

SURGERY

Synopsis

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Chairman’s Message



Carlos A. Pellegrini, MD, FACS, FRCSI (Hon.)
The Henry N. Harkins Professor & Chair

Friends & Colleagues of the Department of Surgery:

Recently, I was asked to present an overview of the Department of Surgery to the Medical School Executive Committee here at the University of Washington. I developed the presentation: “Department of Surgery: Then and Now,” because much has happened in the Department since its inception in 1946, with Henry N. Harkins as our first Chair. Putting this presentation together made me realize yet again the breadth and depth of the Department, the amount of emphasis each chair has put on the parts of the mission, the strengths and weaknesses of the several leadership styles, the ups and downs of the financial health of the Department, and overall the growth of the Department – in numbers, stature and importance to the School of Medicine and to Surgery nationally and internationally.

In 1993, I became Chair at a time when the Department was facing serious challenges. As I started my tenure I was inspired by its rich history and in particular by some of the chairs that preceded me most notably Henry N. Harkins, Alvin K. Merendino, John Schilling and though interim, **Alec Clowes**. A great foundation existed and I felt privileged to become the guardian of this Department. I vowed, whether my tenure was short or long to make it the best it possibly could be. *(This column does not provide enough space to recount all the areas of growth since then. We invite you to explore those*

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The Department of Surgery and the Seattle Cancer Care Alliance: Partners in Turning Cancer Patients Into Cancer Survivors

Surgery is the oldest form of cancer treatment, used to diagnose, stage and treat cancer, but it is rarely a stand-alone cancer treatment in the modern era. It works in conjunction with medical oncology treatments (chemotherapy, targeted biologic therapies and hormonal therapies), radiation oncology, proton therapy, gamma knife therapy and other emerging treatments.

Years ago, many of the University of Washington Department of Surgery’s providers (along with their colleagues in medical and radiation oncology) saw the need for a multidisciplinary effort to treat cancer. Ideally they felt such treatment would take place in a Center where multidisciplinary care was the norm and which included not only all types of clinical care for both adults and children, but all types of research, from bench



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Chairman's Message

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in more detail by following the link to the presentation: **Department of Surgery: Then and Now** (<http://bit.ly/1BORpKf>)

One feature that has been constant throughout is our focus on the people that make it all happen. With that in mind we set out to recruit the best human beings we could, and then to create the most positive environment for them to work. I believe that if you focus on making people feel positive, engaged and energized when they consider why they come to work, one unleashes their talent and they make it happen. That is why the most precious asset that we have in our department is its human capital.

The founding and subsequent development of the **Seattle Cancer Care Alliance (SCCA)** is one example of that enhanced creativity. We devote this issue to looking at our Surgery Oncology program and our relationship with the SCCA. While the SCCA is the result of many individuals, departments and organizations thought and hard work, a seed for SCCA was planted by Dr. Roger Moe, a premiere breast cancer surgeon. He realized early on that though surgery had been the first, and sometimes only, cancer intervention; new discoveries and modalities made surgery only one of the tools in fighting cancer. He further realized that to make all the modalities work for the best of the patient, they had to be planned and carried out by a multidisciplinary team; it was not a one-person show. So, he began a breast cancer clinic in the basement of UWMC, one day of the week with a team consisting of a small team of 1 surgeon, 1 radiologist and 1 medical oncologist. Later, Dr. Moe would advance this concept with his creation of the "Bio-clinical Breast Cancer Unit" which added pathology, research and genetics.

The thought of these pioneers, always putting the patient first, was that cancer care needed to be practiced in a setting where there could be oncology teams. And, these teams would be composed of the best and most experienced health care providers with access to latest treatments, where leading edge cancer research was conducted, and where personalized care, with a multidisciplinary team planning and coordinating treatment, could be given to each patient.

Planning for SCCA began in 1998 between three of the best healthcare organizations in the Northwest: **Fred Hutchinson Cancer Research Center (the Hutch)**; **UW Medicine**, and **Seattle Children's Hospital (SCH)**. These three joint owners covered the gamut of clinical cancer care for children and adults with premier research providing access to ground-breaking treatments. We're proud of the Department's relationship with SCCA; several of our surgeons under the leadership of **Dr. David Byrd**, who is the Director of Surgical Oncology at SCCA and Associate Division Chief for our Division of General Surgery, play an important role within SCCA. More importantly our surgeons are proud and happy to provide cancer care at this extraordinary place whose stated purpose is to: "provide state-of-the-art, patient and family centered care; support the conduct of cancer clinical research and education; enhance access to improved cancer interventions; and advance the standard of cancer care regionally and beyond."

In this issue we also have a number of our faculty who have received honors and awards, we welcome new faculty and invite you to read about the research being conducted by **Dr. Venu Pillarisetty**, one of our oncology surgeons.

I hope you enjoy this issue of *Surgery Synopsis*.

Sincerely,

Carlos A. Pellegrini, MD, FACS, FRCSI (Hon.)
The Henry N. Harkins Professor & Chair
Department of Surgery
University of Washington

Seattle Cancer Care Alliance

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to clinical trials, to outcomes to translational. And, thus the idea of **Seattle Cancer Care Alliance (SCCA)** was born. Surgeons have been behind this concept from the beginning, often driving it forward. It is nearing its 15th year in existence and is more important to our surgeons than ever.



FRED HUTCHINSON
CANCER RESEARCH CENTER

Begun in 1998, with actual clinical doors open in 2001, the SCCA unites the clinical and research prowess of **Fred Hutchison Cancer Research Center (The Hutch)**, **UW Medicine** and **Seattle Children's Hospital (SCH)** under one roof. With a stated goal of "turning cancer patients into cancer survivors," physicians at the SCCA have the compelling vision of leading the world in translating scientific discovery into prevention, diagnosis, treatment and cure of cancer.



Accelerate to 2015: the SCCA currently has more than 300 oncologists, surgeons, radiation oncologists, clinicians and ancillary staff. Acting within multidisciplinary teams, over 6,000 patients have been treated for many types of cancers, including leukemia and lymphoma, breast, prostate, lung, and colon cancer. SCCA patients have access to the latest cancer treatments including stem cell and bone marrow transplantation, gene therapy, high-dose chemotherapy, radiation therapy, immunotherapy, minimally invasive surgical techniques, and other specialized therapies. Along the way, SCCA became the sole designated comprehensive cancer center in the Northwest. This designation, given by the **National Cancer Institute (NCI)**, is only bestowed upon centers that

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show scientific excellence and the capability to integrate a diversity of research approaches focused on the problem of cancer.

In recent years, in addition to day-to-day diagnosis and treatment of patients, the SCCA, seeing shrinking healthcare dollar resources, but a growing need, has focused more tightly on certain aspects of cancer care treatment, including:

1. More precise treatments of cancer (often called precision medicine): With increasingly better diagnostic tools and increased understanding of specific genetic signatures, particular cancers can be matched with targeted therapies known to be effective. The increasing ability to avoid ineffective therapies significantly lowers the physical, emotional and financial costs of cancer treatment.
2. Translating laboratory science to actual patient care more quickly (Translational Medicine): As example of the work that is happening at SCCA, a team called the Solid Tumor Translational Research (STTR) was begun in 2013 and has brought together experts in multidisciplinary, multi-institutional teams, using state-of-the-art technology and scientific innovation to turn laboratory findings, population studies and clinical insights into clinical practice. As STTR's work matures, viable treatment options will move from the laboratory to the clinic a much faster pace. <http://www.sttrcancer.org/en.html>
3. Practicing High Value Medicine: Led by Fred Hutchinson Research Center, [Hutchison Institute for Cancer Outcomes Research \(HICOR\)](#), has two major initiatives: 1) to identify clinically actionable metrics that signify high value in the treatment of cancer (called the Value in Cancer Care Initiative) and 2) HICOR is working to solve a stubborn problem. Working at the national level through its [Choosing Wisely Program](#), the [American Society of Clinical Oncology \(ASCO\)](#) has identified a number of frequently ordered and costly interventions that lack evidence supporting their use or value in clinical cancer care. HICOR is participating in Choosing Wisely and is developing a program to address the gap between policy recommendations and action by providers.
4. More focus on cancer prevention, which can be seen as a major gain for all parties involved: the patient, the healthcare system and society. Some cancers, such as colon cancer, have such clear-cut early detection procedures (the colonoscopy), that most colon cancer can be caught before it becomes deadly or debilitating to the individual, provided people get colonoscopies when age-appropriate. SCCA regularly reviews and adopts new guidelines for screening based upon the ever evolving standards for detection and cure.

