

## INTRODUCING DR. M. MARGARET KEMENY

### *Our New Chief Of Surgical Oncology*

We are very pleased to introduce M. Margaret Kemeny, MD, who joined our faculty last fall as chief of the Division of Surgical Oncology. A distinguished academic surgeon and oncologist, Dr. Kemeny adds new strength to our surgical oncology service, and it is expected that her clinical and research expertise will make a major contribution to Stony Brook's planned cancer institute.

Dr. Kemeny comes to Stony Brook from North Shore University Hospital, in Manhasset, NY, where she was chief of surgical oncology.

Trained in surgical oncology at Memorial Sloan-Kettering and the National Cancer Institute, Dr. Kemeny is an internationally recognized leader in the treatment of primary and secondary tumors of the liver. Her other interests include breast cancer, colon cancer, and melanoma.

As the new chief of surgical oncology at Stony Brook, Dr. Kemeny will build our Division of Surgical Oncology into one which is at the forefront of cancer treatment and research. This will involve the surgical treatment of all types of tumors, and close collaboration with Stony Brook's medical and radiation oncologists to offer the most advanced multimodality therapy.

Dr. Kemeny's research interests include the use of gene therapy for liver cancers and colon tumors that have spread to the liver. She also runs a laboratory which has worked on using interleukin-2 (IL-2; a naturally-occurring hormone that helps regulate the body's immune system) as treatment for liver tumors as well as melanoma and kidney cancer.

With this focus, she has researched a new drug that blocks the side effects of IL-2, allowing more of it to be used so that it is more effective. The new drug—called CNI-1493—has now gone from her lab into trials with patients. These clinical studies, which offer the only access to this therapy available in Suffolk County, will be opened to patients at Stony Brook this spring.

In addition to the research described above, Dr. Kemeny is currently involved in several clinical studies sponsored by the National Institutes of Health, Eastern Cooperative Oncology Group, and Southwest Oncology Group.

One ECOG/SWOG trial, of which Dr. Kemeny is the principal investigator, just closed. It is the largest trial to date of intra-arterial therapy after liver resection for colorectal cancer. This May, she will present the results of this trial to the American Society of Clinical Oncology.



*Dr. M. Margaret Kemeny*

*Our surgical oncologists provide comprehensive care for patients with cancers of the gastro-intestinal tract, soft tissue, and breast, using a fully integrated multidisciplinary approach to the treatment of cancer, and working closely with Stony Brook's medical, gynecological, and radiation oncologists.*

The other clinical study of which Dr. Kemeny is the principal investigator is a multi-group trial of adjuvant therapy for colon cancer. With about 800 patients enrolled at present, this trial will eventually enroll a total of more than 2,000 patients.

Dr. Kemeny is the author of numer-

*(Continued on Page 2)*

## Dr. Kemeny

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ous journal articles and book chapters, and also serves on the editorial boards of three journals, namely, the *American Journal of Surgery*, *Cancer Management*, and *HPB Surgery* (a world journal of hepatic, pancreatic, and biliary surgery).

Originally published in 1992, Dr. Kemeny's popular book, *Breast Cancer and Ovarian Cancer: Beating the Odds* (Perseus Books), is a guide for women who want practical advice on reducing their cancer risk, and also serves as a resource for those already diagnosed with cancer.

### EDUCATION AND EXPERIENCE

A graduate "cum laude" of Harvard College, Dr. Kemeny received her MD from Columbia University in 1972. Her surgical internship and residency were completed at New York Presbyterian Hospital (1972-74), the University of Colorado Medical Center (1974-75), and the Downstate Medical Center (now SUNY-Brooklyn) where she did her senior year surgical residency and her chief residency, graduating from that program in 1979.

Her fellowship training in surgical oncology was completed at two of the most distinguished cancer centers in the nation. She did a one-year fellowship in tumor oncology at Memorial Sloan-Kettering (1975); a one-year research fellowship in thoracic surgery (1976), also at Memorial Sloan-Kettering, in 1976; and a two-year fellowship in surgical oncology at the National Cancer Institute (NCI; 1979-81).

From 1981 to 1986, Dr. Kemeny held the position of senior surgeon in general and oncologic surgery at the City of Hope National Medical Center, an NCI-designated cancer center, in Duarte, CA.

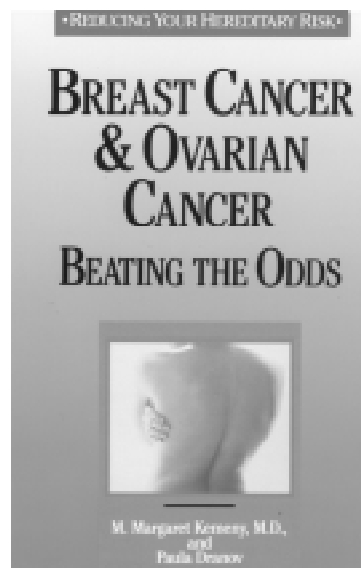
She then returned to New York in order to serve as chief of surgical oncology at St. Vincent's Hospital and Medical Center, with an appointment as associate professor of surgery at New York Medical College. In 1993, she moved to North Shore University Hospital as chief of its Division of Surgical Oncology.

Board certified in Surgery, Dr. Kemeny is a Fellow of the American College of Surgeons. She is a member of the College's Commission for Cancer, and for three years served as the chair of its Committee on Approvals.

She is also a member of several FDA and NCI advisory panels, and recently served as president of the Association of Women Surgeons and that of the New York Cancer Society.

