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SURGERY *Synopsis*

UW Medicine
DEPARTMENT OF SURGERY

INSIDE THIS ISSUE:

Chairman's Message

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

Friends & Colleagues of the Department of Surgery: This is my last Chair Column as Chair of the Department of Surgery. My new position as UW Medicine Chief Medical Officer (CMO) begins on December 1, 2015. I am excited for the prospects of the future of UW Medicine and the extraordinary opportunity that I have been given to continue to contribute to this great organization.

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, Jim Carrico 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 do my utmost to make it the best it possibly could be. As I leave the Department, I leave knowing it is stronger, bigger and better than when I came. There are so many excellent faculty and staff to carry on the mission of this Department, and, in the months and years ahead, move it forward so that it remains relevant and strong in the ever-changing currents of Healthcare.

Many people have asked me what I will miss the most about stepping down as Chair. I have thought a lot about this. I do love being in the OR; that part of my career is mostly over. I will definitely miss performing surgery. I will miss teaching and mentoring residents and fellows. Teaching and training future surgeons has been the most inspiring and fulfilling part of my career. I would not have known that early on; but I do know now. While I will still have interaction with trainees, it will be in a much more limited way. I will miss that greatly. But most of all, as I think of leaving the day-to-day interactions with this Department, I realize that what I will really miss are the people. From staff, to residents and fellows, to faculty, there is a spirit of collaboration and deep engagement with their work. Further, there is a spirit of inclusiveness and mutual respect that is rare. This is the thing I am proudest of: positive, engaged and energized people who come to work every day ready to unleash their talent and make great things happen.

Dr. Carlos A. Pellegrini and members of the Harkins Surgical Society, Harkins Annual Reception at ACS – Chicago, IL 2015

I am blessed to have early on found my life's avocation; that of being a surgeon. I am further blessed that my life's path has led me to practice in this place and with these people. I am also blessed that while I'm stepping down, I am not saying goodbye. I'm just "down the hall."

Sincerely,

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

Editor's Note: There are too many statistics of comparison and "firsts" to list them here though some are mentioned in the table on page 3. We have also provided a link to the presentation of the Department Then and Now.

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Chairman's Message

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Douglas E. Wood, MD, FACS, FRCSEd (ad hom)
Chief, Division of Cardiothoracic Surgery
Endowed Chair in Lung Cancer Research
University of Washington

"What a Daunting Task!"

What a daunting task! When Dean Ramsey asked me to step in as Interim Chair of Surgery with Dr. Pellegrini taking on his new role as UW Medicine Chief Medical Officer and Vice President for Medical Affairs, my immediate thought was that no one can fill those big shoes, no one can sit in *that* Chair.

Like many in our department, Carlos is a big reason I am here. And Carlos has been the foundation of a great department filled with great people. It is hard to imagine "life after Carlos," but the good news is that we don't really need to, at least not yet. Fortunately, Dr. Pellegrini is only a few offices away, and we can count on him to continue to wield his influence and leadership on behalf of UW Medicine in ways that will make us better, and will make us proud.

I am one of those few people in our department that came to UW before Carlos. Dave Ashbaugh was the Interim Chair who signed my offer letter; although it was Ed Verrier who really recruited me and was the reason that I thought UW was the best place for me. Dr. Verrier had a vision of creating a great Division of Cardiothoracic Surgery, and I have been proud to be part of that vision, and lucky to have him as a mentor and friend. My instincts were right about Ed, he has always been a visionary leader, and UW has been the right place for me to commit my whole professional career.

> "I have become so accustomed to the UW Surgery culture that now I take it for granted – until I go to a national meeting and talk with my colleagues from other places, or visit another academic medical center as a visiting professor. It is those times that I am reminded of the incredible degree of mutual respect, humanism, collaboration, and integrity that I am surrounded by every day here in our department's community."
>
> *– Dr. Douglas E. Wood*

Within months of arriving in Seattle as an over-eager, deer-in-the-headlights assistant professor, there were rumors of the arrival of a young new Chair from University of California San Francisco; someone Ed Verrier knew well from their time together there. Feeling the automatic anxiety of what the new leadership would mean for me, I did everything I could to learn about Dr. Pellegrini. I now have 23 years of experience to relate the impact of Dr. Pellegrini on me and on the department that we call home.

From Carlos, I have been the beneficiary of his support, his attention, his guidance and his mentorship. Never in my wildest dreams would I have thought I would sit in his office as Interim Chair (nor in the wildest dreams of those who trained me and tolerated me early in my career!). But Carlos has created an environment and a culture within the department that celebrates our individual strengths and idiosyncrasies, that creates high expectations, and helps us deliver on those expectations.

I know of no one in surgery who is more professionally accomplished than Dr. Pellegrini – three honorary fellowships, the French Medal of Honor, accolades and awards from around the world, and president of innumerable societies, most notably the American College of Surgeons and the American Surgical Association. Yet what I have seen in Carlos is humility about his own accomplishments, and pride in the accomplishments of his faculty and residents. Most of us have been the recipient of a note or email or kind word from Dr. Pellegrini, who notices when we achieve a milestone or receive an honor. I know that his biggest pride is not in what he has done himself, but what his team has done, and we are the lucky ones to be part of his team.

The inset box in this issue *(page 3)* lists just a few of the many major developments in the Department of Surgery under Carlos' leadership. It is amazing to me to look back at where we were in the early 1990s, and to see where we are now. Our department has grown more than two-fold, we have added a breadth and depth of programs that is enviable to any similar department, research expenditures have more than tripled, and the department has a reputation and stature that is recognized worldwide. However, in my mind, it is the intangibles and the less obvious metrics that make us a truly great department and represent Dr. Pellegrini's legacy the best.

First and foremost, under Carlos' leadership, the residency and fellowship programs in the Department of Surgery have flourished. Without question, they are considered the best in the

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Chairman's Message

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	1993	2015
Number of faculty	49	103
Research expenditures	$3.5 million	$11 million
Endowments	1 Endowed Chair & 1 Endowed Professorship	10 Endowed Chairs & 9 Endowed Professorships
Residents trained	48	83
Residency programs	General Surgery and Independent Plastic Surgery	General Surgery, Integrated Plastic Surgery, Integrated Cardiothoracic Surgery, and Integrated Vascular Surgery

country. The general surgery residency is the jewel in the crown; our core program that attracts the best medical school graduates from around the U.S. And now we have integrated residencies in Plastic Surgery, Vascular Surgery, and Cardiothoracic Surgery as well. Dr. Pellegrini has created an environment of inclusion, educational priority, and diversity that has allowed each of these programs to rank within the top few programs nationally within their respective specialties. Added to that, we have fellowships in Pediatric Surgery, Surgical Critical Care, Transplant Surgery, Congenital Cardiac Surgery, Minimally Invasive Surgery, Burn, Hand Surgery, Craniofacial, and Microsurgery Plastic Surgery that add areas of expertise and prestige to our surgical training programs. I would argue we are unrivaled in the United States.

Our residency programs are a great example of the health of the Department of Surgery. Most would look at case numbers, diversity of training environments (hospitals), and solid didactic components as the reason for educational success in surgery. However, the real intangible – the place where Dr. Pellegrini has made the Department of Surgery truly great – is in our culture and our people.