A statistic published by the [World Health Organization \(WHO\)](#) (April 2008) projects that the global number of deaths from cancer will increase 45% from 2007 to 2030. This statistic underscores

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Seattle Cancer Care Alliance (SCCA) building entrance at dusk.

Photo credit: Jim Linna/SCCA

the approach and work of the SCCA. We invite you to read about the many specialty centers and clinics that comprise SCCA.

Breast Cancer

Breast Cancer Specialty Center

The **Breast Cancer Specialty Center (BCSC)** was a novel approach to managing newly diagnosed breast cancer patients. The origins of this multidisciplinary cancer clinic predate the creation of the SCCA. The brain child of the late **Dr. Roger Moe**, Professor Emeritus, Department of Surgery, a true pioneer in breast care, this clinic began in the late 1980s in less than optimal quarters at UWMC. Before the formation of SCCA, the Clinic met in a basement room at UWMC, one day per week with a single team comprised of a surgeon, medical oncologist, radiation oncologist, pathologist and breast radiologist.

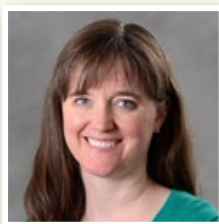
In 2015, most patients with a new breast cancer diagnosis, both invasive and non-invasive, are now initially seen in the BCSC, which is physically located at the SCCA. It is a busy clinic with a true team comprised of multiple providers in every discipline that touches breast cancer. Currently, BCSC can accommodate six patients per clinic day, with capacity for over 600 new breast cancer patients per year. The clinic is staffed by four surgeons dedicated to surgical and breast oncology: **Dr. David Byrd**, Professor, Associate Chief, Division of General Surgery and Director of Surgery Oncology at SCCA; **Dr. Benjamin Anderson**, Professor of Surgery with a joint appointment in Global Health Medicine; **Dr. Kristine Calhoun**, Associate Professor of Surgery, Division of General Surgery; and **Dr. Sara Javid**, Assistant Professor of Surgery, Division of General Surgery. In addition,



Byrd



Anderson



Calhoun



Javid

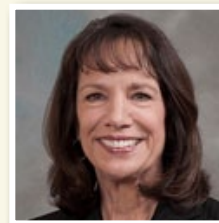
there are eight breast medical oncologists and three radiation oncologists who see patients in BCSC on a rotating basis. There are also five dedicated breast radiologists and four pathologists with a breast emphasis who participate.

This model provides strong clinical care, great patient satisfaction and allows for a unique educational experience for the medical oncology, breast imaging and pathology fellows, as well as general surgery and radiation oncology residents who rotate through. Patients are first seen by a trainee, after which each patient is discussed at tumor board. The tumor board review includes a comprehensive film review, as well as a reviewing their pathology findings. Following this review, each patient is then examined by their team and meets individually with each provider as appropriate to discuss treatment recommendations and options. The clinic serves as not only an important clinical gateway, but also a key entry point for patients to be enrolled on clinical studies available to newly diagnosed breast cancer patients.

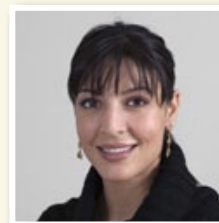
Although an intensive intake process, retention rates and patient satisfaction are consistently high for the clinic. The BCSC model has proven so successful that it has served as the blueprint for a number of other multidisciplinary clinics within the SCCA and UWMC system.

Breast Health Clinic

Although the SCCA is a cancer center, not every patient with a breast issue has cancer. Some patients are at high risk for breast cancer development, while others have a concern that needs to be investigated. In addition to the BCSC, patients requiring a diagnostic breast work up are typically seen in the **Breast Health Clinic (BHC)** at the SCCA. This clinic is staffed by two Advanced Registered Nurse Practitioners (ARNPs) dedicated to breast care, **Kathleen Errico** and **Laila Mansoori** and three breast surgeons, **Drs. Anderson**, Director of the BHC, **Calhoun**, and **Javid**. The clinic sees those patients who do not meet criteria to be seen in the multidisciplinary BCSC.



Errico



Mansoori

By being onsite at the SCCA, the BHC providers and patients are able to use the full services of Breast Imaging, as well as have an immediate entry point to the BCSC clinic in the event

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cancer is diagnosed. Finally, patients at high risk of breast cancer development are seen in the BHC for surveillance, as well as in the Breast and Ovarian Prevention Clinic. This close relationship with non-surgical clinics allows for transitions of care to be done as seamlessly as possible.

Colorectal Cancer

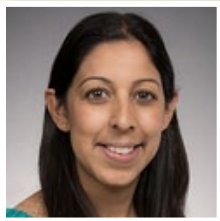
Colorectal Cancer Specialty Clinic

In response to the need for multidisciplinary care for colon, rectal, and anal cancer, the **Colorectal Cancer Specialty Clinic (CCSC)** was established in February 2013. **Dr. Alessandro Fichera**, Professor and Section Chief, GI Surgery in the Department of Surgery. Dr. Fichera a renowned colorectal surgeon from Italy by way of Chicago, was hired and asked to help build this clinic and team.

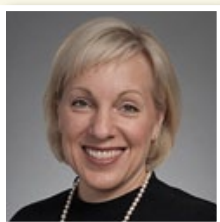
The mission of the clinic, located at the SCCA, is to provide patients with newly diagnosed or recurrent colorectal or anal cancer quick access to personalized and state-of-the-art treatment plans. The CCSC is a collaborative effort that takes advantage of the diverse specialties we have at the University of Washington and the SCCA.



Fichera



Krane

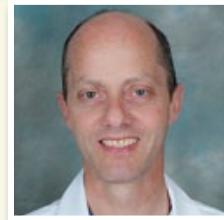


Horvath

The CCSC is staffed every day of the week and patients can expect to be seen by a number of clinical experts in colorectal surgery, including **Dr. Fichera**, Professor of Surgery, **Dr. Mukta Krane**, Associate Professor of Surgery, **Dr. Karen Horvath**, Professor of Surgery, Director of the Residency Training Program in General Surgery and the Associate Chair for Education in the Department of Surgery, **Dr. Mika Sinanan**, Professor of Surgery, and **Dr. Gary Mann**, Associate Professor of Surgery. Additional providers include representatives from medical oncology, radiation oncology, high risk genetics, enterostomal care, and radiology. Providers meet in a multidisciplinary conference to discuss each specific patient and to formulate a unique treatment plan that meets the individual's needs. Patients are seen within one week of contacting the CCSC. The clinic has a retention rate of 80% and greater than 60% are complex rectal cancer patients.



Sinanan



Mann

In addition to providing a specialized team approach that is unique in this region, patients also have access to a variety of clinical trials. Two particularly noteworthy clinical trials include the PROSPECT trial which is a randomized study comparing chemotherapy alone to chemotherapy plus radiation in patients with rectal cancer undergoing sphincter sparing surgery, and a multicenter randomized trial evaluating chemotherapy and chemoradiation followed by surgery or non-operative management in patients with stage II or III rectal cancer.