Recognized as a top physician in surgical oncology, Dr. Kemeny—like other members of our faculty—is one of the "Doctors of Excellence" featured in past editions and the latest (1999) edition of the Castle Connolly Guide, *How to Find the Best Doctors—New York Metro Area*.

For consultations/appointments with Dr. Kemeny, please call (516) 444-1793.



*So far, more than 9,000 copies of Dr. Kemeny's popular book—now in its third printing—have been sold worldwide.*

*Our participation in national clinical trials allows us to use the latest in therapeutic advances for the care of different cancers—and this gives our patients the only opportunity available in Suffolk County to benefit from such studies.*

## Bringing Research To Life

### Patients Needed

- Gene therapy for metastatic liver cancer
- Gene therapy for hepatomas
- Adjuvant therapy for colon cancer
- IL-2 therapy for metastatic kidney cancer
- IL-2 therapy for metastatic melanoma

Patients interested in learning more about these clinical trials directed by Dr. Kemeny, and their possible eligibility to enroll in them, should call (516) 444-1793.

# STONY BROOK

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# NEW PROGRAM IN SURGICAL ELECTROPHYSIOLOGY ESTABLISHED

## *Performing the Maze Procedure For Atrial Fibrillation*

*Imagine a piano duet where one pianist plays a march while the other plays a lullaby. Hard as the slower pianist tries to keep the tempo, the faster pianist makes the slower one speed up too. The result is a song with no recognizable rhythm.*

*For more than 2 million Americans, their heart rates are like the tempo of that piano duet. The upper chambers of their hearts beat faster than the lower chambers. The resulting rhythm is irregular and often fast.*



*Dr. Adam E. Saltman*

We are very pleased to announce the establishment of our new program in surgical electrophysiology made possible by the recruitment of Adam E. Saltman, MD, PhD, who in January joined our Division of Cardiothoracic Surgery.

Coming to Stony Brook from Harvard University/Beth Israel Deaconess Medical Center, where he completed his fellowship training in cardiothoracic surgery, Dr. Saltman is skilled at performing the latest surgical treatments of arrhythmias (abnormal heart rhythms), including the “maze” procedure for atrial fibrillation, and will

serve as director of surgical electrophysiology at Stony Brook’s Heart Hospital.

Dr. Saltman will also establish a research program in surgical electrophysiology. His current research interests include the surgical treatment of atrial fibrillation, the prevention of postoperative arrhythmias, and the electrophysiological effects of intraoperative cardiac preconditioning.

### **WHAT IT IS**

Surgical electrophysiology is a field of cardiac surgery that specializes in the treatment of arrhythmias by destroying the responsible tissue(s) in the open heart.

The procedures used to treat this condition are performed in the operating room with the patient on the heart-lung machine. Because of their magnitude, these operations are generally reserved for those patients in whom therapy with medication or less invasive techniques, such as catheter ablation, fails to succeed.

The first applications of surgical electrophysiology date back to 1967, when two Dutch cardiologists, Drs. Dirk Durrer and Jan Roos, demonstrated and destroyed abnormal conduction tissue in the heart of patients with Wolff-Parkinson-White (W-P-W) syndrome.

Surgical electrophysiology grew rapidly in the 1970’s and 1980’s to include the treatment for many forms of arrhythmias, particularly the tachycardias (abnormally rapid heartbeats). Tachycardias in the atria (upper chambers of the heart) such as atrioventricular (AV) nodal reentry, ectopic atrial tachycardia, and atrial fibrillation were all successfully treated by operation.

In 1991, Dr. James Cox of St. Louis described the maze procedure, which was the first procedure that effectively treated atrial fibrillation, an arrhythmia that afflicts more than 2 million people in the United States today.

Treatments for tachycardias originating in the ventricle (lower chambers of the heart) have also been developed and refined over the past 20 years. Ventricular tachycardia occurring after a myocardial infarction, for example, has been cured in over 50% of the patients operated on to date.

At the same time, with the recent development of less invasive approaches, much of surgical electrophysiology has been taken over by cardiologists. W-P-W, AV nodal reentry, atrial flutter, and even some ventricular tachycardias have been highly successfully treated with catheters, avoiding surgery.

Atrial fibrillation, however, remains an elusive target. Although there has been some modest success with a catheter-based approach, surgery remains the only definitive cure.

At Stony Brook, under the direction of Dr. Saltman, we are investigating a hybrid approach, using both catheters and minimally invasive surgical techniques in order to recreate the maze operation and cure atrial fibrillation.

### **THE MAZE PROCEDURE**

Atrial fibrillation is the most common form of arrhythmia. In atrial fibrillation, the tissue in the atria (upper chambers) of the heart beats chaotically and ineffectively, sometimes causing the formation of blood clots that can lead to life-threatening stroke.

The newly developed maze procedure for atrial fibrillation involves carefully placing a “maze” of incisions in the atrium to stop the electrical impulses causing the atrial fibrillation from spreading. It is generally a treatment of last resort; only after multiple medications have failed would most cardiologists consider it.

