve quality patient care through education, research, innovation, and leadership, principally in gastrointestinal and endoscopic minimally invasive surgery.

Dr. Talamini in March gave a lecture at the University of Chicago Medicine and Biological Sciences, titled "**Surgery and Technology: An Uneasy Partnership**."

Breast Surgery

Dr. Brian J. O'Hea, associate professor of surgery and chief of breast surgery, is pleased to welcome to his team **Dr. Anastasia Bakoulis**, who has come to Stony Brook Medicine from the Breast Institute at Northern Westchester Hospital in Mount Kisco, NY (see page 4).

Cardiothoracic Surgery

The Stony Brook Heart Institute achieved remarkable benchmarked outcomes results, according to the September report of the Data Management and Quality Improvement team. Not only have our cardiac surgical volumes and transcatheter aortic valve replacement (TAVR) volumes more than doubled, the outcomes for those patients have been superlative.

Here are the numbers: in over 500 cardiac surgical patients over the past 12 months, there was **no mortality**.

These are quality outcomes that will likely earn us the top **3-star rating from the Society of Thoracic Surgeons**, held by fewer than 10% of US hospitals. And we are on track to perform over 150 TAVR procedures this year, again, with no mortality, compared to the 2.9% recorded in national benchmarks.

Dr. Thomas V. Bilfinger, professor of surgery and director of the Lung Cancer Evaluation Center, in May gave the following presentations:

- First-, third-, and fifth-year survival outcome among early stage lung cancer patients treated with lobectomy vs SBRT. American Thoracic Society International Meeting, Washington, DC [authors: Albano D, Bilfinger TV, Arena J, Nemesure B].
- Midterm results of endovascular treatment of pseudoaneurysms after remote surgery for aortic coarctation: a review of the literature. Annual Meeting of the European Society of Cardiology Working Group on Grown-Up Congenital Heart Disease, Lausanne, Switzerland [authors: Koulias G, Badia D, Tassiopoulos A, Bilfinger TV].

Dr. Bilfinger is Stony Brook's co-principal investigator in the multicenter **trial of TAVR in low-risk patients** (see page 11). **Dr. Henry J. Tannous**, associate professor of surgery, is an investigator in this trial, as well.

Dr. Joanna Chikwe, professor of surgery and chief of cardiothoracic surgery, was selected for inclusion in ***New York* Magazine's Best Doctors** issue published in June. The 1,300 peer-selected physicians on the 2017 list

Stony Brook University Hospital in October became the third hospital in the nation and the **first in the Northeast to open two hybrid operating rooms** equipped with the most advanced imaging technology to provide patients with minimally invasive procedures—mainly, cardiovascular—that are shorter, safer, with faster recovery.
PHOTO: RICK WENNER

represent the top 2% of physicians in the greater New York metropolitan area.

Colon and Rectal Surgery

Dr. Marvin L. Corman, professor of surgery, in April gave colorectal grand rounds on **office management of anal problems** at Weill Cornell Medicine in New York.

Dr. Corman, later in April, was a panel moderator for **minimally invasive colorectal surgery** at the Tripartite Meeting of the New York, Philadelphia and Boston Surgical Societies, held in New York, and that same day he gave grand rounds on **screening of colorectal cancer** at the Bayonne Medical Center, Bayonne, NJ.

Dr. Paula I. Denoya, associate professor of surgery and director of the colon and rectal surgery residency, in September presented at the Inflammatory Bowel Disease Center's special program, "**An Evening with the IBD Experts**," held in Smithtown. Dr. Denoya is co-director of the center.

Dr. Denoya in May was among the authors who had a poster presentation at the Digestive Disease Week conference held in Chicago, titled "**Effect of Academic Status on Outcomes of Colorectal Surgery**" (authors: Cagino K, Altieri M, Yang J, Nie L, Talamini M, Spaniolas K, Denoya P, Pryor A).