I have become so accustomed to the UW Surgery culture that now I take it for granted – until I go to a national meeting and talk with my colleagues from other places, or visit another academic medical center as a visiting professor. It is those times that I am reminded of the incredible degree of mutual respect, humanism, collaboration, and integrity that I am surrounded by every day here in our department's community. I urge all of us to recognize how special these relationships with each other and with our teams are, and not take them for granted nor underestimate their impact and importance as the *real* reason we are great. That culture, that kindness, that moral compass is where I feel Carlos leads us quietly and confidently. It is almost always unspoken, yet Carlos leads by example: we see it in how he treats the residents and the staff; we see it in the way he greets a medical assistant or a billionaire donor with the same interest and thoughtfulness; we see it in the deeply held values and sense of fairness he brings to meetings and to decisions.

Two years ago I gave an address as the outgoing president of the Society for Thoracic Surgery and tried to relate the impact and influence of Dr. Pellegrini on my own life and career. I told them, "Carlos Pellegrini is my boss; but more than a boss he is a daily example of integrity and emotional intelligence in his dealings with people and his leadership of organizations. Carlos holds a depth of human understanding and strength of moral character that I can only aspire to. But aspire to it I do, for I have this outstanding pillar of integrity to model and to work beside every day. We should all be so lucky to have mentors like Carlos, and I would encourage each of us to seek out and to imitate those people that we so admire."

That is what I believe makes Dr. Pellegrini so special, and so treasured by all of us. He is beloved by everyone in the Department of Surgery, for good reason. Fortunately the culture and the direction of the Department of Surgery is on incredibly solid ground due to his leadership and influence. Dr. Pellegrini's influence and the foundation of the department will be enduring, and now the rest of us are responsible for carrying on his vision, sense of purpose, and quality of community that is the reason we are so lucky and so proud to be part of UW Surgery. Thank you Carlos, for a great ride; let us know if we get off track and need some gentle redirection. We want to be always better and to continue to make you proud of your department.

Sincerely,

Douglas E. Wood, MD, FACS, FRCSEd *(ad hom)*
Chief, Division of Cardiothoracic Surgery
Endowed Chair in Lung Cancer Research
University of Washington

UW Medicine Receives $30 Million Grant to Help Transform Care Throughout WWAMI Region

Dr. David Flum

UW Medicine is one of 39 healthcare collaborative networks that will participate in the Transforming Clinical Practice Initiative (TCPI) announced by U.S. Health and Human Services Secretary Sylvia Burwell. UW Medicine will receive up to $5.5 million for the first year, and then up to $30.2 million over a four-year period to provide technical assistance support to help equip clinicians in Alaska, Montana, Idaho, Wyoming and Washington (WWAMI) with tools, information, and network support needed to improve quality of care, increase patients' access to information, and spend health care dollars more wisely. The initiative will be led by Dr. David Flum, Professor in the Division of General Surgery, and Dr. David C. Dugdale, Professor of Medicine, and will be multidisciplinary in nature, involving collaborations from numerous departments and personnel across the School of Medicine including Psychiatry, Family Medicine, Biomedical Informatics and Medical Education, and others. Department of Surgery collaborators include Giana Davidson, MD, MPH, Heather Evans, MD,MS, Farhood Farjah, MD, MPH, Sara Kim, PhD, and Danielle Lavallee, PharmD, PhD.

Dr. David Dugdale

As a Practice Transformation Network (PTN), UW Medicine will support more than 6,700 clinicians, with a potential to impact more than 1.9 million patients in the WWAMI region. The PTN's top priorities are coordinating care for patients with chronic conditions and sharing data across practices. The network will train practitioners and deploy targeted programs aimed at reducing hospital readmissions and unnecessary tests and procedures, and healthcare costs. Specifically, the PTN will: 1) Deploy an infrastructure comprised of rapid-cycle performance surveillance and benchmarking of quality metrics, a telemedicine grid, support for coordinated care for patients with chronic conditions, and data and information sharing across practices; 2) Train both primary and specialty care practitioners using a hybrid model of web-based and in-person learning, including on site coaching to support practice transformation; and 3) Deploy targeted programs to drive performance improvement linked to endpoints of interest to the PTN and TCPI, including patient-reported outcomes where appropriate, hospital readmissions, unnecessary testing and procedures, and healthcare costs.

Dr. Heather Evans

Dr. Gina Davidson

The PTN strategy is in part built on lessons learned from the development of statewide networks in quality improvement (Surgical Care and Outcome Assessment Program (SCOAP)) and learning healthcare research (CERTAIN), and will leverage several successful programs developed and managed by the Department of Surgery Surgical Outcomes Research Center (SORCE) and CERTAIN investigators:

- PROS in Practice, a program led by Principal Investigator David Flum, which provides convenient and systematic mechanisms for capturing patient reported outcomes (PROs) directly from patients, ensuring timely and accurate PRO data and meaningful reporting to support the delivery of patient care as efficiently as possible. Expanding PROs in Practice across the PTN is expected to reduce unnecessary procedures by as much as 30% through data collection, benchmarking and reporting on novel patient-centered outcomes; training on use of patient-centered outcomes in preference sensitive care planning; and quarterly forums to share best practices and guide practice change.

- INFORM (Improving Nursing Facility Outcomes using Real-time Metrics), a collaborative of specialty care clinicians, primary care clinicians, and skilled nursing facilities using performance benchmarking and best practices to improve the health of patients receiving specialized post-acute care following hospitalization. The INFORM program, led by Principal Investigator **Giana Davidson**, is expected to reduce re-hospitalizations by 20% across the PTN through performance benchmarking and reporting on acute care discharges and readmissions; and monthly teleconference forums to share best practices and guide practice change.

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UW Medicine Receives $30M Grant to Help Transform Care Throughout WWAMI Region

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- **mPOWEr**, an innovative mobile health platform designed to improve post-surgical discharge care by enabling patient-initiated monitoring of surgical wounds and facilitating patient-provider communication during transition back to primary care. mPOWEr, which was developed by Principal Investigator **Heather Evans**, is expected to reduce emergency room visits and re-hospitalizations by 25% through performance benchmarking and reporting on elective surgeries and readmissions; and deploying innovative mobile store-and-forward application for patients leaving the hospital and returning to primary care practice.

UW Medicine

"Helping doctors and other healthcare professionals change the way they work is critical to improving quality and spending our healthcare dollars more wisely," Burwell said. "These awards will give patients more of the information they need to make informed decisions about their care, and give clinicians access to information and support to improve care coordination and quality outcomes."

Dr. Flum called the award an "unprecedented opportunity" for UW Medicine to deliver on its promise of providing the most accountable care to our patients. "This award will reinforce our already solid infrastructure for delivering high value, patient-centered care. It also provides layers of clinician training and novel programs to assure that our patients get the right care at the right time, and in the right place within our system," he said.

The award is an opportunity to work with underserved populations in the five-state area and "to help improve the quality of medical care for our population while controlling the cost," said Dr. **Carlos A. Pellegrini**, *Henry N. Harkins Professor and Chair* of UW Medicine's Department of Surgery.

The PTN's training, infrastructure, and programs will accomplish cross-system practice transformation, support initiatives such as **Choosing Wisely®** and the **Million Hearts®** program, and help accomplish a growing list of evidence-based performance targets. Projected costs savings resulting from this work are estimated at over $400 million.

Read more about the **Transforming Clinical Practices Initiative >>**

2015 New Faculty

Mark Brakstad, MD

Dr. Brakstad is a Clinical Associate Professor in the Division of General Surgery and a provider at the **Surgical Services & Hernia Center** at **Northwest Hospital & Medical Center**. He offers a full range of general surgery, and specializes in minimally invasive surgeries using advanced laparoscopic and robotic techniques, with a surgical focus in general surgery, breast surgery and laparoscopic surgery. Dr. Brakstad received his medical degree from the University of Washington and completed his general surgery residency at University of Iowa College of Medicine. He is board certified by both the American Board of Surgery General Surgery and the American Board of Pediatrics, and was named a 2015 Top Doctor by both Seattle Magazine and Seattle Met magazine. Dr. Brakstad is unconditionally committed to excellent patient care and supporting the patient and their family through the healing process. In his spare time he enjoys fishing, sports, and spending time with his family.