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# PERFORMING THE NEW OPCAB MINIMALLY INVASIVE BYPASS SURGERY

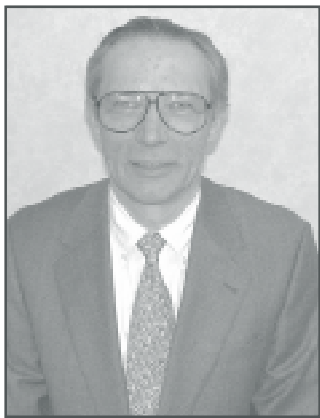
*Stony Brook Selected  
As National Training Site*

Coronary artery bypass grafting (CABG) is the most commonly performed major operation in the United States, with about 600,000 patients undergoing this procedure each year. Adverse side effects associated with use of the heart-lung machine—which, during conventional CABG, takes over the stopped heart's work—can now be avoided with the newly developed procedures known as "beating heart" or "off pump" bypass surgery.

Currently, there are two such procedures: MIDCAB [featured in issue no. 7] and the latest advance, OPCAB; that is, minimally invasive direct coronary artery bypass and off-pump coronary artery bypass, respectively.

At Stony Brook, our use of these minimally invasive off-pump techniques has grown significantly. In 1997, less than 5% of all our bypass operations performed here were off-pump procedures, and in 1998 that percentage grew to nearly 25%.

We have developed minimally invasive bypass surgery to a level that is true of only a few institutions in the country. Now, with OPCAB, we can offer multi-vessel—four- or five-vessel—bypass without the use of the heart-lung machine. The benefit to the patient generally is a shorter time in the hospital, a quicker recovery at home, and an apparent reduction in associated risk of complications.



*Dr. Frank C. Seifert*

*Frank C. Seifert, MD, associate professor of surgery, who has gained national recognition for his skills in performing off-pump bypass procedures, leads our Division of Cardiothoracic Surgery in minimally invasive heart surgery, including the new OPCAB.*

In August 1998, Stony Brook's Heart Hospital was selected as a national preceptor training site for teaching the operative techniques of off-pump multi-vessel CABG because of the high volume of this novel surgery performed here by Dr. Seifert. We are one of only 15 sites nationwide, all of which are sponsored by CardioThoracic Systems, a pioneering corporation in the development of minimally invasive cardiac surgery treatments.

Practicing cardiac surgeons from all over the Northeast now visit Stony Brook once a month to observe Dr. Seifert perform OPCAB.

Off-pump techniques for multi-vessel bypass surgery have been used at Stony Brook since September 1997, and have been evolving since then. Accord-

ing to Dr. Seifert, analysis of our experience with them shows confirmed reduction in blood utilization, confirmed shortening of hospital stay, an apparent reduction in stroke rate, and an apparent reduction in mortality.

## WHAT IT IS

With regard to surgery, "minimally invasive" can mean nothing more than use of a smaller incision. It can also mean treating a disease effectively with minimal disruption to a patient's physiology, or vital processes.

Off-pump surgery is a technique that allows the surgeon to perform a bypass procedure without the use of cardiopulmonary bypass (CPB) via the heart-lung machine. Consequently, patients do not experience the inflammatory response caused by CPB, which disrupts the body's physiologic balance.

Conventional open-heart procedures are performed after the heart is stopped and the patient is put on CPB. During both MIDCAB and OPCAB, the patient's heart continues beating, and the surgeon uses a device to stabilize the portion of the heart where CABG is needed.

While the advent of CPB was a major breakthrough in the field of cardiac surgery, there are serious issues associated with its use. In addition to an increased risk of stroke, other potential neurologic problems must be considered as well, such as difficulties with memory and understanding that can affect some patients.

The potential benefits of having an off-pump bypass procedure include reduced trauma; reduced risk of bleeding, stroke and renal failure; reduced psychomotor and cognitive problems; reduced hospital stay; and reduced postoperative complications.

Unlike the MIDCAB procedure which is performed through a thoracotomy (an incision between the ribs), the OPCAB procedure is surgery that utilizes a traditional sternotomy (an incision through the ribcage).

*(Continued on Page 11)*

# Screenings for Vascular Disease

## Free Blood Pressure and Vascular Screenings For Peripheral Vascular Disease Risk Factors This May

The Division of Vascular Surgery will provide *free* blood pressure and vascular screenings to detect risk factors for potentially limb-threatening peripheral vascular disease:

### When

Tuesdays, May 11 & May 18, 1999  
From 10:00 am to 2:00 pm

### Where

Stony Brook Surgical Care Center  
37 Research Way  
East Setauket, NY  
(516) 444-4545

### When

Wednesdays, May 12 & May 19, 1999  
From 12 Noon to 2:00 pm

### Where

Stony Brook Life Care Medical Center  
225 West Montauk Highway  
Hampton Bays, NY  
(516) 723-5000

## New Screening Program For Stroke And Cardiovascular Risk Factors

In January, our Division of Vascular Surgery established a new screening program for the detection of risk factors for stroke and cardiovascular disease. This screening involves a non-invasive, 15-minute ultrasound test to detect build-up of plaque in the carotid (neck) arteries.

Recommended for people aged 60 years and older, the screening is offered every Tuesday afternoon (2 pm to 5 pm) and Friday morning (9 am to 12 noon) at the Stony Brook Surgical Care Center at Tech Park (37 Research Way, East Setauket). There is a nominal fee.

John J. Ricotta, MD, professor and chairman of surgery, says: "Stroke and cardiovascular disease are the number one killers of older people in this country, and many of those deaths can be prevented. This test allows us to determine if an individual is at risk because of a plaque build-up and then to treat that individual to reduce the risk factor."

To make an appointment, please call (516) 444-4393.

### Checklist

- Are you over age 55?
- Do you have high blood pressure?
- Are you a diabetic?
- Do you smoke?
- Is your cholesterol level high?
- Are you overweight?
- Do you have a family history of heart disease?