Endocrine Malignancies

The incidence of thyroid malignancies has rapidly increased over the past 25 years. They are the fifth most common cancer in women and the most common condition treated in the UW Medicine Endocrine Neoplasia Clinic.

While thyroid cancer is the most common cancer seen, the clinic specializes in the care of a broad range of patients with endocrine malignancies, ranging from those with differentiated thyroid cancers to complex adrenal tumors. The clinic provides the initial diagnostic evaluation of patients from UW Medicine as well as those referred from across the Pacific Northwest. Patients are cared for by a multidisciplinary team that includes endocrinologists, oncologic surgeons, ENT surgeons, nuclear medicine specialists, radiation oncologists, and medical oncologists. The most challenging cases are discussed at twice-monthly tumor board meetings. Department of Surgery representation includes **Dr. David Byrd** and **Dr. Gary Mann**.

Treatment options include surgery and radioiodine administration. However, new treatment guidelines now allow certain low-risk patients to avoid radioactive iodine altogether. UW Medicine is the only center in the region that offers dosimetric calculation to guide I-131 radiotherapy in cases of metastatic disease or altered metabolism. On occasion, external beam radiotherapy, or tyrosine kinase inhibitor treatment, is employed.

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The Endocrine Neoplasia Clinic also has an active research program and is currently enrolling patients in a trial that evaluates the effect of an improved assay for thyroglobulin, the tumor marker followed in thyroid cancer, and assessing the long-term effects on quality of life outcomes in thyroid cancer survivors.

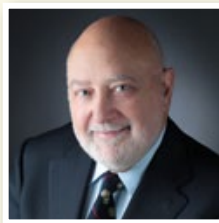
Esophageal and Gastric Cancers

It often begins with heartburn or discomfort when you eat or even chest pains. **Dr. Brant Oelschlager**, The Byers Endowed Professor of Esophageal Research and Chief, Division of General Surgery, states: “Esophageal cancer is notorious for being detected late because early symptoms are subtle or nonexistent. Outcomes from treatment are dramatically improved the earlier the cancer is detected.”

For those who are diagnosed with gastric or esophageal cancer are fortunate when they find UW/SCCA for treatment. As with all the other types of cancer treated within the health system, esophageal and gastric cancer treatment is a collaborative effort. The team includes surgeons **Dr. Brant Oelschlager**, **Dr. Carlos Pellegrini**, The Henry N. Harkins Professor & Chair of the Department of Surgery, and **Dr. Andrew Wright**, Associate Professor of Surgery and Director of the UW Medicine Hernia Center at Northwest Hospital, radiation oncologists, medical oncologists, nutritionists and more. They work together to discuss all treatment options based on the type of cancer and its progression. It is likely that patients will be offered a blend of treatments that may include surgery, chemotherapy and radiation therapy and other new and emerging therapies.



Oelschlager



Pellegrini



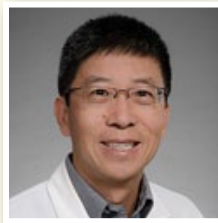
Wright

The UW is blessed with a world-class Center for Esophageal and Gastric Surgery whose focus is on the detection, diagnosis and cure of both malignant and non-malignant gastroesophageal problems. It is one of the few in the country and has impressive care-givers, including world-class surgeons.

As with all cancer specialties there are a number of on-going clinical trials which offer hope for a difficult form of cancer.

Liver Cancer

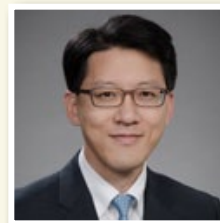
Liver Tumor Clinic



Yeung

When surgical oncologist **Dr. Raymond Yeung**, Professor of Surgery, was recruited to the University of Washington Medical Center in 1997, he had a vision for changing the way liver tumor patients were seen and diagnosed in clinic. “I wanted to create a multidisciplinary approach to patient care – a ‘one-stop shopping’ option for patients to come be evaluated by multiple specialists who would create a unique and comprehensive treatment plan based on the individualized needs of each patient,” Dr. Yeung stated. Partnering with several other colleagues from related specialties, the **UW Liver Tumor Clinic** opened its doors in 1998 and became the first multidisciplinary clinic of its kind in the Pacific Northwest.

Still running strong 17 years later, the UW Liver Tumor Clinic has grown to see over 475 new patients annually. The clinic is staffed by two dedicated surgical oncologists, **Dr. Raymond Yeung**, Professor of Surgery and Adjunct Professor of Pathology, and **Dr. James Park**, Associate Professor of Surgery, as well as medical oncologists, transplant surgeons, hepatologists, diagnostic radiologists, interventional radiologists, and pathologists, all with expertise in primary (hepatocellular carcinoma) and secondary (e.g. metastases from colon, breast, etc.) liver tumors. The goal of the UW Liver Tumor Clinic is to promote an unbiased, streamlined and effective clinical management pathway for patients with any benign or malignant liver tumor. This type of multidisciplinary setting provides a very personalized management plan for each patient that balances the most current evidence-based treatment with the patient’s wishes and beliefs.



Park

Serving as a pioneer in cutting edge treatments, the Liver Tumor Clinic was the first in the region to offer radiofrequency ablation (RFA), liver transplantation, nanoknife/irreversible electroporation (IRE), selective radioembolization (y90), minimally invasive liver surgery (laparoscopic and robotic), and most recently, proton external beam radiation. These unique treatments, partnered with the comprehensive care of a multidisciplinary clinic, result in exceptional patient outcomes.

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Pancreatic Cancer

Pancreatic Cancer Specialty Clinic



Hingorani

The **Pancreatic Cancer Specialty Clinic (PCSC)**, located at the SCCA, has been serving patients of the **WWAMI** region and beyond for the past 6 years. It was initially conceived and implemented by **Drs. Sunil Hingorani** (from the Hutch), **David Byrd** (UW Surgery), **Theresa Brentnall** (UW Gastroenterology), and **Samuel Whiting** (SCCA), to address the unique multidisciplinary needs of patients with pancreatic cancer. PCSC initially met every other week and was restricted to patients with pancreatic and periampullary cancers that could be helped surgically. However it has developed into the primary weekly intake site for all patients with pancreatic and related cancers (e.g. distal cholangiocarcinoma, ampullary carcinoma, duodenal carcinoma). The clinic has been successful, respected and appreciated by the patients it serves. In 2014 80 pancreatectomies were performed at UWMC; among the highest in the country.



Brentnall

PCSC is currently staffed by four surgeons from the department of Surgery: **Dr. David Byrd**, **Dr. Venu Pillarisetty**, Assistant Professor of Surgery, **Dr. Gary Mann** and **Dr. James Park**. In addition, there are also four medical oncologists, three radiation oncologists, as well as two nurses and representatives from SCCA palliative care, nutrition, pharmacy, clinical trials, social work, and spiritual care. This entire team is remarkably dedicated to serving this complicated patient population. The presence of each of the individuals had led to an impressive esprit de corps for the clinic, which patients and family members respond to and truly appreciate.

In addition, by bringing patients into the system through this centralized way, the clinic has achieved very high clinical trial enrollment and currently have active trials for most disease stages (<http://www.seattlecca.org/clinical-trials/pancreatic-cancer-list.cfm>). Current trials include combinations of standard chemotherapy with immunotherapy or stromal targeting agents.



Pillarisetty

Additional clinical trials are expected to be added in the coming months through our involvement on a national scale, including our institution's leadership in the Cancer Immunotherapy Trials Network. This is of great benefit to patients and to better understanding this complicated cancer.