Daniel Kim, MD

Dr. Kim, Acting Assistant Professor in the Division of General Surgery, has expertise in both complex laparoscopic and open surgical techniques. He specializes in diseases of the gallbladder, complex and recurrent hernia repair, as well as a wide array of emergency general surgery procedures to treat intestinal or gastric perforation or bleeding, small bowel obstruction, abdominal sepsis, and severe soft tissue infections. He also performs colon resections for tumors, fistulas, diverticulitis and diverticulosis, and treats soft tissue tumors and infections, and benign anorectal disease such as anal fistulas,

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hemorrhoids, condylomas and premalignant lesions. Dr. Kim earned both his bachelor's and medical degrees from Temple University in Philadelphia, PA. He completed his general surgical residency at the State University of New York Downstate Medical Center in Brooklyn, NY. He strives to maintain open and candid relationships with his patients and others involved in their care, with the goal of delivering the safest and most efficient patient care experience possible. "I believe that great patient care requires a team of people who care deeply about patient well-being, as well as an honest relationship between patient and physician. Our institution is full of staff who are enthusiastic and caring and I feel very fortunate to work with everyone here." In his spare time, Dr. Kim enjoys spending time with family and friends, and outdoor activities such as bicycling, hiking, and kayaking.

Ronson Madathil, MD

Dr. Ronson Madathil, Acting Assistant Professor in the Division of Cardiothoracic Surgery, grew up in Rochester, New York and earned his bachelor of science degree at Georgetown University. He earned his medical degree from the University of Pittsburgh School of Medicine and then completed his General Surgery residency at University Hospitals Case Medical Center in Cleveland, Ohio. Dr. Madathil went on to complete his cardiothoracic (CT) surgery training at University of California, Los Angeles. He then moved to Seattle where he was the first fellow to graduate from the University of Washington's Cardiothoracic Critical Care Fellowship. At Northwest Hospital & Medical Center, Dr. Madathil serves as the consistent face of the Division of Cardiothoracic Surgery. He also attends on the CTICU service at the University of Washington Medical Center (UWMC). Some of his current projects include growing the cardiac surgery program at NWH and developing new protocols for thoracic transplantation, as well as expanding the Extracorporeal Life Support program at UWMC. Outside of work, Dr. Madathil enjoys getting to know Seattle and is an avid volleyball player.

Alison Perrin, MD

Dr. Perrin, Clinical Associate Professor in the Division of General Surgery, was born and raised in Seattle and went to the University of Washington for undergraduate studies, medical school, and surgical residency. Since completing her general surgery training, Dr. Perrin has practiced at Northwest Hospital & Medical Center, enjoying the smaller community feel in the big city. Dr. Perrin offers a wide range of general surgery including breast cancer, laparoscopic and robotic surgery, endocrine surgery (thyroid, parathyroid, adrenal glands), varicose vein surgery and sclerotherapy, and dialysis access. She is a fellow of the American College of Surgeons and is board certified in general surgery. She is a member of the American Medical Association, American Society of Breast Disease, Society of Laparoendoscopic Surgeons and Seattle Surgical Society. Dr. Perrin receives tremendous satisfaction from getting to know her patients and their families, and treats patients as she would want her own family members treated. She is unconditionally committed to excellent patient care and supporting the patient and their family through the healing process. "I want my patients to be knowledgeable about their diagnosis and treatment options, to help optimize and personalize their surgical care." In her free time, Dr. Perrin enjoys spending time with family and friends, her husband and two daughters, traveling, hiking, skiing, swimming, board games, reading, and playing piano and cello.

Bryce Robinson, MD, MS

Dr. Robinson, Associate Professor in the Division of Trauma, Burn, and Critical Care Surgery, earned his bachelor's degree from Miami University and his medical degree from the University of Cincinnati. After completing his general surgery residency training at the Rush University Medical Center–Cook County Hospital program, he returned to the University of Cincinnati to complete his training in surgical critical care and trauma. While at the University of Cincinnati, he was the assistant medical director of trauma

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services and the medical director of clinical trauma research. Dr. Robinson received a Master's of Science degree in clinical and translational research from the University of Cincinnati College of Medicine. He is board certified in surgery and surgical critical care and is a fellow of the American College of Surgeons and the American College of Critical Care Medicine. Dr. Robinson's specializes in the care of the critically ill and injured with an emphasis on surgical critical care, trauma surgery, and emergency general surgery. He has been appointed as the associate medical director for critical care at Harborview Medical Center. His research interests include defining strategies to prevent lung injury after severe injury or illness, resuscitation, and critical care quality improvement.

Allegra Saving, MD

Dr. Saving is a Clinical Assistant Professor in the Division of General Surgery practicing at Northwest Hospital & Medical Center. Dr. Saving's clinical interests include advanced laparoscopy and robotic surgery, hernia repair, gastrointestinal and breast surgery. She received her medical degree from Wayne State University in Michigan and completed her general surgery residency at the Medical College of Wisconsin. She is a fellow of the American College of Surgeons and an active member of the American Society of Breast Surgeons, the Society of American Gastrointestinal and Endoscopic Surgeons (SAGES), and the International Hernia Collaboration. At Northwest Hospital, Dr. Saving participates in a number of quality standard review sections committed to ensuring the best in patient care. She strongly believes that the relationship between a surgeon and patient is a true partnership and that understanding patient concerns and potential anxiety about surgery is paramount to strengthening this relationship. Dr. Saving strives to help patients understand their diagnosis while working together as partners to determine a personalized treatment course. Outside of her busy surgical practice, she is a triathlete and enjoys cooking and playing the piano. As a passionate Green Bay Packers fan, she looks forward to spending time with her family at Lambeau Field in Wisconsin, where she and her husband remain season ticket holders.

Felix Vladimir, MD

Dr. Felix Vladimir is a Clinical Associate Professor in Division of Vascular Surgery. He has practiced vascular/endovascular surgery for ten years and has extensive experience with limb salvage, aortic and carotid pathology as well as venous pathology. Dr. Vladimir earned his medical degree from Carol Davila University of Medicine and Pharmacy in Bucharest, Romania. He then trained in general surgery at Mount Sinai School of Medicine in New York, and completed a vascular surgery fellowship at Boston University. Prior to coming to UW, spent two years at New York Medical College as an assistant professor. He subsequently moved to Seattle's South Sound area, providing vascular surgical care to a previously underserved population. Dr. Vladimir is board certified in both general surgery and vascular surgery. He is an active member of the Society for Vascular Surgery (SVS) and serves as a member of the SVS Community Practice Committee.

Nicole White, MD

Dr. White, Clinical Assistant Professor in the Division of General Surgery, is medical director of general surgery at Northwest Hospital & Medical Center and its current cancer liaison physician. She graduated with Alpha Omega Alpha honors from George Washington University School of Medicine, and completed general surgery residency at the Montefiore Medical Center, Albert Einstein College of Medicine. Following residency, Dr. White completed a fellowship in minimally invasive foregut/non-cardiac thoracic surgery at the Ryan Hill Foundation at Swedish Medical Center in Seattle. She is board certified in general surgery and is a fellow and member of the American College of Surgeons, the Society of American Gastrointestinal Endoscopic Surgeons, American Hernia Society, and Seattle Surgical Society. Her current focus is

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2015 New Faculty

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minimally invasive and robotic surgery for treatment of gallbladder, hernia, gastroesophageal reflux disease and colon disease, and she has a special interest in esophageal disease. Dr. White is passionate and enthusiastic about providing accessible, state of the art quality care. "I strive to provide an unsurpassed level of care and make each patient's experience as comfortable and pleasant as possible. I spend a great deal of time with each patient prior to a procedure, at bedside during recovery and for any follow-up care they may need." In her spare time, Dr. White enjoys travel, art, skiing and spending time with friends and family.