If you can answer YES to any of these questions, you are at risk for peripheral vascular disease—that is, blockage of blood flow in your legs. Early detection is key to avoiding loss of limbs (amputation), as well as life-threatening cardiovascular disease.

*Call us today for an appointment!*

# UPDATE ON KIDNEY TRANSPLANTATION

## Living Donors Giving The Gift of Life

Our transplantation program—the only solid organ transplantation program on Long Island—has been responsible for more than 500 kidney transplants since its inception in 1981. We're proud of this life-saving work, but there continues to be a critical shortage of donors to supply the kidneys that could save many more lives.

There are now about 50,000 people waiting for a kidney transplant in the United States. Here at Stony Brook, we have 240 patients waiting for a kidney transplant.

Last year, we performed transplants for 56 members of the Long Island community, 39 of whom received kidneys from cadaver donors and 17 from living-related or living-unrelated donors.

## SAVING MORE LIVES WITH OUR LIVING DONATION PROGRAM

Thanks to advances in medical technology, the use of organs from living donors is increasing. This approach is possible because a person actually needs only one of their two kidneys, and can spare the other. Nationally, one third of all donors are living.

At Stony Brook we have had a great deal of success with our living donation program—parents donating for their children, sisters donating for their brothers, husbands donating for their wives, and friends donating for their friends.

Last year, we successfully transplanted an "unrelated" kidney from a son-in-law to his mother-in-law, a first for our program.

Rates of both graft and patient survival for the recipient of living donations are very high. In fact, recent studies indicate that the graft survival rate in patients

*(Continued on Page 11)*

# 1999 RESEARCH CLASSIC GOLF TOURNAMENT

## To Benefit the Department's Basic and Clinical Research On Vascular Disease

On Monday, September 13, 1999, University Hospital and Medical Center's 5th Annual Research Classic Golf Tournament will be held at St. George's Golf and Country Club, in Stony Brook. The proceeds raised by the benefit tournament this year will go toward funding the Department's basic and clinical research on vascular disease, specifically atherosclerosis.

Atherosclerosis, also called hardening of the arteries, is the number one cause of death and disability in the United States today. It is of special concern to our aging population. This vascular disease, which is progressive throughout life, can result in stroke, heart attack, aneurysm, or limb loss.

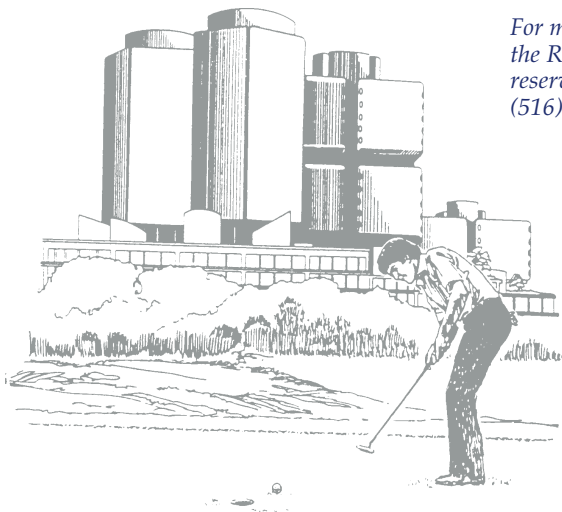
Many factors are known to increase the risk of atherosclerosis, including diabetes, smoking, hypertension, and elevated cholesterol. A "cure" for this disease, however, is still far away.

The research to be funded by this year's Research Classic will help us to better understand the basic processes which result in atherosclerosis, develop screening programs for high-risk persons, and develop new techniques of treatment. This research program will be directed by Dr. John J. Ricotta, professor and chairman of surgery, who is a well-established investigator in the field of vascular research.

Current efforts to treat atherosclerosis involve scientific investigation directed at prevention of the disease and treatment of diseased vessels; development of screening programs to identify persons at high risk for stroke, heart attack, aneurysm, and limb loss, so that treatment can be instituted before complications arise; and development of new treatment strategies to provide safer and longer-lasting therapy for patients.

Funds raised from previous tournaments have been dedicated to research on heart disease, breast cancer, and prostate cancer/men's health.

The official sponsor of this year's tournament is TRITEC Real Estate Company. The continued support of TRITEC, together with the support of individual community members, local businesses, and other corporate sponsors, has been key to the growing success of Stony Brook's Research Classic.



For more information about  
the Research Classic or for  
reservations, please call  
(516) 444-2899.

## Some Recent Publications\*

Argotte AF, **Giron F, Bilfinger TV**. Bilateral subclavian artery aneurysms with pseudocoarctation of the aorta: case report and review of the literature. *J Cardiovasc Surg* 1998;39:747-50.

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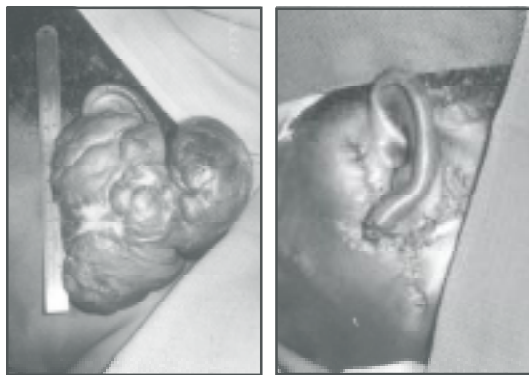
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\* The names of faculty authors appear in boldface

# Research Focus

## Understanding Keloids To Find Better Therapy

Keloids are disorders of the healing process, characterized by abnormal accumulations of collagen extending beyond original wound margins. Dark-skinned people are 15 to 20 times more likely to develop them than light-skinned people. Keloids are most likely to involve the ear, usually in response to ear piercing, and often develop as shiny smooth growth on one or both sides of the earlobe. However, keloids can involve any part of the body, with the notable exception of palmar (palm of the hand) and plantar (sole of the foot) sites.