Dr. Denoya and co-authors concluded that academic centers tend to do more laparoscopic procedures for treating rectal cancers, compared with community hospitals, which do more open surgeries. The open surgeries are associated with higher risk of complications and worse outcomes following surgery.

Otolaryngology-Head and Neck Surgery

Dr. Lukasz Czerwonka, assistant professor of surgery, received the Department's **Best Teacher of the Year Award**.

Pediatric Surgery

Dr. Richard J. Scriven, associate professor of surgery and director of the general surgery residency, was selected for inclusion in ***New York* Magazine's Best Doctors** issue published in June. The 1,300 peer-selected physicians on the 2017 list represent the top 2% of physicians in the greater New York metropolitan area.

Dr. Scriven in October was honored at Stony Brook Medicine's annual faculty awards ceremony where he received the **Leonard Tow Humanism in Medicine Award** presented by the Arnold P. Gold Foundation, for demonstrating "both clinical excellence and outstanding compassion in the delivery of care."

Dr. Helen Hsieh, assistant professor of surgery, in June at Research Day was awarded funding from the Department of Surgery's Small Grants Program for her research project titled "**Chronic Midazolam Exposure and Hippocamal Synaptic Development**."

This study aims to understand how exposure to the sedative midazolam affects neuronal circuit development in premature infants. The data obtained will allow for an evaluation of the consequences of sedation at a time when the neuronal circuit is quite immature.

Dr. Hsieh's research will help determine the mechanisms underlying the changes in the brain, and how they can be avoided, as they can harm the developing brain's learning abilities.

With the advances in medical care, infants born as early as 24 weeks of gestation can survive and be discharged home. Because of their prematurity, these children may need up to 12 invasive procedures per day during their stay in the neonatal intensive care unit (NICU).

Many of these patients are sedated for extended periods of time with midazolam, as it is one of the major sedatives used in the NICUs.

Plastic and Reconstructive Surgery

Dr. Alexander B. Dagum, professor of surgery and orthopaedics, executive vice chair of surgery, and chief of plastic and reconstructive 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 2017 list represent the top 2% of physicians in the greater New York metropolitan area.

Dr. Tara L. Huston, assistant professor of surgery and dermatology, in July was awarded a Targeted Research Opportunity Grant from Stony Brook University for her study titled "**Treatment of Nutritional Deficiency in Body Contouring**."

Dr. Huston in June at Research Day was awarded funding from the Department of Surgery's Small Grants Program for her research project titled "**Role of Primary Cilia in Melanoma Metastasis**."

This study aims to determine whether the cilium—a small singular structure protruding the surface of most cell types in our body, which is progressively lost in melanoma—can be used as a prognostic biomarker for melanoma.

Dr. Huston's study further aims to determine whether manipulating primary cilia formation will affect growth and invasion of melanoma cells.

Data obtained from her study will not only help to determine whether there is a causal relationship between loss of cilia and melanoma metastasis, they may also shed light on the evolution of metastatic melanomas, and provide insight into development of novel therapeutic strategies.

Dr. Gurtej Singh, research 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 "**Tissue-Engineered Vascular Grafts for Use in Vascular and Reconstructive Surgeries**."

This study aims to advance the development of a novel modular methodology (provisional patent filed) to construct a tissue-engineered vascular graft of any length and diameter, from patients' own endothelial cells and FDA-approved biomaterials.

The impact of successfully developing this graft would greatly improve patient outcomes in vascular and reconstructive surgeries by reducing the need for vessels harvesting.

The interdisciplinary team involved with Dr. Singh's study includes materials and tissue engineers, basic scientists, clinical researchers, and vascular and plastic surgeons.

Surgical Oncology

Dr. Joseph Kim, associate professor of surgery, and **Dr. Georgios V. Georgakis**, assistant professor of surgery, in September performed **Long Island's first totally robotic Whipple procedure** for pancreatic cancer.

Formally known as pancreatico-duodenectomy, the Whipple procedure—named after Dr. Allen Whipple who refined it—is performed by surgical oncologists to remove pancreatic tumors and other types of gastrointestinal (GI) tumors.