Robert Yates, MD

Dr. Yates is a Clinical Assistant Professor in the Division of General Surgery and a surgeon with the Surgical Services & Hernia Center at Northwest Hospital & Medical Center. He joined faculty after completing advanced fellowship training in minimally invasive surgery here at the University of Washington in the Center for Videoendoscopic Surgery. Dr. Yates' clinical interests include the management of hernias, including inguinal/groin, ventral, incisional and hiatal hernias, and the surgical management of diseases of the gastrointestinal tract with a particular focus on disorders of the esophagus and stomach. Dr. Yates received his medical degree from the Ohio State University College of Medicine and completed general surgery residency at Vanderbilt University Medical Center. He finds the opportunity to provide surgical care to patients a true privilege. Dr. Yates believes that each patient has a unique set of clinical and social factors that define their personal goals and expectations for their surgical care. "I encourage patients to ask questions and be active participants in the clinical decision-making process. It is particularly important that each patient fully understands, and has confidence in, the treatment plan that we have developed." Ultimately, it is his goal to ensure that each patient receives with the safest, most effective, and least invasive treatment possible.

Researcher Profile: Anne Hocking, PhD

Chronic non-healing wounds are a common and debilitating complication of diabetes mellitus. It is estimated that up to 25% of the diabetic population will develop a non-healing foot ulcer and approximately 12% of these individuals will require a lower extremity amputation. The World Health Organization estimates that 347 million people worldwide have diabetes mellitus, making the prevalence and incidence of non-healing foot ulcers a global healthcare crisis. Contributing significantly to this crisis is the lack of reliable therapies for treatment of wounds that are slow to heal. Consequently, there is an urgent need for basic research into fundamental mechanisms of wound repair.

Dr. Anne Hocking

Anne Hocking, PhD, Research Associate Professor in the Division of Trauma, Burn and Critical Care Surgery, has spent the past 12 years investigating the molecular and cellular responses to injury during wound repair in skin. Her long-term goal is to develop new therapies to accelerate and improve wound healing in diabetic wounds. Dr. Hocking uses innovative approaches including in vitro and in vivo wound models combined with cutting edge molecular and cellular biology.

Recent work in Dr. Hocking's laboratory has focused on generating a comprehensive map of cellular metabolism in cutaneous wounds. While cellular metabolism is now recognized as playing a central role in regulating cell survival and proliferation in cancer, less is known about its role in wound healing. A major barrier for advancing research on wound metabolism is our limited understanding of the wound metabolic profile. With funding from the Department of Surgery Research Reinvestment Fund, Dr. Hocking and her team, in collaboration with Dr. Daniel Raftery and the UW Northwest Metabolomics Research Center, used a targeted metabolomics approach to generate metabolic profiles of uninjured skin and wounds at day 7 post injury in non-diabetic and diabetic mice. This pilot study demonstrated that diabetes mellitus alters the metabolic profile of both uninjured skin and wounds. It also highlighted the potential for metabolomics to identify novel biomarkers and therapeutic targets for improved wound healing outcomes. This work was recently published in the journal Wound Repair and Regeneration with first author Dr. Ravi Sood, a former research fellow in the NIGMS-funded T32 Postdoctoral Fellowship Program in Trauma and Burns.

Using this pilot study as preliminary data, Dr. Hocking was recently awarded funding from the UW Royalty Research Fund. In this new project, Dr. Hocking and colleagues will measure metabolites in diabetic and non-diabetic wounds at four different time points post injury. They will also determine when and where metabolic enzymes are expressed during wound repair. Collectively these studies will determine whether distinct metabolic programs

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Researcher Profile: Anne Hocking, PhD

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are associated with different phases of wound repair. They will also determine whether wounds with impaired healing are associated with different metabolic programs than wounds with normal healing.

Dr. Hocking is also working with Dr. Brooke Russell at ECM Technologies, LLC and Dr. Elizabeth Cosgriff-Hernandez at Texas A&M University to develop a novel wound dressing that will accelerate healing of chronic wounds. This dressing incorporates an engineered bacterial collagen-mimetic protein into a biodegradable hydrogel. The bacterial collagen-mimetic protein has the triple helical structure characteristic of native mammalian collagens but lacks collagen's arrays of cell adhesion, cytokine binding, and enzyme cleavage sites, which allows directed engineering to specify functional activity. For the wound dressing, the bacterial collagen-mimetic protein has been engineered to recruit specific cell types that promote wound healing. The wound dressing is also novel because of the use of hydrogel microspheres instead of hydrogel sheets, which are difficult to fit to deep or irregularly shaped wounds. In contrast, hydrogel microspheres provide a gel-like dressing that can conform to wound shape. Dr. Hocking and her colleagues recently received funding from the US National Institutes of Health to evaluate their wound dressing in a diabetic mouse model of impaired wound healing. They will determine whether the wound dressing accelerates wound closure and increases wound vascularity. They will also assess the effect of the dressing on both the inflammatory response to injury and scar formation.

Dr. Hocking also has ongoing collaborations with Drs. Nicole Gibran and Saman Arbabi, Professors in the Division of Trauma, Burn and Critical Care Surgery, investigating hypertrophic scar formation after burn injury. To date, there is no therapeutic intervention known to prevent these disfiguring scars, which are red, raised, itchy and contracted. This lack of preventative therapies has devastating consequences for a patient's quality of life. Dr. Gibran's team is determining whether there is a genetic predisposition to hypertrophic scarring whereas Dr. Arbabi's team is studying whether controlling local inflammation in the wound prevents hypertrophic scarring.

Taken together, these projects represent an exciting opportunity to translate findings in the laboratory into novel therapeutic interventions that will greatly improve medical and surgical care of patients with chronic wounds or burns.

Unfamiliar Territory
by Shane Morrison, MD

Plastic Surgery resident Shane Morrison recounts his trip to procure a liver with Transplant Surgery Fellow, Amir Azar.

Alaska was our destination. It would be my first visit to the great icy wilderness that I envisioned lies north of the Puget Sound and the intervening evergreen islands too innumerable to name. Summer was turning to fall, and the clear night sky speckled with ever-morphing clouds separated the violet and marigold hue of the setting sun from the vast darkness above. It was rumored that the Northern Lights may greet us – their twirling and glittering green appendages spread wide to embrace our oncoming plane. I smiled with anticipation.

Adrenaline supplemented with a late-night drip coffee helped my eyelids open back up after a lingering blink as they sought to make up for the sleep debt compiled in surgical residency. I felt a growing excitement at the idea of arriving in unfamiliar territory on a mission to help free our patient from a life-threatening illness, and was reminded of Thoreau's own excitement at leaving the troughs of society behind to sustain himself off of the wilderness of Walden's land. Our taxi arrived, and, dressed uniformly in baby blue scrubs we stepped in, leaving behind a family anxiously awaiting our return and the gift we would bring that was only realized through death.