Thoracic Cancer

Lung Cancer

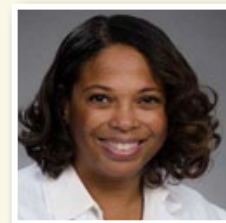
Studies have shown that the first treatment you receive for cancer is by far the most important. Since lung cancer is the most common cancer (after skin cancer), and is responsible for one-third of cancer deaths in the USA, the SCCA plays an especially important role. **The Lung Cancer Program** at SCCA is the largest, most experienced program of its kind in the Pacific Northwest. In addition to innovations in early detection, the care team focuses on the full spectrum of lung cancer treatment, from targeted chemotherapies to minimally invasive surgical techniques. More clinical studies on lung cancer are conducted at SCCA than anywhere else in the region.

Lung cancer is not the only thoracic cancer treated at SCCA. Other patients may present with tracheal tumors, mesothelioma, thymoma/thymic carcinoma, primary chest wall malignancies or metastatic disease to chest wall and lungs.

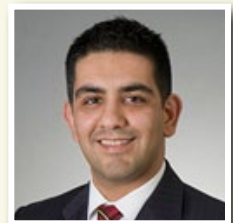
The Thoracic Oncology team consists of subspecialty providers trained in thoracic surgery, medical and radiation oncology, thoracic radiology, pathology, and pulmonary medicine. The surgical team is comprised of **Dr. Douglas Wood**, Professor of Surgery and Chief of the Division of Cardiothoracic Surgery; **Dr. Leah Backhus**, Assistant Professor of Surgery; **Dr. Farhood Farjah**, Assistant Professor of Surgery; **Dr. Michael Mulligan**, Professor of Surgery, Director of the Lung Transplant Program and the Advanced Lung Disease Surgery Program (pictured on page 8); and **Dr. Thomas Varghese**, Associate Professor of Surgery (pictured on page 8). They offer the full spectrum of diagnostic,



Wood



Backhus



Farjah

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Seattle Cancer Care Alliance

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Mulligan



Varghese

therapeutic, and palliative interventions, including the use of image-guided procedures, endoscopy, minimally invasive surgery, and robotic surgery.

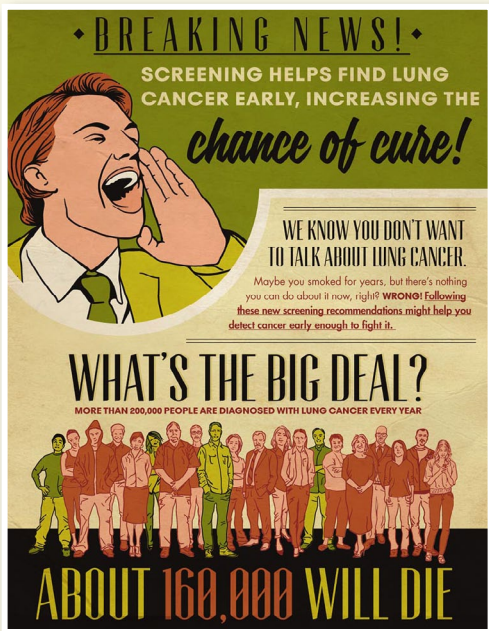
Lung Cancer Early-Detection and Prevention Clinic

One of the targeted goals for SCCA is Prevention. [The Seattle Cancer Care Alliance/UW Medicine Lung Cancer Early-Detection and Prevention Clinic \(LCEDPC\)](#) consists of subspecialty providers trained in pulmonary medicine, thoracic surgery, thoracic radiology, and medical oncology. This clinic sees patients at-risk for or concerned about lung cancer, those with suspected or confirmed lung cancer, and patients with lung nodules and/or thoracic adenopathy. The team provides the full spectrum of image-guided, bronchoscopic, and surgical diagnostic procedures, lung cancer screening and nodule surveillance, and smoking cessation interventions.

Just prior to these clinic appointments, the team of pulmonologists, thoracic surgeons, radiologists, and oncologists review all the cases of the day and formulate a multidisciplinary plan. Individuals and patients seen at the LCEDPC are eligible to enroll in an observational lung biorepository that collects

plasma and tissue specimens as well as annotated clinical data.

SCCA's infographic educating why older smokers should consider an annual screening exam for lung cancer.



New Faculty

[Dr. Gary M. Fudem](#) joins the Department as Professor and Associate Director of the the Burn Center, located at Harborview Medical Center (HMC). He is also an attending plastic surgeon at VA Puget Sound Health Care System. He is a professor of surgery with a specialty in plastic surgery and burns. Special interests and expertise include reconstruction after burns and skin cancer.



Prior to coming here, Dr. Fudem worked for 26 years as an attending surgeon at the University of Massachusetts Medical Center. There he served several roles over the years including director of the burn unit, co-director of the Cleft Lip and Palate Center and plastic surgery consultant to the breast cancer and skin cancer services. He also worked on the active staff of Martha's Vineyard Community Hospital where he had a very large skin cancer practice.

Dr. Fudem received his bachelor's degree in Latin American studies from Stanford University and his medical degree from Case Western Reserve University. He completed a year of microsurgery and transplantation research at University of California-Irvine working on an NIH grant. His animal research done in 1985 is presently the only study showing bone growth of somatic tissue allografts.

Dr. Fudem went through general surgery training at the University Hospitals of Cleveland and plastic surgery training at the University of Massachusetts Medical Center.

Dr. Fudem is very interested in medical ethics and has been on multiple ethics panels, participated in medical student ethics courses and has volunteered on several hospital, regional and national ethics committees.

Over the past 30 years, he has volunteered on more than 50 overseas missions to teach and collaborate with local physicians in less developed countries.

He is a fellow of the American College of Surgeons and is board certified in plastic surgery with a certificate of added qualification in hand surgery. After 9/11, he was elected "Local Hero of Chilmark" by the US Postal Service, has received "The Felix Cataldo Humanitarian in Medicine Award" at the University of Massachusetts and the "Good Samaritan of the Year Award" by Good Samaritan International based in Seattle, Washington. He has been named one of US News and World Report's "Top Doctors" and voted as one of the "Best Doctors in America" by physician peers.

'Doc McStuffins' and Dr. Leah Backhus Provide Critical Role Models



"In March 2012, Disney launched a cartoon about an African-American girl who repairs toys in her backyard playhouse with the help of her stuffed animal friends. The girl, Dottie "Doc" McStuffins wants to be a doctor like her mother. When she puts on her stethoscope, toys come to life and she can communicate with them.

"Doc McStuffins" was created and produced by Humanitas Prize and Emmy Award-winning filmmaker Chris Nee, whose inspiration came from her experience as a mother whose son developed severe asthma when he was 2-years old. Nee developed the idea for the program as a way to help make the process of going to the doctor less frightening for children.

Soon after the show launched, a group of women physicians of color created a thank you card for Disney and later founded a movement, "We are Doc McStuffins," that over time became the group [Artemis Medical Society](#). [Leah Backhus](#), UW Assistant Professor of Surgery in the Division of Cardiothoracic Surgery and chief of thoracic surgery at the VA Puget Sound, is a founding member of the Artemis Medical Society. This group promotes women of color in STEM careers, mostly medical, and now has 4,400 members worldwide.

During Black History Month celebrated throughout February, Backhus will be one of three members of Artemis Medical Society showcased in short video clips on the Disney Channel. "As a mom of two children, I know how important it is for them to see positive images that can serve as role models for their future," said Backhus.

One of the most pressing healthcare challenges facing the nation is the critical need for more minority physicians. By 2050, racial and ethnic minorities are projected to account for more than half of the U.S population. And while African Americans and Hispanics

are among the fastest growing segments of the population, they are also the most underrepresented minorities in medicine. Today, only 6 percent of practicing doctors come from these groups, according to the [Association of American Medical Colleges](#).