Earlobe keloid before (left) and after (right) surgical removal.

Symptoms include increased pigmentation, itchiness, pain, and/or mild to severe disfigurement. Today's increase in the incidence of keloids is probably due to the more frequent puncturing of more parts of the body than ever before seen in our society.

Currently, keloids are treated with surgical excision, with or without the injection of corticosteroids, the application of pressure dressings, or even the addition of radiation therapy. Keloids may recur regardless of treatment. Therefore, a better understanding of how they develop is needed. It is very possible that this new knowledge may lead to a more rational approach to the development of safer, more effective therapies.

### What is the underlying cause of the growth of keloids?

Dr. Arnold E. Katz, professor of surgery and chief of otolaryngology-head and neck (ENT) surgery, was awarded the Bernstein Award in 1994 from the American Academy of Facial Plastic and Reconstructive Surgery to study the etiology of keloid formation in collaboration with Dr. Marcia Simon, research associate professor of oral biology and pathology and scientific director of the Living Skin Bank, and Dr. Daniel M. Siegel, associate professor of dermatology and chief of dermatologic surgery at Stony Brook.

The study was carried out at the Living Skin Bank with Dr. Constantin Chipev, Gabriele Hatch, and Dr. Richard Simman.

Last July, at the Academy's International Symposium on Facial Plastic Surgery held in Orlando, FL, Dr. Katz and colleagues reported the findings of their study, in which fibroblasts (connective tissue cells) taken from both palmar and non-palmar sites were cultured.

The palmar fibroblasts were found to be different from non-palmar and keloid fibroblasts. Palmar fibroblasts expressed relatively low levels of collagen and low levels of alpha-smooth muscle actin, and were more sensitive to serum withdrawal. All of these observations in the palmar fibroblasts were ameliorated by the addition of a protein called transforming growth factor beta-1, which is a regulator of cell growth and development.

Thus, the multidisciplinary team of researchers concluded that regulation of the healing process may decrease the incidence of keloid formation in susceptible individuals.

## Recent Publications

(Continued from Page 6)

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Surgeons must be careful  
When they take the knife!  
Underneath their fine incisions  
Stirs the culprit—Life!

Emily Dickinson

## Division Briefs

### Burn Care

Last November, at the Tenth Quadrennial Congress of the International Society for Burn Injuries held in Jerusalem, Israel, **Dr. Harry S. Soroff**, professor of surgery and director of Stony Brook's Burn Center, and colleagues Dr. Marcia Simon (scientific director of the Center's Living Skin Bank), Dr. Richard Simman (recent burn fellow), and others presented four papers on the use of cultured epithelial grafts in the treatment of burns, and will detail their seven-year experience with this novel technique.



Dr. Harry S. Soroff (left) congratulated by Dr. Alfredo T. Ramirez.

Before traveling to Jerusalem, Dr. Soroff went to Manila, Philippines, to participate in the Philippine Centennial International Trauma Forum, held in early November as part of the country's celebration of its declaration of independence. There he was awarded **Honorary Membership in the Philippine Society for the Surgery of Trauma**.

At the gathering of trauma specialists, Dr. Soroff also presented lectures on burn care, including his pioneering use of cultured epithelial grafts in the treatment of burns.

Dr. Alfredo T. Ramirez, a prominent academic surgeon and burn specialist in the Philippines, presided over the Trauma Forum. Dr. Ramirez,

who is currently chairman of the board of the Philippine Society for the Surgery of Trauma, is a former burn fellow of Dr. Soroff's.

### Cardiothoracic Surgery

**Dr. Frank C. Seifert**, associate professor of surgery, in February presented his experience with OPCAB [see page 4] during the one-day course on off-pump coronary artery bypass sponsored by CardioThoracic Systems, held in Phoenix.

### General/Gastrointestinal Surgery

**Dr. Louis T. Merriam**, assistant professor of surgery, in March presented his study titled "Gangrenous Cholecystitis: Analysis of Risk Factors and Experience with Laparoscopic Cholecystectomy" at the Central Surgical Society meeting held in St. Louis.

### Otolaryngology-Head and Neck Surgery

**Dr. Arnold E. Katz**, professor of surgery and chief of otolaryngology-head and neck surgery, has been invited to serve as guest examiner for the American Board of Otolaryngology for 1999 (as he did last year).

In January, Dr. Katz served as one of two moderators of the plastics and head/neck sections of the Eastern Sectional meeting of the American Laryngological, Rhinological, and Otolaryngological Society (The Triological Society), held in Providence, RI.

Last September, he gave two presentations at the annual meeting of the American Academy of Otolaryngology-Head and Neck Surgery, held in San Antonio, TX: "Head and Neck Tumor Immunobiology" and "Reconstruction of Large Facial Defects after Mohs Surgery."

**Dr. Denise C. Monte**, assistant professor of surgery, in January was invited to join the Audiocassette Pro-

gram Faculty of the American Academy of Otolaryngology-Head and Neck Surgery. She was nominated for this prestigious appointment by the Academy's Continuing Education Advisory Committee, and will serve to help advance the Academy's continuing education goals for practicing physicians.