The sound of the accelerating plane on the tarmac had its usual effect on me, and I was asleep before cruising altitude. I awoke shortly before landing, noting how miniscule the fluorescence of our destination city was compared to Seattle's. The streets were

Drs. Shane Morrison (left) and Amir Azar boarding flight to Alaska

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Unfamiliar Territory

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Drs. Martin Montenovo and Shane Morrison

bare aside from a solitary moose chewing dew–covered grass on the side of the road.

The burst of warm air and the screech of sliding doors welcomed us into a quiet and unpopulated emergency room; much different from the hallways where we trained, which regularly overflowed with more patients than available beds. Like any unfamiliar visitor, we wandered around the hospital looking for the operating rooms, too early in the morning for an information center to guide us.

Large birch doors with red banners stating "Authorized Personnel Only" were our last obstacles separating us and the operating rooms. Brief introductions by staff eager to meet the surgeons from our transplant center preceded our switch into the new, pale green scrubs. As we walked into the hallway in clean attire, I tucked my shirt in and gave a final pull on my chartreuse drawstrings to snug the pants around my waist. A blue cap with breathable mesh on top and a white mask prone to fogging my glasses finalized my surgical attire as we stepped into the operating room.

Scrub technicians and circulating nurses scurried about as instruments were set up and fluids hung. In the corner, a technician crushed bags of frozen saline with a hammer. The ice slurry was loaded into two separate containers, each the awaiting host of an intraabdominal organ. We were given a sheaf of documents summarizing the last days of our donor's life in a set of vitals and labs; we looked for any red numbers signaling abnormalities and potential harm to the organs. A solitary paragraph summarized the donor's hospital stay – brain death from complications of a respiratory illness. As we selected our gloves, we nodded to the circulator that we were ready for the donor – the labs were satisfactory.

The case was different than what I had seen to this point in residency – there was no meeting of the patient in the waiting room or the family at bedside. Intubated and sedated, the donor was wheeled on a stretcher through the operating room doors; the anesthesiologist intermittently pumping a bag connected to her endotracheal tube to assure oxygenation. Transfer of the donor to the operating table signaled us to scrub in. I distracted myself by looking at the different cleansing solutions available, making sure to avoid the betadyne and the yellow film it leaves behind.

We entered the operating room using only our backs and feet to prop the doors open. Drops of water ran from our hands to our elbows and onto the floor, our scrub tops and pants dotted with water from the high pressure of the scrub facet. We dried ourselves with green towels matching our scrubs, then we were gowned and gloved. The transplant surgery fellow, Amir Azar, instructed me that I was on the chest while he did the abdomen. I had never opened a chest before, but tonight I would be responsible for sawing the sternum open and exposing the heart before we procured the liver. The patient was draped and our pre–operative checklist was shorter than normal due to the nature of the case. The family had asked us to pray before beginning operation, and as I bowed my head I thought of the immeasurable gift our donor offered, knowing I would be one of the last people to see our donor's heartbeat.

On the return flight I took a photo of my feet perched on the seat in front of me with the interior of the jet as the backdrop. "On a Lear jet back from Alaska," I texted my friend. Our arrival in Seattle meant another patient's hope for a new life free from cancer and liver failure, a family allowed more time with a loved one, and a few hours of sleep for me before our next flight for organ procurement.

Honors, Awards & Publications

Faculty

Dr. **Benjamin Anderson** co-authored the article **"Global cancer surgery: delivering safe, affordable, and timely cancer surgery"** in the journal The Lancet Oncology. The article was an international project in follow-up to **The Lancet Commission on Global Surgery**, which included participation by Dr. Charles Mock, Professor in the Division of Trauma, Burns and Critical Care Surgery, and Dr. Carlos Pellegrini, *The Henry N. Harkins Professor & Chair*. This commission was supported by The Lancet Oncology and endorsed by the Society of Surgical Oncology.

Dr. **David Flum**, Professor, General Surgery and Associate Chair for Research, received $376,798 from the **National Institutes of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)** for his project *"Topical Antibiotic Treatment for Spine Surgical Site Infections."* Surgical site infection (SSI) after spine surgery is a devastating complication, now classified as a "never event" by payers because it is presumed to be the result of a lapse in quality. Still, spine SSIs occur in as many as 40,000 people each year, resulting in considerable disability and costs to the system. A mainstay of SSI prevention is antibiotic treatment, but because antibiotic concentrations are lower in bone tissue than blood levels, there has been increasing interest in the use of in-wound antibiotics (IWA), placed directly on the spine at the completion of surgery to advent spine SSI, but because of the relative infrequency of SSI and variation in IWA techniques its effectiveness has not been clearly demonstrated. Dr. Flum's study will examine the incidence of SSI, compare knowledge and beliefs about IWA, and assess willingness to take part in a future randomized, controlled trial on IWA. Ultimately, this study should determine the effectiveness of adding IWA to standard infection prevention regimens to avoid SSI after spine surgery, and potentially result in a major shift in the practice of spine surgery. Dr. Flum's co-investigators include **Danielle Lavallee**, PharmD, PhD, Assistant Research Professor in the Division of General Surgery.

SURGICAL OUTCOMES RESEARCH CENTER

SORCE

Dr. Flum and co-investigator Dr. Lavallee were also awarded $301,776 for a study titled *"Understanding Non response in Spine Fusion Surgery,"* also from NIAMS. This project will investigate the effectiveness of one of the more commonly performed procedures – spine fusion – for the treatment of degenerative disc disease-related neurological symptoms, pain and functional limitations. Several randomized controlled trials (RCTs) and case series from centers of excellence highlight the potential benefits of these procedures, but other RCTs and assessments of patient reported outcomes after spine surgery from broader populations, such as the Swedish Spine registry, indicate significant heterogeneity of treatment effect. While many clinicians have opinions about who is likely to succeed after surgery based on a patient's personality traits or circumstance, there are no evidence-based selection criteria for such parameters. Addressing these critical gaps in evidence should help inform decision making about spine surgery and improve outcomes.

Dr. **Patrick Javid**, Associate Professor, Pediatric General Surgery, has been funded as a Co-Investigator on a recently awarded $1.6 million RO1 grant by the US Food and Drug Administration (FDA) Orphan Products Development Program for a multi-institutional study entitled *"Phase 3 Study of Standard vs Reduced IV Fat for the Prevention of Parenteral Nutrition–Associated Cholestasis."* He will work with University of Michigan Principal Investigator Meghan Arnold, MD, as well as other pediatric surgical investigators at University of Florida and University of Utah. This study will be the first multi-institutional randomized controlled study to test the hypothesis that lipid restriction decreases the incidence of liver disease in surgical infants with intestinal failure. Recent retrospective data, including a **publication** by Dr. Javid and Sabrina Sanchez, MD, a recent graduate of the general surgery residency program, have demonstrated that reducing the lipid provision in parenteral nutrition may prevent parenteral nutrition-associated liver disease in infants with intestinal failure. The study will include long-term neurodevelopmental evaluation since dietary lipids are thought to play a role in infant neuronal development. The project has been approved by the Seattle Children's Hospital Institutional Review Board and will commence later this year.

Read the FDA news release >>

Dr. **Nahush Mokadam**, Associate Professor in the Division of Cardiothoracic Surgery, received a $60,000 unrestricted educational grant

(continued on page 12)

Continued from page 11

from HeartWare, Inc (Framingham, MA) to purchase a Ramphal Simulator for use by the Cardiothoracic Residency Program. For the last several years, trainees in Cardiothoracic Surgery have been involved in weekly simulation training under the guidance of Dr. Mokadam. The Cardiac Surgery Simulation Curriculum, which was written as a collaboration between eight other centers, is based upon well-established simulation principles – deliberate practice, progressive simulation complexity, formative feedback and others. As part of this effort, the high fidelity Ramphal Simulator provided the trainees an actual beating (porcine) heart. This year, the Ramphal Simulator received a significant upgrade, allowing for better reliability, improved flexibility, and easier maintenance. The grant from HeartWare, Inc will assist with the costs of purchasing the upgraded simulator.