UW Medicine will continue to make major investments into promoting diversity at faculty, fellow, resident and student levels. The UW School of Medicine [Center for Equity, Diversity and Inclusion \(CEDI\)](#) was founded in 2012 to advance diversity and



inclusion in all our settings. Leo Morales, chief diversity officer, provides outstanding leadership for CEDI and all ongoing efforts throughout UW Medicine to promote diversity and inclusion. These efforts, for example, have been instrumental in bringing 80 undergraduate students each year from low-income and underrepresented communities from around the country to the UW for an eight-week summer program in medical and dental careers.

Thank you "Doc McStuffins" and Leah Backhus for being wonderful role models."

[View the YouTube video >>](#)

[Excerpt from UW Medicine Online News, February 6, 2015 >>](#)

Maier Elected As First Vice President–Elect of American College of Surgeons

Vice Presidents Elect were elected at the [American College of Surgeons' \(ACS\) Annual Business Meeting](#) held in San Francisco, CA on October 29, 2014. The First Vice–President–Elect is [Ronald V. Maier, MD, FACS](#), Jane and Donald D. Trunkey Endowed Chair in Trauma Surgery, and Professor and Vice–Chairman of Surgery, University of Washington (UW) Medicine, Seattle. Dr. Maier also is Surgeon-in–Chief at Harborview Medical Center and Director of the Northwest Regional Trauma Center.



A Fellow of the College since 1984, Dr. Maier has played an active role on several key ACS committees, particularly the [Committee on Trauma \(COT\)](#). He chaired the COT's Ad Hoc Committee on Prevention (1992–2002) after serving as a member of the subcommittee for three years (1989–1992). He also served on the COT Performance Improvement Committee (1994–2004), Trauma System Committee (1994–2004), Committee on Emerging Surgical Technology and Education member (2001) and senior member (2001–2003), Regional Committee Organization (1990–2000), and Publications Committee (1988–2004).

He was State Chair for the COT (1987–1990) and Chair of Region 10 for the COT (1990–1996). He has been an active member of the Program Committee, serving as Consultant (2007– present), Vice–Chair (2004– 2005), and member (2004– 2007). He served on the Committee for the Forum on Fundamental Surgical Problems (1991–1994) as well.

Dr. Maier has held numerous leadership positions in other surgical organizations, exemplified by having served as president of the Society of University Surgeons, Surgical Infection Society, Shock Society, American Association for the Surgery of Trauma, and the Halsted Society, in addition to being Chair of the Board of Directors of the American Board of Surgery.

Dr. Maier's research interests include cell biology of inflammation, dysregulation of the immune response after severe injury, wound healing, gene expression response to injury, modulation of inflammatory mediators, acute respiratory distress syndrome,



biomaterials for healing, injury prevention, trauma care outcomes, and trauma systems analyses. Dr. Maier's research efforts have been recognized through prestigious awards from the Shock Society, the American Heart Association, and the American Surgical Society. He received the ACS Sheen Award for Contributions to Medicine and Medical Research in 2013.

Excerpt from American College of Surgeons *Bulletin*, December 2014, Volume 99, Number 12.

The Harkins' Corner: Your Department of Surgery Faculty & Alumni Organization



Dr. Giana Davidson

Dear Surgical Colleagues,

One of our main goals this year for the Harkins Society was to continue to foster mentorship and build community among alumni and faculty members and current UW surgical residents and fellows. Please look to our growing website (www.harkinssociety.org) in the coming months as we add features to help you find your classmates or connect with an alumnus in your area, and updates

on who plans to attend upcoming events (such as the Harkin's Breakfast at the WA/OR ACS Chapter meeting in June!).

The current surgical residents and recent graduates have said they look forward to hearing what graduates are doing as a way to connect for mentorship and advice as they transition to practice. As an alumnus, it's exciting to hear what my colleagues are accomplishing and the challenges they face in their very different practices. This month features **Dr. Ellen Cooper**.

Dr. Cooper was an outstanding resident in General Surgery. She graduated in 2010 and spent her initial post-graduate years as a faculty member at UWMC before moving to California with her husband and son. She now has a growing practice, growing family and is a terrific mentor to a number of medical students in her community. One of the medical student candidates I recently interviewed happened to mention one of his most influential reasons for going into surgery was Dr. Cooper! She was one of my favorite senior residents—exceptionally organized, empathetic, an outstanding teacher, and wonderful clinician. Ellen kindly agreed to write about her experience as a rural surgeon and offered her contact information for those who are interesting in networking or mentorship.

Sincerely,

Giana Davidson, MD, MPH

President, Harkin's Society

It's 4:30 in the morning. You get a call from the overnight hospitalist (who happens to be your husband). A woman with a history of chronic pain and very high narcotic use was admitted the day before with constipation and abdominal pain. She is now in shock with a blood pressure of 70 and diffuse peritonitis. Her CT scan shows free air and free fluid.

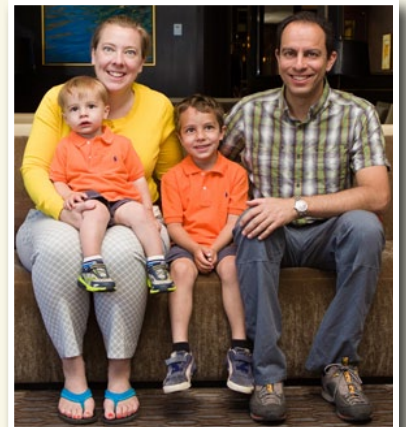
As you drive to the hospital in a snowstorm, you consider your resources. On their way in is your scrub tech, your circulating nurse and your nurse first assist, as well as the anesthesiologist. You will be the only five people

in the OR complex with the patient, unless you ask for extra resources. In your blood bank, you have 6 units of uncrossmatched blood and a 6 pack of platelets as well as 4 of FFP. More blood is 45 minutes away. You have a respiratory therapist. Your ICU is currently closed due to low census. The other general surgeons are out of town.

What I've described is a real situation that's faced by rural general surgeons all over the country. Critically ill patients, limited resources and no time (or desire) to transfer elsewhere.

I am a general surgeon in a community of 15,000 people on the north shore of Lake Tahoe, 6,000 feet up in the sierras. We have multiple ski resorts within a 15 minute drive, and are a major recreation destination for people from the Bay Area. On busy weekends, we can swell to 150,000 people. Our 25 bed community access hospital has an ER with 18 beds, which illustrates how busy we can be with acute care in our small town. I take care of a broad array of elective general surgery, in addition to taking 10–14 days of call a month. Today in my clinic I saw hernias, breast cancer, melanoma, likely desmoid tumor of the abdominal wall, pilonidal cyst, hemorrhoids and more.

I love taking care of a broad range of general surgical issues including a lot of oncology. I work on a medical staff of about 40. We are a tight-knit group and are able to talk a lot about our patients. It's common to have lunch with a radiologist, a gastroenterologist, and one of the emergency medicine physicians. I have built amazing relationships with the nurses in the hospital, and consider many of them my friends. I also have built really gratifying relationships with my patients – I see them at the grocery store, at soccer games, and on the ski slopes. For some people, the overlap between their professional life and their personal life would feel claustrophobic. For me, it enriches my practice, and serves as a daily reminder that my patients exist in a world beyond the hospital, and have lives that define them far more than their illnesses do. Similarly, my patients see me as more than a surgeon, but as a mother, a wife, a skier, and all the other things I do that define me.



When I was a resident, I think I partially believed that rural medicine was straight forward, bread and butter cases and that anything complex got sent to the big city. Our goal is to take care of our community, in our hospital, with quality similar to large institutions. And most of the time, it's a heck of a lot of fun to do that.