The Whipple procedure is one of hardest GI procedures to perform, either by means of conventional open surgery, or by the minimally invasive laparoscopic approach. Performing this procedure successfully with the robot is a significant surgical feat from the technical point of view, and it offers patients considerable benefits.

Also in September, Dr. Kim performed our **first robotic cytoreduction and HIPEC surgery**, and was able to discharge the patient on post-op day 4 after an incredibly quick recovery for a major, major operation.

The smaller incisions from the robot contributed to the lower amount of pain and quicker recovery.

Dr. Kim in July was awarded a Targeted Research Opportunity Grant from Stony Brook University for his study titled "**Inhibition of Class-IIa Deacetylases in Pancreatic Cancer**." (See page 15 for article about his new **study on gastric cancer**.)

Dr. Kim in June gave a talk at the Neuroendocrine Cancer Conference held in Melville, NY, titled "**Gastrointestinal Neuroendocrine Cancer**: Overview and Case Presentation."

In May, at the State-of-the-Art Conference of the Society for Surgery of the Alimentary Tract, held in Chicago, Dr. Kim gave a talk titled "**Systematic Approach to Minimally Invasive Gastrectomy**."

In April, at the Chinese Community Health Fair in Brooklyn, he gave a talk titled "**Gastric Cancer in the Asian Community**."

Also in April, Dr. Kim traveled to Beijing, China, for a Distinguished Visiting Lectureship at the Xiang Nong Tam Forum for Medicine, Chinese Academy of Medical Science and Peking Union Medical College. There he gave a talk titled "**Asians and Gastric Cancer**."

Survival for gastric cancer is reportedly higher in Asians than for other races. Dr. Kim's past research confirmed differences in survival among Asian ethnicities.

Dr. Aaron R. Sasson, professor of surgery and chief of surgical oncology, in September presented at the Long Island GI Cancer Symposium, held in Hauppauge. The title/theme of this year's symposium was "**Precision and Personalized Cancer Care for GI Cancer Patients**."

Dr. Sasson in June received the **Attending of the Year Award** presented by our graduating general surgery residents. In May, he received the **Nurses Choice Award** of Stony Brook University Hospital.

Surgical Research

Dr. A. Laurie W. Shroyer, professor of surgery and vice chair for research, in August achieved a major publication in the *New England Journal of Medicine* on heart surgery research that she has been working for over a decade, with 16 reports published to date in the peer-reviewed literature.

Dr. Shroyer is lead author of the new report titled "**Five-Year Outcomes after On-Pump and Off-Pump Coronary-Artery Bypass**." She and her team concluded: "In this randomized trial, off-pump CABG [coronary artery bypass graft surgery] led to lower rates of 5-year survival and event-free survival than on-pump CABG."

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 at Burn Center Recognition Day presented a progress report, and thanked

the representatives of the **Suffolk County Volunteer Firefighters Burn Center (SCVFBC) Fund** for the continued support, which dates back to the mid-1980s.

Dr. Sandoval noted that the SCVFBC Fund is now paying for the Burn Center to be one of 96 centers across the country to participate in the American Burn Association's **National Burn Repository**. The repository collects data on burn injuries, risk factors, and treatment outcomes.

Better patient outcomes result from being part of this database. "What gets measured gets improved," Dr. Sandoval said.

The SCVFBC Fund also supports Stony Brook's **Living Skin Bank**, which provides human skin grafts for patients being treated at the Burn Center.

The fund offers **financial assistance for Burn Center patient care**, donates sophisticated medical equipment, supports research, and underwrites professional training for center staff. The fund also pays for a peer support group for patients and their families.

In addition, each year some of the money raised by the fund sponsors a young patient to attend a summer camp for burn victims. The organization also joins with Burn Center staff to teach **fire and burn prevention** throughout Suffolk County.

Dr. Marc J. Shapiro, professor of surgery and anesthesiology and director of the surgical critical care fellowship, in May was honored at Burn Center Recognition Day and received the **Care Provider of the Year Award**.