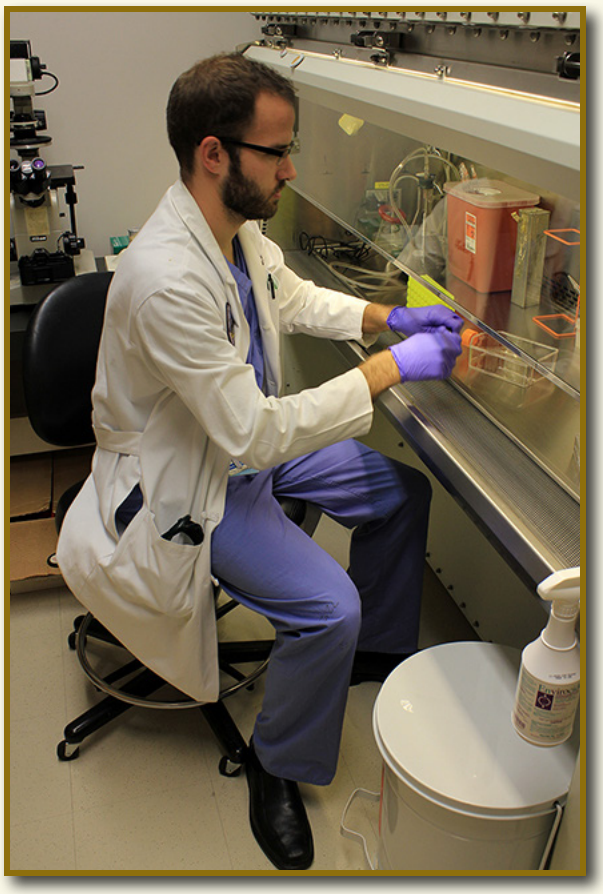
Dr. **Edward Verrier**, Professor, Division of Cardiothoracic Surgery, has been selected by his peers to receive the Bruce C. Gilliland, MD Excellence in Graduate Medical Education Teaching Award for 2015. This award recognizes educators who excel in teaching residents and fellows at UW School of Medicine.

The Bruce C. Gilliland, MD Excellence in Graduate Medical Education Teaching Award was created in 2007 as a tribute to rheumatologist and academic leader Bruce C. Gilliland, MD. He was a resident in UW Medicine's Division of Rheumatology in 1963 and had a thriving medical career at UW Medicine that spanned 45 years. Dr. Gilliland, who died after a long battle with cancer in 2007, will long be remembered for his dedication to the UW School of Medicine and for his dedication as a mentor and as a physician. This award is made possible by the generous donors who have contributed to this fund in honor of Dr. Gilliland, in particular his wife Maren Gilliland.

Residents & Fellows

Dr. **Brian George**, Surgical Critical Care Fellow at Harborview Medical Center, has been named the 2015 recipient of the prestigious Resident Award for Exemplary Teaching from the **American College of Surgeons**. This highly competitive award is given to one resident per year among applicants from all surgical specialties and is chosen by the Committee on Resident Education. Dr. George has demonstrated a commitment to education not only through his teaching but also through his research on learning in the operating room, research that is the basis for an ongoing multi-institutional trial that also includes the University of Washington. Dr. George was nominated for this award by Massachusetts General Hospital where he completed his residency training this past June.

Dr. **Brodie Parent** was awarded first place and $1,000 in the scientific paper competition at the 46th World Congress of Surgery, a joint meeting of the American Association for the Surgery of Trauma (AAST) and the International Association for Trauma Surgery and Intensive Care (IATSIC). Dr. Parent's paper, *"A novel diagnostic and prognostic tool in critically-injured patients: metabolomics reveals pervasive changes"* was one of just six abstracts selected for presentation in a session on Trauma, Burns and Acute Care Surgery/Emergency Surgery. Department of Surgery co-authors on the paper included Dr. **Grant O'Keefe** and Vascular Surgery Fellow Dr. **Shahram Aarabi**.



Dr. Brodie Parent conducting experiments in the lab at Harborview Medical Center
Photo credit: Michael Hilleary/UW Department of Surgery

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

Dr. Giana Davidson

Dear Surgical Colleagues, October 16th was the Henry Harkins Surgical Society Annual Meeting and Dinner at the Seattle Yacht Club. This was a wonderful celebration of the accomplishments from the past year, and inducted the graduating Chiefs from general, thoracic, vascular and plastic surgery as the newest members of the Society.

Each year, nominations are solicited from all alumni, faculty, staff, residents and fellows for **The Harkins Distinguished Alumnus Award**. This award recognizes the professional achievements and humanitarian services of a surgical alumnus from the University of Washington. Professional or humanitarian contributions that have enhanced the surgical profession, improved the welfare of the general public, or brought distinction to the department are considered. Dr. Pellegrini presented this year's award to Dr. Thomas Hatsukami *(pictured right)*. Dr. Hatsukami's nomination letters revealed his dedication and self-discipline in all aspects of his life as a gifted teacher, a skilled surgeon, an inspiring leader and a world-renowned research scientist.

Dr. Hatsukami began his academic life as an undergrad at Stanford, earning his bachelor's degree before enrolling at UCLA where he earned his medical degree. In 1982, Dr. Hatsukami began his surgical internship at the University of Washington, and finished his surgical residency in 1987. He completed his vascular and endovascular fellowships under the mentorship of Dr. D. Eugene Strandness, Jr, and in 1992 was appointed to the faculty at UW.

Dr. Hatsukami has cultivated a climate and set the standard of research & clinical excellence. He has continued this legacy of mentorship from Dr. Strandness; an inspiring teacher to medical students, residents, vascular fellows, and research fellows. In Dr. Hatsukami's acceptance speech, he noted this has been a particularly rewarding and gratifying part of his academic career. Since 1991, he has overseen the training of nearly 60 vascular surgery fellows, research fellows, and graduate students. He has genuine interest in all aspects of resident and student teaching and creates a fertile learning environment that makes them feel genuinely appreciated and valued. In return, they honored him with the John K. Stevenson Award for Teaching Excellence in 2002.

In the laboratory, Dr. Hatsukami has dedicated his life to the study of atherosclerosis, and he has had a major impact on diagnosis & treatment. He is the Co-Director and founder of the Vascular Imaging Laboratory at UW Medicine South Lake Union Research Campus, an internationally recognized research program focusing on imaging techniques that can better identify atherosclerotic carotid plaques that are associated with a high risk for future stroke.

When this Department created the Distinguished Alumnus Award we intended to celebrate a graduate from our residency program that has honored our department with her or his presence in this world as a teacher, surgeon, and scientist. Please join me in congratulating Dr. Thomas Hatsukami on this well-deserved honor!