Ellen Cooper, MD

Graduate from UW General Surgery in 2010

Alumni Corner

Contributed by Dr. Hugh M. Foy



Dr. Hugh M. Foy

“Robert Schaller, MD passed away December 2014. He was a graduate of the general surgery residency at the University of Washington and a respected pediatric surgeon whose career spanned 4 decades.

I was fortunate to know Rob pretty well. He was one of the kindest, most effective teachers when I rotated on the Children’s service as an R1 and an R4. During my 6 years of training, he

was one of the most masterful surgeons and operative teachers. I remember vividly doing a right upper lobectomy on a 6 year old child with him and it seemed like a breeze, he was such a great teacher. He made you look good and inspired your confidence.

Rob was a world class climber and according to Tom King, Howard Anderson and other fellow residents of his era, for unclear reasons was often whisked away suddenly from clinical rotations to appear weeks later. Understandably it sent wrinkle of dysphoria through the ranks of the busy residents who had to “collapse the zone defense” on short notice on more than one occasion. Later it became known that Rob was under the employ of the CIA, helping install listening devices in the Himalayas. He was a member of the 1st successful ascents of K2, one of the most treacherous peaks in the Himalayas and distant from the well-organized sherpa guide services of Everest. The first “K2” movie in 1991 told the story of Rob and his teams’ heroic efforts. Rob specifically had to stay awake, continually resuscitating a fellow climber suffering from multiple pulmonary emboli who would stop breathing each time he fell asleep. In the movie, the doctor was depicted as a woman in a hut. It was Rob, in a tent. (See the full story published in the Seattle PI in 2007 at <http://www.seattlepi.com/local/article/Spy-Robert-Schaller-s-life-of-secrecy-betrayal-1232285.php>.)

I was rotating as an R4 in December 1981 when Rob returned from the K2 expedition; exhausted, gaunt and 45 pounds lighter. We asked him to “show us your slides?” “I can’t show you the pictures without telling you the story, and I am not physically or emotionally strong enough to now”, he said. But several weeks later, on Thursday after clinic, December 23rd, he took the 6 of us into the conference room, turned down the lights and showed us the slides, and told us of his harrowing adventure. We were the first to see and hear the 1st hand account of the successful ascent of K2.

In the years that followed I was again fortunate to know Rob, as he lived in a home owned by my in-laws. When he and Therese married and had their children, we formed a loose consortium of a baby-sitting co-op. As a result, for several years our children were raised together as somewhat of an extended family. It was a pleasure to get to know them and enjoy their new home in Leschi, which was complete with a 2 story rock fireplace that to little surprise doubled as a climbing wall.

The next 15 years were not too kind to Rob. He suffered from horrible arthritis, diverticulitis and chronic pain. He finally came out publicly about his role as a covert climber in an attempt to get his notes from the CIA (see article above). The last time I saw him he was in a wheel chair with a neck brace. He always wondered if some of his problems were possibly a result of the radioactive power source in the radio transmitter he carried on his back up K2.



Robert Schaller, looks over a copy of “The Ascent of Nanda Devi.” In 1965, Schaller tried to scale the peak to install a listening device that never made it to the top.

Photo credit: Grant M. Haller/Seattle Post-Intelligencer

It was a pleasure to know Rob, to be his resident, colleague and friend. Many children were fortunate to have him as their surgeon. We are all better having touched his life. His dedication, skill and professionalism will always be a gold standard that I will forever aspire to.”

Hugh M. Foy, MD

Director, Surgical Specialties Clinic at
Harborview Medical Center
Professor of Surgery

In Memoriam—Robert Condon, MD



Dr. Robert E. Condon

Dr. Robert E. Condon, a distinguished alumnus and long-time friend of our department passed away last week. He was a major figure in American surgery with roots firmly embedded in the Pacific Northwest.

Dr. Condon was born in Albany, New York, in 1929 and was a Captain in the United States Marine Corps. He received his MD in 1957 from the University of Rochester School of Medicine and Dentistry in Rochester, NY before coming to the University of Washington. He graduated from our residency program in 1965, under

the chairmanship of Dr. Henry Harkins. A close colleague of Dr. Lloyd Nyhus and along with Dr. Harkins, the three became known as “The Seattle Group” researching and developing surgical treatments for ulcers and then, what would become Dr. Condon’s scholarly passion throughout his career, the science and art of hernia surgery. He was a major contributor to Harkins and Nyhus’ *Hernia*, which in a later edition was renamed, *Nyhus and Condon’s Hernia*. This text has been the definitive reference for hernia

repairs for over 30 years. After a period of service at the University of Washington, Baylor, the University of Illinois in Chicago, and the University of Iowa College of Medicine, Dr. Condon was recruited to the faculty at the Medical College of Wisconsin in 1972. He became Chair of the Department of Surgery at MCW in 1979, and he served for 18 years in this position. Subsequently, the Robert E. Condon Hernia Institute was established at the MCW and continues as a Center of Excellence for hernia surgery in the Midwest.

Dr. Condon never forgot his roots in the Pacific Northwest. He promised his wife Marcia that when he retired, they would return to Seattle, and that is exactly what they did. Dr. Condon continued his service to the UW Department of Surgery as a Clinical Professor, teaching our residents and attending various functions over the years. As an active member of our community, he was awarded the Harkins Distinguished Alumnus Award in 1998. In addition to his academic surgical career, Dr. Condon was an accomplished gardener, cook, wine connoisseur, world traveler, and patron of our local art museums.

Dr. Condon is survived by his wife Marcia, who he met in kindergarten, and to whom he was married for 64 years, and two sons, Sean Edward Condon and Brian Robert Condon.

Honors and Awards

Faculty



Dr. Sara Javid, Assistant Professor in the Division of General Surgery, has been selected to participate in the [Cancer Research Networks Scholars program](#).

The NCI-funded CRN Scholars Program is a 26-month training activity that aims to help junior investigators develop research independence using CRN

resources to conduct population-based multi-site and multi-disciplinary studies that leverage the network’s strengths.

Specific goals that CRN Scholars work toward during their training include becoming a Principal Investigator (PI) on a successful investigator-initiated grant, and being first author on a peer-reviewed, published article reporting original research.

The Scholars Program is open to junior investigators from academic institutions, cancer centers, federal institutes, and other research centers. They seek candidates with a demonstrated commitment to conducting future population-based cancer research within integrated health care settings.

Dr. Javid was also recently nominated by the [American College of Surgeons’](#) Committee on Interprofessional Education and Practice for Regental consideration.



Dr. Ron Maier, Chief, Division of Trauma, Burn, and Critical Care Surgery and Professor and Vice Chair of Surgery, was inducted into the [Royal College of Surgeons of Edinburgh](#) as an Honorary Member Ad Hominem in October 2014.

The Royal College of Surgeons Edinburgh is one of the oldest, and most

(continued on page 14)

Honors and Awards

Continued from page 13

prestigious and respected surgical bodies in the world. With some 20,000 Fellows and Members across 100 countries, it is a truly international and dynamic organization. The Royal College of Surgeons of Edinburgh has been educating and assessing surgeons, and advancing the field of surgery for over 500 years. The Honorary Membership ad hominem was an unsolicited honor bestowed upon Dr. Maier in recognition of his decades of service in improving patient outcomes and advancing the quality of surgery worldwide through education, research, practice, and participation in national and international meetings and discussions.



Dr. Carlos A. Pellegrini, *The Henry N. Harkins Professor and Chair*, was appointed Foreign Academic Correspondent by the **Royal National Academy of Medicine**.

Currently located in Madrid, Spain, The Royal Academy of Medicine began its history in the first third of the eighteenth century in the midst of a gathering in the pharmacy of José Ortega, under Enlightenment movement. In July 1733 it became a grouping of professionals, initially titled “Tertulia Médico-Chymica-Phisica” and later “Tertulia Médica Matritense.”

