

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,

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The Henry N. Harkins Professor & Chair
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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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