Sincerely,

Giana Davidson, MD, MPH
President, Henry Harkin's Surgical Society
www.harkinssociety.org

#GettingToKnowDOS—Dr. Sherene Shalhub

Dr. Sherene Shalhub

In the second installment of our new feature, Getting to Know DOS, we had the pleasure of interviewing Sherene Shalhub, Assistant Professor in the Division of Vascular Surgery. Dr. Shalhub specializes in the treatment of aortic and peripheral arterial aneurysms and dissections in patients with genetically triggered vascular diseases such as Familial Thoracic Aortic Aneurysms and Dissections, Marfan syndrome, Loeys-Dietz syndrome, and vascular Ehlers-Danlos Syndrome. A significant portion of her time is also spent conducting research examining the genetic basis of aortic and arterial aneurysms and dissections, and elucidating the mechanism of rapid aneurysmal degeneration of the descending thoracic aorta post aortic dissection. Dr. Shalhub has been on faculty since 2013 and sees patients at the Surgical Specialties Clinic at UWMC and at Valley Medical Center.

Synopsis: What was the last book you read?

Shalhub: I just finished The Strain Trilogy by Guillermo del Toro. It's about a vampiric pandemic which is a new genre of books I have been exploring. My favorite genre though is mystery, which started with reading all of Agatha Christie book in my teens.

Synopsis: What is the next book you're planning to read?

Shalhub: The next book I'd love to read is The Last Ship by William Brinkley. It's another epidemiological thriller.

Synopsis: What is your favorite movie?

Shalhub: My all-time favorite movie is "The Godfather," it's the ultimate movie about separation of professional life from personal life. My recent favorite movie is the "Secret Life of Walter Mitty," the story about a man who finally acts out his dreams.

Synopsis: Are there any TV series you enjoy watching?

Shalhub: I am currently hooked on the "Walking Dead," this one is about a viral disease causing a zombie state. Again, I think this is where my love for epidemiology comes in. I also like "Grey's Anatomy" as it highlights a great deal of the emotional issues surgeons deal with.

Synopsis: What would you be if not a surgeon?

Shalhub: That's easy, a general contractor. I love remodeling old homes and have done quite a bit on my own house, which was built in 1928. I recently redid my kitchen and built a walk-in closet with the help of a general contractor I found who teaches you and then works alongside you. It was so fun!

Synopsis: What do you do in your leisure time?

Shalhub: Mostly hiking and traveling. I have a passion for visiting remote areas in the U.S. or internationally as well as using the time to catch up with my family. We usually pick a country and meet there.

Backpacking on snowy mountain tops

Synopsis: What is your most treasured memory?

Shalhub: There are many, too many really. Outside of work this year I would say crawling in the lava tubes in Suournes, or getting all bundled up in freezing weather to watch the solar eclipse in the day time then the aurora borealis at night in Vesturland, both in Iceland. Even more recently, walking up Lombard Street in San Francisco then watching the super moon lunar eclipse. Summiting Kilimanjaro was pretty special too.

Lava tubes adventures in Iceland

Synopsis: What is an interesting fact about you that many people don't know?

Shalhub: I am fascinated by the fashion and costuming industry! My friends and I do a lot of themed costume parties which give us a chance to go all out and dress up in elaborate costumes that we put together! We've done three or four just in the last year. And Halloween is hands-down my favorite holiday.

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#GettingToKnowDOS—Dr. Sherene Shalhub

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Sherene in costume for a murder mystery party
Photo credit: Aaron Meyers Photography

Synopsis: What is your next travel destination?

Shalhub: I've got two really great trips coming up: a hiking trip in Chile then spending New Year's Eve with family in Dubai. A couple of years ago I made a New Year's resolution to spend each New Year in a different city, last year I spent it in London with my sister and that was very special.

Synopsis: Who makes you laugh the most?

Shalhub: My youngest sister! She gives a great perspective on life and usually has me laughing pretty hard on the phone. The murder mystery parties with my friends are quite hilarious as well! And I'll tell you a colleague who makes me laugh a lot: Ron Maier. I especially loved working with him in residency, he never fails to make me laugh!

Synopsis: Do you have a personal goal for the coming year?

Shalhub: Three goals: Visiting three new countries, committing to a yoga practice, and learning to ride a bike. I grew up in Saudi Arabia and in that time that wasn't something girls generally did or do for that matter.

Synopsis: What is your personal motto?

Shalhub: Life is too short so live every day with intention. I have been actively working on being very present.

Department of Surgery In the Media

Dr. Benjamin Anderson, Professor, Division of General Surgery
Dr. Benjamin Anderson chairs NCCN committee that publishes clinical-practice guidelines for cervical cancer >>
Hutch News, August 2015

Dr. David Flum, Professor, Division of General Surgery and Associate Chair for Research
Trial will address long-held guidance on appendicitis care >>
UW Health Sciences NewsBeat, August 2015

Dr. John Meehan, Associate Professor, Pediatric General Surgery
In Russia, pediatric surgeon meets with fervor for robotics >>
UW Health Sciences NewsBeat, September 2015

Dr. Nahush Mokadam, Associate Professor, Cardiothoracic Surgery Division
Keeping Tickers Ticking Until Transplant >>
KING5 News, September 2015
KOMO reporter after heart surgery: 'Thank you for saving my life' >>
KOMO News, September 2015

Drs. Martin Montenovo, Assistant Professor, Transplant Surgery Division and Jorge Reyes, Professor & Chief of Transplant Surgery Division
Liver is gift of friendship and a Pacific Northwest first >>
UW Health Sciences NewsBeat, October 2015

Dr. Carlos Pellegrini, *The Henry N. Harkins Professor & Chair*
Do sleep-deprived surgeons give worse care? >>
CBS News, August 2015

Dr. Tam Pham, Associate Professor, Trauma, Burn and Critical Care Surgery Division
'A long way to go': Wildfire survivor faces complicated recovery at Harborview >>
The Seattle Times, September 2015

Dr. Jason Smith, Assistant Professor, Cardiothoracic Surgery Division
UW Medicine tests new way to transplant donor hearts >>
KING5 News, September 2015
UW docs test 'heart in a box' to boost scarce transplants >>
The Seattle Times, September 2015
'Heart in a box' aims to boost viability of donor organs >>
UW Health Sciences NewsBeat, September 2015
UW Medicine 1st to deploy 'heart in a box' in U.S. trial >>
UW Health Sciences NewsBeat, October 2015
Transplant patient, first to test UW's 'heart in a box': 'I feel like a million bucks' >>
The Seattle Times, October 2015

2015 Top Doctors and Nurses

Department of Surgery is proud to be home to some of the best surgeons both regionally and nationally. Congratulations to this year's Top Doctors and Nurses!

Newsweek

Top Cancer Doctors 2015

Benjamin O. Anderson, MD
David R. Byrd, MD
Patrick J. Healey, MD
Carlos A. Pellegrini, MD
Robert S. Sawin, MD
Mika N. Sinanan, MD, PhD
Douglas E. Wood, MD
Raymond S. Yeung, MD

seattle magazine

Top Doctors 2015

Jeffrey R. Avansino, MD
Ramasamy Bakthavatsalam, MBBS
Craig B. Birgfeld, MD
Mark T. Brakstad, MD
David R. Byrd, MD
Kristine E. Calhoun, MD
Jonathan M. Chen, MD
Alessandro Fichera, MD
Jeffrey B. Friedrich, MD
Joseph S. Gruss, MD
Patrick J. Healey, MD
Richard A. Hopper, MD, MS
Patrick J. Javid, MD
Sara H. Javid, MD
Otway Louie, MD
Michael S. Mulligan, MD
Peter C. Neligan, MB
Brant K. Oelschlager, MD
James O. Park, MD
Lester C. Permut, MD
Jorge D. Reyes, MD
Hakim K. Said, MD
Mika N. Sinanan, MD, PhD
Benjamin W. Starnes, MD
Edward D. Verrier, MD
John H.T. Waldhausen, MD
Douglas E. Wood, MD