It received the Royal sanction from Felipe V in September 18, 1734, following approval of its Statutes, which became the Tertulia in Academia.

It was reorganized by Royal Decree of April 28, 1861, “to promote the progress of Spanish medicine, publish its story literature, forming the medical geography and a technological dictionary of medicine.”



Dr. Venu Pillarisetty, Assistant Professor in the Division of General Surgery, received an \$80,000 gift from the Sarcoma Program at the **Seattle Cancer Care Alliance (SCCA)** in support of his project “Immune targeting of desmoid tumors.” Desmoid tumors (DT) arise from cells called fibroblast, which are found throughout the body and provide

structural support and protection to the vital organs such as lung, liver, blood vessels, heart, skin, etc. DT can arise in virtually any part of the body and may lead to regional tissue destruction. Therefore, although they lack the ability to metastasize, DT often

significantly impact patients’ quality of life and can occasionally prove deadly due to local invasion or complications arising from their treatment.



Dr. Kimberly Riehle, assistant professor in the Division of Pediatric General Surgery, was awarded \$92,700 from **Fred Hutchinson Cancer Research Center (FHCRC)** for her project “Mechanisms of Carcinogenesis in Fibrolamellar Hepatocellular Carcinoma.” Fibrolamellar hepatocellular carcinoma (FL-HCC) is a form of primary liver cancer afflicting

healthy children and young adults without underlying liver disease, and accounts for approximately 90% of HCCs in this age group. Since FL-HCC patients are healthy at baseline, they tend to present with advanced disease, leaving no options for cure. Fortunately, within the past year a potentially causative mutation in FL-HCC has been identified, which results in an abnormal form of the catalytic subunit of protein kinase A (PKA). Dr. Riehle’s one-year study will focus on the mechanisms by which the mutant form of PRKACA drives carcinogenesis in FL-HCC, in collaboration with faculty in Pharmacology, Pathology, and Dr. Raymond Yeung, Professor in the Division of General Surgery. She will also work in conjunction with the FHCRC Antibody Core to develop an antibody that specifically recognizes this mutant protein and thus can be used for diagnostic and therapeutic purposes in these patients.

Residents



Dr. Brodie Parent, a **T32 Research Fellow in Trauma and Burns**, was awarded a scholarship from the **UW Institute of Translational Health Sciences (ITHS)**, which will cover the second year of tuition as he pursues a Master of Science in Epidemiology. Dr. Parent received this award on the basis of his research project to identify novel metabolic and nutritional

markers in critically-ill patients. The overall goal of his research is to obtain more precise markers and diagnostic tools for assessing nutritional status. Dr. Parent is mentored on this project by his T32 program director, **Dr. Grant O’Keefe**, Professor in the Division of Trauma, Burn, and Critical Care Surgery, and Dr. Ali Rowhani-Rahbar, assistant professor in the Department of Epidemiology.

Researcher Profile: Venu Pillarisetty, MD



Dr. Venu Pillarisetty

Understanding the immune response to cancer as the first step to immunotherapy

Pancreatic cancer (PC) is a devastating disease that strikes 45,000 Americans each year. It has low 5-year survival rates—just 14% for those diagnosed at the earliest stage, according to the [American Cancer Society](#)—and the only potentially curative therapy for PC is surgical resection; however, only

about 20% of patients with PC are candidates for surgery and long-term survival after surgery is rare. There are many potential reasons why PC has such a dramatically worse prognosis than other gastrointestinal malignancies. These range from intrinsic properties of the cancer cells arising from specific genetic mutations, to cell-cell interactions within the tumor that increase the cancer cells' propensity for invasion and metastasis. The latter concept focuses on the tumor microenvironment, which includes interactions between cancer cells and immune cells.

Immune surveillance for cancer has long been recognized as an important aspect of the body's defense system. Recent successes with various immunotherapy modalities have brought this field to the forefront of cancer therapy, and the [Seattle Cancer Care Alliance's \(SCCA\)](#) research partner, [Fred Hutchinson Cancer Research Center \(FHCRC\)](#), was selected in 2012 by the [National Cancer Institute \(NCI\)](#) to be the Central Operating and Statistical Center of its newly formed [Cancer Immunotherapy Trials Network \(CITN\)](#). Yet despite the efficacy of immune-activating agents in such disparate diseases as melanoma and non-small cell lung cancer, similar therapies in PC have thus far proven ineffective. The reason for this lack of response in PC remains unclear; however, there are suggestions from mouse models and human studies for how successful immunotherapies may be developed for PC.

In addition to his clinical work at the SCCA's Pancreatic Cancer Specialty Clinic (PCSC), [Venu Pillarisetty, MD](#), Assistant Professor in the Division of General Surgery, has spent the past five years studying the immune response to PC, working under the guidance of Cassian Yee, MD and Stanley Riddell, MD at FHCRC, and more recently with Ian Nicholas "Nick" Crispe, PhD, Professor in the Department of Pathology, to dissect the T cell infiltrate in human PC. Dr. Pillarisetty's work has uncovered some features of the T cell response to PC, including the surprising fact that there is a large infiltrate of memory T cells expressing

surface markers indicative of prior activation. These cells would normally be expected to provide some element of immunity to the cancer, but it is likely that they are being suppressed by smaller populations of immunosuppressive macrophages and regulatory T cells that are also present in the tumor.

Based upon these initial data, Dr. Pillarisetty is working with Dr. Crispe to define the role of chemokines, which are chemical signals produced by cells to attract other specific cell types, in creating cancer-specific immunosuppression in PC. Clearly identifying the molecules responsible for recruiting immunosuppressive cells to the PC tumor microenvironment has great potential as many of these molecular interactions can readily be blocked for therapeutic gain. Additionally, Dr. Pillarisetty is working with the CITN to bring to the clinic novel early-phase immunotherapy aimed at altering the T cell repertoire in PC patients.



Fred Hutchinson Cancer Research Center

In addition to his work with PC, Dr. Pillarisetty has also recently begun a project in collaboration with Seth Pollack, MD, an Assistant Member of FHCRC, to study immune targeting of desmoid tumors (DT). DT can arise in virtually any part of the body and may lead to regional tissue destruction, and while they lack the ability to metastasize, they frequently significantly impact patients' quality of life. DT have been found to have an immune infiltrate consisting of macrophages and lymphocytes, however little is known about the specific cellular components of the adaptive immune cell population. With the support of \$80,000 in funding from the SCCA Sarcoma Program, Dr. Pillarisetty and his team will work to characterize the immune infiltrates in DT, determine if DT express cancer testis antigens that can be targeted in immunotherapy, and finally test whether DT infiltrating lymphocytes can be expanded for adoptive immunotherapy.