**Dr. Eric E. Smouha**, recently promoted to the rank of associate professor of surgery, had the following two articles selected for inclusion in the Home Study Course of the American Academy of Otolaryngology-Head and Neck Surgery:

- **Smouha EE**, Coyle PK, Shukri S. Facial nerve palsy in Lyme disease: evaluation of clinical diagnostic criteria. *Am J Otol* 1997;18:257-61.
  - **Smouha EE**, Karmody C. Non-osteitic complications of therapeutic radiation to the temporal bone. *Am J Otol* 1995;16:1-5.
- In addition, the following article of his was cited in the February issue of *The Journal of the American College of Surgeons* ("What's New in Surgery?"):
- **Smouha EE**. Time course of recovery after Epley maneuvers for benign paroxysmal positional vertigo. *Laryngoscope* 1997;107:187-91.

### Trauma/Surgical Critical Care

**Dr. Collin E.M. Brathwaite**, chief of trauma/surgical critical care, was selected as one of the recipients of the **Presidential Citation Award** for outstanding contributions to the Society of Critical Care Medicine in 1998. In January, he was honored at a special awards ceremony at the 28th Annual Educational and Scientific Symposium of the SCCM, held in San Francisco.

Last November, Dr. Brathwaite participated in the Philippine Centennial International Trauma Forum, held in Manila, where he presented two lectures, "Liver Injuries" and "Nutrition in Trauma."

**Kathleen A. Clifford**, our trauma-registry nurse since 1984 and a 15-year veteran of the Lakeland Volunteer Fire Department (Ronkonkoma), defeated two male challengers in the December election



to fill the retiring commissioner's seat, and in so doing became the district's **first woman fire commissioner.**

Clifford says her medical background was a major component of winning the campaign. The Lakeland department serves 10,000 households and has combined fire and rescue services.

"My interest in the department was boosting ambulance rescue service," Clifford says. "Our department responds to over 1,000 rescue calls per year. This places quite a demand on our rescue services, making it one of our priorities."

Emphasis on ambulance rescue could mean more advancement for



*Kathleen A. Clifford, RN*

women within Long Island's districts, Clifford adds. "I think it's just part of a change where people with a medical background can offer more," she says. "Nursing is a big part of that and most nurses happen to be women."

Clifford is certified by New York State as an emergency medical technician (EMT), and certified by the Suffolk County Fire Academy in basic and advanced firefighting, heavy rescue, hazardous materials awareness, and hazardous materials operations.

She has received numerous awards and unit citations for excellent duty at fire and rescue operations. A 1984 graduate of Stony Brook's School of Nursing where she earned her RN, she is a member of Sigma Theta Tau International Nursing Honor Society.

## Alumni News

*Since the class of 1975 entered the profession of surgery, 134 physicians have completed their residency training in general surgery at Stony Brook. The alumni of our residency program now practice surgery throughout the United States, as well as in numerous other countries around the world.*

**Dr. Samuel Feldman** ('79), of Capital District Colon & Rectal Surgery Associates, has been appointed chief of surgery at St. Peter's Hospital in Albany, NY.

**Dr. David Anaise** ('81) is currently in law school at the University of Arizona, and anticipates receiving his JD in May.

**Dr. Alejandro Callejas** ('81) has been in private practice since 1981 in Port Charlotte/Punta Gorda, FL, essentially doing general surgery and endoscopy of the gastrointestinal tract. Since 1991, he frequently has been assisting **Dr. M. Andre Vasu** ('77) in vascular surgery and open heart surgery. A personal note: Dr. Callejas' older son, Alex Jr., now 27 years old, graduated from Boston University in 1998, completing his education in general dentistry.

**Dr. Andreas G. Tzakis** ('83) is professor of surgery at the University of Miami, and director of the liver/gastrointestinal transplant program at Jackson Memorial Hospital, as well as co-director of the transplantation division. He has been involved in more than 2,000 organ transplants in his 16-year career, and continues to contribute to the latest clinical and scientific advances in transplantation. His operations keep making international news.

Last June, Dr. Tzakis treated a 13-year-old boy from Maryland whose body had rejected two quadruple-organ transplants in five weeks, and successfully transplanted a third set of organs—a liver, a pancreas, a small bowel, and a stomach. This patient was the first person ever to receive three

multiple-organ transplants. The last operation took 19 hours to perform. At eight months post-op, the boy is doing well.

Commenting on how he relaxes these days, Dr. Tzakis says: "My family is my shelter, my wife [Dr. Pat Carroll] and my daughter Mariella. And bicycling. Key Biscayne is my favorite ride, watching the sunrise from Crandon Park. Miami is the most beautiful city I've ever lived in."

**Dr. Robert H. Gotkin** ('85), a specialist in plastic and reconstructive surgery, has established a very successful multidisciplinary practice with his wife, Dr. Deborah S. Sarnoff, a dermatologist. Together, they offer the latest in cosmetic laser surgery, plastic surgery, and dermatology. Dr. Gotkin has become well-known for his expertise in aesthetic facial surgery and liposculpture, including the use of lasers for facial rejuvenation.

Both Dr. Gotkin and Dr. Sarnoff are frequently featured in numerous magazines, including *Vogue*, *Glamour*, *Elle*, *Mademoiselle*, *Self*, *Marie Claire*, and *Mirabella*. They are often interviewed about cosmetic and laser surgery by *The New York Times* and *Newsday*, and also serve as consultants for dermatology and laser/plastic surgery to Ann Landers. They have demonstrated many of their laser and surgical techniques on *The Phil Donahue Show*, ABC's *Nightline*, NBC's *Live at Five*, CNN, and various other news broadcasts. They have two offices called Cosmetique (with in-office operating rooms), one in Manhattan and the other in Greenvale on Long Island—visit their website at <http://www.cosmetiq.com>.