SeattleMet

Top Doctors and Nurses 2015

Gabriel Sorin Aldea, MD
Benjamin O. Anderson, MD
Jeffrey R. Avansino, MD
Jean Marie Blue ARNP, MN, BC
Mark T. Brakstad, MD
David R. Byrd, MD
Kristine E. Calhoun, MD
Shannon M. Colohan, MD
Jeffrey B. Friedrich, MD
Adam B. Goldin, MD, MPH
Joseph S. Gruss, MD
Richard A. Hopper, MD, MS
Patrick J. Javid, MD
Sara H. Javid, MD
Daniel J. Ledbetter, MD
Otway Louie, MD
Alison G. Mejeur, MSN
Mark H. Meissner, MD
Michael S. Mulligan, MD
Peter C. Neligan, MB
Brant K. Oelschlager, MD
James O. Park, MD
Carlos A. Pellegrini, MD
Alison L. Perrin, MD
Hakim K. Said, MD
Robert S. Sawin, MD
Mika N. Sinanan, MD, PhD
Benjamin W. Starnes, MD
Nam T. Tran, MD
Nicholas B. Vedder, MD
Edward D. Verrier, MD
John H.T. Waldhausen, MD
Douglas E. Wood, MD
Andrew S. Wright, MD

Find bios for our Top Doctors and Nurses here >>
Request an appointment here >>

Department of Surgery Grant Activity Report

In the 1st quarter of FY16, Department of Surgery Principal Investigators received 18 awards totaling $2.6 million. Of these awards, the following were new awards or competitive renewals:

Heather Evans, MD, MS

IrriMax Corporation
A Phase IV, multicenter, prospective, randomized, controlled clinical study to compare the IrriSept system versus Standard of Care (SoC) on the prevalence of Surgical Site Infection in patients with abdominal trauma or acute surgical abdomen.

David Flum, MD, MPH

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
Renewal: Gastrointestinal Surgery Outcomes Research Fellowship

National Institutes of Health (NIH)
Topical Antibiotic Treatment for Spine Surgical Site Infections

Nestle Healthcare Nutrition, Inc.
Strong for Surgery - Nutrition Checklist Healthcare Utilization Analysis

National Institutes of Health (NIH)
Understanding Non response in Spine Fusion Surgery

Nicole Gibran, MD

US Department of Health and Human Services (DHHS)
Northwest Regional Burn Model System Center

Sara Javid, MD

Kaiser Foundation Research Institute
Cancer Research Resources & Collaboration in Integrated Health Care Systems

Sara Kim, PhD

Arnold P. Gold Foundation
Equalizing Voices: Neutralizing the Power Hierarchy in Healthcare

Danielle Lavallee, PharmD, PhD

University of Massachusetts Medical School
Collaborating to promote the collection and use of patient reported outcomes in clinical care.

Samuel Mandell, MD, MPH

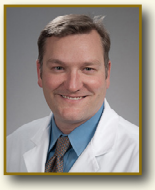
Northwestern University
Multicenter study of operative autonomy in general surgery residents using SIMPL, the modified Procedural Autonomy and Supervision System (PASS)

Mark Meissner, MD

Veniti, Inc.
VIRTUS: Safety and Efficacy of the Veniti Vici™ Venous Stent System (Veniti, Inc.) when Used to Treat Clinically Significant Chronic Non-malignant Obstruction of the Ilio-femoral Vein

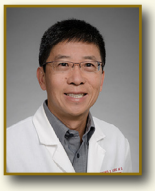
Niten Singh, MD

Abbott Laboratories
UW Vascular Surgery Fellowship Program



Jason Smith, MD

TransMedics, Inc.
International Trial to Evaluate the Safety and Effectiveness of The Portable Organ Care System (OCS™) Heart for Preserving and Assessing Expanded Criteria Donor Hearts for Transplantation (EXPAND Heart Trial)



Raymond Yeung, MD

LAM (Lymphangioleiomyomatosis) Foundation
Cell-free DNA quantitation and mutation analyses in LAM

Publications

Cardiothoracic Surgery Division

Ramchandani MS, Rakita RM, Freeman RV, Levy WC, Von Homeyer P, **Mokadam NA**. Total Artificial Heart as Bridge to Transplantation for Severe Culture–Negative Prosthetic Valve Endocarditis Due to Gemella haemolysans. ASAIO J. 2014 Jul–Aug;60(4):479–81. PMID: 24727539

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General Surgery Division

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Plastic Surgery Division

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Tse R, Lien S. Unilateral Cleft Lip Repair Using the Anatomical Subunit Approximation: Modifications and Analysis of Early Results in 100 Consecutive Cases. Plast Reconstr Surg. 2015 Jul;136(1):119–30. PMID: 25829157

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Faculty (**Bold**); Staff/Residents/Fellows (*Italicized*)

(continued on page 19)

Publications

Continued from page 18

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VAPSHCS Surgery Division

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Faculty **(Bold)**; Staff/Residents/Fellows *(Italicized)*

Save the Dates

22ND ANNUAL
HELEN & JOHN SCHILLING LECTURE
Friday, February 26, 2016
3:00pm, UW Tower
Speaker: **Melina R. Kibbe, MD**
Professor of Surgery
Northwestern University

2016 CARDIOTHORACIC VISITING PROFESSOR
Friday, May 6, 2016
Lecture Time TBA
Speaker: **Keith Naunheim, MD**
Professor of Surgery
Saint Louis University

15TH ANNUAL DAVID TAPPER ENDOWED LECTURE
Thursday, May 12, 2016
8:00am, Wright Auditorium,
Seattle Children's Hospital
Speaker: **Dai Chung, MD**
Chairman, Professor of Surgery
Department of Pediatric Surgery
Vanderbilt University Medical Center

Surgery Synopsis Reader Feedback

Below are comments we received from readers regarding our **Summer 2015 issue**:

"Again, the Surgery Synopsis, in my opinion, is very well done. All those responsible get double kudos."

Loren H. Engrav, MD, Professor Emeritus,
University of Washington, Department of Surgery

"I am so extremely grateful for the wonderful way in which you highlighted Wellness for trainees and for faculty. Interestingly I'm doing another Peer Support training tonight so it helps to have a little good press about that too. I am extraordinarily grateful for this."

Claudia Finkelstein, MD, Clinical Associate Professor, Medicine/GIM,
UW Long Term Care Service

"What a comprehensive and inspiring Synopsis! I am terribly saddened to learn of the death of your beloved colleague, Dr. Alex Clowes. And I am very humbled and honored for your enthusiastic endorsement of the Wellness Service and the Wellness Corner, our weekly e-newletter. Thank you for the recognition."

Mindy Stern, LICSW, Director of Resident & Fellow Wellness,
Graduate Medical Education

"I have enjoyed your publication Surgery Synopsis and bringing all of the past residents, fellows and former faculty members up to date with the department that is close to their heart. Your last issue paying tribute to Dr. Alec Clowes was notable for your readers and his friends..."

George I. Thomas MD

"We enjoyed this heartfelt article; my favorite reference was to the next generation of "Alecs"...a touching and enduring way to honor his mentoring and teaching spirit."

Erin Trisler, Program Manager, The Clowes Fund

"What a great issue of your Surgery Synopsis. Many thanks for including me in its distribution."

Ernest A. Weymuller, Professor,
University of Washington, Department of Otolaryngology

We welcome feedback from our readers.
Please submit your comments to surgeditors@uw.edu.

NOTE: The newsletter editorial team will decide in its discretion whether to publish submitted comments in this column and may edit the comments for publication.

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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.

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