Department of Surgery Grant Activity Report

In the 2nd quarter of FY 2015, Department of Surgery Principal Investigators received 13 awards totaling \$2.8 million! Of these, 10 were new awards or competing renewals totaling \$2.7 million! Congratulations to the following investigators:

Principal Investigator	Sponsor	Title
Gabriel Aldea, MD	Medtronic, Inc.	A multi -center, non -randomized trial to determine the safety and effectiveness of the Model 400 aortic valve bioprosthesis in patients with aortic valve disease
David Flum, MD, MPH	Oregon Health and Science University (OHSU)	Longitudinal Assessment of Bariatric Surgery Sub -study: Mechanisms of Durability of Type 2 Diabetes Remission
David Flum, MD, MPH	Nestle Healthcare Nutrition, Inc.	Mobile Strong for Surgery
Nicole Gibran, MD	US Department of Education (DOEd)	Northwest Regional Burn Model System Center
Jason Ko, MD	Northwestern University	Targeted Reinnervation as a Means to Treat Neuromas Associated with Major Limb Amputation
Danielle Lavalley, PharmD, PhD	Patient -Centered Outcomes Research Institute (PCORI)	Patient Voices: Supporting Patient Involvement in the Learning Healthcare System
Danielle Lavalley, PharmD, PhD	Patient -Centered Outcomes Research Institute (PCORI)	Comparing Engagement Techniques for Incorporating Patient Input in Research Prioritization
Jay Pal, MD	Tenax Therapeutics, Inc.	A Double -Blind, Randomized, Placebo -Controlled Study of Levosimendan in Patients with Left Ventricular Systolic Dysfunction Undergoing Cardiac Surgery Requiring Cardiopulmonary Bypass; LEVO -CTS
Kimberly Riehle, MD	Fred Hutchinson Cancer Research Center (FHCRC)	Mechanisms of Carcinogenesis in Fibrolamellar Hepatocellular Carcinoma
Niten Singh, MD	New England Research Institutes, Inc. (NERI)	Randomized, Multicenter, Controlled Trial to Compare Best Endovascular versus Best Surgical Therapy in Patients with Critical Limb Ischemia

ATTENTION DEPARTMENT OF SURGERY ALUMNI! Let us know what you are up to now!

If you would like to share news about your career and family or reflect upon your residency experience in UW Department of Surgery, we want to hear about it to publish in *Surgery Synopsis*.

Please send your updates and photos to surgeditors@uw.edu.

Diversity SubInternship Contributed by Dr. Elina Quiroga

The first group of Diversity Interns have completed their subinternships. Madeline Torres Hernandez, (Utah School of Medicine) Jonathan Pastrana (Ponce School of Medicine, Puerto Rico) and Tafari Mbadiwe (Howard University) were selected for the 2014 **Carlos A. Pellegrini Diversity SubInternship** and completed their subinternships in October 2014 at Harborview Medical Center and UW Medical Center. The funded scholarship provided a stipend of up to \$3,000 to help cover the cost of airfare, lodging and living expenses.

One of the medical students shared the following: “During my four weeks here I’ve met so many people, made new friends, learned new things and experienced things from a different perspective and approach. I’ve grown as a student, a person and as a future surgeon. I hope you keep providing this invaluable experience for years to come”



(From left to right): Dr. Jorge Reyes, Diversity Council Chair, Jonathan Pastrana, Madeline Torres Hernandez, Tafari Mbadiwe, Dr. Carlos A. Pellegrini (and Teo Jezierski)

This year we’ll again select three medical students for this SubInternship. The application deadline is April 10th. This opportunity is open to applicants who demonstrate academic excellence, strong leadership and extracurricular experience and belong to groups that are recognized as historically underrepresented in the health and science professions.

Department of Surgery in the Media

Dr. Carlos A. Pellegrini’s ACS Lifetime Achievement Award Presentation (YouTube)

Dr. Carlos A. Pellegrini’s presentation of the American College of Surgeons (ACS) Lifetime Achievement Award to Dr. Thomas Russell (posthumously). Dr. Thomas Russell was our 2013 Strauss Lecturer. This is the highest honor that the ACS can bestow on one of its members; it has been given only 3 times in the 100 year history of the college.

The Work and Life of Dr. Alexander Clowes (YouTube)

Dr. Clowes is a board-certified surgeon specializing in peripheral vascular conditions. He is a UW professor of surgery and holds an endowed chair in vascular surgery. He was chief of UW’s Division of Vascular Surgery from 1995 to 2007. He earned his medical degree from Harvard and did his residency at University Hospitals of Cleveland. He also completed a research fellowship at Harvard and a clinical fellowship in vascular surgery at the Peter Bent Brigham Hospital in Boston.

UW 360 visits Dr. Clowes to discuss his life and remarkable career as a self-professed medical “investigator,” as he faces a battle with brain cancer. Along the way, we meet his colleagues and friends, Doctor Carlos Pellegrini, Chair of the department of surgery, UW medicine and Doctor Ben Starnes, Professor and Chief of the Vascular Surgery Division, UW Medicine. They discuss Dr. Clowes’ battle with brain cancer and look back at his remarkable career and family history of medicine.

Stint Gives Intern First-Hand Look at Harborview Burn Care—HSNewsBeat <http://bit.ly/1BmUvQJ>

Pushing Limits, Saving Lives—KING5.com <http://kng5.tv/1CJLOLO> Featuring Dr. Michael McMullan

Futuristic medicine is saving the lives of the littlest patients at Seattle Children’s. From 3-D printed hearts to liquid ventilation, doctors and families reveal the amazing benefits of innovative treatments.

Save the Dates

**21ST ANNUAL
HELEN & JOHN
SCHILLING LECTURE
&
DOS RESEARCH SYMPOSIUM**

Friday, February 27, 2015

Lecture Begins 3:30pm

UW Tower Auditorium

Speaker: Walter J. Pories, MD

Professor of Surgery

Brody School of Medicine

East Carolina University

Lecture Title:

“Surgical Research! Really?”

**DEPARTMENT OF SURGERY
SPECIAL GRAND ROUNDS**

Wednesday, March 11, 2015

6:30am-7:30am

Health Sciences Building

Room T-733

Speaker: Dr. Robert L. Wears

Professor, Department of

Emergency Medicine

University of Florida

College of Medicine—Jacksonville

Imperial College London,

Clinical Safety Research Unit

Lecture Title:

“The Descent of Patient Safety:

A Reflexive Critique“

**WASHINGTON AND OREGON STATE
CHAPTERS OF THE ACS
COMBINED ANNUAL MEETING**

June 12-15, 2015

Suncadia Resore

Cle Elum, Washington

www.wachapteracs.org

**2015 ANNUAL
CHIEF RESIDENTS' DINNER**

Friday, June 19, 2015

Bell Harbor International

Conference Center

**AMERICAN COLLEGE OF SURGEONS
CLINICAL CONGRESS**

October 4-8, 2015

Chicago, IL

www.facs.org/education/clinical-congress

**HARKINS SOCIETY RECEPTION
AT THE ACS**

Tuesday, October 6, 2015

Chicago, IL

More information TBA

**66TH ANNUAL
ALFRED A. STRAUSS LECTURE**

Friday, October 16, 2015

4:00pm, Hogness Auditorum

Health Sciences Building

Room A-420

Speaker: Dr. Thomas M. Krummel

Emile Holman Professor and Chair,

Department of Surgery

Director, Surgical Innovation Program

Stanford University School of Medicine

HARKINS SURGICAL SYMPOSIUM

Friday, October 16, 2015

7:30am-2:00pm

UW Tower Auditorium

Please see the
Department of Surgery's
monthly Grand Rounds
schedule under
[Special Events](http://www.uwsurgery.org) on our website:
www.uwsurgery.org

UW Medicine

DEPARTMENT OF SURGERY

Surgery Synopsis is an in-house newsletter published on a quarterly basis to highlight the academic and research activities of the University of Washington School of Medicine Department of Surgery.

This publication is distributed to the Department's faculty, residents, staff, and friends.

Surgery Synopsis Editorial Team

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Co-Chief Editors:

Heather L. Evans, MD, Assistant Professor
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Contributing Writers:

Kristine E. Calhoun, MD, Associate Professor
Hugh Foy, MD, Professor
Elina Quiroga, MD, Assistant Professor
Kate Rimmer, MBA, Research Manager

Managing Editor:

Judith Rapp, Administrator

Assistant Managing Editor & Layout/Publication:

Michael Hilleary, Communications & Media Specialist

University of Washington
Box 356410
Seattle, WA 98195-6410
206-543-3680
206-685-6912 – FAX
surgeditors@uw.edu

WWW.UWSURGERY.ORG

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