*(Continued on Page 10)*

## Alumni News

(Continued)

**Dr. Cliff P. Connery** ('89) is associate chief of the cardiothoracic surgery division and chief of the thoracic surgery service at St. Luke's-Roosevelt Hospital Center in New York, and assistant professor of clinical surgery at Columbia University College of Physicians and Surgeons. Two recent journal publications are:

- Gregory AK, **Connery CP**, Anagnostopoulos CE. A late complication of tuberculous pericarditis after partial pericardial resection. *Ann Thorac Surg* 1998;65:542-4.
- Declerck C, Hillel Z, Shih H, Kuroda M, **Connery CP**, Thys DM. A comparison of left ventricular performance indices measured by transesophageal echocardiography with automated border detection. *Anesthesiology* 1998;89:341-9.

**Dr. Patricia R. Kennedy** ('92), also a graduate of Stony Brook's School of Medicine, continues to practice as a breast surgeon at the Faulkner Breast Centre in Boston, where she joined the full-time surgical staff in 1993. She was admitted into Fellowship of the American College of Surgeons in 1997. Although very busy clinically, she maintains an interest in research, and is currently studying the effect of menstrual cycle timing on prognostic markers with breast surgery. A personal note: Dr. Kennedy is the happy mother of a 2-year-old son.

**Dr. Lance U. Jung** ('95), who successfully completed his laparoscopic surgery fellowship at the Institute for Minimally Invasive Surgery (New York Medical College) in White Plains, NY, now lives on Staten Island, NY, and practices general surgery as a member of the multi-specialty Staten Island Medical Group.

For current mailing addresses of our alumni, please see the Department's new Alumni Directory on the Internet at [www.uhmc.sunysb.edu/surgery/alum-dir.html](http://www.uhmc.sunysb.edu/surgery/alum-dir.html)

## Residency Update

### Full and Unconditional Approval Received

A site visit of the residency programs in general surgery and in general vascular surgery was conducted in May of last year. At the October 1998 meeting of the Residency Review Committee for Surgery (American Board of Surgery), both programs received full five-year accreditation, without any citations or areas of concern.

This accreditation is the highest given by the RRC, and is one measure of the quality of our programs, our staff, and the residents we attract to Stony Brook. The unconditional approval we received constitutes a major achievement—something we're proud of!

Dr. John J. Ricotta, professor and chairman of surgery, is director of both residency programs. Commenting on their strength, he says: "We have assembled a faculty interested in resident education, clinical innovations, and advances in basic and clinical research. In this way, we have assured that our resident trainees are not only exposed to the scientific basis of surgical practice, but interact with faculty who are dedicated to the pursuit of new knowledge and the development of new technologies in surgical care."

## OUR ELECTRONIC PHYSICIAN DIRECTORY



The Department has established a physician directory as part of its website on the Internet—please visit us at the address below for information about our individual physicians (see sample below), as well as our programs in patient care, education, research, and community service.

<http://www.uhmc.sunysb.edu/surgery>



*Dr. Cedric J. Priebe, Jr.*

and surgery for gastrointestinal disease.

**Additional:** Chief of Pediatric Surgery; Fellow, American College of Surgeons (FACS); Fellow, American Academy of Pediatrics (FAAP).

**Honors:** Inclusion as one of the "Doctors of Excellence" featured in past editions and the latest edition (1999) of the Castle Connolly Guide, *How to Find the Best Doctors—New York Metro Area*.

**Languages Spoken:** English.

**Consultations/Appointments:** 516-444-4538.

**MD:** Cornell University (1955).

**Residency Training:** General Surgery, Roosevelt Hospital, New York.

**Fellowship Training:** Pediatric Surgery, Ohio State University.

**Board Certification:** [Pediatric Surgery](#); [Surgery](#); [Pediatrics](#).

**Specialties:** Management of both congenital and acquired diseases of the neck, chest, abdomen, and soft tissues in children (newborns to adolescents aged 17 years); repair of inguinal hernias in infants less than 1 year of age; repair of undescended testes in young infants; newborn surgery related to alimentary tract obstruction and lung, diaphragm, abdominal or neck abnormalities; surgery for infant or childhood tumors;

## Maze Operation

(Continued from Page 3)

The maze procedure requires open heart surgery and it is very specialized surgery, done at only a few medical centers. Some centers are now experimenting with performing the maze procedure with catheters (not requiring open heart surgery), but at present this is highly experimental.

The maze procedure performed as open heart surgery has a high success rate for sustaining normal heart rhythms, usually without the need for a pacemaker. Some patients, though, may still need to take medications after the procedure.

The most important thing for patients to do is to make sure they have exhausted all other medical and non-surgical options before having the maze operation. They should have an evaluation by a cardiac electrophysiologist—a cardiologist who specializes in atrial fibrillation.

With the surgical expertise of Dr. Saltman who performs the maze procedure, Stony Brook now provides the full range of the latest diagnostic and therapeutic approaches to the care of patients with atrial fibrillation and other electrophysiological heart problems.