At the investiture ceremony, (l to r) Dr. Michael F. Paccione, trauma surgeon; Dr. Daniel N. Rutigliano, trauma surgeon; Lillian Schneider, benefactor; Dr. James A. Vosswinkel, trauma surgeon and chief; Dr. Stephen A. Kottmeier, orthopedic surgeon and orthopedic trauma liaison; and Dr. Jerry A. Rubano, trauma surgeon.
PHOTO: CONOR HARRIGAN

Dr. James A. Vosswinkel, assistant professor of surgery and chief of trauma, emergency surgery, and surgical critical care, who serves as medical director of the Stony Brook Trauma Center and also the surgical intensive care unit, in September became the **Lillian and Leonard Schneider Endowed Professor in Trauma Surgery**. He was honored at the investiture ceremony that took place at the University's Sunwood Estate in Old Field.

Dr. Vosswinkel now holds the **first endowed professorship** in the Department of Surgery.

The professorship has been **established by Lillian Schneider** in grateful recognition of the care she received at Stony Brook Medicine and in memory of her late husband Leonard Schneider. It was in July of last year that she was involved in a serious car accident on the East End, and was airlifted to the Stony Brook Trauma Center, where **Dr. Vosswinkel and his team saved her life**.

Dr. Vosswinkel in May was selected as **Physician of Excellence** for 2016 by the Suffolk Regional Emergency Medical Services Council (REMSCO).

The 30-member REMSCO has representation from out-of-hospital emergency medical care providers from the fire service; community volunteer, and commercial ambulance service sectors; physicians; nurses; health planning agencies; hospitals; police services; county government; the business community; and other constituencies promoting good health.

Vascular and Endovascular Surgery

Dr. Shang A. Loh, associate director of the Aortic Center and director of the vascular surgery residency, has been promoted to **associate professor of surgery**. He continues to see patients in the **vascular clinic in Commack** at Stony Brook Medicine's Advanced Specialty Care center, on the first, third, and fifth Friday afternoons every month.

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 2017 list represent the top 2% of physicians in the greater New York metropolitan area.

The **Eighth Annual Venous Symposium**—directed by **Dr. Antonios P. Gasparis**, professor of surgery, and **Dr. Nicos Labropoulos**, professor of surgery—took place in April in New York, NY.

This year's symposium had record attendance, with **550-plus participants from 39 states and 33 countries**.

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 24 AMA PRA Category 1 Credits™.

Next year's symposium will take place on April 5-7, 2018, in New York. For more information, please visit the symposium's website: www.venous-symposium.com.

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Cancer Center / Carol M. Baldwin Breast Care Center
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Suite 3
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225 West Montauk Highway
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Patient Care
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Patient Update:

"Doc, Surgery Team Who Saved Cops Score Touchdown with Jets" was the headline of the story published last November in *Newsday*, Long Island's regional newspaper.

The story details how two Suffolk County police officers, who survived grave injuries thanks to our trauma team led by James A. Vosswinkel, MD, chief of trauma, emergency surgery, and surgical critical care, surprised him to express their gratitude in a way that left him "completely overwhelmed."

Their gratitude included his being with the NY Jets. A long-time serious Jets fans, Dr. Vosswinkel would co-captain the coin toss when the Jets played their rivals, the Indianapolis Colts, the following Monday.

"This is not about me," Dr. Vosswinkel was quoted as saying. "It is a team here, a team that really cares about the patients—I may be the guy that's most visible, but it's about everybody."

Dr. Vosswinkel and our trauma team treated Det. Nicholas Guerrero, who had suffered a severe head injury after he was struck by a hit-and-run driver in 2014, and Emergency Services Section Officer Mark Collins, who was shot in the throat and hip while apprehending a suspect in 2015.

The Jets have honored first responders, from police to EMTs and doctors, at games for several years. After the Jets invited the two police officers, they asked if Dr. Vosswinkel might be included.

And so he was, along with 20 members of his trauma team, who ran out through the tunnel onto the field on game night.

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