### BIO NOTE

*A graduate "magna cum laude" of Harvard College, Dr. Saltman received his MD-PhD from Columbia University in 1990. He then returned to Cambridge to do his residency training in general surgery at Harvard/Deaconess Hospital, which he completed in 1995. He spent the following year at Harvard as a research fellow with a postdoctoral fellowship grant from the National Institutes of Health, studying mechanisms of atrial flutter and fibrillation.*

*In 1996, he became board certified in surgery. That year he started Harvard's two-and-a-half-year residency in cardiothoracic surgery, which he completed in December 1998.*

*Dr. Saltman joined our faculty as an assistant professor of surgery. In addition to surgical electrophysiology, he performs general adult and pediatric cardiac procedures, as well as thoracic procedures, including videoscopic (minimally invasive) lung resection.*

*For consultations/appointments with Dr. Saltman, please call (516) 444-1820.*

## OPCAB

(Continued from Page 4)

Which procedure is used depends on the number and location of bypasses that need to be performed. In both the MIDCAB and OPCAB procedures, patients receive general anesthesia, and a breathing tube is inserted so that a ventilator can provide oxygen and assist in breathing. During surgery, portions of the beating heart are steadied with a stabilizer foot.

The OPCAB approach, as noted above, is utilized when there are multiple vessels to be bypassed.

In 95% of patients referred to him for CABG, Dr. Seifert has been able to treat them with off-pump procedures. Last year, he performed 200 OPCAB and nearly 100 MIDCAB operations.

*For more information about OPCAB and other minimally invasive heart surgery at Stony Brook, please call (516) 444-1820 to arrange for a consultation/appointment with one of our cardiothoracic surgeons.*

## Kidney Transplantation

(Continued from Page 5)

who receive kidneys from living-unrelated donors is nearly equal to that of kidneys from living-related donors.

A recent reorganization of the transplantation program has enabled us to improve the quality of patient care and to increase the number of patients on the waiting list for kidney transplants. In fact, we increased our list by over 100% to its present level of 240 individuals.

*We have decreased our length of stay in the hospital to seven days, a decrease from 1997's 13-day length of stay, without any loss in the quality of care rendered.*

This was done through a team effort and the creation of a care map for the kidney recipient and donor. In fact, the living donor has a length of stay of just five days in most cases.

Giving the gift of life is a tremendous gift that does not have to wait for a person to die. At Stony Brook we continue to help families decide what is right for them and their loved ones, and as our program expands, we are saving more and more lives through the "miracle" of transplantation.

*For more information about our kidney transplantation program, please call (516) 444-2209.*

# STONY BROOK SURGICAL ASSOCIATES, PC

## BREAST CARE

John S. Brebbia, MD  
Martyn W. Burk, MD, PhD  
M. Margaret Kemeny, MD  
Louis T. Merriam, MD  
Brian J. O'Hea, MD  
Vimala S. Sivaraman, MD

## BURN CARE

Collin E.M. Brathwaite, MD  
John S. Brebbia, MD  
Harry S. Soroff, MD

## CARDIOTHORACIC SURGERY

Thomas V. Bilfinger, MD, ScD  
Irvin B. Krukenkamp, MD  
Allison J. McLarty, MD  
Adam E. Saltman, MD, PhD  
Frank C. Seifert, MD

## GENERAL/ GASTROINTESTINAL SURGERY

Collin E.M. Brathwaite, MD  
John S. Brebbia, MD  
Martyn W. Burk, MD, PhD  
Louis T. Merriam, MD  
Vimala S. Sivaraman, MD  
Thomas R. Smith, MD

## OTOLARYNGOLOGY-HEAD AND NECK SURGERY (ENT)

Arnold E. Katz, MD  
Denise C. Monte, MD  
Ghassan J. Samara, MD  
Maisie L. Shindo, MD  
Eric E. Smouha, MD

## PEDIATRIC SURGERY

Jane T. Kugaczewski, MD  
Cedric J. Priebe, Jr., MD

## PLASTIC AND RECONSTRUCTIVE SURGERY

Steven M. Katz, MD  
Steven L. Shoen, MD

## SURGICAL ONCOLOGY

Martyn W. Burk, MD, PhD  
M. Margaret Kemeny, MD  
Louis T. Merriam, MD  
Brian J. O'Hea, MD  
Vimala S. Sivaraman, MD

## TRANSPLANTATION

Felix T. Rapaport, MD  
John J. Ricotta, MD  
Wayne C. Waltzer, MD

## TRAUMA/SURGICAL CRITICAL CARE

Collin E.M. Brathwaite, MD  
John S. Brebbia, MD  
Thomas R. Smith, MD

## VASCULAR SURGERY

Fabio Giron, MD, PhD  
John J. Ricotta, MD  
Paul S. van Bemmelen, MD, PhD



For consultations/appointments with our physicians, please call

- (516) **444-4550** for our specialists in breast care
- (516) **444-1820** for our specialists in cardiothoracic surgery
- (516) **444-4545** for our specialists in general/gastrointestinal surgery
- (516) **444-4121** for our specialists in otolaryngology-head and neck surgery (ENT)
- (516) **444-4538** for our specialists in pediatric surgery
- (516) **444-4545** for our specialists in plastic and reconstructive surgery
- (516) **444-1793** for our specialists in surgical oncology
- (516) **444-2209** for our specialists in transplantation
- (516) **444-1045** for our specialists in trauma/surgical critical care
- (516) **444-2565** for our specialists in vascular surgery
- (516) **723-5000** for our specialists also at the Life Care Center in Hampton Bays:  
breast care - general/gastrointestinal surgery - pediatric surgery - vascular surgery

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